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The effectiveness of a self-regulation program in improving the quality of university life among female students with physical disabilities

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Abstract

This study aimed to improve self-regulation (SR) among Female students with Physical disabilities and identify the effects of self-regulation on the Quality of University Life (QUL). A full sample of Study included 157-Female students with physical impairments (M_{age}=19.50; SD=1.46). The participants completed measures for self-regulation and quality of university life by self-regulation scale (SRS) and quality of university life scale (QULS), in 2022 in Saudi Arabia. We randomly selected 54 Female students with disabilities (M_{age}= 19.76; SD= 1.33): the intervention group (N= 27), and wait-list group (N= 27). The intervention contains 18-sessions, 3-times a week for 6-weeks. The results of the survey study showed a strong lack for self-regulation and quality of life among female students with disabilities. The results showed that the Female students with physical disabilities in the intervention group (self-regulation training group) showed greater improvement for self-regulation and quality of university life (subscales) in the post-test compared to the pre-test, and compared to the wait-list group. The present Findings provided important evidence for the effectiveness of self-regulation training for improvement of Quality of university Life among Female students with physical disabilities.

Keywords: Self-regulation; Quality of university life; Students with disabilities

Introduction

Academic success has become one of the most important issues in today's societies and turned into one of the priority goals to be reached among students, families and other individuals who interact with these stakeholders (Girli & Ozturk, 2017). Female Students with impairments suffer from many social problems, difficulties, and obstacles in their academic life, including undesirable experiences, stressed events, and risk and threat factors in all areas of life. Many pressures often contribute to the creation of many health problems among Female students with impairment. That is related to Unadapting with university life, achieving bad Scores, un-planning for the future, and parent independence (Seo et al., 2018; Park, Edmondson & Lee, 2012).

The experiences of university students and the various personal pressures can effect on their quality of life (Bakhtiari, Benner & Plunkett 2018). In addition to, difficulties of performing normal daily activities, and their social participation (Oliveira et al., 2018). The World Health Organization (WHO) has been defined the quality of life as an awareness of the individual's function of life in the context of culture and the values systems in which they live, and concerning their goals, hopes, and standards (WHO, 1995). The quality of life is a multi-dimensional phenomenon consists of possessing basic characteristics that reflect the individual's personality and environmental factors (Oliveira et al., 2018). It is the expectation of individuals for the level of well-being in the body, mind and social aspects of life (Koolhaas et al., 2018).

Quality of life contains seven components: activities, hope, belonging, relationships, self-awareness, well-being, independence, and physical health (Keetharuth et al., 2018). The successful healthy behaviour often is related to the improvement of quality of University life among students (Joseph et al., 2014). Quality of life mediates between individuals' needs and opportunities in their environments and depends on the ability of those individuals' environments that allow expressing about the different forms for quality of life (Schalock, Gardner & Bradley, 2007; Oliveira et al., 2018). Bakhtiari et al. (2018) indicated to a negative statistically significant correlation between the quality of university life and contextual pressures: family financial pressures, family separation, and reflection of parental culture. Seo et al. (2018) showed a negative statistically significant correlation between the quality of university life and both perceived pressures and depressive symptoms. Koolhaas et al. (2018) showed a positive statistically significant correlation between the quality of life and daily activity of adults.

Self-regulation is very useful for achieving many positive results with university students. There are more of advantages' quality of university life for students with impairments, such as: ensuring equal rights and opportunities for them, introducing and enabling social support, supporting of all individuals, and identification of quality sources and needs of everybody (Browen, Schalock, & Browen, 2009; Oliveira et al., 2018). Hofer, Basch & Kartner (2011) found a positive statistically significant correlation between self-regulation and the level of psychological well-being among university students. Self-regulation is a process that leads individuals to take responsibility for education through self-monitoring of their progress, the use of strategies that lead to self-development, and the achievement of personal goals

(Zimmerman, 2000). Self-regulation involves the processes and skills that regulate a person's thoughts, feelings, awareness, and behaviour, which gives him the ability to strengthen his efforts to achieve his goals (Williamas et al., 2008). Self-regulation according to Miller and Brown Model (1991) contains the information inputs, self-monitoring during progress towards personal goals, motivation of change, following-up of the goal achievement, development of the plan to achieve personal goal, doing according to the plan, and reassessment of the plan (Brown, Miller, & Lawendowski, 1999). The model of Freund and Baltes (2002) (selection, optimization, and compensation) is generally used to describe self-regulation processes in adolescence, how individuals choose and achieve to desirable goals, how to persist and plan to achieve their goals, and how to change and update their plans through their interaction with challenges (Weiner, Geldhof, & Gestsdottir, 2015).

The lack of Self-regulation may cause problems for individuals in regulating their behaviours and achieving acceptable goals (Orosova et al., 2018). Tanner (2018) found a positive statistically significant correlation between self-regulation and psychological resilience among university students. Abbasi & Nosratinia (2018) found a positive statistically significant correlation between self-regulation and self-efficacy among university students. Stefansson et al. (2018) showed a positive statistically significant correlation between targeted self-regulation and school commitment among students.

The Problem of this study:

We found a lack of self-regulation and quality of life among the female students with physical disabilities through our living and interaction with them during their requesting academic guidance services. The university students with physical disabilities need to rearrange their priorities and goals, improvement of their abilities and skills, and handing for them to achieve their desired academic goals. The aim of the current study was to identify the effects of self-regulation training on the quality of university life among students with physical disabilities. Importance of the present study as a sample of study (Female students with disabilities) is not common in previous studies, for Arabic countries. Findings of the present study may contribute to the guide of university students with physical disabilities.

The following research questions were addressed:

1. What is the effect of self-regulation training on the quality of university life among female students with physical disabilities?
2. What is the difference between the intervention group and the wait-list group in the self-regulation and quality of university life among female students with physical disabilities after the intervention?

The main hypotheses of the current study were statistically significant differences between means ranks of scores of the intervention group and wait-list group for self-regulation and quality of university life in the post-test.

Aims of The study:

1- Determine the effect of self-regulation training on the quality of university life among female students with physical disabilities.
2- Determine the difference between the intervention group and the wait-list group in the self-regulation and quality of university life among female students with physical disabilities after the intervention.

Methodology:

Participants and procedures

A full Sample of the present study contained 148-university students with physical disabilities. Participants (*N*= 157; M_{age}= 19.50; *SD*= 1.46) completed a preliminary survey that assessed their self-regulation and quality of university life. They selected from female students with physical disabilities at King Khalid University. Members of the intervention group and the wait-list group (*N*= 54; M_{age}= 19.76; *SD*= 1.33) were selected from a full sample of the study, they have the lowest scores for self-regulation and quality of university life, they were randomly distributed to intervention group (*N*= 27; M_{age}= 19.70; *SD*= 1.35) and wait-list group (*N*= 27; M_{age}= 19.81; *SD*= 1.46). The intervention group have self-regulation training for 6-weeks by 18 sessions.

Measures

The data collected through the measurements of self-regulation and quality of university life among the female students with physical disabilities, at 2022 In Saudi Arabia. Table 1 presents the descriptive characteristics of the full sample and shows a descriptive statistics and correlations between self-regulation subscales and quality of life subscales among female students with physical disabilities, all correlations were strong for self-regulation subscales and quality of university life subscales (*r*= 0.89) **(Table 1**).

Table 1. Descriptive statistics of the full participants and correlations between self-regulation subscales and quality of university life subscales (*n*=157)

variables	M (*SD*)	**1.**	1.1	1.2	1.3	1.4	**2.**	2.1	2.2	2.3	2.4
1. self-regulation (SR)	**56.04 (15.37)**	**1**									
1.1self-Awareness and monitoring	13.71 (4.15)	0.94**	1								
1.2setting and determining goals	13.79 (4.17)	0.96**	0.92**	1							
1.3learning from mistakes and adjusting of life plans	11.13 (2.93)	0.92**	0.81**	0.84**	1						
1.4impulse Control	17.39 (4.83)	0.96**	.85**	.90**	.91**	1					
2.quality of university life	**34.49 (8.47)**	**0.89****	**0.88****	**0.82****	**0.80****	**0.87****	**1**				

2.1enjoyment with university activities	9.46 (2.01)	0.85**	0.81**	0.76**	0.81**	0.87**	0.95**	1			
2.2affiliation and relationships	9.97 (2.84)	0.83**	0.80**	0.76**	0.76**	0.83**	0.95**	0.89**	1		
2.3satisfaction with academic performance	7.83 (2.20)	0.91**	0.90**	0.87**	0.82**	0.86**	0.95**	0.89**	0.85**	1	
2.4independence and university freedom	7.21 (1.88)	0.77**	0.84**	0.74**	0.62**	0.72**	0.92**	0.83**	0.82**	0.86**	1
** $p \leq 0.01$											

Self-Regulation Scale (SR)

To measure self-regulation, we used the self-regulation scale (SRS), developed by researchers (2018). The SRS consists of four subscales: self-awareness and monitoring, setting and determining goals, learning from mistakes and adjusting of life plans, and impulse control. The SRS includes 27-items on a five-point Likert scale, from 4-strongly agree to 0-strongly disagree; The SRS has acceptable degrees of validity and reliability. It has 100% acceptance of five professors of psychology and special education at Ain-shams University (Egypt). The Spearman-Brown coefficient for reliability of SRS in the current study was strong (r= 0.94). Guttman's split-half for SRS was strong (r= 0.94), Alpha-Cranach's Coefficients for a full of SRS (α= 0.95), and the Subscales of SRS were strong (α= 0.86, 0.87, 0.87, 0.84. as the following). Pearson-coefficient for correlations between a full of SRS and it items-subscales were significant (r= 0.53 to 0.85; $p\leq$ 0.01). The participants completed a survey for their self-regulation by SRS.

Quality of University Life Scale (QUL)

The participants completed a survey for their quality of life by quality of university life scale (QULS). We developed QULS to assess the quality of university life among female students with physical impairments through four subscales: enjoyment with university activities, affiliation and relationships, satisfaction with academic performance, and independence and university freedom. The QULS consists of 20-items on a four-point Likert scale, from 3-Applies fully to 0-does not apply. The QULS has acceptable degrees of validity and reliability. We developed QULS after analysis of the theoretical background, and previous Scales (see. e.g. Oliveira et al. 2018; Stevens et al., 2017; Bakhtiari et al., 2018). It has an agreement of five Professors of Psychology and special education at Ain-Shams University (Egypt). Alpha-Cronbach coefficient of QULS was strong (α= 0.95), Alpha-Cronbach coefficients for subscales-QULS were strong (α= 0.82, 0.80, 0.79, 0.82 as a following), the split-half-reliability coefficient for QULS by Spearman-Brown was strong (r= 0.93). Guttman's coefficient for QULS was strong (r= 0.91), and the correlations between scores of items-QULS and a full-QULS were strong (r= 0.72 to 0.88; $p \leq 0.01$).

Intervention of Self-Regulation Training (SRT)

The participants of the intervention group have 18-sessions for self-regulation training; they decided that these sessions were very important for them through their reports about the sessions. We developed SRT for improving self-regulation skills and beliefs of quality of life among university students with impairments. We

relied on the theoretical background of self-regulation and quality of life, previous studies, and self-regulation programs (see. e.g. Neal & Carey, 2005; Stefansson et al., 2018; Zimmerman & Kitsantas, 2014, Oliveira et al., 2018). SRT consists of 18-sessions, 3 times a week for 6 weeks. We employed several counseling techniques in the Sessions, such as lecture, dialogue and discussion, role-play, feedback, homework, cognitive restructuring, and disputing of irrational ideas.

Results

The results of t-test (repeated measures (t0, t1, t2 and t3)) showed the statistically significances differences for intervention group between the pre-test, and post-test (0-1), between pre-test and follow-up test (0-2) (after three), and between pre-test and follow up test (0-3) for self-regulation and quality of university life (Table 2). These results indicate that the levels of self-regulation and quality of university life were more increased in the intervention group after the intervention and at follow-up ($P \leq 0.001$).

Table 2. Differences between mean's scores of intervention group for self-regulation subscales and quality of university life subscales in the repeated measures and Cohen's *d* for effect sizes *n*= 27

Measures	Pre-test - post-test $^{(0-1)}$		Pre-test - follow-up test $^{(0-2)\ (0-3)}$			
			(after 3 months)		(after 6 months)	
	t-test $^{0-1}$	*Es*	t-test $^{0-2}$	*Es*	t-test $^{0-3}$	*Es*
1. self-regulation (SR)	**17.12*** **	**3.34**	**16.94*** **	**3.27**	**18.29*** **	**3.57**
1.1. self-awareness and monitoring	16.97***	4.00	14.49***	3.56	12.97***	3.37
1.2. setting and determining goals	16.16***	3.25	16.10***	2.95	15.46***	2.98
1.3. learning from mistakes and adjusting of Life plans	9.61***	2.64	9.14***	2.58	9.17***	2.64
1.4. impulse control	12.12***	2.63	12.75***	2.58	12.41***	2.58
2. quality of university life (QUL)	**17.77*** **	**3.62**	**8.963*** **	**1.72**	**8.550*** **	**1.69**
2.1. enjoyment with university activities	12.18***	2.38	7.484***	1.54	6.751***	1.36
2.2. affiliation and relationships	9.27***	2.08	5.563***	1.10	4.431***	1.02
2.3. satisfaction with academic performance	9.83***	2.31	6.763***	1.46	6.692***	1.59
2.4. independence and university freedom	12.58***	2.48	4.683***	1.11	4.848***	1.19

Note: *Es*= effect size, by Cohen's $d = (M_1 - M_2)/ \alpha$.

****P* < 0.001

Table 2 showed that all t-test values were statistically significant ($p < 0.001$). Cohen's d effect sizes were large for all measures of self-regulation and quality of university life. which showed large-sized effects between pre-test and post-test $^{(0-1)}$ for self-regulation subscales (d= 3.34), and for quality of university life subscales (d= 3.62), and between pre-test and follow-up test $^{(0-2)}$ for self-regulation subscales (d= 3.27) and for quality of university life subscales (d= 1.72), and between pre-test and

follow-up test [0-3] for self-regulation subscales (*d*= 3.57) and for quality of university life subscales (*d*= 1.69) (table 2).

The measures (between intervention group and wait-list group) indicate that the levels of self-regulation and quality of university life were increased in the intervention group compared to the wait-list group after the intervention (Table 3). These results showed that all t-test values were significant after intervention for self-regulation and quality of university life ($p< 0.001$), Cohen's d sizes were large for self-regulation subscales (*d*= 3.26) and quality of university life subscales (*d*= 3.30) between the intervention group and wait-list group.

Table 3. Differences between the intervention group and the wait-list group in the post-test for self-regulation and quality of university life

measures			Post test	
	Intervention group *n*=27 *M* (*SD*)	wait-list group *n*=27 *M* (*SD*)	t test	*E*s Cohen's *d*
1. self-regulation	**67.69 (4.95)**	**51.53 (2.70)**	**14.59*** **	**3.26**
1.1. self-awareness and monitoring	17.38 (1.93)	13.11 (0.86	15.27***	3.18
1.2. setting and determining goals	16.96 (1.34)	12.50 (0.90)	13.45***	3.12
1.3. learning from mistakes and adjusting of Life plans	15.34 (1.29)	12.19 (0.98)	9.90***	2.43
1.4. impulse control	18.00 (1.76)	13.73 (1.34)	9.81***	2.41
2. quality of university life	**43.92 (4.42)**	**29.30 (2.51)**	**14.64*** **	**3.30**
2.1. enjoyment with university activities	11.46 (1.68)	7.96 (0.99)	9.13***	2.08
2.2. affiliation and relationships	11.26 (1.76)	8.11 (1.45)	7.06***	1.79
2.3. satisfaction with academic performance	10.57 (1.96)	6.34 (1.02)	5.75***	2.15
2.4. independence and university freedom	10.61 (1.63)	6.88 (1.07)	9.76***	2.29

****P*<0.001

Discussion

The results of current study showed a positive effect of self-regulation on the quality of life among female students with disabilities, the results are similar to the previous studies (see. e.g. Hofer et al., 2011; Edossa et al., 2017; Dijkhuis et al., 2017; Abbasi & Nosratinia, 2018; Stefansson et al., 2018). We explained a positive effect of the self-regulation by the benefits package of self-regulation training, That includes the skills of setting-goals and arrangement-priorities, identifying what is appropriate and desirable, the skills of solving problems, identifying realistic expectations of events, offering solutions and alternatives, the flexibility to deal with environmental and

internal stimuli, and the development of personal self-efficacy for self-regulation. In addition to, the employment of personal capabilities and environmental potential for the achievement of what is desirable and beneficial for the female students with physical impairments.

Self-regulation helps university students to regulate and rearrange their priorities; so they can achieve the desired academic results. Thus, the personal beliefs reflected through self-efficacy of university students influenced by self-regulation, coordination, and arrangement of prioritization in general (Feldman et al., 2016). The quality of life related to many activities, which are involved in physical activities, as the various forms of such activities provide beneficial effects to the individual, such as general physical activities, walking, domestic work and sports (Koolhaas et al., 2018).

Self-regulation is related to psychological well-being and effects on the level of psychological well-being among university students (Hofer et al., 2011). The skills of self-regulation help university students to identify the Life goals, objectives of the day, and how to achieve these goals, how concerns his efforts on specific important things to him, how to achieve it and how to finish the stresses, especially the academic stress. The development of programs, services, and support for Students with Impairments contributes to improving their quality of life (Schalock et al., 2007). The activities field free the student from various academic pressures, to feel the value of the university life, that has large potentials, frameworks and areas of life (Park et al., 2012; Hofer et al., 2011).

Self-regulation helps the university female student to define, understand, and control his self and environment in which he or she lives (Orosova et al., 2018). Higher self-regulation leads the students for more successful behaviours, and more efficiency to becoming more physically active (De Bruin et al., 2012), self-regulation training helps university students with impairments to learn various skills, such as self-monitoring and self-observation skills, which helps female students with impairments to monitor their goals, and doing to achieve these goals and continuous monitoring of self. In order to, achievement of desired personal goals, as well as learning from previous experiences and alternative experiences learned from others. The self-monitoring skill is important in observing the strengths and weaknesses of the personality, observing the special actions and behaviors, and giving them due importance. The efficacy of self-regulation leads to the development of students' efficiency for solving problems and academic self-efficacy at University (Salazar & Hayward, 2018).

Stefansson et al. (2018) showed there is a positive statistically coefficient correlation between intentional self-regulation and school engagement among the adolescents. Abbasi & Nosratinia (2018) showed a positive statistically coefficient correlation between self-regulation skills and self-efficacy among university students. Self-regulation helps female students to focus, follow up and adjust educational activities, to continue their studying, to solve various academic problems and difficulties of studying courses, and to complete their homework, duties and educational tasks (Orosova et al., 2018; Valiente et al., 2010). We used many techniques for SRT, such as ideas refutation technique, it contributes to refute many of the irrational beliefs and ideas. Also, the discussion techniques. It is useful to

clarify many strengths of students through training of some problem-solving skills, setting and arranging the personal goals and potential in achieving these goals. In addition, brainstorming, it provides an opportunity for individuals to identify their personal qualities, the homework technique also provide an opportunity for the application of out-of-session training and skills, which had a positive impact on the building of skills of the individuals.

We supported the beliefs of the quality of university life among university students with impairments, this helps in achieving their goals, enjoyment of university life, and benefit from the various living experiences, and achievement of desired success, during the academic study. We differentiate between positive and negative beliefs and clarify the impact of negative beliefs on the personality of a university student. Self-regulation is useful for individuals, to support their strategies for improving self-development and actualization of personal goals (Zimmerman, 2000). Self-regulation has a significant impact on improving the quality of life perceptions among university students with impairments. Appropriate recruitment of reinforcement and role-play techniques has contributed to continuing the effectiveness of self-regulation training for improving quality of life among female students with impairments. Self-regulation beliefs contribute to the development of student motivation for success in interaction with university and academic attitudes, through their use of learning strategies, and the behaviours of academic handing they need (Girli & Oztirk, 2017).

The finding of this study has important applications for improving beliefs' quality of life and self-regulation skills with disabled students by self-regulation training.

Conclusion

The findings provided important evidence for the effectiveness of self-regulation training for improvement of Quality of university Life among female students with physical disabilities.

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فعالية برنامج لتنظيم الذات في تحسين جودة الحياة الجامعية لدى الطالبات ذوات الإعاقة الجسمية

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المستخلص:
هدفت الدراسة الحالية إلى تحديد فعالية برنامج قائم على مهارات تنظيم الذات في تحسين مستوى جودة الحياة الجامعية لدى عينة من الطالبات ذوات الإعاقة الجسمية. تضمنت العينة الأساسية الكلية للدراسة (١٥٧) طالبة من ذوات إعاقات جسمية (M_{age}=19.50; SD=1.46)، وقد أكملت المشاركات الاستجابة عن مقياسي: تنظيم الذات وجودة الحياة الجامعية، خلال عام (٢٠٢٢م) في جامعة الملك خالد بالمملكة العربية السعودية. وقد اختيرت عشوائيا (٥٤) من الطالبات ذوات الإعاقة الجسمية (M_{age}= 19.76; SD= 1.33)، شكلت مجموعة التدخل (ن=٢٧)، والمجموعة الضابطة (ن= ٢٧). وقد تضمن برنامج التدخل الإرشادي القائم على مهارات تنظيم الذات (١٨) جلسة، بواقع (٣) مرات في الأسبوع ولمدة (٦) أسابيع. وقد أظهرت نتائج الدراسة الاستقصائية وجود نقص شديد في تنظيم الذات وجودة الحياة لدى الطالبات ذوات الإعاقة الجسمية، كما أظهرت النتائج أن الطالبات ذوات الإعاقة الجسمية في مجموعة التدخل (مجموعة التدريب على تنظيم الذات) أظهرن تحسنًا أكبر في تنظيم الذات وجودة الحياة الجامعية (وأبعادها الفرعية) في الاختبار البعدي مقارنة بالاختبار القبلي والمجموعة الضابطة. وقد قدمت النتائج الحالية أدلة مهمة على فعالية التدريب على تنظيم الذات لتحسين جودة الحياة الجامعية بين الطالبات ذوات الإعاقة الجسمية.

الكلمات المفتاحية:
تنظيم الذات، جودة الحياة، إعاقة جسمية