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The coping strategies used by university students with physical disabilities in managing psychological challenges in Tanzania

Nickson G. Msote [1*], Grace Magere [2] and Pendo Mwakililo [3]

[1,2,3] School of Education, Sokoine University of Agriculture, Morogoro, Tanzania

ABSTRACT

University Students with Physical Disabilities (USPDs) often experience stress, anxiety, and depression arising from academic, social, and environmental barriers. This study examined the coping strategies USPDs use to manage psychological challenges in selected universities in Morogoro Region, Tanzania. A convergent parallel mixed-methods design was employed. Purposive and snowball sampling recruited 74 students. Quantitative data were collected through questionnaires, including an adapted Brief COPE inventory, and analysed in SPSS using descriptive statistics, paired-samples t-tests, and hierarchical multiple regression. Qualitative data were gathered through semi-structured interviews and analysed thematically. USPDs used emotion-focused coping significantly more than problem-focused coping ($M = 19.43$, $SD = 3.95$ vs. $M = 13.97$, $SD = 3.85$), $t(73) = 7.67$, $p < .001$, $d = 0.89$. Registration with disability support services was the only significant predictor of problem-focused coping, explaining an additional 11.2% of variance after controlling for demographic characteristics and disability severity. Residence was the only significant predictor of emotion-focused coping, with off-campus students scoring lower; interviews did not explain this association, and its cause cannot be established in a cross-sectional design. Common emotion-focused strategies included breathing exercises, sharing with peers, entertainment, and spiritual practices. Problem-focused strategies, such as task management and seeking academic support, were less frequent because many stressors were perceived as beyond students' control. Limited institutional support encouraged temporary avoidance responses, such as ignoring, to regulate emotions. The study concludes that strengthening disability support services and inclusive learning environments may promote adaptive coping and psychological well-being among USPDs.

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CONTACT Nickson G. Msote nickson.msote@sua.ac.tz School of Education, Sokoine University of Agriculture, Morogoro, Tanzania
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1. Introduction

The World Health Organisation [WHO] (2023) estimates that 1.3 billion people, about 16% of the world's population, live with significant disability, and that they face twice the risk of conditions such as depression. In higher education, this elevated risk appears as a heavy psychological burden (Solís García et al. 2024). In response, global initiatives for the rights of people with disabilities have been implemented through different mechanisms to alleviate psychological challenges and promote educational inclusion for all students in learning institutions. This led the European Union [EU] to develop a framework and flagship initiative as part of its post-2024 disability strategy.

In this regard, the EU Strategy for Rights of Persons with Disabilities 2021-2030 [EUSRPD] (2024) posited that in Europe, persons with disabilities face considerable barriers to access and have a high risk of poverty and social exclusion. The EU formulated the EUSRPD after noticing the challenges that the majority of persons with disabilities are facing. The aim is to ensure all persons with disabilities in Europe enjoy their human rights and can participate on an equal basis with others in all aspects. In Asia, the concept of disability has been linked directly to the social disability model, especially in Thailand, Vietnam, Japan, and Taiwan, where disability is constructed socially, and people with disabilities experience attitudinal and cultural constraints (Chou et al., 2024). These socio-cultural concerns create psychological challenges among people with disabilities elsewhere.

Thus, university students with disabilities are part of a very large global population. In a US study during the COVID-19 period, students with disabilities were more than three times as likely as other students to report increased depression (OR=3.51) and over twice as likely to report increased anxiety (OR=2.31) (McMaughan et al., 2021). In the African context, evidence shows a similar or heavier burden. In Ghana, among 45 students with physical disabilities at Kwame Nkrumah University of Science and Technology, 31.1% reported moderate to severe stress, 42.2% moderate to extremely severe depression, and 46.7% moderate to extremely severe anxiety (Owusu-Ansah et al., 2024).

In South Africa, a survey of 229 students with disabilities found that more than 80% screened positive for depression, and 74% for probable post-traumatic stress disorder. A higher proportion also reported hopelessness (55%) and loneliness (69%) (Viljoen & Padmanabhanunni, 2026). Qualitative evidence from South African universities of technology likewise links these outcomes to psychosocial challenges that threaten students' university experience and academic success (Masuku et al., 2025).

In response to these challenges, students with disabilities employed different coping strategies as a way of building resilience and creating a sense of hope after serious challenges of psychological discomfort. Though there are minor differences, the coping strategies employed by students with disabilities appear to be similar across global regions. For instance, in Poland, Byra and Ćwirynkało (2018) maintained that beliefs about oneself, especially self-esteem, general self-efficacy, and basic hope, have intensified individuals' coping strategies. Moreover, in Asia, especially India, students with physical disabilities are employing social support, participation in extra-curricular activities, self-advocacy, motivation to pursue higher education, friendship and social relationships with peer groups as coping strategies.

The evidence on which coping orientation dominates is also inconsistent across African settings. Students with physical disabilities in Ghana relied mainly on emotion-focused coping, followed by problem-focused and avoidant coping, a pattern the authors read as suggesting poor adaptation (Owusu-Ansah et al., 2024). Meanwhile, the evidence on disability and coping is either descriptive and based on small samples (for example, 45 students in Ghana) or qualitative, and it mostly concerns sensory impairments or students with disabilities as a single group. Correspondingly, in Ethiopia, students with and without disabilities are more frequently used emotion-focused coping strategies than problem-focused strategies (Desalegn et al., 2023).

In Tanzania, psychological challenges are compounded by inaccessible learning environments, limited assistive services, stigma, and insufficient institutional support (Majinge & Msonge, 2020; Byra & Francis, 2024. Support services are often provided inconsistently and without a structured approach. Kija (2017) found that university students with visual impairments studied under high stress because of delayed and inconsistent provision of services, and that service providers had limited awareness of the support students needed. Studies of support services in Tanzanian universities also show that provision of disability support services are inconsistence and varies across institutions (Kabuta, 2014; Ngonyani & Mnyanyi, 2021).

As a pathway for coping and maintaining resilience in higher education institutions, students draw on strategies such as prayer and religious activities, emotional support from friends and family, self-motivation, academic planning, and seeking assistance from lecturers or disability support services (Kisanga, 2022). The effectiveness of these strategies, however, depends heavily on the availability of institutional support and on individual resilience. Some students instead fall back on maladaptive coping such as isolation, avoidance, overworking, and emotional suppression, which undermines both their psychological well-being and academic participation (Smart et al., 2025; Thomas, 2024).

Although a growing body of literature has examined coping strategies among individuals with disabilities and university students more broadly, the following gaps remain in the Tanzanian context. Firstly, many studies examine students with physical disabilities, specifically in hearing impairments and visual impairments, while some concentrate on barriers and the availability of support services (Kisanga and Kisanga, 2022). Secondly, little is known about emotion-focused and problem-focused coping among university students with physical disabilities. Thirdly, whether access to formal institutional support, such as registration with a disability support service, is associated with the coping strategies students adapt has received little empirical attention, even though disability support resources are constrained, scarce, and inconsistent across Tanzanian universities. Without this evidence, universities cannot target psychological support to the students who most need it. To address these gaps, this study assessed the coping strategies used by USPDs to manage their psychological challenges and determined the demographic and disability-related factors that predict the use of emotion-focused and problem-focused coping. It was guided by the following research questions:

1. Which categories of coping strategies are used by USPDs to manage psychological challenges in selected universities in the Morogoro Region, Tanzania?
2. Do USPDs use emotion-focused coping more frequently than problem-focused coping?
3. Which demographic and disability-related factors, including registration with university disability support services, predict the use of emotion-focused and problem-focused coping among USPDs?

2. Literature Review

2.1 Theory Underpinning the Study

This study was guided by the Transactional Model of Stress and Coping (TMSC) developed by Lazarus and Folkman (1984). The model views stress as a dynamic interaction between the individual and the environment. According to the model, stress arises when individuals perceive that environmental demands exceed their available resources or ability to cope. Thus, stressful experiences are shaped not only by external situations but also by how individuals cognitively evaluate those situations and the resources available to manage them.

The TMSC explains this process through two main forms of cognitive appraisal, such as primary appraisal and secondary appraisal. Primary appraisal involves evaluating whether a situation is irrelevant, benign, threatening, harmful, or challenging to one's well-being. Secondary appraisal involves evaluating the coping resources and options available to manage the stressful situation. Based on these appraisals, individuals adopt coping strategies intended either to manage the source of stress or to regulate their emotional responses to it (Fernández-Castro et al., 2022).

The model distinguishes broadly between problem-focused and emotion-focused coping. Problem-focused coping involves taking actions or efforts to change or address the source of stress through problem-solving, planning, help-seeking, academic adjustment, and use of institutional support services. Emotion-focused coping involves regulating emotional responses to stressful situations through strategies such as emotional expression, prayer, spirituality, relaxation, avoidance, denial, or seeking emotional support.

The TMSC informed the selection and interpretation of the study variables. The psychological and university-related challenges experienced by students with physical disabilities were conceptualised as potential stressors requiring cognitive appraisal. Individual characteristics, including disability severity and residence status, were considered factors that may influence how students experience and appraise their challenges. Access to disability support and other social or institutional resources was considered particularly relevant to secondary appraisal because such resources may influence students' perceived ability to manage stressful situations. The coping strategies measured in this study, namely problem-focused and emotion-focused coping, represent the behavioural and emotional responses adopted following these appraisal processes.

Because the study focuses specifically on students with physical disabilities, the TMSC was complemented by insights from the Social Model of Disability (SMD) developed by Oliver (1990). This model holds that disability is produced less by individual impairment than by the physical, institutional, and social attitudinal barriers in society. Applied in this study, inaccessible infrastructures, inflexible assessment arrangements, and stigmatising attitudes are treated as institutional conditions rather than personal deficits. Therefore, while the TMSC helps to explain how individuals appraise stressors and mobilise coping resources, the SMD draws attention to how social and institutional environments can create or intensify disability experiences. In the university context, inaccessible facilities, inadequate academic accommodations, negative attitudes, transport difficulties, and limited institutional support may create barriers that shape the stressors students face and constrain the resources available for coping. This complementary perspective is vital because it avoids interpreting coping experiences solely as individual responses and recognises the role of the university environment in shaping those experiences.

Together, these perspectives informed the interpretation of the findings. The TMSC was used to understand how students responded to the perceived academic, social, and disability related challenges through emotion-focused and problem-focused coping. The SMD offered an additional lens for interpreting how environmental barriers and institutional accessibility influenced the nature of those challenges and the resources available to students. For example, access to disability support services may expand students' practical options for addressing academic and environmental constraints, whereas limited accessibility or support may restrict these options and lead students to rely more heavily on strategies aimed at managing emotional distress.

Generally, the theoretical perspective of this study does not treat coping as an individual process occurring independently of the university environment. Rather, the TMSC explains the appraisal and coping processes, while the complementary SMD perspective assists in explaining how institutional and environmental conditions shape the

stressors and coping resources available to USPDs. This combined perspective provides a framework for interpreting how individual responses and university contexts interact in shaping students' coping experiences.

3. Method

3.1 Research Approach

This study employed a mixed-methods approach, combining quantitative and qualitative methods to examine coping strategies used by university students with physical disabilities (USPDs). A mixed-methods approach was appropriate because coping is a multidimensional phenomenon that can be understood through both measurable patterns in coping strategies and participants' accounts of how they manage psychological and university-related challenges. The quantitative strand provided information on the distribution and patterns of coping strategies, whereas the qualitative strand provided contextual explanations of students' coping experiences.

3.2 Research Design

The study used a convergent parallel mixed-methods design. In this design, quantitative and qualitative data were collected during the same phase of the study, analysed separately, and subsequently brought together for interpretation (Creswell & Creswell, 2023). The design was appropriate because neither quantitative findings nor qualitative accounts alone could provide a sufficiently comprehensive understanding of how USPDs cope with psychological challenges.

The two strands addressed the same broad phenomenon from complementary perspectives. The quantitative data identified patterns in the use of problem-focused and emotion-focused coping strategies and examined their associations with selected participant characteristics. The qualitative data explored how students described and experienced the coping strategies they used in response to academic, social, environmental, and psychological challenges. The findings from the two strands were integrated during interpretation by comparing areas of convergence, complementarity, and divergence. This integration enabled the quantitative patterns to be interpreted alongside participants' experiences rather than treating the two datasets as independent findings.

3.3 Study Population, Setting, and Sampling Context

The study was conducted among university students with physical disabilities in the Morogoro Region, Tanzania. Morogoro was selected because Ministry of Education, Science and Technology (MoEST) data for 2025 identified the region as having one of the largest reported populations of university students with physical disabilities, with 264 students. The region also provided an appropriate setting because it contains both public and private universities with different institutional structures and support arrangements.

The study involved four universities in Morogoro Region: Sokoine University of Agriculture (SUA), Mzumbe University, Jordan University College (JUCo), and the Muslim University of Morogoro (MUM). These institutions provided a diverse higher education context in which students with physical disabilities experienced different academic, social, and institutional environments. The inclusion of universities with different institutional characteristics also provided an opportunity to examine coping experiences across varied university contexts.

The quantitative strand involved 74 USPDs from the four universities. Because the population of eligible students with physical disabilities was limited and difficult to identify through a single sampling frame, recruitment combined purposive and snowball sampling. Purposive sampling was initially used to recruit students who met the study eligibility criteria, resulting in 51 participants. Snowball sampling was subsequently used to identify additional eligible students, particularly those who were not known to or registered with university disability support services, resulting in a further 23 participants.

All students who were identified as eligible and willing to participate during the data-collection period were invited to participate. The final sample of 74 therefore represents the accessible study population recruited through these procedures rather than a sample determined through a formal statistical sample-size calculation. For the qualitative strand, 15 participants were purposively selected from the study population to obtain a range of experiences relevant to the study objectives. Selection considered sex, university affiliation, severity of physical disability, residence status (on-campus or off-campus), and registration status with university disability support services. This variation was sought to ensure that the qualitative data reflected diverse coping experiences rather than the experiences of a single subgroup. Participants were selected from those who had participated in the broader study and were willing and available to take part in an interview.

The qualitative sample size was guided by the principle of information power, which suggests that sample adequacy in qualitative research depends on the relevance and richness of the information obtained in relation to the study aim, the specificity of the sample, the use of established theory, the quality of dialogue, and the analytical strategy (Malterud et al., 2016). In this study, 15 participants were purposively selected to provide diverse experiences across key characteristics relevant to the study objectives while allowing for in-depth interviews. The interviews generated sufficiently detailed information to address the qualitative research questions and examine variation in participants' coping experiences.

3.4 Integration of Quantitative and Qualitative Data

The quantitative and qualitative datasets were analysed separately in accordance with the convergent parallel design. Quantitative data were analysed to describe patterns in the use of problem-focused and emotion-focused coping strategies and to examine their relationships with selected participant characteristics. Qualitative interview data were analysed thematically to identify how participants described the coping strategies they used and the contextual factors that shaped those strategies.

Integration occurred after the separate analyses, during the interpretation of the findings. Results from both strands were compared to identify convergence, where quantitative patterns and qualitative accounts supported similar interpretations; complementarity, where one dataset provided additional explanation or context for the other; and divergence, where findings differed. The integrated interpretation was presented in the discussion of the findings and, where appropriate, through a joint presentation of quantitative and qualitative results. This process enabled the study to develop a more comprehensive understanding of coping strategies among USPDs than either dataset could provide independently.

3.5 Tools for Data Collection

This study used both quantitative and qualitative data collection tools in line with its mixed methods approach. Among them, a structured questionnaire and a semi-structured interview were employed. In that matter, the structured questionnaire was used in the quantitative component, comprising items on coping strategies,

particularly Emotion-focused and Problem-focused coping strategies, adapted from the Brief COPE Scale to examine the coping strategies used by USPDs, particularly emotion-focused and problem-focused coping.
In addition, the questionnaire also collected demographic information, including age, sex, year of study, residence status, university affiliation, registration with disability support services, and severity of the physical disability. The severity of the condition was based on self-reported functional limitations classified as mild, moderate, or severe.

Furthermore, a semi-structured interview approach was used, employing guiding questions to maintain consistency while allowing participants to share their experiences in detail. This method is particularly suitable for exploring complex topics, such as coping strategies, because it provides flexibility to examine participants' experiences in depth and allows researchers to explore contextual influences, including environmental, cultural, social, and spiritual factors that may not be fully captured through instruments (DeJonckheere & Vaughn, 2019). Interviews took place in a designated room in collaboration with Disability Support Units, ensuring participants' comfort, confidentiality, and easy access. Each session lasted 30 to 40 minutes, aligning with recommended durations for in-depth qualitative interviews and helping to reduce fatigue (Kallio et al., 2016). With consent, interviews were audio-recorded, and brief notes were taken to document relevant non-verbal cues (Merriam & Tisdell, 2016).

3.6 Description of the Measure and Psychometric Properties

Coping strategies were assessed using a researcher-modified questionnaire informed by selected items from the Brief COPE Inventory developed by Carver (1997). The original Brief COPE consists of 28 items representing 14 coping dimensions, with two items assessing each dimension. It was used as the conceptual starting point because it covers a broad range of cognitive, behavioural, and emotional responses to stressful situations.

For the present study, 14 items were selected and contextually modified based on the research objectives, the Transactional Model of Stress and Coping (TMSC), the Social Model of Disability (SMD), and their relevance to the experiences of university students with physical disabilities (USPDs). The selected items were organised into two broader, theoretically informed categories: problem-focused coping, comprising strategies directed towards addressing or managing sources of stress, and emotion-focused coping, comprising strategies aimed at managing emotional responses to stressful experiences. These categories were developed for the purposes of this study and should not be understood as a reproduction of the original 14 Brief COPE dimensions.

As shown in Table 1, the problem-focused category comprised seven items covering active coping, planning, and instrumental support, including contextually developed items concerning academic accommodations and access to university resources. The emotion-focused category also comprised seven items covering emotional support, religious coping, acceptance, positive reframing, self-distraction, and emotional expression. The inclusion of these different strategies was intended to capture a range of coping responses relevant to the study context rather than to establish a single underlying psychological dimension within each category.

Table 1

Selected Coping Items and their Conceptual Classification

No.	Selected coping item	Original Brief COPE dimension (Carver, 1997)	Coping category
1	I try to find practical solutions to the problems I face.	Active coping	Problem-focused
2	I seek academic accommodations when needed.	Adapted contextual item	Problem-focused

3	I communicate with lecturers or administrators to address challenges.	Instrumental support (adapted)	Problem-focused
4	I plan how to manage academic tasks around my condition.	Planning	Problem-focused
5	I seek advice or information to handle difficult situations.	Instrumental support	Problem-focused
6	I look for available university services or resources that can help me overcome challenges.	Instrumental support (adapted)	Problem-focused
7	I adjust my study schedule or learning strategies to cope with difficulties related to my condition.	Active coping/planning (adapted)	Problem-focused
8	I seek emotional support from friends or peers.	Emotional support	Emotion-focused
9	I seek emotional support from family members.	Emotional support	Emotion-focused
10	I engage in spiritual or religious practices.	Religion	Emotion-focused
11	I try to accept my situation and move forward.	Acceptance	Emotion-focused
12	I try to think positively or reframe the situation.	Positive reframing	Emotion-focused
13	I distract myself from stress through leisure activities.	Self-distraction	Emotion-focused
14	I express my feelings to someone I trust.	Venting/emotional expression	Emotion-focused

Source: Adapted from Carver (1997) for the present study.

The adaptation involved selecting relevant original items and modifying their wording, and incorporating contextually developed items to reflect the university experiences of USPDs. For example, items relating to instrumental support was contextualised to address access to university services and resources while an item relating to active coping and planning was modified to reflect adjustments to academic schedules and learning strategies. The resulting questionnaire therefore combined selected original Brief COPE content with contextually modified and researcher-developed content. The modifications were intended to improve the relevance and comprehensibility of the items within the Tanzanian university context.

Participants were instructed to indicate how frequently they used each strategy when dealing with psychological and academic challenges encountered in their university experiences. [Insert the exact questionnaire instruction and specify the recall period, if one was provided.] Responses were recorded on a four-point scale ranging from 1 = "I have not been doing this at all" to 4 = "I have been doing this a lot." Each category comprised seven items. Responses were summed separately to obtain category scores ranging from 7 to 28, with higher scores indicating more frequent reported use of the strategies represented by the respective category.

Before pilot testing, the questionnaire was reviewed by psychology specialists, including the research supervisors. The review considered the relevance of the items to the study objectives, clarity of wording, cultural suitability, response format, questionnaire organisation, ethical considerations, and accessibility for the intended participants. The reviewers also examined the appropriateness of the selected items and their classification into the two coping categories. Their feedback informed refinements to the questionnaire and provided expert-based evidence of its content relevance and contextual appropriateness.

Following the expert review, a pilot study was conducted with 48 university students with physical disabilities from two universities, one public and one private, which were not included in the main study. Namely, the University of Dar es Salaam (UDSM) and St. Joseph University of Dar es Salaam (SJUD)

The pilot assessed the clarity, comprehensibility, contextual suitability, and administration of the questionnaire. The pilot participants were excluded from the main study. Cronbach's alpha coefficients were .79 for emotion-focused coping and .82 for problem-focused coping, indicating satisfactory internal consistency of the respective item groups.

In the main study, the corresponding Cronbach's alpha coefficients were .84 for emotion-focused coping and .83 for problem-focused coping. These coefficients exceeded the commonly used reference value of .70 and indicated satisfactory internal consistency in the study sample. However, internal consistency does not establish unidimensionality or confirm the factor structure of the questionnaire. Given the conceptual diversity of the coping strategies represented by the selected items, and because the modified questionnaire was not subjected to formal factor-analytic validation, the two categories were treated as theoretically informed, study-specific composite indicators rather than fully validated unidimensional scales.

Overall, the questionnaire provided a contextually relevant way of examining the reported use of selected coping strategies among USPDs. Its findings should therefore be interpreted in relation to the specific strategies included in the two study-defined categories, rather than as a comprehensive assessment of all 14 dimensions of the original Brief COPE. Although expert review, pilot testing, and internal consistency analysis provided evidence of content relevance, contextual suitability, and response consistency, further psychometric assessment, particularly factor-analytic validation, would be necessary to establish the underlying dimensional structure of the questionnaire.

3.7 Data Analysis

Quantitative data were analysed using SPSS version 29. Descriptive statistics, including means, medians, modes, and standard deviations, were computed to examine the use of emotion-focused and problem-focused coping strategies. Each category comprised seven items. Responses were summed separately to generate two composite scores, with possible scores ranging from 7 to 28 for each category. Higher scores indicated more frequent use of the respective coping strategies. Because both categories contained an equal number of items and used the same four-point response scale, their composite scores were considered directly comparable. A paired-samples t-test was conducted to examine whether the difference in the two coping scores among the same 74 respondents was statistically significant.

Hierarchical multiple linear regression analyses were conducted to examine the associations between respondents' demographic and disability-related characteristics and their use of emotion-focused and problem-focused coping strategies. Sex, age, and residence were entered in the first block, disability severity in the second block, and registration with university disability support services in the third block. Changes in explained variance (ΔR^2) and the corresponding F-change statistics were examined to assess the additional contribution of each block. Regression assumptions, including linearity, normality of residuals, homoscedasticity, independence of errors, and multicollinearity, were assessed before interpreting the models.

Qualitative data were analysed using reflexive thematic analysis, following Braun and Clarke's (2021) approach, with the assistance of NVivo version 12. The analysis began with familiarisation with the interview data through repeated reading of the transcripts to understand participants' experiences and accounts of coping with psychological challenges. Relevant statements and sections of the transcripts were then coded to identify information relevant to the research objectives. The initial codes were examined for similarities, differences, and patterns, which informed the development of candidate themes. These candidate themes were subsequently reviewed against the coded extracts and the interview data to assess their relevance and coherence. The themes were then refined, defined,

and named according to the central ideas they represented. Finally, representative quotations were selected from participants' accounts to illustrate the themes and support the presentation of the findings.
The quantitative and qualitative findings were subsequently integrated during interpretation to provide a broader understanding of the coping strategies used by USPDs.

3.8 Ethical Considerations

Ethical Consideration

Research clearance was obtained from Sokoine University of Agriculture (SUA) on behalf of the Tanzania Commission for Science and Technology (COSTECH) before data collection (Reference No. SUA/ADM/R.1/8/1594). Participants were informed about the purpose of the study, and participation was voluntary. Informed consent was obtained from all participants before data collection. Confidentiality was maintained by protecting participants' identities and ensuring that the information collected was used solely for research purposes. Participants' identifying information was excluded from the reporting of findings, and the data were handled securely to protect their privacy.

4. Results

4.1 Demographic Characteristics of Respondents

The study involved 74 USPDs from four universities in the Morogoro region in Tanzania. Demographic characteristics were analysed to describe the background information of respondents participating in the study. Variables examined included age, sex, university affiliation, residence status, year of study, severity of condition, and registration with the university disability services. The findings are presented in Table 2 below

Table 2

Demographic Characteristics of the Respondents (N=74)

No.	Variable	Category	F(N)	%
1	Age of Respondents	18-23	38	51.4
		24-29	34	45.9
		30-35	2	2.7
2	Sex of Respondents	Male	47	63.5
		Female	27	36.5
3	University	A	29	39.2
		B	27	36.5
		C	11	14.9
		D	7	9.5
4	Residence	On-campus	41	55.4
		Off-campus	33	44.6
5	Registered with Disability Support Service	Yes	31	41.9
		No	43	58.1
6	Severity of Physical Condition	Mild	18	24.3

	Moderate	36	48.6
	Severe	20	27.1

Source: Field Data, 2026

Key: F= Frequency, and %=Percentage

The results in Table 2 present the demographic characteristics of the respondents. Where more the half of the participants (51.4%) were aged 18-23 years, followed by those aged 24-29 years (45.9%), while only 2.7% were aged 30-35 years. The majority of respondents were male, holding 63.5%, with females accounting for 36.5%. Regarding institutional representation, most of the participants were from University A with 39.2% and B with 36.5%, followed by University C with 14.9% and University D, holding only 9.5%. More than half of the respondents (55.4%) resided on campus, while 44.6% lived off campus. In terms of disability support services, 41.9% were registered with the university disability support service, whereas 58.1% were not registered. On the matter of severity of physical disability, nearly half of the participants (48.6%) were reported to have moderate physical disability, followed by 27.1% with severe and 24.3% with mild physical disabilities.

This study aimed to examine the coping strategies used by USPDs to manage psychological challenges. Coping strategies were grouped into two aspects: emotion-focused coping strategies and problem-focused coping strategies.

4.2 Quantitative Findings

4.2.1 The Use of Emotion-Focused and Problem-Focused Coping Strategies among USPDs

Descriptive statistics were performed to examine the extent to which USPDs used emotion-focused and problem-focused coping strategies in managing their psychological challenges. The findings are summarised in Table 3 below.

Table 3

The Degree of Emotion-focused and Problem-focused Coping Strategies Used by USPDs (N=74)

Coping Category				
Emotion-focused Coping	Sum Mean	Average Item Mean	Mode	SD
	19.43	2.78	20	3.95
Problem-focused Coping	13.97	2.00	12	3.85

Source: Field Data, 2026

Key: M=Mean, SD= Standard Deviation, Min=Minimum, Max=Maximum

The findings from Table 3 show that USPDs reported a higher level of emotion-focused coping (M= 19.43, SD = 3.95) than problem-focused coping (M = 13.97, SD = 3.85). The median and mode for emotion-focused coping were both 20, while the median and mode for problem-focused coping were 13 and 12, respectively. The close correspondence between the mean, median, and mode for both coping dimensions suggests that the distributions were reasonably symmetrical.

Moreover, the standard deviations indicate moderate variability in respondents' use of both coping strategies, suggesting that although students differed in the extent to which they employed these strategies, their responses

were relatively consistent across the sample. The observed ranges were identical for both coping dimensions (15 points), with emotion-focused coping scores ranging from 10 to 25 and problem-focused coping scores ranging from 9 to 24.

Overall, the descriptive findings indicate that USPDs relied more heavily on emotion-focused coping strategies than on problem-focused coping strategies when managing psychological challenges. This pattern suggests that students were more likely to regulate their emotional stress.

4.2.2 Comparison of Emotion-Focused and Problem-Focused Coping Strategies used among USPDs (N=74)

A paired-samples t-test was conducted using mean scores of the 74 matched respondents to compare emotion-focused and problem-focused coping strategies among USPDs. Each category contained seven items, and the mean score for each category was calculated from the respective items, making the scores directly comparable. As summarised in Table 4 below.

Table 4

Paired Samples t-test Comparing Emotion-Focused and Problem-Focused Coping Strategies among USPDs (N=74)

Variable	M	SD	Mean Difference	95%CI		T	df	P	D
EFCS	19.43	3.95		Lower	Upper				
PFCS	13.97	3.85	5.46	4.04	6.88	7.67	73	< .001	0.89

Source: Field Data, 2026

Key. EFCS = Emotion-focused Coping Strategies; PFCS = Problem-focused Coping Strategies; *M* = Mean; *SD* = Standard Deviation; CI = Confidence Interval; *df* = Degrees of freedom; *d* = Cohen's d.

The findings in Table 4 showed significantly higher use of emotion-focused coping (M=19.43, SD=3.95) than problem-focused coping (M=13.97, SD=3.85). The mean difference was 5.46, 95% CI [4.04, 6.88], t(73) =7.67, p < .001, with a large effect size (Cohen's d = 0.89). These findings demonstrate that the difference between the two coping strategies was not only statistically significant but also considerable and meaningful.

These results complement the pattern observed in Table 3, which showed that USPDs relied more on emotion-focused coping than on problem-focused coping strategies when dealing with psychological challenges.

4.2.3 Hierarchical Multiple Linear Regression Analyses Predicting Emotion-Focused and Problem-Focused Coping Strategies

Before conducting the hierarchical multiple linear regression analyses, the assumptions underlying multiple regression were assessed. The data indicated that the assumptions of linearity, normality of residuals, homoscedasticity, independence of errors, and the absence of problematic multicollinearity were met. Especially, Durbin-Watson statistics ranged from 1.71 to 2.04, indicating independence of residuals, while tolerance values exceeded 0.20 and variance inflation factor (VIF) values were below 5.0, suggesting that multicollinearity was not a problem. These findings underscore that data were suitable for hierarchical multiple regression analysis.

In that matter, hierarchical multiple linear regression analyses were computed to examine whether personal characteristics (sex, age, and residence), disability severity, and registration with university support services

associated with the use of emotion-focused and problem-focused coping strategies among USPDs. Personal characteristics were entered in Model 1, Severity of physical disabilities was added in Model 2, and Model 3 entered registration with the university disability support services. As presented in Tables 5 and 6 below

Table 5

Hierarchical Multiple Regression Analyses Predicting Emotion-Focused and Problem-Focused Coping Strategies (N = 74)

Outcome	Model	Predictors Entered	R^2	Adjusted R^2	ΔR^2	ΔF	p for ΔF	Overall F	p for model
Emotion-focused	1	Sex, Age, Residence	0.265	0.233	0.265	8.4	< .001	8.4	< .001
	2	+ Severity of physical condition	0.266	0.223	0.001	0.1	0.756	6.25	< .001
	3	+ Registration with disability support services	0.27	0.216	0.004	0.35	0.557	5.02	0.001
Problem-focused	1	Sex, Age, Residence	0.485	0.463	0.485	22	< .001	21.99	< .001
	2	+ Severity of physical condition	0.487	0.457	0.002	0.27	0.605	16.39	< .001
	3	+ Registration with disability support services	0.599	0.57	0.112	19	< .001	20.34	< .001

Source: Field Data, 2026

Note. Model 1 included personal characteristics (sex, age, and residence). Model 2 additionally included severity of physical condition. Model 3 additionally included registration with university disability support services. ΔR^2 = change in explained variance from the previous model; ΔF = change in F statistic. $p < .05$*, $p < .01$**, $p < .001$***.

Table 6

Standardised Regression Coefficients (β) for the Final Hierarchical Regression Models Predicting Emotion-Focused and Problem-Focused Coping Strategies (Model 3, N = 74)

Predictor	Emotion-Focused Coping β	*p*	Problem-Focused Coping β	*p*
Sex	0.196	0.362	0.141	0.354
Age	−.119	0.263	−.171	0.055
Residence	−.552***	< .001	−.129	0.15
Severity of physical condition	−.040	0.705	−.002	0.981
Registration with university disability support services	−.118	0.557	.662***	< .001
Model R^2	**0.27**		**0.599**	
Adjusted R^2	**0.216**		**0.57**	
Overall *F*	**5.02**	0.001	**20.34**	< .001
Durbin–Watson	**1.71**		**2.04**	

Source: Field Data, 2026

Note. Standardised regression coefficients (β) are reported for the final hierarchical regression models (Model 3). Residence was coded 1 = On-campus and 2 = Off-campus. Registration with university disability support services was coded 0 = No and 1 = Yes. $p < .05$*, $p < .01$**, $p < .001$***.

Emotion-Focused Coping Strategies

Tables 5 and 6 show that the first model, comprising sex, age, and residence, was statistically significant, $F(3, 70) = 8.40$, $p < .001$, explaining 26.5% of the variance in emotion-focused coping. Adding disability severity in Model 2 did not significantly improve the model ($\Delta R^2 = .001$, $\Delta F(1, 69) = 0.10$, $p = .756$). Similarly, adding registration with university disability support services in Model 3 did not produce a significant improvement ($\Delta R^2 = .004$, $\Delta F(1, 68) = 0.35$, $p = .557$). Nevertheless, the final model was statistically significant, $F(5, 68) = 5.02$, $p = .001$, explaining 27.0% of the variance (adjusted $R^2 = .216$). In the final model, residence was the only statistically significant predictor ($\beta = -.552$, $p < .001$). Given the coding of residence (1 = on-campus; 2 = off-campus), this negative coefficient indicates that off-campus residence was associated with lower emotion-focused coping scores compared with on-campus residence, after controlling for the other predictors.

Problem-focused coping

The first model, comprising sex, age, and residence, was statistically significant, $F(3, 70) = 21.99$, $p < .001$, explaining 48.5% of the variance in problem-focused coping. Adding disability severity in Model 2 did not significantly improve the model ($\Delta R^2 = .002$, $\Delta F(1, 69) = 0.27$, $p = .605$). However, adding registration with university disability support services in Model 3 significantly improved the model, accounting for an additional 11.2% of the variance ($\Delta R^2 = .112$, $\Delta F(1, 68) = 19.02$, $p < .001$). The final model was statistically significant, $F(5, 68) = 20.34$, $p < .001$, explaining 59.9% of the variance in problem-focused coping (adjusted $R^2 = .570$). Registration with university disability support services was the only statistically significant predictor in the final model ($\beta = .662$, $p < .001$). Given the coding (0 = not registered; 1 = registered), this positive coefficient indicates that students registered with disability support services reported higher problem-focused coping scores than those who were not registered, controlling for the other predictors.

4.3 Qualitative Findings: Coping Strategies Used by USPDs

The thematic analysis of interview transcripts identified two overarching coping strategy themes employed by USPDs to manage psychological challenges: Problem-focused and Emotion-focused coping strategies. Within each, several sub-themes emerged, reflecting the specific approaches participants were using and the constraints shaping how often these strategies could be applied

Theme 1: Problem-Focused Coping Strategies

Generally, the findings revealed that problem-focused coping was used infrequently among USPDs. Only a small number of participants attempted to address the direct sources of their psychological challenges, and even then, their efforts were frequently constrained by institutional and structural barriers beyond their personal control. As presented in the sub-themes below

1a. Facing Problem Directly

A minority of participants described actively confronting the source of their difficulties rather than avoiding them, though they acknowledged that structural barriers often discouraged this approach.
A male participant (P5, third-year student, moderate physical disability) from University D explained that:

> *"Instead of avoiding the issue, I try to face it directly and find a solution. When I have too many assignments, I start working on them early so they don't pile up, although sometimes I do not complete them on time due to limited time. So, the timetables are inflexible to us…" (interview with students from University D: 19th April, 2026)*

Similarly, another female respondent (P7, a third-year student, with severe physical disability) from University A reported that:

> *"I approach my lecturers when I don't understand something or when I need academic support. Sometimes I ask my classmates to help me with notes or explain difficult topics. However, academic accommodations and other services are inconsistent and limited, which discourages us from seeking such services" (interview with students from university A)*

While these accounts show genuine attempts at direct problem-solving, participants consistently perceived the root causes of their challenges, including inaccessible environments, inadequate support services, and financial difficulties, as structural conditions beyond their personal capacity to alter or address. As a result, this strategy was adopted by only a small number of respondents.

1b. Task Management

Another identified problem-focused strategy involved organising academic tasks through study schedules and timetables to manage stress associated with assignments and examinations. Because planning fell within participants' own control, this strategy offered some relief from academic pressure.

A male respondent (P9, second-year student, with a mild physical disability) from University C described that:

> *"I create a study timetable to manage my workload and reduce pressure. Organising my tasks helps me avoid last-minute stress. Although sometimes my condition, academic workloads and mobility barriers tend to limit me from managing my tasks" (interview with students from University C: 18th April, 2026)*

Another participant (P6, first-year student, moderate physical disability) from University B recounted a specific stressful incident that prompted this strategy:

> *I have had one bad experience in the last two months, and I have been stressed to a large extent since I failed to attempt the assignment on time. My lecturer was too strict on adhering to the deadline, so I was in a panic mode, and I said I have to schedule and adhere to my timetable to avoid unnecessary challenges," (interview with students from University B:17th April, 2026)*

Although helpful for organising academic workload, participants noted that task management could not resolve broader sources of distress, such as inaccessible facilities, mobility difficulties, and limited institutional support, meaning its usefulness remained confined to academic organisation rather than addressing the root causes of the psychological challenges.

Theme 2: Emotion-Focused Coping Strategies

Conversely to problem-focused coping, the majority of participants demonstrated reliance on emotion-focused coping strategies to manage stress, anxiety, and depression. Five distinct sub-themes emerged within this category.

2a. Breathing Strategies

Some participants explained that they use controlled breathing as a coping strategy to manage acute emotional distress, especially in moments of frustration or social friction.
Therefore, an interview with a female participant (P7, third-year student, severe physical disability) from the university reported that;

> *"Breathing exercises help me to calm down quickly because I usually release bad feelings and feel myself strong again. I always believe in being strong and not showing my weakness to others" (interview with students from University A: 16th April, 2026)*

Likewise, respondents from another university revealed that breathing strategies were effective in reducing psychological challenges, especially when they were distracted by their colleagues during classroom interactions as well as extracurricular activities. Therefore, a male respondent (P9, second-year student, mild physical disability condition) from University C had this to say;

> *"Once I got bored with my colleagues, I waited for some time without responding to them; also, I inhaled and exhaled air silently. By doing so, I found myself a free and mind-minded person again. This strategy helped me to cool down my emotions and helped me to be calm without any fear" (interview with students from University C:18th April, 2026)*

Participants who used breathing strategies reported feeling calmer and better able to manage fear and emotional vulnerability in the moment.

2b. Sharing with Others

Many participants coped by confiding in friends and peers about the stressors they faced, ranging from environmental barriers to broader dissatisfaction with institutional policy implementation.
A female respondent (P8, second-year student, severe physical disability) from university B shared:

> *"Sharing with friends is helpful. I remember one incident of mobility since I can't go to the cafeteria to get food of my choice because the environment is not supportive of me. I am always stressed about this challenge, and I keep sharing this situation with my friends. They encourage me and remind me that one day it will be okay…" (interview with students from university B: 17th April, 2026)*

Another participant (P14, first-year student, moderate physical disability) from University A described using peer sharing specifically for academic issues.

> *After attempting assignments given by lecturers, I respond and share with my colleagues to check whether I have written well or not. Also, after sharing, my colleagues advise me. I do so because lecturers are assigning a lot of duties such as assignments, quizzes and other interactive*

activities for all students; this tendency helps me to be out of stress and anxiety (interview with students from University A:16th April, 2026).

Sharing with others or peers emerged as one of the most frequently used strategies, offering both emotional reassurance and practical academic support.

2c. Entertainment

Participants also illustrated using recreational activities, including music, sports, games, and social outings, to distance themselves from psychological distress and restore their emotional balance.

A male participant (P4, second-year student, mild physical disability) from University D explained:

"Entertainment helps me to forget stress. After studying for hours and during the weekend, I engage in recreation to get enjoyment. Through recreation, I keep aside all challenges I have, which eventually helps me to update and refresh my emotions" (interview with students from University D: 17th April, 2026)

Moreover, participants also revealed applying an entertainment approach as an immediate escape from cumulative distraction and stress:

. Hence, a female respondent (P15, third-year student, mild physical disability) from University B had this to say:

Too many out-of-classroom and in-classroom interruptions waste my time because I cannot gain anything. Sometimes I overwork myself if I allow my brain to consider distractions that degrade my emotional stability. Hence, I opted to watch entertainment sessions on my private computer, such as comedy, movies, and drama or go to the club and sports recreation" (interview with students from University B: 17th April, 2026).

The above quotations found that entertainment was the strategy which resulted in USPDs getting psychological relief after being interrupted by various psychological challenges. This implies that entertainment is described as helpful for temporarily forgetting stress and renewing academic motivation, whether pursued individually.

2d. Spiritual and Religious Engagement

Several participants also demonstrated engaging in prayers and religious community to manage their psychological distress. The respondents admitted that prayers had powerful effects in removing bad feelings and low self-esteem, increasing confidence in fighting and striving for academic gain, as well as in coping with stressful environments. However, the number of students who reported engaging in prayer was not high, but it was much higher among those who employed this emotion-focused technique to counter psychosocial challenges. Thus, through an interview with a male participant (P10, second-year student, severe physical disability) from University C had this to report:

"Prayer and church activities helped calm me down… I pray when things are difficult; my faith and doctrines teach me to persevere in any situation. I would like to say that the church's contribution to shaping my emotions was at its maximum level" (interview with students from University C: 18th April, 2026)

Similarly, a female respondent (P13, third-year student, severe physical disability) described how church involvement helped to address anxiety-driven procrastination:

"Church gatherings, worship, and seminars shaped me a lot; I had a problem with procrastinating things such as classroom periods, discussions and presentations due to anxiety and deep thoughts which I had, but I typically changed after engaging in church events" (interview with students from University C:18th April, 2026).

The above quotations demonstrate that the involvement of the respondents in church events such as seminars, worship, prayers and gatherings contributed to psychological relief for them. The findings also reveal that some were affected to the extent of procrastinating on their academic and social issues; hence, it justifies that those respondents were in a serious psychological challenge which needed emotion-focused intervention. Thus, the lives of the respondents started to improve through church involvement. Likewise, the words of God made respondents persevere through the challenges they were facing.

2e. Ignoring strategy (as an Immediate Response to Limited Support)

Unlike the other emotion-response coping strategies identified in this study, ignoring emerged as an immediate response to limited support rather than as a basic, effective coping strategy. Participants described suppressing or avoiding distressing thoughts, situations, or emotions to obtain immediate emotional relief when institutional or social support was unavailable or insufficient. Although this strategy helped them to manage their emotions in the short term, it did not address the underlying causes of their psychological challenges.

A male respondent (P6, first-year student, moderate physical disability) from University B was quoted as saying that:

"Keeping everything in my mind makes me have mood swings; hence, I tried ignoring my financial problems; also, bad feelings like discredit and disregard myself" (interview with students from University B: 17th April, 2026)

Likewise, another participant described how ignoring him affected the way others view him:
Thus, A male participant (P3, second-year student, moderate physical disability condition) from University A explained that:

"My friends can look me as an arrogant person or ant-social person ……. while other have perception to me as conservative and most non-advised person because of my tendency of ignoring things, they do not know how many psychological challenges are facing me to the extent of being a one who ignore things despite the uniqueness or necessity of those things" (Interview with students from university A: 16th April, 2026)

The quotations above show that ignoring the strategy gives participants temporary emotional relief by helping them keep away from stressful situations. However, participants also reported negative social consequences, as some peers misinterpret their behaviour and view them as arrogant, antisocial, or unwilling to accept advice. Participants elucidated that they rely on ignoring responses when other coping strategies, such as counselling, sharing feelings with others, entertainment, breathing exercises, or spiritual support, are unavailable or do not work effectively. This suggests that ignoring was an alternative response to limited personal and institutional support rather than a preferable coping strategy for USPDs.

Generally, the qualitative findings reveal that USPDs relied far more heavily on emotion-focused coping (Breathing, peer sharing, entertainment, spiritual engagement, and, when support was lacking, ignoring was used as the last-resort response) than on problem-focused strategies (confrontation and task management). This imbalance appears closely tied to the structural nature of the barrier USPDs face. Because most of the stressors, including inaccessible

infrastructure, inadequate accommodations, and financial hardships, which fall outside participants' personal control, problem-focused coping was often not a viable option, pushing students toward strategies aimed at managing their emotional response rather than resolving the underlying source of distress.

4.4 Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative findings revealed convergence and complementarity in the patterns of coping strategies used by USPDs, alongside some divergence in the relationships between participant characteristics and coping strategies.

Regarding coping patterns, the quantitative findings showed significantly higher use of emotion-focused coping ($M = 19.43$, $SD = 3.95$) than problem-focused coping ($M = 13.97$, $SD = 3.85$), $t(73) = 7.67$, $p < .001$, Cohen's $d = 0.89$. The qualitative findings were consistent with this pattern, as participants described various emotion-focused strategies, including breathing exercises, sharing experiences with peers, entertainment, spiritual and religious engagement, and ignoring distressing situations. Similarly, the relatively lower problem-focused coping scores corresponded with interview accounts indicating that only a small number of participants actively addressed their challenges through direct problem-solving and academic task management. These findings demonstrate convergence between the two strands.

The qualitative findings also provided additional context for understanding the limited use of problem-focused coping. Although some participants reported approaching lecturers, seeking assistance from classmates, and organising their academic tasks, they also described institutional and environmental barriers that constrained these efforts. This complementarity suggests that students' opportunities to address challenges directly were shaped partly by the conditions within their university environments.

Regarding the predictors of coping, residence status was statistically associated with emotion-focused coping in the final regression model ($\beta = -.552$, $p < .001$; adjusted $R^2 = .216$). However, the interviews did not establish a clear relationship between participants' residential locations and their use of emotion-focused strategies. The qualitative findings therefore neither directly explain nor contradict this statistical association, representing an area that requires further investigation.

For problem-focused coping, registration with university disability support services was the only statistically significant predictor in the final model ($\beta = .662$, $p < .001$; adjusted $R^2 = .570$). Although interview accounts described attempts to seek academic assistance and address challenges directly, they did not establish that registration status itself accounted for these behaviours. The qualitative findings therefore provide contextual insight into students' experiences of seeking support but do not independently explain the observed statistical relationship.

Overall, the two strands provide complementary insights into coping among USPDs. While the quantitative findings identify differences in coping patterns and their statistical associations with participant characteristics, the qualitative findings illuminate the experiences and contextual conditions surrounding these patterns. Given the cross-sectional design, the identified relationships should be interpreted as associations rather than causal effects.

5. Discussion

This study found that USPDs relied considerably more on emotion-focused coping than on problem-focused coping, a difference that was statistically significant and showed a large effect size. The qualitative findings supported this result. Emotion-focused strategies such as breathing, peer sharing, entertainment, spiritual and religious practices, and, in some cases, ignoring stressful conditions were predominant. In contrast, problem-focused strategies, such as facing problems directly and task management, were mentioned less frequently because many participants perceived the challenges they faced as beyond their personal control.

These findings are consistent with Gyasi and Yeboah (2020), who similarly found that students with disabilities at a Ghanaian college of technology education relied predominantly on emotion-focused strategies when confronted with persistent academic and environmental stressors. Similarly, Owusu-Ansah et al. (2024) reported that USPDs commonly adopted emotion-regulation strategies alongside limited use of active, solution-oriented coping. From the perspective of the Transactional Model of Stress and Coping (TMSC), these findings reflect the secondary appraisal process, through which individuals evaluate the resources available to manage stressful situations and select appropriate coping responses (Lazarus & Folkman, 1984). When barriers such as inaccessible facilities, inadequate academic accommodations and financial difficulties are perceived as difficult to change, students may be more inclined to regulate their emotional responses than to attempt to change the stressful circumstances.

The Social Model of Disability provides an additional explanation for this pattern by locating disability-related difficulties not solely within individual impairments but also within environmental, institutional and attitudinal barriers (Oliver, 1990). From this perspective, inaccessible learning environments, inadequate learning materials, inflexible academic arrangements and limited institutional support can create or intensify the challenges experienced by students with physical disabilities. These barriers may also restrict opportunities for problem-focused coping because students cannot independently resolve structural problems such as inaccessible classrooms, inadequate transport arrangements or the absence of appropriate academic accommodations. Consequently, the predominance of emotion-focused coping should not necessarily be interpreted as an individual inability or unwillingness to address problems. Rather, it may partly reflect the limited opportunities available to students to change the conditions producing their stress. The two theoretical perspectives therefore complement each other: the TMSC explains how students appraise stressful experiences and select coping strategies, while the Social Model highlights how institutional and environmental conditions shape those experiences and the resources available for coping.

Academic demands may further contribute to the psychological pressures experienced by university students with disabilities. Coursework, assignment deadlines, examinations and expectations of academic performance can generate stress, particularly when students encounter additional accessibility barriers or insufficient academic accommodations. Bendo (2026), in a study of Filipino university students, found that academic stress was associated with test anxiety and partially mediated the relationship between second-language comprehension difficulties and test anxiety. Although that study did not specifically investigate students with physical disabilities or their coping strategies, it provides complementary evidence that academic difficulties and demands can have important psychological implications among university students. In the present study, these broader academic pressures may interact with disability-related environmental barriers, potentially increasing the need for emotion-focused coping when students perceive limited opportunities to address the underlying challenges. This interpretation highlights the importance of considering both academic demands and disability-related barriers when examining coping among USPDs.

Registration with university disability support services emerged as the strongest predictor of problem-focused coping after controlling for demographic characteristics and disability severity, accounting for an additional 11.2% of variance in the final regression model. However, given the sample size (N = 74) and the number of predictors in the regression model, this estimate should be interpreted cautiously because it may be less stable than the effect size suggests. These findings align with evidence that institutional engagement promotes more adaptive, solution-oriented coping among students with disabilities (Liverpool et al., 2024). The qualitative findings provide further insight into this relationship. Registered participants described actively seeking assistance from lecturers and peers, despite acknowledging inconsistent accommodations. In contrast, non-registered participants described ignoring distressing situations, which they presented as a fallback when institutional and social support was inadequate or unavailable. This pattern also carried social costs, as one participant reported being perceived as arrogant or antisocial.

These findings suggest that institutional support may be associated with greater use of coping strategies by providing students with access to relevant resources and support services, such as information and3e academic assistance. Disability support services can facilitate communication between students and lecturers, support requests for reasonable academic accommodations and improve access to relevant university services. Similarly, supportive relationships with lecturers and peers may provide practical assistance, encouragement and opportunities to share academic difficulties. Conversely, inadequate institutional responses and inaccessible learning environments may limit students' ability to use problem-focused strategies, even when they are willing to address their difficulties. From the Social Model of Disability, these findings reinforce the importance of institutional responsibility for identifying and removing barriers rather than placing the entire burden of adjustment on individual students. Although the regression did not find registration to be a significant predictor of emotion-focused coping after controlling for other variables, the qualitative accounts suggest that limited institutional and social support may still encourage reliance on strategies such as ignoring stressful situations (Rice et al., 2021). This difference between the quantitative and qualitative findings highlights the need for further investigation into the circumstances that encourage potentially less adaptive emotion-focused coping among non-registered students.

Regarding disability severity, it was not significantly associated with either emotion-focused or problem-focused coping, and qualitative accounts showed no clear differences in coping strategies according to disability severity. This suggests that coping among USPDs may be shaped more by the resources and environmental conditions available to them than by the severity of their physical limitations alone. These findings are supported by Desalegn et al. (2023), who showed that coping strategy use among adults with physical disabilities was more strongly associated with social and institutional support factors than with impairment itself. This is also consistent with the TMSC's premise that coping is influenced by individuals' appraisal of the resources available to manage stressful situations rather than solely by the objective characteristics of the stressor. The Social Model further suggests that the impact of disability severity cannot be understood independently of the accessibility of the surrounding environment. For example, a student with a severe physical limitation may experience fewer academic barriers in a university that provides accessible facilities and appropriate accommodations than a student with a mild limitation in an inaccessible learning environment. Therefore, improving institutional accessibility and support may be important for enabling students with different levels of disability to engage in more active and problem-focused coping.

In contrast, residence status was strongly associated with emotion-focused coping. However, the qualitative findings did not provide sufficient evidence to explain this relationship, highlighting an important gap in the integration of the findings. One possible explanation is that students living off-campus may have reduced access to university support services and peer networks, making them more likely to rely on emotion-focused coping. Additional challenges associated with travelling to and from campus may also contribute to their coping experiences. Nevertheless,

because these explanations were not directly established by the qualitative evidence collected in this study, they should be regarded as possibilities for future investigation rather than confirmed findings. From the Social Model perspective, this relationship also draws attention to the importance of accessible transport, accommodation and support arrangements beyond the university campus.

6. Implication of the Study

The findings have important implications for university policies and student support practices. Universities should strengthen disability support services by ensuring that students with physical disabilities can easily register, access support and communicate their academic and accessibility needs. In addition, institutions should improve the physical accessibility of classrooms, libraries, lecture halls and other learning facilities, provide appropriate academic accommodations and promote flexible arrangements where necessary. Lecturers should also consider the additional challenges students with physical disabilities may encounter when completing academic tasks and undertaking examinations. Furthermore, strengthening peer-support networks, mentoring programmes and accessible counselling services may help students obtain both practical and emotional assistance. These interventions are particularly important because effective coping should not depend entirely on students' individual efforts to adjust to inaccessible environments. Consistent with the Social Model of Disability, universities have a responsibility to identify and remove institutional and environmental barriers that restrict students' participation. Combining accessible institutional environments with appropriate psychological and academic support may create better opportunities for USPDs to employ both emotion-focused and problem-focused coping strategies.

7. Conclusion

The findings of this study revealed that USPDs relied more on emotion-focused coping than problem-focused coping strategies, reflecting the challenges of managing stressors that were often perceived as beyond their personal control. Registration with university disability services emerged as the strongest factor associated with greater use of problem-focused coping, highlighting the important role of institutional support in shaping adaptive coping behaviours, although this estimate should be interpreted cautiously given the study's sample size relative to the number of predictors examined. This suggests that environmental and institutional factors have greater influence on coping than the level of impairment itself. The integration of quantitative and qualitative findings demonstrated that barriers such as limited institutional support, inaccessible learning environments, and psychosocial challenges influence how students respond to psychological distress. Overall, the study supports the TMSC by showing that coping is determined not only by the presence of stressors but also by the resources individuals perceive as available. Strengthening university disability support systems and creating more inclusive learning environments are therefore essential for promoting adaptive coping and improving the mental well-being and academic experiences of USPDs in Tanzania.

8. Recommendations

8.1 Recommendations for the Universities

Universities should strengthen disability support services by increasing awareness of the available services and improving registration procedures for students with physical disabilities. Since registration with disability support services was significantly associated with greater use of problem-focused coping strategies, universities should actively encourage eligible students to register and ensure they receive timely academic accommodations, counselling services, assistive technologies, and other forms of support.

Also, university management should improve the learning facilities to be accessible and inclusive by removing physical, academic and social barriers that may escalate to psychological distress. This includes improving campus infrastructure, provision of accessible learning materials, assistive devices, training academic and administrative staff on disability inclusion, and ensuring reasonable accommodations are implemented consistently for all faculty.

8.2 Recommendations for University Counselling and Disability Support Units

University counselling and disability support units should develop and implement regular mental health and coping skills programs for students with physical disabilities. Such programmes should aim to strengthen adaptive problem-focused coping skills, including problem-solving, effective help-seeking, stress management, and self-advocacy, while also insisting on positive emotion-focused coping strategies such as peer support and healthy spiritual practices.

8.3 Recommendations for the Government and Policymakers

The ministry responsible for higher education, in collaboration with universities and disability stakeholders, should strengthen the implementation of inclusive education policies by allocating adequate resources to disability support units and establishing mechanisms to monitor the quality and effectiveness of support services offered to students with disabilities across higher education institutions.

8.4 Recommendations for Future Studies

Future research should employ longitudinal or experimental designs to establish the causal relationship between registration with disability support services and coping strategies. Future studies should also include larger, more diverse samples from different regions of Tanzania to improve the generalisability of the findings. In addition, qualitative research should be conducted to further explore how residence status influences coping strategies among USPDs, as this relationship was not fully explained by the present study.

9. Limitations of the Study

Although this study provides valuable insights into coping strategies among university students with physical disabilities (USPDs), several limitations should be acknowledged.

First, the study was conducted in four selected universities within Morogoro Region, Tanzania. Although the participating institutions represented different institutional contexts, the geographical restriction limits the extent to which the findings can be generalised to USPDs in other regions of Tanzania, where institutional resources, accessibility and disability support arrangements may differ.

Second, the study employed purposive and snowball sampling, which may have introduced selection bias because participants were recruited based on their eligibility, accessibility and existing social networks. Consequently, students who were less connected to other students or university support structures may have been underrepresented, potentially limiting the diversity of experiences captured.

Third, the study employed an adapted 14-item version of the Brief COPE Inventory, originally developed by Carver (1997). Although the selected items underwent expert review and pilot testing to assess their relevance and clarity, and the adapted subscales demonstrated acceptable internal consistency (Cronbach's α = .84 and .83), comprehensive psychometric validation of the adapted instrument was not undertaken. In particular, its construct

validity and factor structure were not fully examined. Furthermore, reorganising the selected items into problem-focused and emotion-focused coping categories may limit direct comparability with studies using the original Brief COPE. Future studies should undertake further psychometric validation to establish the suitability of the adapted instrument for assessing coping strategies among university students with physical disabilities in Tanzania.

Fourth, the convergent mixed-methods design involved collecting quantitative and qualitative data within the same study period. Although integrating the two strands provided complementary insights into participants' coping experiences, the cross-sectional nature of the study limited the ability to examine changes in coping strategies over time or establish temporal and causal relationships between the study variables.

Finally, the relatively modest sample size of 74 participants may have affected the statistical power and stability of the regression estimates, particularly given the five predictors included in the regression models. According to Green (1991), the recommended minimum sample size for testing the overall regression model is $N \geq 50 + 8m$, where m represents the number of predictors. For five predictors, this suggests a minimum of 90 participants. Therefore, the regression findings, particularly the estimated contributions of individual predictors, should be interpreted cautiously. Future studies involving larger samples across multiple universities would improve the precision and robustness of the estimates

The adaptation and regrouping of the original Brief COPE items may affect their comparability with the original instrument. Furthermore, comprehensive psychometric validation, including confirmatory examination of the adapted subscales' factor structure, was not undertaken. Future studies should conduct further validation to establish the construct validity and applicability of the adapted instrument among university students with physical disabilities in Tanzania.

Declarations

Ethical Approval

Permission for data collection was obtained from Sokoine University of Agriculture, and the Deputy Vice Chancellors' Office (Academic, Research and Consultation) and formal permission was granted by all participating universities. Participation was voluntary; all participants gave written and verbal informed consent after researchers explained the study's purpose, procedures, confidentiality safeguards, and right to withdraw at any time without penalty. Given the sensitivity of questions about stress, anxiety, and depression, referral procedures were established for participants who experienced distress or requested support; such participants were referred to university counselling and student-support services. The research team did not provide clinical counselling but ensured participants were aware of available support.

Competing Interests

None.

Author's Contribution

Author[1]: Conceptualisation, Data curation, Formal analysis, Writing original draft
Author[2]: Supervision and editing
Author[3]: Supervision and editing

Data Availability

The data are available for the researcher for special consent.

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