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Self-Esteem and Psychological Well-being Among Students with Mobility Disability: A Mediating Role of Resilience

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Impact Statement

This study highlights how resilience can serve as a psychological buffer for students with mobility disabilities, emphasizing the importance of inclusive interventions that nurture both self-esteem and emotional well-being in academic settings.

Abstract

Background

Individuals with mobility disabilities are a vulnerable population in our society. They face several psychological problems. At this stage, resilience can help individuals cope with challenging circumstances, leading to improved psychological well-being and better mental health.

Objective

The objectives of the present study were to examine the relationships between variables related to students with mobility disabilities and explore resilience as a mediator of the relationship between self-esteem and psychological well-being.

Method

One hundred fourteen participants with mobility disabilities, aged 18-30 years, completed self-report questionnaires assessing resilience, self-esteem, and psychological well-being. Mediation analyses were performed using the PROCESS macro in SPSS.

Results

Female participants with mobility disabilities have higher scores in psychological well-being than their male counterparts ($t(112) = -3.14$, $p < 0.01$). It has also been reported that resilience significantly mediated the relationship between self-esteem and psychological well-being ($\beta = 0.147$, LLCI = 0.006 to ULCI = 0.313).

Conclusion

The study's findings suggest that students with mobility disabilities have lower psychological well-being. Self-esteem and resilience were maintained through counselling and therapy to improve the psychological and mental well-being of students with mobility disability.

Keywords: Resilience, Self-Esteem, Psychological Well-Being, Students, Mobility Disability

Introduction

Disability refers to a physical, mental, sensory, or cognitive condition that significantly impairs a person's ability to perform everyday activities or interact effectively with their environment. It encompasses a wide range of conditions,

including physical or mobility impairments, chronic illnesses, mental health disorders, and intellectual disabilities [1]. Medical or biological factors do not solely define disability, but are also shaped by social attitudes, environmental barriers, and cultural contexts as well [2]. Mobility disability refers to a condition that significantly impairs an individual's ability to move freely and perform tasks requiring motor function [3]. This can result from congenital conditions, injuries, illnesses, or aging, affecting the muscles, bones, or nervous system.

Mobility disability was the most common disability, reported by approximately 1 in 7 adults, followed by cognitive disability (1 in 10), independent living disability (1 in 15), hearing disability (1 in 17), and vision disability (1 in 21) [4]. The prevalence of mobility disability in India was reported at 44.70% of all disabilities [5]. According to the statistical profile of people with disability, India reported 21.9 million

Disabled (2001), and after 10 years reported 26.8 million (2011) [6-7]. The prevalence of disabilities is ceaselessly increasing with age and is higher in those above 60. In India, by 2050, 19.10% of the total population (323 million) will be 60 years and above and will face budgetary hurdles owing to the enhancement of older adults and people with disabilities [8,9]. They faced specific challenges in daily life, and they had more chances to develop psychosocial problems than those without them.

Psychological well-being is the combination of feeling great and functioning effectively. It can be defined by positive emotions, such as happiness and contentment, along with effective coping mechanisms for stress and adversity [10]. It has been reported that high psychological well-being was often correlated to fulfilling relationships, personal growth, and self-acceptance, and determined by predispositions, environmental conditions, and individual ability [11].

Resilience is the capacity to recover quickly from difficulties and adapt well in the face of adversity, trauma, or significant sources of stress. It links with inner strengths and external resources, enabling individuals to bounce back from setbacks, maintain focus and energy under pressure, and persevere through challenges [12]. By focusing on strengths and capabilities rather than limitations, people with mobility disability may cultivate a robust sense of self-efficacy and well-being, demonstrating that resilience is both a personal and a collective attribute, enhanced by inclusive policies and attitudes [13].

Self-esteem is an insider's perspective on oneself that determines what is seen as acceptable or undesirable in terms of one's worth [14]. Higher levels of self-esteem were associated with good academic performance, happiness, good health, and interpersonal relationships, and low self-esteem was linked with depression, anxiety, aggression, alcoholism, and antisocial behaviours [14,15].

It has been reported that people with disabilities tend to have lower psychological well-being than those without disabilities; they are more likely to have mental health issues, including anxiety, stress, and depressive symptoms [16,17]. Moreover, mobility issues involve ongoing challenges to maintaining self-care tasks and difficulties with independent living; these challenges were associated with chronic stress [18].

Several studies have suggested that people with mobility disability are a vulnerable population in this world; they experience unique issues and challenges in their lives [19]. These challenges can be resolved with the help of resilience and boosting self-esteem, which can lead to better psychological well-being. The mediation effect of resilience has been examined among college students [20]. However, the scarcity of research has been felt in students with mobility disability. Thus, the study aimed to explore the correlation between the studied variable and hypothesized that resilience would mediate the relationship between self-esteem and the psychological well-being of students with mobility disabilities.

Methods Participants

The Institutional Human Ethics Committee has approved this study with reference No. I.Sc./EMC-XVIII/2023-25. Students with mobility disabilities were selected from various institutions in Uttar Pradesh, including Jagadguru RamBhadracharya Divyang State University in Chitrakoot and Dr. Shakuntla Mishra National Rehabilitation University in Lucknow, through a purposive sampling technique. The participant's disability was certified by the chief medical officer, and between 40% and 100% of the disability has been incorporated as per the yardstick of the Government of India. Benchmark mobility disability, those participants who have given informed consent, and who do not have any history of psychiatric comorbidities, have been included, while students with other disabilities, i.e., multiple disabilities, learning disability, Intellectual disability, chronic neurological conditions, and haemophilia (blood disorder) were excluded from the study.

Questionnaires were administered to 125 participants with mobility disability. After excluding blank and missing data and applying inclusion and exclusion criteria, 114 data points were found complete (Males 54 and Females 60). Sociodemographic details and other disability-related information, including the type of disability, its cause, and the severity of the disability, have been collected separately.

Procedure

The relevant university or college authority has approved the collection of data from participants. Each participant has been contacted individually, and the purpose of taking the survey was explained to them. After obtaining their

consent, measures were selected to assess self-esteem, resilience, and psychological well-being, and questionnaires were administered to students with mobility disabilities.

Measurement Questionnaires: Rosenberg Self-esteem Inventory

The Rosenberg Self-Esteem Scale (RSES) is a widely used self-report instrument for evaluating an individual's self-esteem. Developed by sociologist Morris Rosenberg in 1965, the scale consists of ten statements that participants rate on a four-point Likert scale, ranging from "strongly agree" to "strongly disagree." Five of the items are positively worded, such as "On the whole, I am satisfied with myself," and five are negatively worded, like "I feel I do not have much to be proud of." The scale assesses overall feelings of self-worth and self-acceptance, with higher scores indicating greater self-esteem. The RSES is renowned for its simplicity, reliability, and validity, making it a staple in psychological research. Cronbach's alpha was reported in overall items α=.81 [21,22].

Ryff Psychological Well-being Scale

The Ryff Psychological Well-being Scale is a comprehensive tool designed to measure well-being across six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The 18-item version of this scale includes three items for each dimension, providing a balanced assessment of these core aspects. Each item is rated on a six-point Likert scale, with higher scores indicating greater well-being in the respective dimension. This scale is widely used in psychological research and practice to assess overall psychological health. The Cronbach alpha was reported as .81 [23].

Connor Davidson Resilience Scale

The Connor-Davidson Resilience Scale (CD-RISC) is a widely used psychological assessment tool designed to measure resilience, or the ability to cope with and recover from adversity. Comprising 25 items, the CD-RISC evaluates various dimensions of resilience. Each item is rated on a 5-point Likert scale, ranging from 0 ("not true at all") to 4 ("true nearly all the time"), allowing individuals to self-report the degree to which each statement applies to them. Items on the scale cover a broad spectrum of resilience-related behaviours and attitudes, including the capacity to remain focused under pressure, the ability to find solutions to complex problems, and the tendency to see the positive side of challenging situations. The cumulative score, which ranges from 0 to 100, provides an overall resilience level, with higher scores indicating greater resilience. The CD-RISC has been validated in the Indian population, and Cronbach's alpha was reported as .89 [24].

Data Analysis

The data was analysed using IBM Statistical Package for the Social Sciences (SPSS) version [20]. Parametric test mean (±SD) and frequency (%) were computed to see the description of the Participants and the Pearson correlation coefficient were used to analyze the association between the variables. Mediation was tested IV (Self-esteem), DV (Psychological Well-being), and M (Resilience) using SPSS macro-PROCESS.25 The indirect effects of self-esteem on psychological well-being were tested using bootstrapping, a parametric approach in which repeated random resampling was used to estimate the indirect effects and construct confidence intervals. Five thousand bootstrapping samples were used with a CI of 95%. The indirect effect was interpreted as statistically significant if the bootstrapped CI did not include zero (±). With the help of this approach, assumptions regarding distribution shape are avoided, and the chance of both types of errors (type I and type II errors) has decreased.26 Self-esteem was used as an independent variable, resilience was used as a mediating variable, and psychological well-being was used as an outcome (dependent) variable. Statistical significance was determined by the p-value below 0.05.

Results

Only 114 participants with mobility disabilities were included in the study. The mean (±SD) age of the participants was12 (±3.48) [25]. Gender was divided into two categories: the number (%) of males with mobility disability, 54 (47.40%), and females with mobility disability, 60 (52.60%). Most of the participants were post-graduates, 52 (45.60%), having polio 71 (62.30%), and acquired disability in later life 75 (65.80%) (Table 1).

	Variables	**Mean (±SD)/Frequency%**
Age	Years	25.12 (±3.48)
Gender	Male	54 (47.40%)
	Female	60 (52.60%)
Education	Graduation	38 (33.30%)
	Post-graduation	52 (45.60%)
	Ph.D./Others	24 (21.10%)
Family Structure	Joint	64 (56.10%)
	Single	50 (43.90%)
Residence	Urban	32 (28.10%)
	Rural	82 (71.90%)

Cause of Disability	Polio	71 (62.30%)
	Genetic	7 (6.10%)
	Accident	21 (18.40%)
	Others	15 (13.20%)
One set of Disability	By Birth	39 (34.20%)
	Later Life	75 (65.80%)
Severity of Disability	Percentage Between	40-100%
Average Family Income	Monthly (Rupees)	14938.29

Table 1: Demographic Variables of the study (N=114)

The mean (±SD) values for self-esteem, resilience, and psychological well-being were 28.27 (±4.82), 60.37 (±15.73), and 69.12 (±10.83), respectively. Furthermore, the Pearson correlation coefficient was calculated to assess the relationship between self-esteem, resilience, and psychological well-being (Table 2). Self-esteem was significantly and positively associated with resilience ($r = 0.25$, $p < 0.01$) and psychological well-being ($r = 0.14$, $p = 0.04$). Resilience was significantly and positively associated with psychological well-being ($r = 0.24$, $p < 0.01$).

Gender differences were examined using t-tests. Female students with mobility disabilities had higher scores on psychological well-being ($t(112) = -3.14$, $p < 0.01$) than male students with mobility disabilities. At the same time, no gender differences were found in self-esteem and resilience.

Pearson Correlation (r)								
	Variables	**Mean**	**±SD**	**Range**				
				Min	Max	1	2	3
1.	**Self-esteem**	28.27	±4.82	18	40	1		
2.	**Resilience**	60.37	±15.73	12	88	0.25**	1	
3.	**PWB**	69.12	±10.83	38	93	0.14*	0.24**	1
P= *< 0.05, and ** < 0.01								

Table 2: Descriptive statistics for Self-esteem, Resilience, and Psychological Well-being (N=114)

Using Model 4 (a simple intermediary model) in SPSS's PROCESS macro, compiled by Hayes (2012), this study tested the mediating effect of resilience in the relationship between self-esteem and psychological well-being among students with mobility disabilities. Results summarized in Table 3 reported that the direct effects of self-esteem on psychological well-being were not statistically significant ($\beta(c') = -0.057$, $t = -0.270$, $p > 0.05$), which indicates complete mediation. The positive predictive effects of self-esteem on resilience (path a) ($\beta = 0.835$, $t = 2.80$, $p = <0.01$) and resilience on psychological well-being (path b) ($\beta = 0.176$, $t = 2.68$, $p = <0.01$) were statistically significant. In addition, the indirect effect (mediation) ($\beta = 0.147$, LLCI= 0.006 and ULCI= 0.313) which indicates the mediation effect presence of resilience the relationship between self-esteem and psychological well-being was statistically significant because zero was not included in the lower and upper confidence intervals in both cases (Table 3).

Relationships	**β-Path Coef.**	**SE**	**t-test**	**p-value**	**95% CI**
Self-esteem →Resilience	.835	.297	2.80	< 0.01	0.245-1.425
Resilience →PWB	.176	.065	2.68	< 0.01	0.046-0.306
Self-esteem →PWB (direct)	-.057	.213	-0.270	> 0.05	-0.481-0.365
Self-esteem →Resilience →PWB (Indirect)	.147	.078	-	-	0.006-0.313
Note: All the variables in the model were standardized					

Table 3: Mediation of Resilience between Self-esteem and Psychological Well-being

Discussion

The present study aimed to examine the relationship between self-esteem, resilience, and psychological well-being, and also to investigate the mediating effect of resilience on the relationship between self-esteem and psychological well-being in college students with mobility disabilities. Female students with mobility disability have significantly higher scores on psychological well-being as compared to male students with mobility disability. The same result was reported that females with disability have higher scores in the domain of personal growth, self-acceptance, and purpose in life,

whilst males with disability score higher in the domain of environmental mastery, autonomy, and positive relations. Females tend to have higher overall psychological well-being scores than males [26,27]. There were no significant gender differences found in resilience

And self-esteem. Studies showed contrasting results that females with disabilities have significantly lower scores in resilience as compared to males with disabilities [28]. In contrast, males showed significantly higher scores in self-esteem than females [29]

This study also investigated the significant association between self-esteem, resilience, and psychological well-being among students with mobility disability. It has been reported that self-esteem was significantly and positively associated with resilience and psychological well-being. Self-esteem was significantly and positively correlated with self-efficacy, social perception, and optimism, and a lower correlation was found with the severity of the disability[30,31]. Resilience was also positively associated with psychological quality and self-esteem of life in people with disability[32,33].The present study also reported that resilience was positively associated with psychological well-being; these results have been summarized in the study of Puce et al. (2023) [34]. It has been explained that resilience was also associated with reduced vulnerability and the ability to adapt or cope with an adverse state [35].

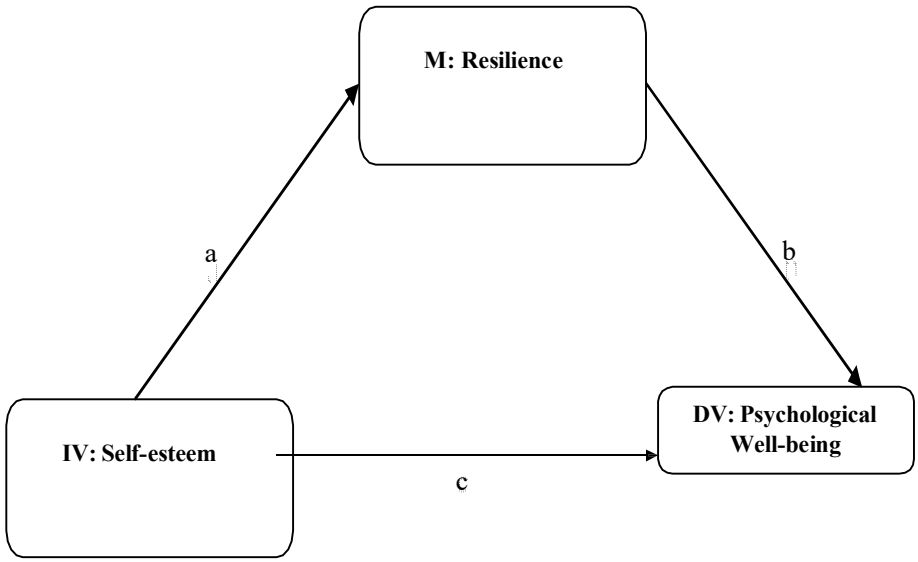

Figure 1: The Model

Conceptual model of Mediation depicting resilience as a mediator of the relationship between self-esteem and psychological well-being. For each model, self-esteem acted as the independent variable (IV). c represents the direct effect of self-esteem on psychological well-being, a represents the direct effect of self-esteem on resilience, b represents the direct effect of resilience on psychological well-being, and c' represents the indirect effect of self-esteem on psychological well-being when resilience was entered into the model.

In the present study, the mediation model was found to be significant, and resilience was significantly mediated by self-esteem in the relationship between self-esteem and psychological well-being among students with mobility disabilities. Self-esteem has not been directly linked to the psychological well-being of this sample. The psychological well-being of students with mobility disabilities positively predicted resilience. It has been reported that low levels of resilience were correlated with psychological maladjustment and lower quality of life [36]. It has also been reported that the mediation effects of resilience between internalized stigma and psychological quality of life, and a negative association between internalized stigma and quality of life [32] Previous studies have demonstrated the mediation effect of resilience on the demands associated with living with a disability on the quality of life, both in people with disability and their parents [37]. Self-acceptance significantly mediates the effect between self-stigma and loneliness of the visually challenged, and they experienced more discrimination and exclusion than people with mobility disability [38]. In this way, this model can help to improve their psychological well-being, and factors, i.e., self-esteem and resilience, were found to be protective for enhancing the psychological well-being of students with mobility disability.

Limitations

Several limitations have been noted in the present study. First, only students with mobility disabilities have been used, thus making it difficult to generalize our findings.

To those with other disabilities, such as visual disabilities, learning disabilities, and other cognitive impairments. Second, it has been primarily used to study positive psychological constructs, such as resilience, and has been considered a mediator between self-esteem and psychological well-being. However, it has not measured other factors, including

quality of life and coping strategies. Thus, future research should be conducted as experimental studies, which may enhance the resilience of students with disabilities. It should also consider other psychological factors and explore people with various disabilities.

Conclusion

Research indicates that while self-esteem positively influences psychological well-being, this relationship is significantly enhanced through resilience. Individuals with higher self-esteem are more likely to develop resilient traits, such as adaptability and perseverance, which in turn bolster their psychological well-being. This triadic relationship underscores the importance of resilience as a dynamic buffer that not only mitigates the challenges posed by mobility disabilities but also amplifies the beneficial impact of self-esteem on mental well-being.

Author Biography

Dr. Prince P. Sreedhar is a post-doctoral fellow in Clinical Psychology at the University of Alabama at Birmingham (UAB), USA. He holds multiple advanced degrees, including a PhD in Clinical Psychology, an MPhil in Clinical Psychology, a Master of Science in Applied Psychology, a Master of Public Health (MPH), a Master of Social Work (MSW), and three MBAs in Airport and Airline Management, Hotel and Tourism Management, and International Business Management. Additionally, he holds undergraduate degrees in Psychology (B.A. Hons.), Commerce (B.Com.), and Business Administration (B.B.A.). Dr. Sreedhar is a Fellow of the Royal College of Physicians (FRSPH), the British Psychological

Society (FMBPsS), the International Society for Development and Sustainability (FISDS), the Indian Public Health Association (MIPHA), the International Association of Applied Psychology (IAAP), and the International Psychological Association (IPA), among others. He also holds the distinguished titles of Certified Hospitality Supervisor (CHS) and Certified Hospitality Manager (CHM), awarded by the American Hotel & Lodging Educational Institute (AHLEI).

His work centers on integrating psychodynamic frameworks into global nursing education, trauma-informed care, and humanitarian mental health practices. He has contributed to multidisciplinary international humanitarian efforts, merging psychological insights with public health strategies to enhance mental healthcare in conflict-affected areas. He actively participates in PsyArXiv and other open science platforms.

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Additional Figures and Tables

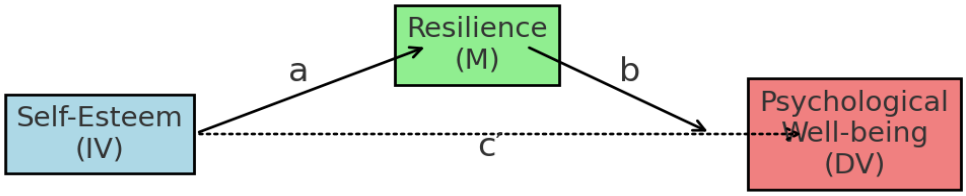

Figure 1: Conceptual Mediation Model

This diagram illustrates the mediation model, where resilience mediates the relationship between self-esteem (independent variable, IV) and psychological well-being (dependent variable, DV). Paths a, b, and c' are shown.

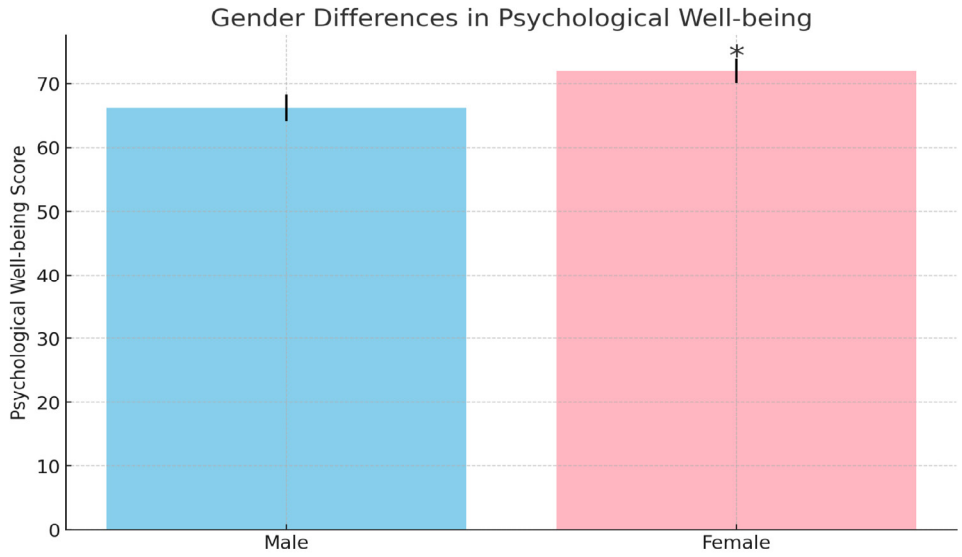

Figure 2: Gender Differences in Psychological Well-being

This bar chart shows the mean psychological well-being scores of male and female students with mobility disability. Females showed significantly higher scores (*p < 0.01).

Variable	**Mean (SD)**	**1**	**2**	**3**
Self-Esteem	28.27 (4.82)	—		
Resilience	60.37 (15.73)	.25**	—	
Psychological Well-being	69.12 (10.83)	.14*	.24**	—
***Note: *p < .05, **p < .01**				

Table 1: Descriptive Statistics and Correlations among Variables (N=114)