RESEARCH ARTICLE

Exploring Nursing Leadership Self-Efficacy in Academic Settings through Husserlian Phenomenology

Rhigel A. Tan, Ph.D, DNP, RN, APRN, ANP, GNP, PMHNP, FAAN, Ph.D[1], **Jezyl C. Cutamora**,Ph.D,RN,MN[2], **Lovelyn Tipon,** Dsc.N,MAN,RN[3], **Rhona Marie Natividad,** RN[4], **Carl Jayson Leyson,** RN[5], **Hanzelle Faith Villarin,** RN[6], **Phoebe Joy Dingcong,** RN[7], **Imelda Dano,** Ed.D, MAN, RN[8], **Ulysses M. Cutamora,** PhD, PTRP[9], **Audrey Garganera,** DHCM, MAN, RN, LPT[10], **Divine Grace M. Cortes,** MAN, RN, LPT[11], **Alma R. Cosedo,** RL[12]

Abstract

Self-efficacy is central to effective academic nursing leadership since it influences decision-making, resilience, and organizational outcomes. This phenomenological study described the essence of leadership self-efficacy among nurse leaders in Philippine higher education institutions. Using Colaizzi's method, data was collected through semi-structured interviews (n=10) and one focus-group discussion (n = 8). Analysis yielded three interwoven essences: (1) Personal Capacities of a Self-Efficacious Leader (decisiveness, resilience, reflective composure), (2) Relational–Communicative Doing of Leadership (ethical consistency, collaboration, mentoring), and (3) Professional–Organizational Grounding (resource navigation, quality assurance, continuous learning). Recognition indicators of achieved self-efficacy included sustained goal attainment, composed decision-making, entrustment by stakeholders, reduced self-doubt, and ethical consistency. Findings suggested that academic nurse leaders' self-efficacy is a multi-dimensional structure rather than a linear developmental process. Implications were offered for leadership preparation, mentoring, and appraisal.

Keywords: *Nursing leadership, self-efficacy, phenomenology, higher education, Philippines*

[1] CEO and the Clinical Director of iCarePsychiatry, Las Vegas Nevada, USA. Number rhigeltan@gmail.com rhigel.tan@unlv.edu
[2] Professor VI of Cebu Normal University-College of Nursing and Allied Health Sciences. +63 9195044984,cutamoraj@cnu.edu.ph
[3] Director of the Research Institute for Ageing and Health at Cebu Normal University, 09567865850 and tiponl@cnu.edu.ph
[4] Registered nurse and the level IV Assistant Chairman at Cebu Technological University in consortium with Cebu City Medical Center College Nursing, 09456847929, rhonanatividad1999@gmail.com
[5] Registered nurse and clinical instructor at Cebu Technological University in consortium with Cebu City Medical Center-College of Nursing, 09662463286, carlleyson19067@gmail.com
[6] Registered nurse and clinical instructor at Cebu Technological University in consortium with Cebu City Medical Center College Nursing, 09944816433, hanzellefaith@gmail.com
[7] Operating Room Registered Nurse at Cebu City Medical Center located at N.Bacalso Avenue, Cogon Pardo, Cebu City, 09954309878, phoebejoymenguitodingcong@gmail.com
[8] Research director, clinical nurse educator, level 1 Asst. chairwoman, and college secretary of Cebu Technological University in consortium with Cebu City Medical Center College Nursing, 09335468929, imelda.dano@gmail.com
[9] Licensed physical therapist, the incumbent clinical duty coordinator and research ethics chair of Velez College Center for Health Innovations and Research, 09499952126, abrahamcutamora@gmail.com
[10] Incumbent college dean of Cebu Technological University-Cebu City Medical Center-College of Nursing, 09985799461, audreygargy@gmail.com.
[11] Incumbent Assistant Dean, a registered nurse and licensed professional teacher of Cebu Technological University-Cebu City Medical Center-College of Nursing, 09435605655, divinegrace.cortes@ctu.edu.ph
[12] Registered librarian of Cebu Technological University-Cebu City Medical Center-College of Nursing, 09177202902, almaricardo1111@gmail.com

Introduction

Nursing leadership in higher education is increasingly recognized as a cornerstone for advancing nursing education, strengthening workforce sustainability, and aligning academic programs with health system needs. Globally, academic nurse leaders face pressures from heightened accreditation standards, faculty recruitment and retention challenges, demands for research productivity, and the preparation of nurses equipped for global health challenges (World Health Organization [WHO], 2020, 2021). In the Philippines, these issues are further compounded by limited institutional resources and the persistent outmigration of nurses, placing greater weight on the effectiveness of local academic leadership in ensuring quality and continuity of nursing programs (Ramos, Tayao, & de Guzman, 2021).

Within this context, leadership self-efficacy which is defined as the belief in one's capacity to mobilize people and resources in order to achieve organizational goals (Bandura, 1997), becomes central to effective academic nursing leadership. Rooted in Bandura's social cognitive theory, self-efficacy refers to an individual's belief in their capacity to mobilize cognitive, emotional, and behavioral resources to achieve desired outcomes. In leadership, self-efficacy influences resilience, decision-making, and the ability to inspire confidence in others (Stajkovic & Luthans, 1998). For nurse leaders in academia, leadership self-efficacy can determine not only personal effectiveness but also institutional credibility, faculty development, and the professional socialization of students into the nursing workforce. Recent studies underscored the importance of resilience, mentorship, and collaborative leadership in sustaining effective leadership in health and academic environments (Dyess, Prestia, & Smith, 2020; Wei, Roberts, Strickler, & Corbett, 2019). However, the lived experiences of self-efficacy among nurse leaders in higher education remain underexplored, particularly in collectivist and resource-constrained contexts such as the Philippines.

This study addressed this gap by exploring the essence of leadership self-efficacy among academic nurse leaders in Philippine higher education institutions. Anchored in Husserlian phenomenology, it sought to illuminate how self-efficacy is enacted, recognized, and sustained in everyday leadership practice. By clarifying the essential structures of leadership self-efficacy, this study contributed to nursing scholarship by offering insights that can guide leadership preparation, mentoring systems, and institutional assessment frameworks.

Methodology

Design

This study used a descriptive Husserlian phenomenology to capture the intentional structures of experience. Phenomenology brackets pre-understandings to describe experiences as they are lived. Data analysis followed Colaizzi's (1978) seven-step method to ensure depth and rigor (Creswell & Poth, 2018; van Manen, 2016). Reporting adhered to the COREQ 32-item checklist and SRQR (Tong et al., 2007; O'Brien et al., 2014). A completed COREQ checklist and de-identified materials were available from the authors upon reasonable request.

Setting

The study was conducted across public and private higher education institutions in the Philippines between February and March 2025. To protect anonymity, institutional identities were withheld.

Participants

Consistent with COREQ-informed reporting, the research team comprised of nurse academicians who have experience in both leadership and qualitative research (both men and women). Researchers maintained reflexive awareness of prior collegial ties with some participants to ensure transparency of relationships and potential influence. Eighteen nurse leaders participated (deans, directors, department heads, chairs, coordinators). Eligibility criteria included $\geqslant$ 1 year in leadership and $\geqslant$ 3 years of academic experience. Participants' ages ranged from 26 to 67 years; with a tenure in the academe that spanned 2 to 45 years.

Recruitment and Sampling

Purposive sampling was employed until information power and meaning saturation were achieved (Malterud, Siersma, & Guassora, 2016; Hennink, Kaiser, & Marconi, 2017; Saunders et al., 2018). Recruitment ceased after two consecutive interviews yielded no new codes or meanings. Ten leaders joined one-on-one interviews; while eight joined a focus-group discussion. Food and transportation allowances were provided.

Data Collection

Participants were approached via institutional networks. No one declined participation. The interview guide, developed in English and translated into the vernacular, was expert-validated and back-translated. A core prompt asked: "Describe your experiences of being efficacious as a nurse leader in academe." Interviews (~60 minutes) and the FGD (~180 minutes) were recorded, transcribed verbatim, and de-identified. Reflexive journals and field notes supplemented transcripts. Interviewers identified themselves as nurse academicians who explained the study's purpose, and highlighted voluntary participation.

Rationale for Combining Interviews and FGD. Individual interviews provided privacy and depth, while the FGD enabled intersubjective testing of meanings and comparison of experiences across institution types. This triangulation enriched analysis without compromising phenomenological primacy.

Data Analysis

Data analysis followed Colaizzi's (1978) seven-step method: (1) immersion in transcripts; (2) extraction of significant statements (NVivo-assisted line-by-line coding; identifiers such as SS77 maintained); (3) formulation of meanings with reflexive bracketing; (4) clustering into categories with peer debriefing; (5) development of themes; (6) exhaustive description; and (7) member checking. Eight participants confirmed that the description authentically represented their experiences. Braun and Clarke's (2021) reflexive stance informed analytic sensitivity. **NVivo** supported organization and retrieval; an audit trail documented coding decisions.

Colaizzi's method ensured systematic immersion, coding, and theme development. The process unfolded as follows:

Immersion in transcripts: Each transcript was read and re-read multiple times by all members of the research team. This iterative reading allowed researchers to grasp the overall sense of participants' lived experiences and begin noticing recurring patterns. Field notes and reflexive journals were reviewed alongside transcripts to enrich contextual understanding.

Extraction of significant statements: Using NVivo software, line-by-line coding was conducted. Statements that directly described experiences of leadership self-efficacy were highlighted and extracted into a corpus of significant statements. Each extract was tagged with identifiers (e.g., SS77) for transparency.

Formulation of meanings: Each significant statement was carefully interpreted to reveal its underlying meaning while preserving fidelity to participants' words. This step required reflexive bracketing to minimize researcher bias, with meanings drafted first by individual analysts and then discussed as a group.

Clustering into categories: Formulated meanings were grouped into categories based on similarity and relationship. NVivo node structures facilitated organization of these categories. Peer debriefing sessions were conducted to check category boundaries and ensure analytic rigor.

Development of themes: Categories were synthesized into broader themes that captured essential aspects of the phenomenon. For example, categories such as "decisive actions under ambiguity" and "bouncing back from adversity" were integrated into the theme of *Personal Capacities of a Self-Efficacious Leader.*

Exhaustive description: Themes were woven together into a full narrative description of the phenomenon. This narrative aimed to communicate the holistic structure of nursing leadership self-efficacy as lived in the Philippine academic context.

Member checking: The exhaustive description was returned to participants. Eight participants provided feedback, thereby confirming that the description authentically represented their experiences.

To further illustrate this analytic process, Table 1 below showed a sample pathway from raw statement to essence.

Throughout the process, NVivo served as an organizational tool for coding and retrieval. Reflexive bracketing and memo writing were used to minimize bias, while peer debriefing enhanced dependability. In addition, Braun and Clarke's (2021) emphasis on reflexive thematic engagement informed analytic stance, ensuring that theme development was not only systematic but also critically self-aware. This detailed approach ensured transparency and allowed replication or adaptation by future researchers.

Rigor and Trustworthiness

In keeping with qualitative rigor, the researchers drew upon Lincoln and Guba's (1985) framework to establish trustworthiness, guided by COREQ criteria.

Table 1. *Sample Analytic Excerpt*

Significant Statement	Formulated Meaning	Category	Theme	Essence
"Sometimes, you just have to decide even if the information is incomplete. Waiting too long could paralyze the whole department." (SS77)	Effective leadership involves making timely decisions despite uncertainty.	Decisive action under ambiguity	Practical decisiveness	Personal Capacities
"There were times accreditation did not go well, but I told myself, learn from it. Next time, we will be better." (SS210)	Setbacks are reframed as opportunities for growth.	Bouncing back from adversity	Resilience	Personal Capacities
"Mentors are lifelines. Their guidance makes me braver in taking leadership roles." (SS130)	Mentorship builds confidence and validates leadership abilities.	Mentorship and support networks	Empowerment cycle	Relational–Communicative Doing

Credibility: Member checks with 8 participants were done by using triangulation across interviews/FGD, including prolonged engagement.

Dependability: Audit trail of coding decisions and peer debriefing were carried out on 25% of transcripts.

Confirmability: Reflexive journaling, bracketing memos, codebook stability checks were done.

Transferability: Thick description of participants' roles and contexts, that ensured readers can judge applicability. In keeping with qualitative rigor, the researchers drew upon Lincoln and Guba's (1985) framework to establish trustworthiness.

Ethics

The study was approved by the University of the Immaculate Conception Research Ethics Committee (GS-ER-10-24-0127). While written informed consents were obtained. And confidentiality and voluntary participation was duly emphasized.

Findings and Discussion

This study identified three interwoven essences of nursing leadership self-efficacy in academic settings: (1) Personal Capacities, (2) Relational–Communicative Doing, and (3) Professional–Organizational Grounding. These findings enrich discourse on leadership self-efficacy by extending Bandura's (1997) framework to the context of Philippine higher education.

Table 2 below presented an aggregated summary of the demographic and professional characteristics of the participants involved in the study. The age of participants ranged from 26 to 67 years, indicating a diverse cohort across both early-career and senior academic professionals. Their tenure in academe spanned from 2 to 45 years, reflecting a wide range of institutional experience and potential perspectives informed by both emerging and established practices within the academic environment.

Participants held a variety of academic leadership roles, including deans, directors, department heads, chairs, and coordinators. This range of roles suggested a focus on individuals with administrative and leadership responsibilities

Table 2. *Participant Characteristics (N = 18)*

Characteristic	Category / Range	n (%)
Age	26–67 years	—
Tenure in academe	2–45 years	—
Sex	Female	14 (77.8)
	Male	4 (22.2)
Leadership roles	Deans, Directors, Department Heads, Chairs, Coordinators	—

Note. Age and tenure are reported as ranges based on self-report. Role counts are withheld to protect anonymity in small institutions.

who were likely chosen for their capacity to provide insights into institutional policies, academic governance, and strategic decision-making processes.

A total of 303 significant statements were extracted from the interview transcripts, capturing key insights and experiences shared by key informants. From these statements, 232 formulated meanings were derived through a process of thematic analysis and interpretation. This analytical process ultimately led to the emergence of three interwoven essences, encapsulating the core meanings and shared understandings that define the informants' lived experiences. To present them in depth and in line with qualitative standards, the researchers integrated participant narratives immediately with interpretive analysis and scholarly comparison.

Essence 1: Personal Capacities of a Self-Efficacious Leader

Participants described decisive action amid uncertainty (e.g., SS50; SS77) and reframing of setbacks as growth (SS210), underscoring self-efficacy as both cognitive and affective. While Bandura (1997) emphasized mastery experience as the strongest source of efficacy, these data showed that **acting responsibly under ambiguity** and **constructively interpreting failures** are equally salient in academic nursing. This said finding aligned with Gist and Mitchell's (1992) account of efficacy as shaped by appraisal of challenges. Emotional regulation—"reflective composure"—surfaced as a credibility marker, while resonating with links between leadership affect regulation and trust (Wong, Cummings, & Ducharme, 2013).

Resilience was another recurring theme. A leader reflected, *"There were times accreditation did not go well, but I told myself, learn from it. Next time, we will be better."* (SS210). Such framing echoes Gist and Mitchell's (1992) claim that self-efficacy emerges through interpretation of setbacks. Participants interpreted failures as opportunities for growth rather than threats to competence. Reflective composure was also described: *"True self-efficacy means considering your health and well-being."* (SS245). This aligned with contemporary literature on emotional regulation as a marker of credible leadership (Wong et al., 2013). Thus, personal capacities embodied decisiveness, resilience, and composure, confirming that efficacy is both cognitive and affective.

Essence 2: Relational–Communicative Doing of Leadership

Self-efficacy was experienced as **relational credibility and also** validated through ethical consistency, dialogue, and mentorship (SS41; SS45; SS130; Ss233). This extended evidence that authentic leadership fostered empowerment and trust (Laschinger et al., 2016; Alilyyani, Wong, & Cummings, 2018). Participants' "cycle of entrustment"—being empowered by mentors while empowering junior faculty—echoed **shared leadership** dynamics (Zhu et al., 2018). In a collectivist setting, social validation by stakeholders may be especially consequential for leaders' sense of efficacy.

Mentorship also emerged strongly. A participant shared, *"Colleagues and mentors are a lifeline."* (SS130). This indicated that leaders feel efficacious when supported by networks of trust, which in turn enabled them to empower younger faculty: *"I feel most effective when I see my younger faculty taking on tasks confidently because I trusted them with responsibility."* (SS233). Here, self-efficacy manifested as a cycle of entrustment: leaders drew confidence from mentors and simultaneously nurture efficacy in others. This dual dynamic supported the notion of empowerment as reciprocal rather than unidirectional.

Essence 3: Professional–Organizational Grounding

Scarcity of resources tested leaders' efficacy. One lamented, *"Without manpower or financial support, it's challenging… activities need resources."* (SS7). Yet creativity emerged: *"We learned to partner with other colleges, to pool resources. That is how we survive."* (SS98). Such adaptability reflected the contextual shaping of efficacy—while navigating systems successfully affirms leaders' sense of competence. Engagement in research and professional development further reinforced efficacy: *"Training in research contributed to my leadership confidence and efficacy."* (SS13). This supports literature linking continuing education with leadership credibility (Polit & Beck, 2021).

Finally, standards and quality assurance were frequently referenced. *"We really value quality assurance… feedback from superiors, peers, and students."* (SS35). For many, audits validated their leadership: *"When we pass audits, it confirms that my leadership is working. It affirms my sense of efficacy."* (SS222). These statements showed how organizational structures and external validation intertwine with lived efficacy. Far from viewing QA as mere bureaucracy, leaders appropriated it as a scaffold for confidence and legitimacy.

Leaders also narrated resource navigation, quality assurance (QA) as validation, and continuous learning (SS7; SS98; SS13; SS35; Ss222). Rather than viewing QA as bureaucracy, participants appropriated audits as scaffolds for efficacy, aligning with stewardship and adaptability in organizational leadership (Yukl, 2013). Meanwhile, continuing professional development reinforced credibility (Polit & Beck, 2021).

Table 3. *Analytic Pathway From Significant Statements to Essences*

Significant Statement (ID)	Formulated Meaning	Category/Cluster	Theme	Essence
"Sometimes, you just have to decide even if the information is incomplete…" (SS77)	Responsible action under uncertainty	Decisive action under ambiguity	Practical decisiveness	Personal Capacities
"Accreditation did not go well… learn from it." (SS210)	Setbacks reframed as growth	Bouncing back from adversity	Resilience	Personal Capacities
"Mentors are lifelines." (SS130)	Mentorship builds confidence	Mentorship & support networks	Empowerment cycle	Relational–Communicative Doing
"We value QA… audits validate us." (SS35/SS222)	QA as external validation	External audits & standards	Quality as scaffolding of efficacy	Professional–Organizational Grounding

Note. Exemplar analytic links; full pathway available on request. IDs (e.g., SS77) map to de-identified excerpts.

Table 4. *Recognition Indicators of Achieved Leadership Self-Efficacy*

Indicator	Operational Description	Exemplar Quote
Goal attainment under constraints	Objectives achieved despite resource limits	"When we pass audits, it confirms my leadership is working." (SS222)
Composed decision-making	Calm, fair judgment under pressure	"I step back, breathe… panicking will not help." (SS278)
Entrustment by stakeholders	Delegation and trust from leaders/peers	"My dean entrusted me to represent the college in national fora." (SS312)
Diminished self-doubt	Confidence strengthened by practice	"I now trust my judgment more than before." (SS301)
Ethical consistency	Values-aligned enforcement of rules	"Even if deadlines are strict, fairness must be applied." (SS41)

Note. SS identifiers map to de-identified significant statements in the analytic corpus. Ellipses (…) indicate omitted words; square brackets indicate clarifications. Quotations were translated to English where necessary and lightly edited for readability without altering meaning.

Recognition Indicators. Across essences, leadership self-efficacy was recognized when goals were attained under constraints, leaders remained composed, self-doubt diminished, greater responsibilities were entrusted, and ethical consistency was evident.

Across essences, achievement of self-efficacy was recognized when goals were attained under constraints, leaders remained composed, self-doubt diminished, greater responsibilities were entrusted, and ethical consistency was evident. These recognition indicators provided a practical framework for evaluating leadership preparation and mentoring outcomes.

Vignettes: Composite Narratives by Essence

To further illustrate the lived experience, the researchers presented composite vignettes synthesizing multiple participants' accounts. Each vignette corresponded to one of the three essences. Pseudonyms were used.

Vignette 1: Personal Capacities

Jose, a newly appointed department chair, recalls the moment he was asked to decide whether classes should be suspended due to a sudden storm. Information was incomplete, but faculty and students looked to him for direction. He remembered earlier setbacks where hesitation cost time, so he chose swiftly, prioritizing safety. Later, reflecting in his journal, he recognized that resilience was built from failures and that true efficacy meant also caring for his own well-being. "I cannot lead well if I burn out," he told himself. His decisiveness, resilience, and composure affirmed his sense of being efficacious.

Vignette 2: Relational–Communicative Doing

Lorna, a program coordinator, often mediates between faculty demands and administrative policies. In a faculty meeting, she enforced strict deadlines but explained her rationale openly. Some colleagues resisted at first, but later appreciated her fairness. She keeps her door open for conversations, reminding everyone, "Let us talk directly; miscommunication hurts us." Mentors guided her early on, and now she entrusts junior faculty with leadership tasks. Watching them grow brings her confidence: "When they succeed, I feel effective as a leader." Her credibility, communication, and mentoring relationships weave into her lived self-efficacy.

Vignette 3: Professional–Organizational Grounding

Antonia, a college of nursing dean, struggles with limited funds. When accreditation requirements pile up, she mobilizes partnerships with neighboring partners and sharing faculty experts. She also pursues continuing education, attending research workshops to keep abreast of new standards. During an audit, the visiting team commended their quality processes. "This confirms my leadership is working," Antonia reflected. Her ability to navigate scarce resources, sustain quality assurance, and model lifelong learning grounded her confidence in leading effectively.

These vignettes demonstrated how decisiveness, composure, relational credibility, and organizational stewardship intersect in lived leadership efficacy. This study clarified that leadership self-efficacy is not a linear skill acquisition but an intentional structure of being enacted across personal, relational, and organizational dimensions. The findings underscored that composure, credibility, and systems competence are as critical as confidence.

Table 5 links the essences to Bandura's sources of self-efficacy, clarifying mechanisms.

Findings aligned with Bandura's framework yet extended it by emphasizing relational-ethical credibility and organizational stewardship as context-sensitive dimensions of efficacy. Efficacy was shaped by interpretations of social feedback and emotion regulation (Gist & Mitchell, 1992; Schunk & DiBenedetto, 2020). The study's results resonated with nursing leadership literature linking supportive/ authentic leadership to positive workforce outcomes (Cummings et al., 2018; Boamah & Tremblay, 2019) and with reviews associating leadership with staff well-being and patient outcomes (Wong et al., 2013). The shared leadership dynamic observed mirrors Zhu et al. (2018). QA as scaffold underscored how structures can *validate* rather than merely constrain leadership (Yukl, 2013).

The three essences also resonated with international literature on nursing leadership. Cummings et al. (2018) reported consistent associations between supportive leadership styles and nurse outcomes and work environments, complementing our participants' emphasis on collaboration and clarity. Wong et al. (2013) further noted that effective nursing leaders influence not only organizational outcomes but also staff well-being and patient safety. This study expanded this view by showing how leaders' relational practices (ethical consistency, transparent communication, and mentorship) constitute part of their *experience* of efficacy, not just outcomes of it. Similarly, Laschinger et al. (2016) connected leadership self-efficacy with empowerment to which this study's data has affirmed but had also emphasized empowerment as a two-way phenomenon, where leaders both experience empowerment through mentors and extend it to colleagues.

Broader leadership scholarship also supported these findings. Bass and Riggio (2006) argued that transformational leadership is grounded in leaders' confidence to inspire and motivate, a perspective echoed in participants' narratives of mentoring and

Table 5. *Mapping the Three Essences to Sources of Self-Efficacy (Bandura)*

Essence	Key Subthemes	Dominant Sources of Self-Efficacy	How the Source Manifested
Personal Capacities	Decisiveness; Resilience; Reflective composure	Mastery experiences; Affective/physiological states	Timely action amid uncertainty; reframing failures; stress regulation and reflective calm
Relational–Communicative Doing	Ethical consistency; Collaboration; Mentorship/Entrustment	Social persuasion; Vicarious learning	Validation by mentors/peers; modeling; reciprocal entrustment
Professional–Organizational Grounding	Resource navigation; Quality assurance; Continuous learning	Mastery experiences; Social persuasion	Successful audits/accreditation; stakeholder recognition; CPD/research bolstering credibility

Note. Sources per Bandura (1997): mastery experiences, vicarious learning, social persuasion, affective/physiological states.

collaboration. Yukl (2013) underscored the importance of situational adaptability, while aligning with participants' descriptions of navigating resource scarcity. Meta-analytic evidence further supported the efficacy–performance link: Stajkovic and Luthans (1998) found that self-efficacy is strongly associated with work outcomes, providing quantitative confirmation of the qualitative insights here. More recently, Zhu et al. (2018) emphasized shared leadership, which parallels the reciprocal entrustment practices described by our participants. Finally, Schunk and DiBenedetto (2020) highlighted the integration of motivation, emotion, and social context in efficacy development, while affirming that composure and collaboration are central to sustaining leaders' sense of competence.

Cultural and Contextual Considerations

In the Philippines' higher-education system, resource scarcity and accreditation pressures are pervasive. Leaders' narratives showed that efficacy is felt most strongly when they can navigate constraints without compromising ethical standards. This highlighted the **cultural embeddedness of efficacy**: in collectivist contexts, credibility and entrustment by peers may be more salient indicators than in highly individualistic systems. Moreover, participants' repeated reference to quality assurance processes as scaffolds of efficacy underscored how external regulatory structures shape the lived experience of leadership. Recent Filipino research supported this view: Ramos, Tayao, and de Guzman (2021) found that Filipino nurse leaders rely heavily on collaborative partnerships and cultural values of *bayanihan* to sustain leadership efficacy under constraint.

Implications

The implications of this study extend to leadership preparation, mentoring, communication culture, leader well-being, quality assurance, and measurement. Leadership preparation should integrate training on decision-making under ambiguity and stress regulation, coupled with cultural competence and systems thinking, echoing Bass and Riggio's (2006) insights on transformational confidence and Yukl's (2013) emphasis on adaptability. Mentoring practices need to be formalized through entrustable leadership activities with graded autonomy, ensuring reciprocal learning opportunities, as Zhu et al. (2018) suggested in their work on shared leadership. Communication cultures should be enhanced by institutionalizing regular huddles, transparent decision logs, and leadership workshops on conflict resolution, aligning with Schunk and DiBenedetto's (2020) view that efficacy flourishes when motivation, emotion, and social context converge. Supporting leader well-being through counseling, retreats, and boundary-setting practices is essential to sustain reflective composure, as emphasized by Dyess, Prestia, and Smith (2020) and Wei, Roberts, Strickler, and Corbett (2019). Quality assurance processes must be reframed as constructive learning systems rather than punitive bureaucracies, enabling leaders to use QA feedback as a scaffold for confidence. This orientation is aligned with global calls to strengthen supportive work environments (World Health Organization, 2021). Finally, measurement tools such as a proposed Leadership Self-Efficacy in Academic Nursing (LSE-AN) scale should be developed and validated locally, supported by the meta-analytic evidence of Stajkovic and Luthans (1998) on the efficacy–performance link and adapted to the Philippine and ASEAN context (Ramos, Tayao, & de Guzman, 2021).

Contribution to Nursing Scholarship

By articulating the phenomenological structures of self-efficacy, this study contributed to theory development in nursing leadership. It suggested that efficacy should be conceptualized as an **ecological construct** which emerges at the intersection of personal composure, relational credibility, and organizational stewardship. This conceptual shift moves beyond reductionist views of efficacy as purely cognitive appraisals, aligning with contemporary calls for holistic and context-sensitive frameworks in nursing research.

Strengths and Limitations

Strengths of this include methodological rigor, triangulated data, and diversity of leadership roles. Limitations also included single-country scope and potential social desirability bias in FGD. These limitations pointed to opportunities for future research: comparative cross-country studies could reveal how cultural context shapes recognition indicators of self-efficacy, while longitudinal designs could address how efficacy evolves over career stages. Additionally, intervention trials such as mentorship or leadership training programs can evaluate how self-efficacy is cultivated and sustained.

Three overlapping domains, Personal Capacities, Relational–Communicative Doing, Professional– Organizational Grounding, jointly constitute academic leadership self-efficacy. Subthemes: decisiveness, resilience, reflective composure; ethical consistency, collaboration, mentorship/entrustment; resource navigation, quality assurance, continuous learning. Surrounding Recognition Indicators (goal attainment under constraints, composed decision-making, entrustment, diminished self-doubt, ethical consistency) function as observable validators. This visual diagram illustrates how the three essences, their subthemes, and recognition indicators at then periphery interrelate or interact.

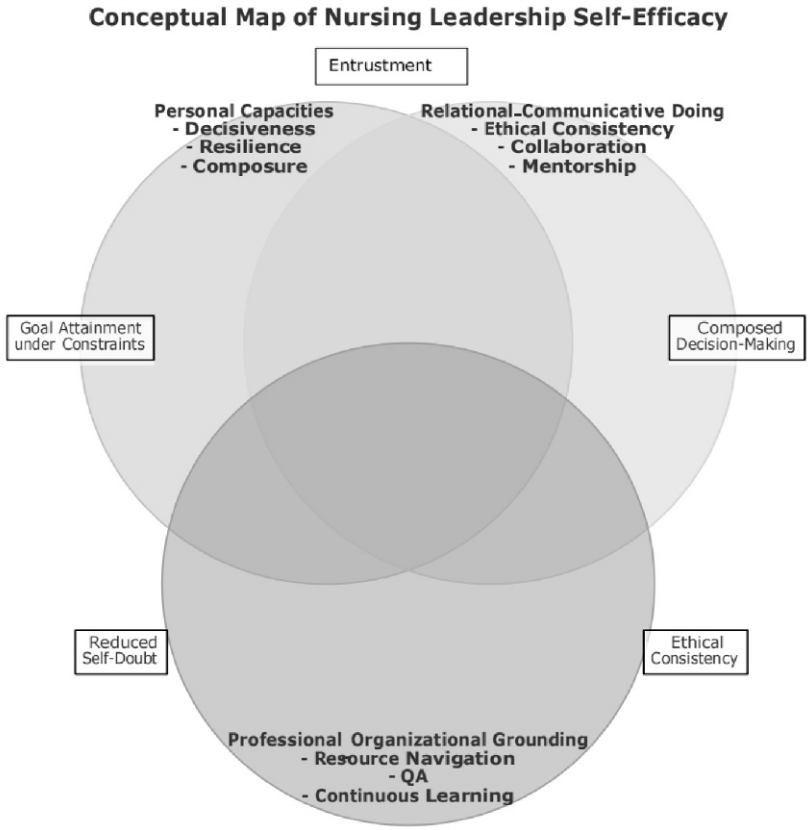

Figure 1. *Conceptual Map of Nursing Leadership Self-Efficacy*

These three essences overlap in the center, representing the holistic experience of leadership self-efficacy. Surrounding the diagram are Recognition Indicators (goal attainment under constraints, composed decision-making, entrustment, diminished self-doubt, ethical consistency), which function as observable outcomes and validators of the inner essences

Conclusion

Academic nurse leaders' self-efficacy is constituted by personal capacities (decisiveness, resilience, composure), relational–communicative doing (ethical credibility, collaboration, mentoring), and professional–organizational grounding (resource navigation, standards, continuous learning). By recognizing and cultivating these essences, leadership preparation, mentoring, and appraisal frameworks in nursing education can be strengthened. Recent international and local evidence supported this conclusion: Dyess, Prestia, and Smith (2020) and Wei, Roberts, Strickler, and Corbett (2019) highlighted resilience and well-being as critical for sustaining leadership; while Ramos, Tayao, and de Guzman (2021) showed how Filipino nurse leaders draw on bayanihan values and collaborative partnerships to maintain efficacy under constraint. Hence, these findings suggested that leadership development must be contextualized, evidence-based, and globally informed, positioning academic nursing leadership as a vital pillar of both professional advancement and health system strengthening.

This phenomenological inquiry concluded that academic nurse leaders' self-efficacy is a multidimensional and contextual phenomenon. It is enacted through personal capacities (decisiveness, resilience, reflective composure), relational–communicative doing (ethical credibility, collaboration, mentoring), and professional–organizational grounding (resource navigation, quality assurance, continuous learning). Rather than a linear skill acquisition, leadership efficacy emerges as an intentional structure that integrates personal, relational, and organizational dimensions.

These findings highlighted that cultivating leadership self-efficacy requires holistic preparation. Training programs must foster stress regulation and decision-making under uncertainty; mentoring systems should formalize reciprocal entrustment; and institutions must frame quality assurance as a supportive scaffold for confidence. Moreover, recognition

indicators (goal attainment under constraints, composed decision-making, entrustment by stakeholders, diminished self-doubt, and ethical consistency) offered practical metrics for leadership appraisal and development.

By articulating these essences and indicators, the study contributed to nursing scholarship by offering a culturally grounded framework for understanding and strengthening academic nursing leadership. This framework can inform policy, guide professional development, and support the sustainability of nursing education leadership in the Philippines and similar contexts.

Practical Recommendations for Nursing Schools and Policymakers

The findings underscored several actionable recommendations. Leadership training should be systematically integrated into faculty development programs, with a strong emphasis on decision-making under uncertainty and reflective composure. Mentoring systems must be formalized, ensuring that junior faculty are provided with structured opportunities for entrustment and reciprocal leadership growth. Communication practices required institutionalization through regular huddles, transparent decision logs, and feedback loops, thereby strengthening relational credibility. Furthermore, institutions should prioritize leader well-being by embedding stress-management and self-care resources into organizational culture. Quality assurance systems ought to be reframed as constructive mechanisms for learning and validation, rather than punitive processes. This orientation aligned with global calls to strengthen nursing leadership and supportive work environments (World Health Organization, 2021). Finally, appraisal frameworks should incorporate recognition indicators such as goal attainment under constraints, composed decision-making, entrustment, diminished self-doubt, and ethical consistency, as benchmarks of leadership growth.

Implications for Future Research

Future research should develop and test a relevant tool that measures the Leadership Self-Efficacy in Academic Nursing based on these findings, conduct longitudinal studies to examine how efficacy develops over time, and compare experiences across cultural and institutional contexts. Mixed-methods and intervention studies, such as evaluating mentorship models or leadership training interventions, are recommended to deepen understanding of how self-efficacy is cultivated and sustained in nursing academia.

Building on broader leadership and efficacy scholarship, Bass and Riggio (2006) suggested that transformational confidence can be developed through training, which future studies might adapt to academic nursing contexts. Yukl (2013) also emphasized situational adaptability, highlighting the need for research on how leaders in resource-constrained settings flexibly build efficacy. Stajkovic and Luthans (1998) provided meta-analytic evidence of the efficacy–performance link, justifying future quantitative validation of our qualitative findings. While Zhu et al. (2018) called for examining shared leadership models, which could be tested in academic nursing teams. Finally, Schunk and DiBenedetto (2020) stressed the interplay of motivation, emotion, and social context, offering a framework for exploring how composure and relational credibility evolve in different cultural settings.

Data Availability Statement

"De-identified interview and FGD data are not publicly available due to confidentiality. Analytic materials (e.g., codebook, audit-trail excerpts) are available from the authors on reasonable request.".

References

Alilyyani, J., Wong, C. A., & Cummings, G. G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International Journal of Nursing Studies, 83*, 34–64.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Lawrence Erlbaum Associates.

Boamah, S. A., & Tremblay, P. (2019). Effective nurse leadership: A cross-sectional study of authentic leadership and nurse outcomes. *Journal of Nursing Management, 27*(8), 1657–1667. https://doi.org/10.1111/jonm.12853

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.

Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environments: A systematic review. *International Journal of Nursing Studies, 85*, 19–60.

Dyess, S. M., Prestia, A. S., & Smith, M. C. (2020). Resilience in

nursing: An integrative review. *Journal of Nursing Management, 28*(8), 1713–1722. https://doi.org/ 10.1111/jonm.13036
Gist, M. E., & Mitchell, T. R. (1992). Self-efficacy: A theoretical analysis of its determinants and malleability. *Academy of Management Review, 17*(2), 183–211. https://doi.org/10.5465/amr.1992.4279530
Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research, 27*(4), 591–608.
Laschinger, H. K. S., Wong, C. A., Grau, A. L., Read, E. A., & Pineau Stam, L. M. (2016). The influence of leadership practices and empowerment on Canadian nurse manager outcomes. *Journal of Nursing Management, 24*(3), 276–284.
Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research, 26*(13), 1753–1760.
O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine, 89*(9), 1245–1251.
Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.
Ramos, R. S., Tayao, M. A., & de Guzman, A. B. (2021). Filipino nurse leaders' experiences of navigating leadership challenges: A qualitative study. *Journal of Nursing Scholarship, 53*(4), 475–484. https://doi.org/10.1111/ jnu.12675
Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity, 52*(4), 1893–1907.
Schunk, D. H., & DiBenedetto, M. K. (2020). Motivation and social-emotional learning: Theory, research, and practice. *Contemporary Educational Psychology, 60*, 101830. https://doi.org/10.1016/j.cedpsych.2019.101830
Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. *Psychological Bulletin, 124*(2), 240–261. https://doi.org/10.1037/0033-2909.124.2.240
Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349–357.
van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management, 27*(4), 681–687. https://doi.org/10.1111/jonm.12736
Wong, C. A., Cummings, G. G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: A systematic review update. *Journal of Nursing Management, 21*(5), 709–724.
World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. WHO Press.
World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021–2025*. WHO.
Yukl, G. (2013). *Leadership in organizations* (8th ed.). Pearson.
Zhu, J., Liao, Z., Yam, K. C., & Johnson, R. E. (2018). Shared leadership: A state-of-the-art review and future research agenda. *Journal of Organizational Behavior, 39*(7), 834–852.

ABOUT THE AUTHORS

Rhigel Alforque Tan, PhD, DNP, APRN, is an Associate Professor (FIR) and Director of the Psychiatric-Mental Health Nurse Practitioner (PMHNP) and Doctor of Nursing Practice (DNP) programs at the University of Nevada, Las Vegas School of Nursing. A dual terminal degree holder, he integrates clinical practice, education, research, and policy to advance precision medicine, cultural humility, and leadership in advanced nursing practice. He is a past president of the Nevada State Board of Nursing and former NCLEX Item Committee Chair of the National Council of State Boards of Nursing. His scholarly and policy work centers on leadership self-efficacy and bridging the gap between education and practice through innovative, evidence-based models that transform psychiatric-mental health care locally and globally. Dr. Tan is a Fellow of the American Academy of Nursing.

Jezyl Cempron-Cutamora, PhD, MN, RN, is a Professor VI at the Cebu Normal University (CNU) College of Nursing, where she teaches both undergraduate and graduate nursing courses. Dr. Cutamora is a former Dean of the CNU College of Nursing, former Director of the Research Institute for Ageing and Health, and former Vice-Chair of the CNU Ethics Review Committee. She earned her Bachelor of Science in Nursing in Cebu City Medical Center - College of Nursing and finished her Master of Nursing (Medical-Surgical Nursing) and her Doctor of Philosophy in Research and Evaluation from Cebu Normal University. She was a DOH, CHED scholar and was also an ISUCCEED scholar under Our Lady of Fatima University and Saxion University of Applied Sciences in the Netherlands. Her research interests include quantitative research, big data analytics, and health research and evaluation.

Love Tipon, Dsc.N,MAN,RN is an Associate Professor at the Cebu Normal University College of Nursing and has been an educator since 2006. She earned her Doctor of Science in Nursing, specializing in Gerontology Nursing, and her Master of Arts in Nursing. She also serves as an adjunct faculty member in various higher education institutions in Cebu City. A member of the Philippine Nurses Association and former member of its NOMELEC Committee–Cebu Chapter, she is actively engaged in professional and voluntary organizations. Dr. Tipon has completed numerous research trainings and has presented papers in local, national, and international forums. Her interests include qualitative research and collaborative scholarly work. She is also a peer reviewer of the Malaysian Journal of Nursing (2023).

Rhona Marie B. Natividad, RN is a Clinical Instructor and Level IV Assistant Chairman at the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. She earned her Bachelor of Science in Nursing from the same institution in 2023 and became a registered nurse in the same year. Currently, she is pursuing a Master of Science in Nursing major in Medical-Surgical Nursing at Cebu Normal University, where she has completed 30 units. An active member of the Philippine Nurses Association, she has participated in research capability training programs organized by Cebu Technological University to enhance her research skills and contribute to the advancement of nursing education.

Carl Jayson A. Leyson, RN, is a Level III Clinical Instructor at the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. He earned his Bachelor of Science in Nursing from the same institution in 2023 and obtained his professional license in the same year. He is currently pursuing a Master of Science in Nursing major in Medical-Surgical Nursing at Cebu Normal University, where he has completed 30 units. An active member of the Philippine Nurses Association, he also serves as a member of the NOMELEC Committee of the PNA Cebu Chapter.

Hanzelle Faith S. Villarin, RN is a Level II Clinical Instructor at the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. She earned her Bachelor of Science in Nursing from the same institution in 2023 and passed the Philippine Nursing Licensure Examination in the same year. As an undergraduate, she served as the College of Nursing Representative to the Future Science and Technology Leaders of the Philippines (2019–2021), promoting research and innovation among student leaders. She is currently pursuing a Master of Science in Nursing major in Medical-Surgical Nursing at Cebu Normal University. An active member of the Philippine Nurses Association, she continues to advance her clinical, research, and leadership competencies.

Phoebe Joy M. Dingcong, RN, is an Operating Room Nurse at the Cebu City Medical Center, where she also gained experience as a Medical-Surgical Staff Nurse. She is concurrently a nurse educator at the Cebu Institute of Technology–University and the Powerhouse Training and Review Center. She earned her Bachelor of Science in Nursing from Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing and is currently pursuing a Master of Science in Nursing major in Medical-Surgical Nursing at Cebu Normal University. Her research interests include evidence-based practice and innovations in clinical nursing.

Imelda M. Dano, Ed.D., MAN, RN is a Clinical Instructor and Research Coordinator at the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. She earned her Bachelor of Science in Nursing from the same institution in 2004 and became a registered nurse in the same year. She completed her Master of Arts in Nursing in 2008 and her Doctor of Education in 2016, both from Southwestern University. An active member of the Philippine Nurses Association, Dr. Dano is dedicated to mentoring future nurses and fostering excellence in nursing research and education.

Ulysses M. Cutamora, PhD PTRP, is the Clinical Coordinator of the Physical Therapy Department at Velez College, where he holds the rank of Professor A. He also serves as Chair of the Ethics Committee and as an active officer of the Philippine Physical Therapists Association – Cebu Chapter. A registered physical therapist since 2006, he earned his Master's in Public Administration from Cebu Technological University in 2018 and his PhD in Research and Evaluation from Cebu Normal University in 2023. He has authored and co-authored numerous research studies, received various research grants and awards, and serves as a peer reviewer for a Scopus-indexed journal. His expertise spans health research, biomedical studies, and evaluation designs.

Audrey L. Garganera, DHCM, MAN, RN, LPT, is the Dean of the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. She holds a Bachelor of Science in Secondary Education (1995) and a Bachelor of Science in Nursing (2011) from the University of the Visayas, where she also earned her Master of Arts in Nursing (2020) and Doctor in Healthcare Management (2023). A Licensed Professional Teacher and Registered Nurse, Dr. Garganera is an active member of the Philippine Nurses Association. She has received several awards recognizing her leadership and contributions to nursing education. A dedicated educator and administrator, she champions clinical excellence, transformational leadership, and student-centered learning.

Divine Grace M. Cortes, MAN, RN, LPT is a Clinical Instructor and Assistant Dean at the Cebu Technological University in consortium with the Cebu City Medical Center College of Nursing. She earned her Bachelor of Science in Nursing from the same institution in 2009 and became a registered nurse that same year. She completed her Master of Arts in Nursing at the University of San Carlos in 2013 and earned 24 units toward a Doctorate in Management major in Healthcare Management in 2016. To strengthen her pedagogical foundation, she completed a Diploma in Professional Education at Cebu Technological University in 2017 and became a Licensed Professional Teacher in 2018. An active member of the Philippine Nurses Association, she advocates compassionate and student-centered nursing education.

Alma R. Cosedo, RL**,** is the College Librarian at the Cebu City Medical Center College of Nursing, where she has served for 30 years. She earned her Bachelor of Arts major in Library Science in 1995 and has completed the coursework and comprehensive examination for the Master of Science in Library and Information Science. Her long-standing commitment to academic librarianship reflects her dedication to supporting nursing education and research.