PROFILES OF COPING STYLES AND RELATIONSHIP WITH ACADEMIC PERFORMANCE OF UNIVERSITY STUDENTS WITH DISABILITY

Raquel Suriá Martínez[1] and Juan Manuel Ortigosa Quiles[2]
[1]University of Alicante; [2]University of Murcia (Spain)

Abstract

This study aims to identify the existence of profiles of coping styles based on the most used coping strategies in a group of students with disability, according to sex, age, type and stage in which the disability is acquired. Likewise, it is examined whether the average scores in academic performance vary according to the coping profiles obtained. The Brief COPE Inventory was administered to a sample of 153 university students from 18- to 26-years old (*M*= 24.69, *SD*= 5.02), with different types of disability (visual, hearing, motor and cognitive). The results reflect a higher percentage of students with avoidant and social support-based coping styles, finding this profile to a greater extent among students with auditory and cognitive functional diversity, who have acquired this disability throughout life. Regarding academic performance, a positive relationship was expressed with the active coping style. The results emphasize the need to promote active coping skills to enhance the academic success of students with disability.

KEY WORDS: *disability, students, university, academic performance, coping strategies.*

Resumen

Este estudio identifica si existen perfiles de estilos de afrontamiento en función de las estrategias de afrontamiento más utilizadas en un grupo de estudiantes con discapacidad según el sexo, edad, tipología y etapa en la que se adquiere la discapacidad. Asimismo, examina si las puntuaciones medias en rendimiento académico varían en función de los perfiles de afrontamiento obtenidos. El "COPE, versión breve" fue administrado a una muestra de 153 estudiantes universitarios de 18 y 26 años (*M*= 24,69; *DT*= 5,02) con diferentes tipos de discapacidad (visual, auditiva, motora y cognitiva). Los resultados reflejaron un porcentaje más elevado de estudiantes con estilos de afrontamiento evitativo y basados en apoyo social, encontrándose este perfil, en mayor medida, entre estudiantes con discapacidad auditiva y cognitiva, que han adquirido esta discapacidad a lo largo de la vida. Con respecto al rendimiento académico se observó relación positiva con el estilo de afrontamiento activo. Los resultados enfatizan la necesidad de fomentar competencias de afrontamiento activo para potenciar el éxito académico de los estudiantes con discapacidad.

Correspondence: Raquel Suriá Martínez, Ctra. San Vicente del Raspeig, s/n, 03690 San Vicente del Raspeig, Alicante (Spain). E-mail: raquel.suria@ua.es

Introduction

Due to social, political and legislative awareness in recent years, there has been an interest in increasing the educational achievements and subsequent labour insertion of young people with disabilities. As a result, a growing number of students with disabilities have decided to pursue higher education (Alcaín & Medina-García, 2017; Moreno-Yaguana & Sanchez-Garcia, 2018; Oviedo-Cáceres & Hernández-Quirama, 2020; Polo-Sánchez & López-Justicia, 2012).

In the light of this situations, universities must adapt and address a series of factors to achieve an adequate level of inclusion. Measures include the elimination of architectural, social, and attitudinal barriers and even curricular adaptations in many cases (Figuera & Coiduras, 2013; Kim & McKenzie, 2014; Ocampo, 2018).

Among the publications that explore the possible obstacles and needs of university students with disabilities, many international studies have focused on understanding the experiences of this group and the possible consequences in the academic field (Bornand & Chiguay, 2016; Moriña & Cotán, 2017; Ocampo, 2018; Strnadová et al., 2015; Oviedo-Cáceres & Hernández-Quirama, 2020; Suriá et al., 2017). Among the most cited studies is that of Borland and James (1999) on the stressful academic experiences of over 7,000 university students in the United Kingdom. Their results have been replicated in the last decade across different studies (Bornand & Chiguay, 2016; Figuera-Gazo & Coiduras, 2013; MacLeod et al., 2001; Suriá y Villegas, 2020). Although the published results reflect highly heterogeneous situations, there is a consensus that most students go through stressful situations that negatively affect their academic achievements (Bornand & Chiguay, 2016; Ocampo, 2018; Polo-Sánchez & López-Justicia, 2012).

Much of the literature aimed at further examining theses students' academic achievement has focused on the factors that cause stress and academic maladjustment. Social barriers are highlighted, such as the attitudes of peers (Figuera-Gazo & Coiduras, 2013; Martínez, 2011), or of the educational community towards this group in general (Moriña & Cotán, 2017; Rodríguez & Medina, 2017). Other authors have centred on these students' academic difficulties (Maingon, 2007; Polo-Sánchez & López-Justicia, 2012), analysing the factors according to the degree of functional impairment (Macleod et al., 2001) or its typology (Suriá et al., 2017).

In addition to the variables inherent to disability, other coexisting personal factors help to explain academic performance. Empirical evidence indicates that influential variables include the existence of lower levels of academic self-concept (Olney & Brockelman, 2005; Polo-Sánchez & López-Justicia, 2012). In addition, students with disabilities have been found to take longer to complete their studies and even show higher dropout rates than their peers who do not have disabilities (Sandoval Mena et al., 2019).

In the same way, structural variables may also play a role, such as the family and social network (Borland & James, 1999), sociodemographic factors, e.g., age

(Ocampo, 2018), or sex (Polo-Sánchez & López-Justicia, 2012), as well as psychological variables (Martínez & Castrillo, 2020; Medina & Gil, 2017; Suriá et al., 2017).

In relation to the latter, a prolific line of work points to the role of protective psychological factors. Thus, several authors emphasize that students with disabilities who present positive results are better at reflecting on their time at the university (Oviedo-Cáceres & Hernández-Quirama, 2020; Santa, 2012; Suriá et al., 2017) and present higher levels of self-esteem (Polo-Sánchez & López-Justicia, 2012). They also have a greater capacity to set goals and to persevere in their accomplishment (Cabello, 2007; Lombardi et al., 2012; Santamaría, 2017); they have a tendency to engage in possible actions and greater frustration tolerance, study autonomy, and time-management competence (Kim & McKenzie, 2014; Sandoval Mena et al., 2019).

Among the studies directed towards stress-reduction in the academic sphere, a relevant factor is the student's coping style (Gougis, 2020; Hernández Jácquez, 2018; Reddy et al., 2018; Palacio et al., 2012; Ramos et al., 2021; Sun et al., 2019). Coping is a significant variable that mediates between life stressors and psychological adjustment. Coping effectiveness is evaluated based on the extent to which people present a psychological balance and adjustment in the face of stressful events (Lazarus & Folkman, 1986). The process depends on different resources, the evaluation of the situation, as well as the person's strategies, which vary according to the context and the triggering factor. The model proposed by Lazarus and Folkman (1986) describes three styles: 1) active or problem-focused coping, which would include planning, positive reinterpretation and an active acceptance of the situation; 2) support-based coping, which makes use of instrumental and emotional support; and 3) avoidance coping, which involves behavioural and mental distancing and ultimately the denial of the stressful event.

With respect to coping styles and their relationship with academic performance in general, empirical evidence indicates an association between academic success and problem-solving coping. Thus, for example, a study carried out by Palacio et al. (2012) made a valuable theoretical contribution, because it examined the relationship between both variables. Among other results, the authors found that most participants with active strategies showed low levels of academic stress, while students who used avoidance coping styles presented high levels of stress.

Similarly, Krypel and Henderson-King (2010) concluded that high levels of stress were associated with avoidant responses and the tendency to seek novelty. For their part, Kim and McKenzie (2014) related stress coping strategies with academic performance. The results showed that students with high levels of interest, commitment and effort to cope with academic stress achieved a better performance.

Centring on studies that have addressed the coping strategies of students with disabilities, MacLeod et al. (2001) found a significant relationship between coping style and the student's perception of the severity of the disability, as well as an association between severity and active coping. Similarly, Macías et al. (2018) studied the coping styles of people with disabilities. Their results suggest that those with motor disabilities use problem and emotion-based strategies more frequently. Other authors such as Medina and Gil (2017) performed a systematic review of this subject in people with cognitive disabilities and concluded that this group had special difficulties in coping with interpersonal relationships. They use avoidant coping more than active coping

and they employ problem-focused strategies more than emotion, except in very distressing situations in which they use defensive coping more.

Regarding the studies aimed at the relationship between academic performance and coping in students with disabilities, the published works have focused both on the child and adolescent population (Hirvonen et al., 2019), as well as on the adult population (Segers et al., 2018). The focus has been on the different stages, such as the primary (Ormaza et al., 2019), secondary (Suriá & Castrillo, 2020), or university stages (Lombardi et al., 2012).

Thus, most authors have addressed students with disabilities in general (Lorenzo-Lledó & Vázquez, 2020), as well as with specific disabilities such as cognitive (Lipka et al., 2019), motor (Macías et al., 2018), or sensory disabilities (Kim & McKenzie, 2014). A research gap exists, however, regarding studies on Higher Education students with disabilities that take into account coping styles depending on the type of disability. For all these reasons, and based on the above considerations, the present study had three specific objectives: 1) To know whether combinations of coping styles give rise to different coping profiles. These profiles would be defined according to the lower or greater weight of each coping style within the profile (problem-focused coping strategies or active strategies, support-based and avoidant coping strategies); 2) to examine whether the coping profiles obtained differ according to sociodemographic variables (sex and age) and disability-related variables (typology and stage at which the disability is acquired), and 3) finally, to explore whether the level of academic performance varies according to the coping profile.

Method

Participants

We used an intentional sample of 153 university students with disabilities aged 18 to 26 years (*M*= 24.69; *DT*= 5.02) from two universities (the universities of Alicante and of Elche). A total, 88 were female and 65 were male. Regarding the type of disability, 25.5% (*n*= 39) had cognitive disability, 17.0% (*n*= 26) had a hearing impairment, 19.0% (*n*= 29) had a visual impairment, and 38.6% (*n*= 59) had a motor disability. Regarding the stage at which the disability was acquired, 42.2% (*n*= 60) indicated having acquired the disability during their life and 58.8% (*n*= 93) had the disability from birth. The inclusion criterion established consisted of the students having a degree of activity limitation that was recognised by the Spanish Social Security system, understood as "the degree of difficulty an individual may have at performing activities expressed as a percentage of deviation – ranging from slight to serious – in terms of quantity or quality, from the manner, extent and intensity with which it is expected to be performed by a person who is not affected by that health condition" (author's translation). The degree of disability falls into three ranges (less than 33%, from 33% to 65%, and over 65%). The assessment is regulated by the Spanish Ministry of Labour and Social Affairs based on Royal Decree 1971/1999 of 23 December, of a procedure for the recognition, declaration and qualification of the degree of disability.

Instruments

a) *Brief COPE Inventory* (Carver, 1997), Spanish version of Perczek et al. (2000). This version is a self-report questionnaire consisting of 24 items with a 4-point Likert scale response format ("I never did this at all" = 0; "I did this very often" = 3). Both the original version of the instrument (α= .79), and its Spanish version (α= .72) shows adequate indices of internal consistency. They are composed of nine dimensions (active coping; planning; positive reinterpretation; acceptance; humour; distraction; denial; expression of negative emotions; religion; emotional support; substance use and behavioural disengagement), which fall into 3 main factors: 1) active or problem-focused coping; 2) social support-based coping, and 3) avoidant or avoidance-based coping. The internal consistency of the instrument was verified for the present study and an acceptable reliability index was obtained (α= .73).

b) *Ad hoc sociodemographic questionnaire.* This questionnaire collected information on sociodemographic variables and an item was added for students to rate their academic performance on a scale of 1 to 10.

c) *School grades*. The indicator used to measure academic performance was the average of the grades obtained by the student in the academic year, following the recommendations of Allen (2005).

Procedure

A cross-sectional case series study was performed. To administer the questionnaire, a link was created and hosted on the electronic campus of the University of Alicante and on that of the Miguel Hernández University of Elche. It was directed towards students with disabilities enrolled at these universities, and it remained published in the announcements section from May to July 2019. The link explained the objective of the study and included a collaboration request, guaranteeing the participants' confidentiality and anonymity. In parallel, we contacted the Student Support Centre (*Centro de Apoyo al Estudiante*) of the University of Alicante. The Centre has direct links with a substantial share of students with disabilities. We explained the objective of the research and asked them if they wished to collaborate. The duration of the questionnaire lasted approximately 20 minutes.

Data analysis

Regarding the first objective, i.e., that of identifying the existence of different coping styles based on the weight of different combination of coping strategies, we resorted to a cluster analysis (*quick cluster analysis method*), using a non-hierarchical method. This method is regarded as adequate to constitute profiles in a large sample of participants (Hair et al., 2006). Given that the number of items that make up each coping style varies, direct scores were previously standardised to eliminate the effect of the differences.

The chi-square test was applied (χ^2) to detect any differences between the coping profiles obtained according to the sociodemographic variables (sex and age), and the disability variables (typology and stage of acquisition of the disability).

Finally, regarding the third objective, that is, to explore whether the academic grade point average scores varied depending on the coping profiles found (second objective), a cluster variance analysis was conducted. Moreover, the direct index of eta squared and the typified mean difference or d index (Cohen, 1988) were applied to analyse the effect magnitude or size of these differences.

The statistical programme SPSS, version 20.0, was used to analyse the data.

Results

Identification of coping profiles

Having determined the maximum homogeneity in each coping profile and the greatest differences between them, the cluster method established 3 groups depending on the weight of each dimension, that is: active or problem-focused coping, social support-based coping and avoidant coping (see Figure 1). In this way, three groups were defined. A first cluster or group (Group 1: AE-BA-AP) was made up of 41.17% of the students (n= 63): they presented notably high scores on avoidant coping, low scores on support-based coping and very low scores on problem-focused coping. The second group was composed of 32.67% (n= 50) of the participants who were components of the second cluster. They were characterised by high scores on support-based coping and low scores on avoidant coping and problem-focused coping (Group 2: BE-AA-BP). Finally, the third group included 26.14% (n= 40) of participants who had low scores on avoidant coping and high scores on support-based coping and problem-focused coping (Group 3: BE-AA-AP).

Figure 1
Three-cluster model
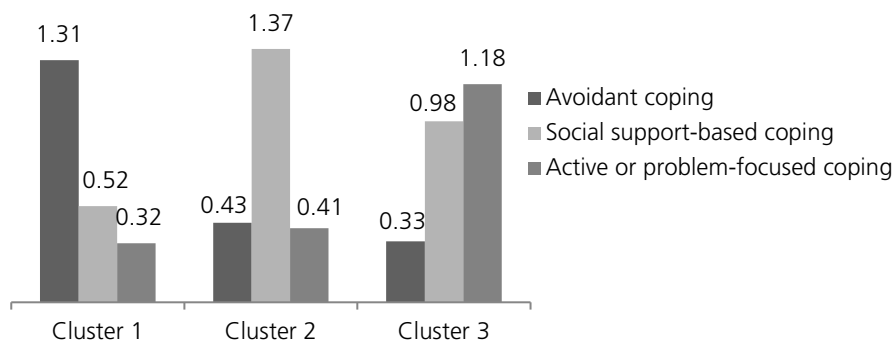
Note: Group 1= AE-BA-BP (high scores on avoidant coping and low scores on support-based coping and problem-focused coping), Group 2= BE-AA-BP (low scores on avoidant coping, high scores on support-based coping, and low scores on problem-focused coping), and Group 3= BE-AA-AP (low scores on avoidant coping and high scores on support-based coping and problem-focused coping).

Coping profiles based on demographic and disability variables

In relation to coping profiles according to sex, statistically significant differences were found between men and women, $\chi^2(2)= 10.41$, $p< .001$ (see Table 1), a higher percentage of women being represented in Group 2 (BE-AA-BP), while men were the most represented in Group 3 (BE-AA-AP). Similarly, statistically significant differences were found in the coping profiles according to the age group [$\chi^2(4)= 13.95$, $p<. 001$]: there was a higher percentage of young people with a Group 1 coping profile (AE-BA-BP), and a higher percentage of older students in Group 3 (BE-AA-AP).

Table 1
Frequencies and percentages of coping profiles according to sex and age

Variable	Cluster 1 (AE-BA-BP)		Cluster 2 (BE-AA-BP)		Cluster 3 (BE-AA-AP)		Total	
	n	%	*n*	%	*n*	%	*n*	%
Sex								
Girl	31	35.2	38	43.2	19	21.6	88	100
Boy	32	49.2	12	18.5	21	32.3	65	100
Total	63	100	50	32.7	40	26.1	153	100
$\chi^2(2)= 10.41$				.000				
Edad								
18-20	26	63.4	11	24.4	26	12.2	41	100
21-23	10	39.3	11	39.3	29	21.4	28	100
24-26	5	31.0	6	34.5	29	34.5	84	100
Total	63	41.2	50	32.7	40	26.1	153	100
$\chi^2(4)= 13.950$				.000				

Note: AE= high pressures in avoidant coping; BA= low loads in support-based Coping; BP= low pressures in problem-based coping; BE= low loads in avoidant coping; AA= high bases in coping based on support; AP= high pressures in problem-based coping.

Statistically significant differences were obtained when examining the coping profiles based on variables related to disability, [$\chi^2(6)= 18.37$, $p< .001$]. Thus, the profile corresponding to Group 1 (AE-BA-BP) was more widespread among students with cognitive and hearing disabilities. Group 2 (BE-AA-BP) was composed more largely of participants with visual impairment, followed by those with motor disabilities. Finally, Group 3 (BE-AA-AP) was made up of a higher percentage of students with motor disabilities and visual impairments.

With regard to the disability stage variable, statistically significant differences were found in the coping profiles [$\chi^2(2)= 5.41$, $p< .05$]. A higher percentage of young people with an acquired disability was observed to belong to the Group 1 coping profile (AE-BA-BP). Similarly, more students with disabilities acquired from birth were found to have a profile belonging to Group 2 (BE-AA-BP) and Group 3 (BE-AA-AP) (see Table 2).

Table 2

Frequencies and percentages of coping profiles by type and stage of disability

Type of disability	Cluster 1 (AE–BA–BP)		Cluster 2 (BE–AA–BP)		Cluster 3 (BE–AA–AP)		Total	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Cognitive	23	59.0	10	25.6	6	15.4	39	100
Auditory	16	61.5	5	19.2	5	19.2	26	100
Visual	6	20.7	14	48.3	9	31.0	29	100
Motor	18	30.5	21	35.6	20	33.9	59	
Total	63	41.2	50	32.7	40	26.1	153	100
$\chi^2(6)= 18.37$				.000				
Acquired	29	48.3	17	28.3	14	23.1	60	100
Birth	34	36.6	33	35.5	26	28.0	93	100
Total	63	41.2	50	32.7	40	26.1	153	100
$\chi^2(2)= 5.41$				.04				

Note: AE= high pressures in avoidant coping; BA= low loads in support-based coping; BP= low pressures in problem-based coping; BE= low loads in avoidant coping; AA= high bases in coping based on support; AP= high pressures in problem-based coping.

Differences between coping profiles and academic performance

Upon the analysis of the academic performance variable according to the coping profile, statistically significant differences were observed depending on the type of cluster obtained [$F_{(2,152)}= 3.38$, $p<.05$]. Thus, the analyses indicated higher average scores on academic performance among the Group 3 participants (BE-AA-AP), compared to Group 2 (BE-AA-BP) and to Group 1 (AE-BA-BP) ($d= 0.71$). In turn, a higher average was obtained in Group 2 (BE-AA-BP) compared to the average of Group 1. A moderate effect size was obtained between Group 2 (BE-AA-BP) and Group 3 (BE-AA-AP) ($d= 0.59$), and between Group 2 (BE-AA-BP) and Group 1 (AE-BA-BP) ($d= 0.55$). Lastly, a large effect size was obtained between Group 3 (BE-AA-AP) and Group 1 (AE-BA-BP) ($d= 0.73$) (see Table 3).

Table 3

Average scores on academic performance based on coping profile

Coping profile	*n*	*M*	*SD*	*F* (2,152)	*p*	η^2
Cluster 1 (AE-BA-BP)	63	5.15	1.64			
Cluster 2 (BE-AA-BP)	50	6.10	2.50	3.38	.03	0.36
Cluster 3 (BE-AA-AP)	40	7.12	2.19			
Total	153	6.12	2.23			

Note: AE= high pressures in avoidant coping; BA= low loads in support-based coping; BP= low pressures in problem-based coping; BE= low loads in Avoidant Coping; AA= high bases in coping based on support; AP= high pressures in problem-based coping.

Discussion

This study analysed the possible link between coping styles and academic performance in a sample of university students presenting different types of disabilities. The ultimate objective of the work was to contribute to the promotion of students' academic achievement. To address *the first objective*, i.e., to know whether any combinations of coping styles give rise to different coping strategy profiles, the cluster analysis allowed identifying three different profiles depending on the weight of each coping style.

As result, Group 1 (AE-BA-BP) was defined by a greater number of students with notably high scores on avoidant coping and low scores on support-based and problem-focused coping. Group 2 (BE-AA-BP) was composed of students with low scores on avoidant style, high scores on support-based coping, and low scores on problem-focused coping. Lastly, Group 3 (BE-AA-AP) corresponded to students with low scores on avoidant coping and high scores on support-based and problem-focused coping.

These results clearly show that each coping strategy had a distinct weight or relevance according to the profile, a higher percentage of students being found to belong to Group 1 (AE-BA-BP), characterised by the greater use of avoidant coping strategies. A second profile with a high percentage of students with high scores on support-based coping was Group 2 (BE-AA-BP). Finally, the group with the lowest number of students was Group 3 (BE-AA-AP), characterised by a reduced use of avoidant coping strategies, and a high usage of problem-focused coping strategies and support-based coping strategies. These results show that not all students confront situations in the same way, and many appear to make little use of adaptive strategies to achieve their objectives. Therefore, based on the published literature on coping and disability, these results would suggest deficiencies in social support networks as well as a deficit in the repertoire of problem-focused coping styles (Sandoval Mena et al., 2019; Santa, 2012; Segers et al., 2018; Torregrosa-Ruiz & Tomás-Miguel, 2017).

The *second objective* was to uncover any statistically significant differences between the coping profiles obtained according to sociodemographic variables (sex, age) and disability variables (stage and typology of disability). We observed that the profiles differed depending on the variables studied. Thus, regarding sex, the results reflected differences between Group 2 (BE-AA-BP) and Group 3 (BE-AA-AP): women tended to present a profile with high scores on social support-based coping (Group 2: BE-AA-BP), while men used problem-focused coping strategies more (Group 3: BE-AA-AP), followed by avoidant coping strategies (Group 1: AE-BA-BP).

Other authors (Pérez et al., 2017; Suriá, 2018; Torregrosa-Ruiz & Tomás-Miguel, 2017) explain these differences based on the female gender's tendency to maintain greater social interaction, to resort to more emotional strategies, as well as problem-avoidance as a coping strategy (Lara et al., 2017; Vizoso et al., 2019). On the other hand, the male gender has been found to present responses such as physical distraction, ignoring the problem, avoiding confrontation or not worrying more frequently (Krypel & Henderson-King, 2010; Macías et al., 2018).

With regard to coping strategies according to age, the results indicate that older students prefer social support and problem-focused coping styles (Group 3: BE-AA-AP), while younger groups rely more on avoidance strategies (Group 1: AE-BA-BP), followed by social support strategies (Group 2: BE-AA-BP).

This finding is compatible with the results of Seiffge-Krenke (2000), or more recently of Barquín-Cuervo et al. (2018) and Ramos et al., 2021, who suggested that the more you advance in age, the more you use active and problem-focused strategies; during adolescence and youth, more support is sought in the peer group, while stressors are considered to be outside reality leading to a tendency to avoid coping with them or to ignore them.

Regarding the coping profiles according to the type of disability and when it was acquired, the results revealed a higher percentage of students with motor disability and visual impairment with problem-focused and social support coping profiles (Group 2: BE-AA-BP and Group 3: BE-AA-AP). In the case of auditory and cognitive disability however, avoidance strategies were more widespread (Group 1: AE-BA-BP). Similarly, there was a higher percentage of students with disabilities acquired from birth with high scores on problem-focused and support-based coping (Group 2: BE-AA-BP and Group 3: BE-AA-AP). For their part, students with an acquired disability had a more avoidant profile (Group 1: AE-BA-BP).

The availability of perceived support may mediate the results. In fact, the visibility of a disability can influence the extent to which society gives support to people in this situation. This was evident in the case of students with motor disabilities and visual impairments (Maingon, 2007; Suriá & Castrillo, 2020), but it became invisible in the case of cognitive (Barquín-Cuervo, et al., 2018) and auditory disability (Kim & McKenzie, 2014; Zaidman-Zait et al., 2018). In this way, these people's limitations usually go unnoticed by society, their need for support not being discernible in the environment (Barquín-Cuervo, et al., 2018; Zaidman-Zait et al., 2018).

In relation to the stage or period of acquisition of the disability, though living with the disability is complex at any time of life, the longer the person has lived with it, the more opportunities the person has had to assimilate the situation and to learn to adapt (Strnadová et al., 2015; Vizoso et al., 2019). These results are in line with the findings of the authors who suggest that over time, people with a disability learn to overcome their situation, and thus develop active or problem-focused coping styles (Suriá, 2018; Wyndaele, Wyndaele, 2006).

With respect to the *third objective,* i.e., that of exploring whether the average scores on academic performance varied depending on the coping profiles obtained, the analyses reflected differences in academic performance according to the coping profile: the group with high scores on problem-focused coping and support-based coping (Group 3: BE-AA-AP) presented the highest academic performance average, followed by the group with high scores on support-based coping (Group 2: BE-AA-BP).

In line with these results, different authors (Cabello, 2007; Lorenzo-Lledó et al., 2020; Vizoso et al., 2019) obtained similar results in the university population, that is, students presenting greater commitment and making bigger efforts to face academic

stress also achieved greater academic performance than those who avoided confronting problems or ignored them.

Moreover, for comparative purposes, Vanstone and Hicks (2019), explored differences among young people with respect to coping styles and their degree of anxiety about exams. The results reflected that the more anxious students were characterised by an avoidance and self-blame style. They also identified, among less anxious students, an association between problem-solving and better performance. For their part, Alonso-Tapia et al. (2019), y Vizoso et al. (2019) concluded that high levels of stress are associated with avoidance responses and a tendency to present disruptive behaviours.

The results above point to the significant role played by the different coping styles in the students' academic performance. Indeed, different academic results were obtained depending on the combination of coping styles in each profile, thus suggesting the need to enhance active problem-solving coping styles among students with a disability.

Similarly, the analyses reflected differences among the profiles according to sociodemographic variables (sex, age, type and stage at which the disability is acquired). Based on the results and the empirical evidence of the existence of an association between active and supportive strategies and high levels of academic performance, this study highlights the need to foster active problem-solving coping styles in students with disabilities in the educational sphere. This would help them to improve their academic achievements and to overcome daily obstacles.

The study presented a number of study limitations that must be taken into account. First, beyond coping styles, living with a disability generates a complex combination of variables (whether experiential, temperamental or contextual) which are inherent to the person. They must be considered when explaining an individual's academic performance. Similarly, students' distinct needs should also be taken into account, as well as the support and resources available when studying coping styles. Therefore, it would be advisable to conduct future studies on how to directly enhance academic performance as well as on how to improve other constructs related to academic achievement. At the same time, the personal and social development of students with disabilities should also be supported.

A second limitation concerned the study methodology. Given the difficulty in obtaining a larger sample size, the number of participants was reduced. Moreover, the sampling was intentional, which prevents us from referring to a "sample" in the strict sense. These factors may have distorted the magnitude of some of the detected relationships in the study. This bias should thus be controlled in future studies to strengthen the internal validity of the results.

Nevertheless, despite the complexity of overcoming some of the limitations above, the results of the work are of interest. Indeed, they suggest, first, that it is necessary to encourage active coping strategies in students with disabilities in order to strengthen their capacity to manage the numerous daily obstacles they have to confront. Second, the university represents an ideal context to foster these active

strategies, not only in view of academic accomplishment, but also as a construct to promote the successful development of students with disabilities.

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