

# Academic Self-Efficacy in Students with Psychological Difficulties and Chronic Illnesses

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**Abstract:** This article examines the issue of academic self-efficacy among university students with psychological difficulties and chronic illnesses. It draws on the experiences of academic counselling services at the Faculty of Education, Charles University, and the Palestra College of Physical Education and Sport. The focus is on the impact of these health limitations on academic performance, absenteeism, and the risk of premature study termination. Additionally, it proposes interventions such as modifications to study conditions, mindfulness techniques, cognitive-behavioural therapy (CBT), and programs aimed at empowerment, which can help students overcome barriers, strengthen their self-confidence, and achieve academic success. The article emphasizes the importance of supporting academic self-efficacy as a key factor in managing academic demands and improving treatment adherence.

**Key words:** academic self-efficacy, students; academic counselling, mindfulness techniques, academic success, cognitive-behavioural therapy

## Introduction: The Growing Importance of Academic Self-Efficacy

Academic self-efficacy, defined by Albert Bandura (1997) as the belief in one's ability to successfully manage academic tasks, is a critical factor influencing academic success and students' psychological well-being. An increasing number of studies highlight the significance of self-efficacy in successfully handling

various life tasks (Collins, MacNamara, 2022; Besharat, Pourbohloul, 2011; Bartimote-Aufflick et al., 2016; Dráberová, 2016; Honicke, Broadbent, 2016; Kryshko, Fleischer, Grunschel, & Leutner, 2022). For university students with psychological difficulties (e.g., anxiety disorders, depression, borderline personality disorder) and chronic illnesses (e.g., Crohn's disease, diabetes, multiple sclerosis, or oncological diseases), this belief is often weakened due to physical,

psychological, and social barriers (see, e.g., Morales-Rodríguez, Pérez-Mármol, 2019; Kucharská, Špačková, Sotáková, 2023). The prevalence of these health limitations in higher education is rising, with some institutions reporting up to 20% of students affected by these issues (see regular editions of the “University Counselling” conference; further details in Presslerová et al., 2024; WHO Collective, 2016).

## Theoretical Framework of Academic Self-Efficacy

According to Bandura’s theory of self-efficacy (1977), belief in one’s abilities is influenced by four main sources:

- **Mastery Experiences:** Successfully completing academic tasks strengthens self-confidence. However, for students with psychological difficulties or chronic illnesses, these experiences may be limited due to fluctuating health conditions. For example, a student with multiple sclerosis may struggle to prepare for an exam due to the onset of new biological treatment or may have difficulty completing a written test due to fatigue, which reduces their sense of competence both subjectively and objectively.
- **Vicarious Experiences:** Observing the successes of peers with similar difficulties can inspire (see Rodger, Tremblay, 2003). For instance, a stu-

dent with diabetes who sees a peer successfully managing their studies through an individualized plan may be motivated to seek similar support. Shared experiences of other students significantly strengthen the sense of self-efficacy, using a similar principle as in enhancing patient compliance during treatment for complex illnesses (see more e.g. Graham, Wayne, Perutte-Manning, Pergantis, Vaughan, 2022).

- **Verbal Persuasion:** Positive feedback from instructors or counsellors can strengthen students’ belief in their abilities. For example, praise for completing a challenging task can increase motivation in a student with depression.
- **Emotional and Physiological States:** Psychological difficulties, such as anxiety or panic attacks, and physical symptoms, such as pain or fatigue, negatively affect the perception of one’s abilities (see Honzák, 2017). For instance, a student with ulcerative colitis may experience anxiety about the lack of access to restrooms during field trips, which reduces their self-confidence.

These sources are often disrupted in students with health limitations, leading to weakened academic self-efficacy and a higher risk of premature study termination. However, studying can be an impor-

tant part of these students' psychological well-being, as it provides structure, social interaction, and a sense of purpose.

The ability to fully participate in social life is crucial for a sense of adequate quality of life and mental health. It is also necessary to emphasize that this group has the same distribution of individuals with average and above-average intelligence, meaning their desire to fulfil the need for self-realization, education, and recognition is entirely legitimate. Failure to meet these needs leads to frustration with all its psychological and health-related consequences (see Reed-Fitzke, Lucier-Greer, 2021).

At the same time, studies and practice show that the opportunity to study with the aforementioned health limitations can be a significant factor in treatment adherence, motivation to manage disease symptoms, and maintaining mental optimism in otherwise challenging life situations (see Katajavuori, Vehkalahti, Asikainen, 2023).

## **Impact of Health Limitations on Studies**

Psychological difficulties and chronic illnesses have complex impacts on academic performance, absenteeism, and students' overall well-being. These causes can be divided into several areas: physical, psychological, and psychosocial influences.

## **Physical and Psychological Influences**

Among the primary physical and psychological factors affecting academic performance are pain and fatigue. These can often include the body's reaction to medication strategies, particularly the introduction of new treatment methods upon reaching adulthood, changes in doctors due to the initiative of young people who seek new information and can, upon reaching adulthood, manage their healthcare according to their own discretion.

Students with chronic illnesses, such as rheumatoid arthritis, multiple sclerosis, or oncological diseases, often suffer from chronic fatigue and pain, which hinder their ability to focus on studies. For example, chemotherapy can cause cognitive difficulties, known as "chemo brain" (Medical Tribune, 2007), which impair memory and information processing. Students undergoing intensive treatment (e.g., oncology patients) report that during exam periods, they are unable to study for more than 30 minutes at a time due to fatigue and nausea (see Li, Caeyenberghs, 2018). Similar difficulties are reported by students with diabetes or cardiovascular issues. For students with heart conditions, factors such as current weather, pressure, and temperature play a role—they react poorly to weather changes or extreme heat and

are more sensitive to poorly ventilated rooms during exams.

Due to their health conditions and psychological difficulties, there is often significant and unpredictable fluctuation in performance. Exam periods increase stress (Švamberk Šauerová, Kucharská, 2023), which can worsen psychological symptoms, such as panic attacks or depression, and physical symptoms, such as flare-ups in Crohn's disease or asthma attacks.

For example, a student with an anxiety disorder may struggle with oral exams due to fear of evaluation, leading to worse results than their actual knowledge would suggest.

Students with these difficulties have higher absenteeism due to frequent medical appointments, hospitalizations, or fear of worsening health during classes. For instance, a student with type 1 diabetes may miss lectures (or leave during lectures, seminars or practical) due to the need for regular blood glucose monitoring and insulin administration.

## Psychosocial Influences

Among the primary psychosocial influences is social isolation, often related to dietary restrictions, lifestyle measures, or fatigue and nausea, which prevent students from participating in social activities such as student events or informal gatherings with peers. This can also affect their ability to live in dor-

mitories with other students—here, too, the illness may negatively impact their social life. For example, a student with Crohn's disease avoided social events due to fears of sudden digestive issues, leading to feelings of loneliness and reduced motivation to study.

Fear of disclosing their health condition can lead to withdrawal, with students reporting concerns about stigmatization (e.g., "He's the one who injects himself, who's always unwell, always drawing attention to himself, why doesn't he deal with it privately?"). Many students have negative experiences from prior education—for example, a student who felt ill during a post-graduation photo session vomited in front of the group. This experience became traumatic, negatively affecting her participation in group activities organized by peers at university, and she also avoided organized activities. Another example is a student with "Borderline Personality Disorder" who fears their behaviour will be perceived as "unstable," discouraging communication with instructors or peers. Similarly, a student with ulcerative colitis in remission, suffering from acute diarrhoea, may struggle with fieldwork due to fear of "accidents" or lack of restroom access, leading to exacerbated difficulties and secondary psychosomatic symptoms.

Students with low frustration tolerance or psychological difficulties often perceive minor failures as catastrophic, increasing the risk of premature study

termination and fear of failure. For example, a student with depression may lose all motivation to continue studying after failing a single exam.

## Real-life examples

The case of a student with multiple sclerosis who experienced episodes of fatigue and impaired coordination during exam periods. These symptoms made it difficult for her to write exams, leading to feelings of being “not good enough.” After implementing individualized exam schedules, the option to write tests on a computer, and access to digital materials, her academic results improved. An individualized approach, including the ability to schedule exams flexibly throughout the academic year, was crucial. After starting new biological treatment, it was necessary to accommodate higher absences in theoretical subjects, with the option to attend classes online. The student was also exceptionally gifted, and her talents were supported through encouragement to engage in publishing activities, participation in student competitions at her discretion, and presenting her activities at a university counselling conference. Gradually, she gained adequate control over stress, and in collaboration with the counselling centre, she led an advanced seminar on physical activities for students with similar health difficulties. All these activities significantly contributed to increasing her academic self-efficacy.

This example demonstrates how targeted adjustments and individualized approaches can strengthen academic self-efficacy and reduce the risk of premature study termination.

## Barriers in the Academic Environment

Students with psychological difficulties and chronic illnesses face numerous barriers that complicate their studies and negatively impact academic self-efficacy. These barriers can be divided into three main categories: stigma and attitudes of those around them, particularly instructors and peers; fear of discrimination based on negative experiences from secondary school; structural barriers (e.g., demanding study programs, lack of support); and environmental stressors (see Švamberg Šauerová, Kucharská, 2023).

## Attitudes of Teachers as a Barrier

The attitudes of teachers are one of the key barriers faced by students with psychological difficulties and chronic illnesses in the academic environment. These attitudes significantly influence the study experience, academic self-efficacy, and overall well-being of students (see Hinton, Kirk, 2015). Based on the author’s experience in university counselling, some teachers tend to recom-

mend study interruptions without considering their importance for the student's psychological well-being. For example, a student with depression was labelled "lazy" by a teacher, which worsened their mental state and motivation. This attitude reflects a lack of awareness about the impact of psychological difficulties on studies (it is important in this context to prepare practical workshops and methodological support for teachers to increase their awareness).

Teachers' attitudes manifest in their approach to students, communication, willingness to adapt teaching, and responses to students' specific needs. Negative or uninformed attitudes can take various forms:

- **Lack of Awareness of Psychological Difficulties and Chronic Illnesses:** Many teachers lack sufficient training on the specific needs of students with anxiety, depression, ADHD, or autism. Better awareness and collaboration are noted with physical health conditions, such as Crohn's disease. However, some teachers' attitudes suggest that students should primarily focus on their health and not burden their bodies with the stress inherent in the university environment, pointing out numerous other interesting professions the student could pursue without studying. Fatigue and anxiety are often perceived as "laziness" or lack of motivation and initiative.
- **Prejudices and Stigmatization:**

Some instructors may subconsciously approach these students with distrust, for example, questioning the severity of their difficulties, especially for requests perceived as "easy" ("Anyone can handle that!") or viewing requests for accommodations as attempts to gain unwarranted advantages.

- **Low Flexibility:** Instructors may be unwilling to adapt their teaching methods or requirements, such as providing extra time for exams, alternative submission formats, or allowing absences during health deteriorations. In practice, some instructors are reluctant to provide materials to students, fearing misuse or distribution to other students without payment for study resources.
- **Inappropriate Communication:** Non-constructive feedback or insensitive remarks (e.g., "Why can't you attend lectures like everyone else?") can discourage students from openly communicating their needs.

**Example:** A student with a panic disorder may struggle with presenting in front of large groups. If an instructor dismisses their difficulties and insists on standard requirements without adjustments, it can lead to increased anxiety, academic failure, or even study termination.

Negative teacher attitudes have a profound impact on students with psychological difficulties and chronic illnesses, significantly contributing to lower self-

efficacy. When students feel their needs are not respected, they lose confidence in their ability to succeed academically. This can lead to feelings of helplessness and worsening mental health. Insensitive instructor approaches can exacerbate psychological difficulties, such as triggering panic attacks or deepening depression. As a result of visibly negative attitudes from instructors (and peers), students may avoid contact, minimizing situations where they must interact with teachers, which reinforces instructors' assumptions that the student is uninterested in their field. This creates a vicious cycle, weakening social support.

In extreme cases, negative experiences with instructors can lead to study termination—students may hope for a different instructor or an improvement in their health, which often leads to dropping out. Study termination has long-term negative impacts on further education and career prospects.

Conversely, it has been proven that students with good relationships with instructors have higher academic self-efficacy (see Ayllón, Alsina, Colomer, 2019; Musa, 2020; Gebauer, McElvany, Bos et al., 2020). Therefore, focusing counselling centre efforts on supporting instructors is a key resource for supporting these students.

## **Factors Influencing Instructors' Attitudes**

Instructors' attitudes are not solely a matter of personal approach but are influenced by broader factors. One of these is a lack of information related to the absence of professional training—in the Czech academic environment, access to regular training on inclusive education and support for students with special needs remains limited. In some academic circles, a “cultural norm” persists, suggesting that higher education should be “tough” and that students must manage on their own, which can lead to a lack of empathy. In many cases, instructors argue with “logical” connections between certain types of illnesses or difficulties and professional practice requirements (e.g., social phobia in a social worker, dismissing the possibility of the student engaging in the field on a scientific or theoretical level). Instructors often face high workloads, which can reduce their capacity to individually address students with these needs (see Švamberk Šauerová, 2017; MulaFalcón, Javier, González, Rodríguez, 2022). There is also often a lack of institutional support—legislation is unclear, methodological support is not easily accessible, and specialized facilities are distant or less available.

## Possible Solutions and Recommendations

To overcome barriers related to instructors' attitudes, several approaches can be taken. The foundation is education and institutional support. Additionally, expanding counselling centre services (e.g., organizing seminars, creating methodologies, and brochures for specific groups of students with special needs) can be crucial. Instructors can be supported in adopting a general approach to flexibly adjusting their requirements while maintaining basic standards, allowing some degree of flexibility based on students' current situation and condition. A solution may also include the Universal Design for Learning, which offers various approaches to teaching (e.g., combining written, oral, and visual methods), benefiting all students, not only those with difficulties (see Masaryk University or Burgstahler, 2017).

Another solution to overcoming barriers includes workshops for instructors—training focused on understanding the needs of students with special needs can improve communication and instructors' approaches. At the Faculty of Education, Charles University, regular seminars are held where instructors discuss the impact of psychological difficulties (or other special needs) on studies and gain insight into creating an inclusive university environment.

Students themselves play an impor-

tant role in changing instructors' attitudes toward students with special needs. Support groups are organized where students learn assertive techniques, mindfulness practices, build resilience, and are motivated to actively communicate with instructors. In a safe environment, they practice how to effectively communicate their needs, which can help overcome initial misunderstandings from instructors. However, it is crucial that guidance in using mindfulness techniques and meditation is provided by a well-trained specialist.

## Interventions to Support Academic Self-Efficacy in Students with Psychological Difficulties and Chronic Illnesses

To overcome the aforementioned barriers and enhance academic self-efficacy, it is essential for universities to offer targeted interventions. These interventions can be divided into three main areas: modifications to study conditions, psychological support, and programs focused on strengthening self-efficacy and empowerment.

Modifications to study conditions represent a fundamental step, focusing on methods of learning and assessment of required competencies without altering the content of the graduate profile as defined in the accredited study pro-

gram. Specific measures include individualized study plans that allow flexible exam schedules, extended time for tests, or the option to take exams remotely. For example, a student with type 1 diabetes was granted permission for frequent breaks during exams to monitor blood glucose levels, which helped them better manage stress. Technological support also plays an important role—lecture recordings, digital study materials, or text-to-speech software, which facilitates access to education for students with cognitive difficulties following chemotherapy. Collaboration with libraries enables the provision of these materials to students with physical limitations. A flexible environment may include, for instance, the option to take exams in a quieter room for students with anxiety disorders or postponing a compulsory course (e.g., swimming) to a later year for a student recovering from surgery, without negative consequences.

Psychological support is another key pillar. Cognitive-behavioural therapy (CBT) helps students manage negative thoughts such as “I’ll never manage this.” A female student with panic disorder learned breathing techniques during counselling sessions, which enabled her to better cope with anxiety during oral exams, and gradually reframed her negative beliefs about her own abilities. Mindfulness-based programs (MBSR) involve meditation and mindfulness techniques that reduce anxiety and improve

concentration. A student with Crohn’s disease completed an eight-week course and learned short breathing meditations that helped him manage stress during field trips. Individual coaching focused on realistic goals and time management is particularly suitable for students with low frustration tolerance—for example, a female student with borderline personality disorder created a weekly study plan through coaching, which reduced impulsive behaviour and improved her academic performance (see e.g. Bettinger, Baker, 2011).

The third area includes programs focused on strengthening self-efficacy and empowerment. Self-efficacy represents an individual’s internal belief that they are capable of handling a specific task or challenge; it is a subjective sense of control over the outcomes of one’s actions, shaped through experiences, positive feedback, and successful task completion. Empowerment goes a step further—beyond strengthening self-efficacy, it provides individuals with resources, tools, and autonomy to actively manage their own development. While self-efficacy is primarily belief in oneself, empowerment is the ability to act on that belief and truly influence one’s environment (see more e.g. Liu, Breit, 2013; Khoo, Kang, 2022).

In an academic setting, self-efficacy can be supported by gradually increasing task difficulty, providing constructive feedback, and creating an environment

where students can learn from mistakes. Effective approaches also include modelling successful strategies through peers or mentors facing similar challenges, and reflection on personal progress—for example, regularly answering questions such as “What did I manage to do?”, “How did I feel during the activity?”, or “How are my abilities developing?”. Empowerment involves greater autonomy in choosing topics and work methods, mentoring, peer-learning, project-based and problem-oriented teaching, or involving students in decisions about instruction. Peer groups are highly effective, where students share experiences with each other, gaining a sense of belonging and inspiration to overcome obstacles. Many universities therefore operate open groups for students with chronic illnesses or specific difficulties.

An example of a successful program is the Stanford University initiative focused on strengthening academic confidence, during which first-year students regularly attended mentoring sessions with more advanced peers and wrote reflective essays on overcoming obstacles. Results showed significantly higher academic persistence and confidence in tackling challenging tasks. Similarly, leadership and peer-learning programs at Harvard Business School (e.g., CLIMB) have demonstrated that group work on real projects and support for critical thinking significantly strengthen not only

academic but also professional confidence.

In the Czech Republic, similar programs are gradually being implemented primarily through support centres for students with specific needs, which exist at most public universities (e.g., Teiresiás at Masaryk University, ELSA at CTU in Prague, Carolina Centre Charles University, or the Alfons Centre at BUT in Brno). These centres provide individual counselling, modifications to study conditions, psychological support, and in some cases peer groups or crisis interventions for students with psychological difficulties. Mental health is often categorized under the broader specific needs, including psychological disorders. Foreign models, such as mentoring programs or systematic MBSR courses, can be adopted especially in the areas of peer-learning and reflection, where Czech universities are already experimenting with support groups. However, counselling capacities are often insufficient, and there is a lack of a nationwide comprehensive strategy focused exclusively on academic self-efficacy.

## **Discussion, Limitations, and Conclusion**

Despite the clear potential of these interventions, their implementation faces several challenges. Some approaches, such as mindfulness or CBT, require

regular practice, which can be difficult for students with chronic illnesses due to fatigue or frequent medical appointments. Counselling centres at many universities have limited capacity, so individual support is not always available. Students with depression or low self-confidence often do not seek help themselves due to feelings of hopelessness. Finally, instructors' attitudes vary—some view modifications to conditions as “unfair” to other students, which can lead to refusal to provide, for example, extended time for exams.

When compared to the results of other studies, it becomes clear that the success of interventions depends primarily on their systematic and long-term implementation. While one-off workshops have only limited effects, regular programs (such as those at Stanford or Harvard) lead to measurable changes in academic persistence and self-assessment (e.g., Bandura, 1997; Multon et al., 1991). Meta-analyses focused on students with chronic illnesses confirm that a combination of condition modifications and psychological support significantly reduces dropout rates and increases academic success (Huang, et al, 2024; Lekamge, Jain, Sheen, 2025). On the other hand, studies from European contexts (e.g., Germany, United Kingdom) point out that without cultural change at the institutional level—i.e., without training educators and creating an inclusive environment—

interventions remain isolated and their impact is limited (Waters, Payler, Jones, et al., 2019).

In conclusion, supporting academic self-efficacy in students with psychological difficulties and chronic illnesses is not merely a matter of individual measures but requires a comprehensive approach at the university level. The combination of flexible study conditions, accessible psychological support, and systematic programs strengthening confidence and autonomy has a proven positive impact on academic results, mental health, and long-term academic persistence. The key to success, however, lies not only in the availability of these interventions but above all in creating an environment where students feel safe, respected, and able to actively influence their educational path. Only in this way can the barriers these students face be truly overcome, enabling them to fully develop their potential. In the Czech context, inspiration from abroad could lead to expanding existing centres with specialized programs on self-efficacy, contributing to greater inclusion and reduced academic failure.

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