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Abstract

Recognizing various aspects of the self-efficacy concept in specialized medical units such as intensive care units (ICUs) and coronary care units (CCUs) has the potential to help nurses improve their quality of care. Therefore, we conducted a qualitative content analysis study in 2018 in hospitals of the Guilan Province, northern Iran, to help explain nurses’ perceptions of self-efficacy in care management within CCU wards. Thirty-four semi-structured interviews were conducted with nurses from CCUs. Using Graneheim and Lundman’s (2004) analytical techniques, we extracted three main themes and nine sub-themes from the data: decline in self-efficacy (e.g., time constraint, high work pressure, emotional stresses, and loss of motivation); care development (e.g., experience-based care, knowledge-based care, and personal capability); and organizational challenges (e.g., weak management and unavailable physician). Our findings suggest that decreases in nurse self-efficacy (and resulting weak care management) could be prevented by establishing clear plans and enrolling nurses into appropriate training courses. The constant development of knowledge and experience alongside supportive supervisors and physicians are also effective in improving nurses’ self-efficacy.

Keywords

care management, self-efficacy, coronary care, nurse experiences, qualitative content analysis

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TQR
WHERE THE WORLD COMES TO LEARN QUALITATIVE RESEARCH

Coronary Care Unit Nurses' Experiences of Care Management Self-Efficacy: A Qualitative Content Analysis

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Recognizing various aspects of the self-efficacy concept in specialized medical units such as intensive care units (ICUs) and coronary care units (CCUs) has the potential to help nurses improve their quality of care. Therefore, we conducted a qualitative content analysis study in 2018 in hospitals of the Guilan Province, northern Iran, to help explain nurses' perceptions of self-efficacy in care management within CCU wards. Thirty-four semi-structured interviews were conducted with nurses from CCUs. Using Graneheim and Lundman's (2004) analytical techniques, we extracted three main themes and nine sub-themes from the data: decline in self-efficacy (e.g., time constraint, high work pressure, emotional stresses, and loss of motivation); care development (e.g., experience-based care, knowledge-based care, and personal capability); and organizational challenges (e.g., weak management and unavailable physician). Our findings suggest that decreases in nurse self-efficacy (and resulting weak care management) could be prevented by establishing clear plans and enrolling nurses into appropriate training courses. The constant development of knowledge and experience alongside supportive supervisors and physicians are also effective in improving nurses' self-efficacy.

Keywords: care management, self-efficacy, coronary care, nurse experiences, qualitative content analysis

Nurses, constituting one of the largest occupations across the healthcare system, can be highly influential in improving the quality of care (Banaderakhshan et al., 2005). Their work, nursing, is a mixture of science and art (Azarbarzin, 2008), and nurses must continuously combine theory and praxis to meet the needs of their patients in the most efficient way (Moradi et al., 2017). Nurses can add value to their profession by investigating and applying relevant concepts such as "self-efficacy," a term that denotes an individual's belief in her (or his) ability to perform a specified task successfully (Bandura, 1986). Self-efficacy is characterized by how much time it takes for a person to perform tasks, how long one endures when dealing with adversity, and how one adapts to different situations (Rostampour et al., 2016). Self-efficacy is shown by motivation toward appropriate action (Aghdam et al., 2013) and how people act, feel, think, and motivate themselves (Zulkosky, 2009). In their succinct characterization, Ghorbani and colleagues (2012) explain self-efficacy as a feeling of worthiness and the ability to adapt to life.

Self-efficacy is a concept that refers to personal performance in specific contexts (Bandura, 1997), and is widely used as a construct for the self-assessment of communication skills training (Ammentorp & Kofoed, 2010; Ammentorp et al., 2007; Bragard et al., 2010; Doyle et al., 2011). Social learning theories, which substantiate the connection between cognition and behavior, note that elements of personality such as self-concept, self-control, self-esteem, and self-efficacy all influence most aspects of behavior. Self-efficacy plays a vital

role in acceptance, retention, and durability of behaviors and is the most critical factor in behavior change (Rostampour et al., 2016). Indeed, self-efficacy is one of the most crucial concepts in Bandura's social cognitive learning theory as it relates to professional behavior. According to Bandura's theory, self-efficacy plays a key role in predicting the ability to perform an activity and the level of performance (Bandura, 2005). People with low levels of self-efficacy are easier to persuade and influence, giving up sooner when encountering problems; on the other hand, people with high levels of self-efficacy are more independent in their decision-making and are resilient in the face of challenges. They typically perform using internal systems of self-management (Orujlu & Hemmati Maslakpak, 2017).

Self-efficacy can be increased (or decreased). Self-efficacy (and, therefore, subsequent behavior) can be affected by both intrinsic and extrinsic factors, including knowledge and skills (Issel et al., 2006), physical status, self-esteem, interpersonal environment, duration, task complexity, stress, and the like. In the workplace, self-efficacy can be affected by changes in skills, knowledge, or psychological status (Hajloo et al., 2011).

Moreover, because self-efficacy is linked to behavior and performance outcomes, it is one of the most important factors for nurses who seek to improve evidence-based practice (Purfarzad et al., 2014). Studies have shown a relationship between increased self-efficacy, performance improvement, and nursing performance outcomes (Purfarzad et al., 2014), as well as serving as a predictor of clinical performance and clinical competence (Mohamadirizi et al., 2015). Thus, by strengthening self-efficacy, it is possible to improve the performance of nursing behaviors, including care behaviors, and reveal the importance of the role of nurses and their impact on their professional performance in addition to environmental factors (Manojlovich, 2005). For example, research reveals that promoting levels of self-efficacy across different nursing activities can produce a noticeable change in clinical and professional function, ultimately resulting in the improvement of patient care which is considered by many to be the *sine qua non* of the nursing profession (Rostampour et al., 2016).

Although some research indicates that nurses across all specializations possess the same degree of self-efficacy and are well-qualified to make clinical decisions (Ravanipour et al., 2015). Choi et al. (2015) indicated that nurses who work in specialized units possess higher scores of self-efficacy than general (non-specialized) nursing staff. Perhaps, due to the need to remain functional in crisis situations, self-efficacy is particularly important in specialized units such as intensive care (ICU) and cardiac care (CCU).

A number of studies have examined the relationship between measures of self-efficacy and nursing practice, but few of these studies have focused on specialized units. Similarly, the importance of self-efficacy in clinical decisions is a recurring finding (e.g., Bahrami & Zargham-Boroujeni, 2016; Desbiens et al., 2012; Manojlovich, 2005; Mohamadirizi et al., 2015; Purfarzad et al., 2014; Rostampour et al., 2016), but the importance of nurses' self-efficacy on their care management has not been previously investigated.

The Purpose of Our Study

A qualitative approach to the study of self-efficacy in nursing has the potential to improve clinical practice. Qualitative studies can respond to questions about human interpretations and understanding in ways that quantitative studies cannot: "numbers and statistics alone [cannot] capture … social realities" (Oleson, 2004, p. 193). They provide researchers with some of the best ways to describe life experiences and social processes (Bryman, 1988). "Qualitative methods offer a depth and a context that elude quantitative analysis" (Oleson, 2016, p. 205). In particular, qualitative studies can be effective in mapping unclear and under-researched fields (Speziale et al., 2011).

The aim of our study was to describe nurses' experiences of self-efficacy as it relates to care management within coronary care units (CCUs). Specifically, it asks: what are CCU nurses' experiences of care management self-efficacy? To answer this question, we employed qualitative inquiry to identify and explore the experiences of participating nurses (Valizadeh et al., 2017). This study is important because a detailed and deeper understanding of self-efficacy can help to improve the quality of care for nursing patients (Hasankhani et al., 2013; Purfarzad et al., 2014), especially within specialized, intensive units such as the CCU (Choi et al., 2015).

Methods

Study Design

We conducted a qualitative study to describe the experiences of CCU nurses in terms of care management self-efficacy. Thirty-four interviews were conducted with nurses from CCU units in four different hospitals across the Guilan Province in the north of Iran: Shahid Ansari Hospital of Roodsar, Amini Hospital of Langrood, Aban 22~~nd~~ Hospital of Lahijan, and Kosar Hospital of Astaneh. Our study was approved by the student research committee at Guilan University of Medical Sciences in Iran (Code: IR.GUMS.REC. 2018.288).

Our research question – what are CCU nurses' experiences of care management self-efficacy? – was answered using qualitative content analysis. Qualitative content analysis is commonly employed to interpret the content of narrative data, to inductively extract themes, and to identify relationships among emergent themes (Polit & Beck, 2008). Qualitative content analysis is a useful technique for analyzing sensitive and multifaceted phenomena, and can be an important way to provide evidence for a phenomenon (Taebi et al., 2020). The flexibility of qualitative content analysis makes it especially useful in the study of nursing, which often requires qualitative research for program evaluation.

Researchers

Three of the four authors study or work as nurses. Accordingly, they are keenly interested in the role of self-efficacy in nursing practice, including – as in this study – self-efficacy in the context of care management. They hope that by better understanding self-efficacy and its correlates in a nursing context, self-efficacy can be enhanced, and the quality of managed care can thereby be improved. All four of the authors are interested in qualitative research and believe that it constitutes a powerful approach to social relationships.

Each author contributed to different parts of this research. Two of us (Mansouri and Pourghane) conceptualized the study and collected the data. Three of us (Mansouri, Pourghane, and Rajab Pour Nikfam) analyzed the data. Two of us (Mansouri and Pourghane) drafted the manuscript, and two of us (Pourghane and Oleson) formatted and revised the manuscript for publication.

Participants

Given our study's focus on self-efficacy in specialized-unit nursing care management, we hoped to interview nurses and head nurses from the coronary care units in East Guilan hospitals. In qualitative studies, participants are those who have first-hand and relevant knowledge about the subject of study (Alavi et al., 2020). Thus, all nurses who met our four inclusion criteria were invited to participate in the study: working in an East Guilan hospital CCU, possessing a bachelor's degree or higher in nursing, with at least one year of clinical experience, and expressing a willingness to describe their experiences. With each participant,

we explained the objectives of our research, outlined our rationale for recording the interviews, described the confidentiality of the data, outlined the process for deleting the recordings after extracting the data elements, emphasized the right to opt out of the research, and explained the possibility of accessing the final results. Once the nurses' voluntary participation in the study was confirmed, we obtained written informed consent and the participant was interviewed.

Purposive and theoretical sampling continued until the data saturation was achieved; until a clear picture of self-efficacy in CCU care management emerged. Ultimately, 34 nurses participated in the study, 33 of whom were nurses working in CCU, and one of whom was a CCU head nurse. The participants ranged in age from 25 to 45 years, their clinical experience ranged from 2-22 years, and they all had bachelor's degrees.

Data Collection

Semi-structured interviews were used to collect the data in 2018. This technique increases the likelihood that researchers can collect relevant information, and it encourages participants to talk freely, telling stories in their own words (Polit & Beck, 2008). Face-to-face interviews lasting approximately 20-50 minutes were conducted in the CCU when it was quiet and when nurses had an opportunity to respond.

We employed a series of research questions derived from a review of the existing literature on self-efficacy in nursing. Participants were asked their definitions of self-efficacy and asked to describe positive or negative nursing experiences in relation to self-efficacy. Probing allowed us to collect additional detail in the participants' answers, or to clarify their responses.

Data Analysis

Data collection and data analysis were conducted concurrently. Data analysis followed the method suggested by Graneheim and Lundman (2004); that is, to further illuminate various aspects of the subject, a reflective dialogue between the interviewer and the nurses followed. The notes and reflective dialogues were then tape-recorded and transcribed verbatim. Then, the text was read through several times to obtain a sense of the whole and the notes were divided into units of meaning. In light of the wider context, these units of meaning were condensed into a description adjacent to the text, identifying the manifest content, and, where possible, an interpretation of the underlying latent content. These condensed units of meaning were abstracted and labeled with a code. The whole context of the interview was considered when condensing and labeling meaning units with codes, which were based on differences and similarities in the manifest content. We discussed tentative categories and revised them, in light of differences in judgment about what comprised familiar and unfamiliar sensations and actions. This process of reflection and discussion resulted in agreement about how to sort the codes. Finally, the underlying meanings (latent content) within the categories was formulated into a theme.

Sub-themes were threads of meaning running through the condensed text. We presented the sub-themes to the nurses and revised them after considering their opinions. The remaining notes were then analyzed through a process of reflection and discussion until there was agreement about a set of sub-themes. Finally, to ensure that our sub-themes were sound, we analyzed the reflective dialogues, looking for units of meaning that would contradict our interpretation of the text, but identified nothing that contradicted our sub-themes.

Trustworthiness

We evaluated the validity of its findings by attending to the four criteria proposed by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability (see also Speziale et al., 2011).

> *Credibility* refers to the truth of data. It is enhanced when the researcher depicts the experiences and views of the study's participants in the way that they, themselves, would describe it. To ensure credibility, prolonged engagement with the data, sampling with maximum variation, and bracketing (i.e., steps to eliminate preconception and bias in the research) is needed…. *Dependability* refers to the research's constancy, analogous to the scientific criterion of reliability. A study is deemed dependable if its findings would be replicated using similar participants under the same conditions…. *Confirmability* refers to the researcher's ability to establish that the data accurately reflect the views of the participants; not the researcher's own perspectives…. Finally, the application of the study's findings to other settings and to other groups represents *transferability*. Do the findings have meaning for those who were not part of the study? Are they relevant in other situations? (Nouri et al., 2022, pp. 2001-2002, citations omitted and italics added)

To ensure trustworthiness, the interview transcripts were shared with several of our colleagues with expertise in qualitative research, along with the extracted codes and sub-categories, to review the data analysis process and comment upon its accuracy. There was also ongoing involvement with the nurse-participants to ensure confirmability, verifying that the participants agreed with the characterization of their interview data. Our research process was recorded and reported, empowering others to re-examine the research, enhancing dependability and confirmability. Transferability was enhanced by sharing the data with two persons from outside the research with similar positions to the participants (Sadeghi & Kazemi, 2016).

Results

Categories and the Main Theme

After reviewing the interview transcripts, three main themes and nine sub-themes were created. The first main theme, decline in self-efficacy, was derived from four sub-themes: time constraint, high work pressure, emotional stress, and loss of motivation. The second main theme, care development, was derived from three sub-themes: experience-based care, knowledge-based care, and personal capability. And the third main theme, organizational challenges, was derived from two sub-themes: weak management and unavailable physician. Table 1 identifies the codes that were used to construct the themes and sub-themes, the nine sub-themes that constitute the themes, and three themes.

Table 1
Overview of Codes, Sub-Themes, and Themes Based on the Experiences of Nurses with Care Management Self-Efficacy

Codes	Sub-Themes	Themes
Lack of time Large number of patient versus low number of nurses Sudden critical condition in patient at the end of the night shift	Time Constraint	Decline in Self-Efficacy
Lack of human resources with high work pressure Not recruiting new forces due to the lack of budget	High Work Pressure	
Working in close space High rate of fatality in patients High anxiety and stress in intensive units	Emotional Stress	
No appropriate reward Insufficient motivation Nurses' hardships not being seen	Loss of Motivation	
Need to complement science with experience Importance of being experienced enough to work in intensive unit	Experience-Based Care	Care Development
The need for up-to-date and sufficient knowledge in the nurse The importance of having science for early detection of dysrhythmia symptoms	Knowledge-Based Care	
The ability to manage time and place The ability to analyze issues The ability to make the right decisions in the moment	Personal Capability	
Inappropriate setting of nurse working hours Unfair overtime	Weak Management	Organizational Challenges
Hard access to the physician at certain times, especially night shifts Late arrival of physician, cause of concern and decrease in care	Unavailable Physician	

Each of the three main themes and their constituent sub-themes will be described below.

Decline in Self-Efficacy

Self-efficacy in the workplace can be increased or decreased (Hajloo et al., 2011; Issel et al., 2006). In the current study, nurse-participants explained that many factors in the CCU can lead to decreased self-efficacy, which we classified into sub-themes of time constraint, high work pressure, emotional stress, and loss of motivation.

Time Constraint

Our study participants believed that due to the lack of time and intensive shifts, they could not perform efficiently, and this factor leads to increased fatigue and decreased self-efficacy in personnel. Some key codes for this sub-theme included lack of time, high numbers of patients for few available nurses, and suddenly-critical patients at the end of a shift. For example, Participant 1 explained,

> There are many specialized jobs in the CCU, and the staff does not have adequate time to be self-efficacious. The lack of nursing personnel and the failure to recruit new staff (due to insufficient budget) results in intensive shifts, which negatively affects self-efficacy.

Similarly, Participant 6 said,

> There might be so many patients with critical conditions in the unit, and we also support the emergency room at the same time, and this factor [limited time for managing so many patients] affects the self-efficacy of the CCU nurse.

High Work Pressure

Participants believed that high work pressure in the CCU, including a lack of human resources and inadequate staffing due to limited budgets, led to a reduction in self-efficacy and thereby led to degradation in patient care. When a nurse's patient requires ongoing supervision, that nurse's other supervision must be managed by others, increasing pressure on the other already-stretched nurses in the unit. For example, Participant 4 explained,

> At the end of the morning shift, the physician prescribed SK (Streptokinase: a thrombolytic medication that breaks down blood clots) for a critically ill patient. The nurse should be supervising the patient during the administration of this medication, and monitoring the blood pressure decline. Because the patient was critically ill, it took an hour for the SK administration to be done, so I could not get to my other patients and my colleague had to manage the rest of my duties.

High-pressure working conditions not only stress nursing staff; they also affect patient care. Participant 8 described an example:

> The work pressure often occurs at the end of the shift. When it is time to deliver the shift, you might say a word incorrectly due to fatigue. The physician ordered an ampoule of medication by phone, but by mistake I identified another ampoule

> to my colleague, and she wrote it on the file. And this happened because of fatigue.

Emotional Stress

Some of the factors affecting self-efficacy in the management of care were individual factors. Psychological, mental, and emotional factors were assigned to this category. Codes such as working in a close space, high rates of patient fatality, and high levels of anxiety and stress constituted this sub-theme. Participant 7 described the importance of a nurse's psychological state for self-efficacy in the workplace when she observed, "Some people are effected by a lot of things outside the work. Anyone who has a problem at home can't work in the intensive care unit. They have to be mentally healthy and fresh." Similarly, Participant 5 described the need for CCU nurses to remain calm so that they can respond to patient needs:

> Self-efficacy means to be calm and to make the situation so that the patient stays motivated. If the nurse is unable to calm down the situation, her abilities will be questioned. The self-efficacy is negatively affected by the nurse's confusion and inability to relieve anxiety. When the patient's blood pressure increases, the nurse should be able to administer GTN (glyceril trinitrate, more commonly known as nitroglycerin) and adjust the drops. When the patient gets headaches, we should reduce GTN or give acetaminophen, not just quickly cut GTN.

Loss of Motivation

According to our participants, appropriate encouragement is an effective factor in promoting self-efficacy. When personnel feel like their hard work is seen and valued, they are more motivated to continue working and to ensure a high level of care. Conversely, when there is little recognition for their efforts, nurses can lose motivation. Codes for this sub-theme included no appropriate reward for high performance, insufficient motivation, and nurses' hardships not being seen. Participant 7 described the importance of structural recognition for good work:

> The motivation for the nurse has to be through the system. For example, a nurse who performs a successful CPR needs to be rewarded, financially supported (for example, get a gift card), or be notified to the Chief through the head nurse, which is an influential factor in self-efficacy.

Participant 11 explained, "We have not received merit or overtime payments, and we have to pay out most of our received salaries in installment payments. Economic pressures have mentally exhausted me and left me unmotivated."

Care Development

Participants indicated that particular factors can contribute to the development and promotion of self-efficacy and improve the level of patient care. The factors that develop patient care were classified into three sub-themes: experience-based care, knowledge-based care, and personal capabilities.

Experience-Based Care

From the participants' points of view, experience is one of the most critical factors that contributes to self-efficacy. This sub-theme included the codes of need to complement science with experience and importance of being experienced enough to work in the intensive unit. Learning from experience enables CCU nurses to respond to acute situations. Participant 3 explained,

> The intensive care unit deals with a wide variety of patients requiring special care and necessitating a quick response to patients' symptoms. For instance, an addicted patient came in after the MI [myocardial infarction, a.k.a. a heart attack], with a foamed mouth. I found out it was hypoxia and not seizures. First, we administered oxygen and monitored it. Then I injected 3 cc of lidocaine and shocked with 300 joules, without anyone telling me. The sinusoidal rhythm returned and the patient became conscious.

The nurse participants also indicated that relevant experience is essential to work in a high-pressure environment like the CCU. Thus, Participant 1 explained,

> We had a staff member with one year of experience. There was so much to do in that shift, along with so many patients, that the nurse could not organize all of her tasks, and report the patient's test result (which was high). I think that not having enough experience made it difficult for the nurse and her colleagues to do things.

Knowledge-Based Care

Participants also indicated that knowledge of new and emerging science is another essential factor contributing to self-efficacy. Knowledge (and its pursuit) improves nurses' clinical skills, allows them to quickly respond to changes in patient conditions, and in particular, enables them to make decisions in the absence of a physician. Codes for this sub-theme included the need for up-to-date and sufficient knowledge in the nurse and the importance of having science for early detection of symptoms of dysrhythmia (irregular heartbeat). Participant 12 observed, "The nurse should study regularly and seek knowledge. She has to go to relevant training classes because we see and learn something new every day." But it is not just knowledge of science that matters, it is also the ability to apply scientific knowledge to actual cases. Knowing how to respond to changing symptoms requires efficient application of science. Thus, Participant 1 said,

> It is not useful to have knowledge alone, but it also means practical and effective knowledge. Once there was an extensive MI patient. We injected SK, but there was a SK-related drop in blood pressure, so we applied a serum, then the heart rhythm became torsades de pointes [a very fast heart rhythm starting in the ventricles]. We used lidocaine for that, and administered a 200 joules shock. At first, the rhythm was bradycardia [slow heart rate] and this normalized after we administered atropine.

Similarly, Participant 2 explained,

> When a patient's conditions require intensive care, for example, a diabetes patients, the nurse should be careful not to confuse the symptoms of hypoglycemia with anything else. Or, if a patient has a hemorrhage, it is crucial to control the vital signs. Alternatively, when a patient has lumbar trauma, the nurse has to be aware of all the risks related to this trauma.

The ability to relate scientific knowledge to living patients, in real time, is an important driver of self-efficacy.

Personal Capability

The nurse participants also indicated that self-efficacy is influenced by the personal capabilities of individual nurses. Thus, the codes that constitute this sub-theme include the nurse's ability to manage time and place, the nurse's ability to analyze issues, and the nurse's ability to make the right decisions in the moment. In terms of time and place management, nurses must be able to accurately analyze the issues and provide appropriate solutions. Participant 15 explained,

> If the patient is in a critical condition, the nurse must provide the appropriate solution before the physician orders it. For example, when a patient's blood pressure is 20 mm Hg [extremely low], we need to implement GTN even before the physician visits the patient. Or, when the patient experiences dyspnea [shortness of breath], she has to sit and take oxygen.

Participant 20 said,

> To be self-efficacious, the nurse must pay attention to the patient's symptoms, conditions, and behavior all the time. For instance, a patient was going to do an exercise test. For a moment that the physician was distracted, I saw the treadmill buzzing while the patient was walking; It was an arrhythmia. We have to be careful and to recognize symptoms quickly.

Participant 9 explained,

> Physicians have a great deal of trust in nurses with high self-efficacy. For example, we had a specialist calling to get a patient's medical history from us. The general practitioner had just conducted an electrocardiogram, but the patient's medical history wrongly made the patient's condition look critical. The specialist called and obtained an accurate medical history from the efficacious nurse. In another example, a patient had ventricular tachycardia and needed an immediate shock, but the physician was not sure what to do. Because the team leader alone can authorize the use of the electrical chest paddles, he trusted us. The nurse applied the shock, the patient was revived, and was later admitted to the CCU, received Amiodarone [an antiarrhythmic medication], and recovered.

Some participants believed that passion and interest in work affect care management self-efficacy. For example, Participant 5 said that "I think that ability and proper care management are mainly associated with one's interest in the profession and the patient. The person who loves the profession and the patient is trying to do everything right."

Organizational Challenges

The nurse participants also indicated that organizational structures and processes can either promote or inhibit self-efficacy, thereby influencing the level of available patient care. The factors that develop patient care were classified into two sub-themes: weak management and unavailable physician.

Weak Management

Some of the study participants suggested that organizational factors and proper management of the medical facility play a significant role in their performance, motivation, and self-efficacy. For example, Participant 13 said,

> If we want to increase motivation in individuals, there should be reasonable working hours, low overtime, timely pay, and appropriate work environments in terms of light, heat, temperature in the hospital, a suitable number of nurses (human resources), and reasonable busyness of the unit. All of these factors affect the nurse's accuracy and speed. When they are not present, motivation and self-efficacy are decreased.

Furthermore, some participants believed that being overlooked by superiors and not receiving promotions also inhibited self-efficacy. Participant 23 said,

> Unfortunately, the selection of managerial positions is not based on competence. For example, in our unit, those who complain more and who go to the nursing and head-nurse's office more often tend to have better work conditions. We just do our job, and it is like we are never seen at all.

From the participants' viewpoints, another organizational factor affecting self-efficacy is the inappropriate selection of nurses in intensive units. Participant 19 said,

> I assume that working in intensive care units [like the CCU] is not only important, but also sensitive. Thus, it requires personnel who have sufficient experience and expertise. When a nurse in training is in the CCU, both the shift officer and the trainee nurse undergo significant pressure (since the trainee has not seen many cases). When a heart patient's condition is critical, a nurse trainee does not know what to do without wasting time.

Unavailable Physician

According to some participants, CCU has different conditions than other units. Due to the specific conditions of the patients, the need for nurses to quickly react to changing conditions, and the unavailability of the attending physician, CCU nurses have many responsibilities, and these can inhibit self-efficacy. Participant 18 explained, "Most of the nurses are aware of their important role in the medical team. A physician is not available for many hours. The nurse is the physician's eyes and ears. She has to be accurate and to report properly." Participant 24 said,

> It happened that a patient became critical on the night shift, and we could not get to the physician; Eventually, we consulted with the on-call physician, but he

> did not even examine the patient properly and despite the patient's history, gave him a prescription. Now, if anything happens to the patient, who is to blame?

Discussion

Our study aimed to explain CCU nurses' perceptions of self-efficacy in terms of care management. As indicated in Table 1, interviews with 34 nurse participants yielded three main themes and nine sub-themes: decline in self-efficacy (derived from the sub-themes: time constraint, high work pressure, emotional stresses, and loss of motivation); care development (derived from the sub-themes: experience-based care, knowledge-based care, and personal capability); and organizational challenges (derived from the sub-themes of weak management and unavailable physician). The current findings align neatly with the results from previous studies and raise important questions about the role of nurse self-efficacy in CCU care units.

Decline in Self-Efficacy

The 34 nurses in the study described conditions that degraded (or had the potential to degrade) self-efficacy in CCU staff. The four sub-themes that constituted this first main theme were time constraint, high work pressure, emotional stresses, and loss of motivation.

Time Constraints

Our interviews revealed that limited time can decrease self-efficacy. The amount of time needed for nursing interventions makes it very difficult to provide optimal nursing care (Vahedian Azimi & Hedayat, 2012). In line with the current results, Jahanpour et al. (2010) concluded that a lack of time is one of the factors affecting nurses' clinical decision-making. Yet nurses often face serious time constraints due to their intensive work shifts, leading to a decline in both professional performance and self-efficacy.

High Work Pressure

CCU nurses stated that high work pressure and difficult shifts decreased their self-efficacy. Long working hours and insufficient staffing of clinical personnel (relative to the volume of patients) can produce mental stress among nursing staff (Fatehi et al., 2015). Consequently, workplace pressure can affect the quality of nurses' performance in terms of providing care to patients (Hashemi & Garshad, 2012).

Emotional Stress

Medical professions, including nursing, can be affected by emotional stress related to the responsibility for providing patient care (Fatehi et al., 2015). The prevalence of this workplace stress is higher for nurses who work in intensive care units like the CCU. Our results indicated that emotional stresses, and nurses' conscious or unconscious involvement with these stresses, led to decreased self-efficacy in the CCU.

One study demonstrated a significant negative relationship between levels of self-efficacy and occupational stress among nurses (Vaezfar et al., 2014): as occupational stress increases, self-efficacy decreases; as occupational stress decreases, self-efficacy goes up. But does high self-efficacy mitigate the workplace stress or does high stress inhibit self-efficacy? Some researchers have found that, during undesirable and stressful events, only individuals of

high self-efficacy levels could manage their thoughts, remain persistent, and avoid negative thoughts about themselves and their abilities (Masoudnia, 2008).

Similarly, Peyman and Ezzati (2012) investigated the role of stress management in nurses' self-efficacy. They reported an association between self-efficacy and how individuals manage and guide their behavior. There was a strong relationship between the nurses' self-efficacy and their stress management, and it appeared that self-efficacy plays an important mediating role in managing job stress. Nurses can affect how they behave by understanding their ability in regulating and managing their behaviors (Peyman & Ezzati, 2012).

Leggett et al. (2013) suggested a significant relationship between what they described as moral stress and self-efficacy. Similarly, Naboureh et al. (2015) reported an inverse relationship between moral stress and nurses' perceived self-efficacy. As the intensity and frequency of moral stresses increased, levels of perceived self-efficacy in the nurses decreased. And because increased moral stress decreases self-efficacy, in situations that are dynamic, ambiguous, unpredictable, and stressful (such as emergency, ICU, and CCU units), moral stress can affect nurses' ability to perform tasks and deal effectively with emotionally stressful situations.

Loss of Motivation

From the nurses' points of view, motivation is an important factor contributing to self-efficacy, and the loss of motivation in nurses due to inequality, inattention, or other factors can lead to diminished self-efficacy.

High levels of self-efficacy, in conjunction with a sense of control and power, are linked to the ability to successfully manage environmental hazards – a skill which is especially important in high-pressure environments such as the CCU. High levels of self-efficacy facilitate superior participation, task selection, effort, and work performance, while low levels of self-efficacy weaken volition, intention, and impair work performance (Tavangar et al., 2012). Moreover, low levels of self-efficacy produce stress, anxiety, and upset (Rezayat & Dehghan Nayeri, 2013).

People with low levels of self-efficacy tend to believe that the status quo cannot be changed, which provokes stress, depression, and hopelessness (Rostami et al., 2010). The available evidence suggests a positive relationship between nurses' self-efficacy and their intention to remain in the nursing profession (Chang & Crowe 2011). Given the global shortages of qualified nursing staff (Marć et al., 2019), this association is of great practical importance.

Care Development

The nurses in our study indicated that experience, knowledge, and personal capabilities all had the potential to influence self-efficacy in terms of CCU care management. The three sub-themes that constituted this second main theme were experience-based care, knowledge-based care, and personal capabilities.

Experience-Based Care

Participants clearly stated that work experience is an influential factor in CCU care management and the increase of self-efficacy. Similarly, a study by Lee and Ko (2010) showed the effect of previous work experience on nurses' current performance. Increased experience predicted better performance. In their study, Jahanpour et al. (2010) found that the more realistic, diverse, and independent the experiences gained, the greater the self-confidence in the

individual. In fact, with the passage of time and the experience gained through successes (and failures) of patient recovery, nurses acquire relevant clinical decision-making skills across a variety of situations.

Knowledge-Based Care

The CCU nurses also indicated that knowledge increases nurses' clinical decision-making and self-efficacy. Scientific literacy also helps nurses and physicians to efficiently diagnose symptoms. Self-efficacy plays a key role in applying scientific and professional knowledge and skills (Zimmerman, 2000). Some describe a close relationship between self-efficacy and performance in completing tasks; in fact, self-efficacy is an important mediator between knowledge and its practice (Hassani et al., 2008). In their study, Timby and Smith (2005) demonstrated that knowledge and skill are the most important factors affecting self-efficacy. Nurses with higher levels of knowledge and skills in sensitive clinical situations are better able to make correct decisions and therefore have higher levels of self-efficacy.

Personal Capability

The participants noted that personal competence improves the quality of care and, consequently, increases nurse self-efficacy. From their frame of reference, the reliance of physicians upon the knowledge of the nursing staff is one of the core reasons that self-efficacy is so critical. Nurses with high levels of self-efficacy are valued, influential members of the CCU team.

One's sense of self-efficacy influences how one adheres to goals and responds to challenges. This has serious implications in cardiac nursing environments. If individuals do not trust the decisions of nursing staff, proper self-care will not occur (Chen et al., 2014). Some studies have shown that increasing self-efficacy can reduce the gap between theory and practice, enhancing the acquisition of clinical skills. Gardner and Pierce (1998) showed the effects of self-esteem and self-efficacy on job satisfaction. Low levels of self-efficacy can lead to perceptions of personal inadequacy and increased anxiety, driving individuals with low self-efficacy to avoid challenges (Robb, 2012).

Jahanpour et al. (2010) concluded that self-efficacy is a crucial factor in decision-making. Self-efficacy leads to a sense of control over various circumstances and increases the possibility of making independent and effective decisions. Similarly, Hagbaghery et al. (2004) found that self-efficacy increases the ability to make independent decisions by enhancing the nurses' sense of control. This ability to affect their environment, along with self-efficacy and clinical skill, gives nurses a sense of competence; in turn, this sense of competence makes nurses more creative and better able to make decisions that can help patients (Hagbaghery et al., 2004).

Organizational Challenges

The nurses in our study described two sets of organizational challenges that affected their levels of self-efficacy. This third (and final) main theme, therefore, is derived from the two constituent sub-themes: weak management and unavailable physicians.

Weak Management

From the nurses' perspectives, weak management is one of the main organizational challenges affecting self-efficacy. Bandura (1997) found that having accountable and

supportive managers is an important part of self-efficacy. When staff members believe that they have the motivational, cognitive, and behavioral resources that are needed for the job, they apply and develop strategies to manage the situation. However, if they do not understand self-efficacy, they may be less able to develop appropriate strategies and might therefore invest less effort into managing and developing their tasks (Alavi et al., 2020).

Consistent with the findings of the current study, Manojlovich (2005) showed that self-efficacy plays an important mediating role between structural power and the professional performance of nurses. Manojlovich therefore recommended that nursing managers should create opportunities to reinforce nurses' self-efficacy, which in turn will enhance professional behavior (including caring behaviors).

Unavailable Physicians

The inability to access physicians across different situations is another organizational challenge that can affect nurses' self-efficacy. Intensive care units like the CCU are recognized as dynamic, unpredictable, and high-pressure specialist units. According to Mitchell et al. (1996), the increased complexity of patients' needs within intensive care units corresponds to an increased need for increased physician presence and for effective physician-nurse collaborations. Despite the concerns raised in our current study, Le Roux et al. (2013) and Thomas et al. (2003) reported that nurses and physicians working in intensive care units have a positive attitude about working with each other. One study revealed that physicians valued nurses in intensive care units because of the nurses' more specialized roles (Manias & Street, 2001). Another study found that inter-professional collaboration of physicians and nurses was of higher quality in intensive care units than in other units (Copnell et al., 2004).

Limitations

Like all studies, our current research is subject to important limitations. For example, while the individualized, idiographic approach adopted in this study provides a richness of data, it also limits the generalizability of the research. However, this limitation was addressed through theoretical sampling and through inviting researchers not directly involved in the study to review the findings. Similarly, the study was limited to CCU units in the hospitals of East Guilan. Therefore, additional studies might be conducted on larger scales and in intensive care units. Finally, the current study relied exclusively upon interview data. Future studies might objectively measure both actual levels of self-efficacy and evaluations of work performance.

Conclusion and Suggestion

Our current study involved interviews with 34 CCU nurses to examine the relationship between self-efficacy and experiences of care management. These interviews were coded to generate nine sub-themes, which, in turn, generated three main themes related to self-efficacy: decreases in self-efficacy, enhancement of care, and dealing with organizational challenges. The findings have implications for nursing practice, administration, and education as the profession prepares for future nursing shortages (Marć et al., 2019). Enhancement of nurse self-efficacy can be pursued through a number of practical steps. Firstly, it is strongly suggested that the quality of professional relationships and performance be improved. Managers can play an important role in improving nurses' self-efficacy and can facilitate developments in behavior. Secondly and relatedly, enhancing trust and work commitment, along with fostering a sense of competence, would result in higher levels of self-efficacy. Thirdly and finally, inter-professional training programs for physicians and nurses alike can foster mutual respect and

understanding, which would empower nurses to accept and overcome the significant challenges that nursing is likely to face in the near future.

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