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Self-Efficacy Under Academic Pressure in Basic Science Learning: A Qualitative Study of First-Year Medical Students

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Abstract

Academic pressure is a persistent feature of first-year medical education, but less is known about how students interpret their own capability while working under sustained workload and time constraints. This qualitative descriptive study explored the experience of self-efficacy under academic pressure among seven first-year medical students enrolled in a basic science course. Semi-structured interviews lasting 30–50 minutes were conducted during academically demanding periods of the term. Self-efficacy was used as a sensitizing concept rather than as a deductive coding framework, and the transcripts were analyzed using reflexive thematic analysis. Three interconnected themes were developed: workload as a threat to perceived capability, time pressure as a trigger for self-doubt and strategic prioritization, and persistence as a source of recalibrated capability. Students frequently interpreted the volume and pace of coursework as evidence that they might not be able to meet expectations. At the same time, successfully completing difficult periods, persisting despite uncertainty, and receiving evidence of satisfactory per-

formance could restore or strengthen perceived capability. The findings suggest that self-efficacy under pressure is experienced as dynamic and context-sensitive rather than as stable confidence. The accounts align most clearly with two sources of self-efficacy described in social cognitive theory: affective interpretations of strain and mastery experiences arising from successful persistence. The study does not establish causal relationships between workload, pressure, and self-efficacy, nor does it measure change in self-efficacy over time. Instead, it offers a qualitative account of how students make sense of their capability while adapting to the demands of early medical training. Educationally, the findings support attention to workload management, appropriately challenging mastery experiences, timely feedback, and opportunities for students to interpret academic difficulty without equating temporary struggle with inability.

Keywords: self-efficacy, academic pressure, first-year medical students, basic science education, qualitative description, reflexive thematic analysis

1. INTRODUCTION

The first year of medical school is a demanding transition in which students encounter new expectations for pace, volume, independence, and academic performance. Medical students have long been reported to experience substantial psychological distress during training [1], and qualitative work indicates that the transition into medical school is particularly vulnerable because academic, personal, financial, and health-related demands can accumulate at the same time [2]. Academic workload is one important part of this transition. In a longitudinal study of medical freshmen, Barbosa and colleagues showed that perceived workload, study time, self-directedness, and achievement interact across the transition from secondary school to medical school [3]. These findings suggest that students do not encounter workload as a neutral quantity of material; they encounter it through developing beliefs about whether they can regulate their learning and meet the demands placed upon them.

Academic pressure is therefore relevant not only as a potential stressor but also as a context in which learners interpret their own capability. Earlier work on medical-student stress identified examinations, workload, and acquisition of professional knowledge and skills as prominent sources of strain [4]. More recent qualitative research with first-year medical students similarly shows that difficulty in early medical training is multifactorial and often involves the interaction of course demands with students' existing learning strategies and personal circumstances [2]. Contemporary efforts to support first-year medical students have consequently focused not only on wellbeing but also on workload management, study strategies, self-directed learning, and self-efficacy [5].

Self-efficacy provides a useful conceptual lens for understanding this experience. Bandura defines self-efficacy as a person's belief in his or her capability to organize and execute the actions required to attain a particular performance [6]. Academic self-efficacy is therefore more specific than general confidence or self-esteem. It concerns what learners believe they can accomplish in relation to particular academic demands. These beliefs matter because they influence goal choice, effort, persistence, strategic behavior, and responses to difficulty [7, 8]. In medical education, Artino [9] emphasized that academic self-efficacy is educationally important because it shapes motivation and engagement, while Klassen and Klassen's critical review concluded that self-efficacy is a theoretically robust but sometimes inconsistently conceptualized construct in research with medical students [10].

Social cognitive theory further suggests that self-efficacy is informed by several sources, including mastery experiences, vicarious experiences, social persuasion, and interpretations of physiological or affective states [6]. These sources are useful for thinking about academic pressure. An overwhelming week may be interpreted as evidence of insufficient capability; anxiety or fatigue may be read as signs that one is not coping; successful completion of a difficult task may instead function as a mastery experience that strengthens efficacy beliefs. Importantly, the same objective demand does not necessarily produce the same efficacy judgment in every learner because self-efficacy depends partly on interpretation. Higher-education research similarly indicates that educational experiences can either strengthen or weaken self-efficacy depending on how learners interpret performance, support, challenge, and progress [11].

Despite the substantial literature measuring medical-student stress, burnout, motivation, and self-efficacy, less attention has been given to how first-year students describe the experience of their own capability while they are under sustained academic pressure. Quantitative measures can estimate associations among workload, stress, self-efficacy, and achievement, but they do not fully capture how a learner interprets the moment of feeling behind, the experience of racing against a deadline, or the meaning attached to successfully getting through a difficult week. A qualitative account can therefore complement outcome-oriented research by examining perceived capability as it is narrated and interpreted in context.

The present study explored how first-year medical students experience self-efficacy under academic pressure during a basic science course. The guiding research question was: *How do first-year medical students describe and interpret their sense of capability when workload and time pressure intensify during basic science learning?* The purpose was descriptive and interpretive rather than causal. The study did not seek to determine whether pressure objectively raises or lowers self-efficacy; instead, it examined how students themselves made sense of capability, doubt, persistence, and recovery while working under demanding conditions.

2. METHODS

This study used a qualitative descriptive design to examine first-year medical students' accounts of self-efficacy under academic pressure. Qualitative description is appropriate when the aim is to provide a comprehensive account of a phenomenon in terms that remain relatively close to participants' experiences while still allowing thoughtful interpretation [12, 13]. In the present study, self-efficacy functioned as a sensitizing concept that focused attention on students' judgments of capability, persistence, and challenge; it was not used as a rigid deductive coding scheme. This approach allowed the analysis to remain grounded in how students described academic pressure rather than forcing their accounts into predetermined theoretical categories.

The study was conducted with seven first-year medical students enrolled in a basic science course at a single institution.

Purposive sampling was used to recruit students who could provide information-rich accounts of workload, time pressure, confidence, and coping during the first year. Participants varied in self-reported experiences of academic pressure and confidence, as well as in gender and prior educational background. Sample adequacy was considered in relation to the focused research aim, the relative homogeneity of the participant group, the specificity of the phenomenon under study, and the depth of the interviews, consistent with the principle of information power [14]. Because the analysis used reflexive thematic analysis, no claim of statistical representativeness or universal thematic saturation was made.

Data were collected through individual semi-structured interviews conducted during periods that students identified as academically demanding, typically around major examinations. Interviews lasted approximately 30–50 minutes, were audio-recorded with consent, and were transcribed verbatim. Open-ended questions invited students to describe how they perceived their capability when they faced heavy workload, insufficient time, difficult material, and examination pressure. Follow-up prompts asked for specific instances in which confidence changed, what students thought those changes meant, and how they responded when they doubted their capacity to meet academic demands. The interviewer maintained a reflexive journal throughout data collection to record assumptions, reactions, and emerging analytic considerations.

Data were analyzed using reflexive thematic analysis. The analysis was informed by Braun and Clarke's six-phase approach: familiarization with the dataset, generation of initial codes, construction of candidate themes, review of themes in relation to the coded extracts and complete dataset, refinement and naming of themes, and production of the analytic narrative [15]. Later methodological guidance was also used to maintain coherence with reflexive thematic analysis, particularly the understanding that themes are interpretive constructions produced through active engagement with the data rather than entities that simply “emerge” from transcripts [16, 17]. Coding proceeded primarily inductively at the semantic level, while the concept of self-efficacy informed the overall interpretive focus.

The analysis did not use inter-rater reliability coefficients or consensus coding as markers of validity. Instead, rigor was pursued through repeated engagement with the transcripts, documentation of analytic decisions, reflexive note-taking, attention to both convergence and variation across accounts, and close connection between the final themes and the participant quotations presented in the Results. This position is consistent with contemporary qualitative-methods discussions in health professions education, which caution against applying post-positivist quality procedures mechanically to interpretive research [18]. Reporting was informed by COREQ and the Standards for Reporting Qualitative Research (SRQR), while recognizing that reporting checklists do not substitute for methodological coherence [19, 20].

Ethical approval was obtained from the institutional review board. All participants provided written informed consent before participation. Pseudonyms or identifying details were not used in the reported extracts, and potentially identifying information was removed to protect confidentiality.

3. RESULTS

Three interconnected themes captured how students described self-efficacy under academic pressure: workload as a threat to perceived capability, time pressure as a trigger for self-doubt and strategic prioritization, and persistence as a source of recalibrated capability. The themes were analytically distinct but temporally intertwined. A student could feel overwhelmed by workload, respond by narrowing priorities under time pressure, and later reinterpret successful persistence as evidence of capability. Table 1 summarizes the thematic structure.

Table 1. *Themes describing self-efficacy under academic pressure*

Theme	Core experience	Interpretation for perceived capability
Workload as a threat to perceived capability	The volume and continuing accumulation of material created a sense that course demands might exceed what students could realistically master	Heavy workload could be interpreted as evidence of personal insufficiency, but completing difficult periods sometimes became a mastery experience that restored capability
Time pressure, self-doubt, and strategic prioritization	Limited time intensified anxiety about incomplete preparation and forced students to decide what could and could not be studied in depth	Time scarcity could undermine confidence, while prioritization represented an adaptive response that allowed continued functioning despite uncertainty
Persistence and recalibrated capability	Students continued working despite doubt and sometimes encountered evidence—including successful completion of difficult periods or satisfactory performance—that they could cope	Perceived capability was revised through experience; for some students confidence recovered, while others continued to oscillate between coping and feeling overwhelmed

Workload as a threat to perceived capability. Students described the heavy workload of the basic science course as a direct challenge to their belief that they could meet academic expectations. The problem was not simply that there was a large amount to study. The volume of material acquired personal meaning: students interpreted the apparent impossibility of mastering everything as evidence that they themselves might not be capable enough.

One participant explained, “There’s just so much material to cover that sometimes I look at my notes and think, there’s

no way I can learn all of this. It makes me feel like I'm not capable of doing what's required." For several students, this judgment accumulated over time. Being persistently behind created an ongoing discrepancy between effort and perceived adequacy. Another participant described this erosion of confidence: "No matter how hard I work, there's always more to do. That constant pressure makes me doubt whether I'm really cut out for medical school."

The same workload, however, did not have a uniformly negative meaning. When students successfully completed an especially difficult period, the experience could become evidence that their initial judgment of incapacity had been too pessimistic. A third participant reflected, "It's stressful, but when I get through a really tough week, I feel like maybe I can actually handle this after all." Workload therefore functioned both as a source of threat and, when successfully negotiated, as a context in which capability could be tested and partially confirmed.

Time pressure, self-doubt, and strategic prioritization. Time scarcity intensified doubts about capability because students judged themselves not only by how much material they understood but by whether they could understand enough before deadlines and examinations. One student said, "I'm always racing against the clock. Even when I study all day, it doesn't feel like enough, and then I start worrying that I'll fail because I ran out of time." The metaphor of racing captured the sense that academic adequacy was being evaluated continuously against an external clock.

A second participant described how insufficient time altered both emotion and self-judgment: "When I don't have time to really understand something, I start to panic. It's like the clock is constantly reminding me that I'm not keeping up." In this account, pressure did not remain an external feature of the schedule. It became a cue that the student interpreted as evidence of inadequate progress.

Students also described adaptive responses to this pressure. One participant stated, "I've had to accept that I can't do everything perfectly. Sometimes I just focus on the most important things and hope that's enough." This response did not eliminate uncertainty, but it represented a shift from attempting complete mastery toward strategic prioritization. Such prioritization allowed students to continue functioning even when they could not meet their preferred standard of preparation.

Persistence and recalibrated capability. The third theme concerned what happened after students continued working through periods in which confidence had already been challenged. Students described moments in which persistence itself, or evidence of satisfactory performance after persistence, altered their interpretation of what they were capable of doing.

One participant said, "There were times when I wanted to give up, but I kept going, and then when I saw my grade, I realized I could actually do this. It gave me some confidence back." Here, confidence was not restored by reassurance alone. It was recalibrated through an outcome that the student interpreted as evidence of capability.

Another participant described a broader change in how pressure was understood: "The pressure doesn't go away, but I've learned that I can handle more than I thought. I'm still stressed, but I don't feel as helpless as I did at the beginning." The persistence of stress alongside greater perceived capability is important. Students did not necessarily become less pressured; rather, some became more able to interpret pressure without immediately treating it as proof that they could not cope.

This adaptive pattern was not universal or permanent. A third participant summarized continued fluctuation: "I go back and forth. Some days I feel like I'm managing, and other days I'm completely overwhelmed and not sure I can keep doing this." Across the dataset, self-efficacy under pressure therefore appeared dynamic and context-sensitive. Students' judgments of capability were repeatedly revised as workload, time, emotion, persistence, and performance interacted.

4. DISCUSSION

This study explored how first-year medical students experienced their own capability during academically demanding periods of a basic science course. Three findings are central. First, workload was experienced not merely as an external demand but as information about the self: when the volume of material seemed impossible to master, students sometimes interpreted that difficulty as evidence that they were not capable of succeeding. Second, time pressure intensified this process because insufficient time made incomplete preparation visible and forced students to make uncomfortable trade-offs. Third, continued engagement could generate counter-evidence. Successfully completing difficult periods or receiving satisfactory grades sometimes allowed students to reinterpret previous doubt and recover a sense of capability.

These findings reinforce the importance of treating self-efficacy as a task- and context-sensitive judgment rather than as a stable personality characteristic. Pajares [8] emphasized that self-efficacy is most meaningful when it is specified in relation to the performance being judged, and Artino [9] similarly cautioned medical educators against treating academic self-efficacy as generic self-confidence. The students in the present study did not describe a single global belief about themselves. Their confidence shifted in relation to concrete demands: the amount of material remaining, the time available, the difficulty of a week, and the evidence provided by performance.

Bandura's theory offers one useful interpretation of this pattern [6]. Of the four commonly described sources of self-efficacy, two were particularly visible in the present accounts. The first was the interpretation of affective or physiological states. Anxiety, panic, and the felt experience of being overwhelmed sometimes became cues that students used to judge

their capability. The second was mastery experience. Getting through a difficult week, persisting when confidence was low, or seeing a satisfactory grade could function as evidence that the student was able to cope. The current interview data provide less direct evidence about vicarious experience or social persuasion, so strong claims about those sources would exceed what the dataset supports.

The findings also complement the medical-education literature on workload and transition. Barbosa and colleagues found that first-year achievement is related to the interplay between academic workload and self-regulated learning across the transition into medical school [3]. Picton and colleagues' qualitative study similarly showed that first-year struggle cannot be reduced to a single academic problem; students' accounts reflect interactions among course demands, personal circumstances, support, and adaptation [2]. The present study adds a more specific experiential focus by showing how workload and time become incorporated into students' judgments of capability.

The theme of strategic prioritization is particularly important. Choosing to focus on the most important material may represent adaptive self-regulation rather than resignation. At the same time, the present data do not establish whether the strategies students used were educationally effective. A student may feel more in control after narrowing priorities without necessarily selecting the most productive study strategy. This distinction is consistent with recent work showing that first-year medical students benefit when support addresses learning strategies, workload management, feedback use, and self-efficacy together rather than treating them as independent problems [5].

The findings also suggest that temporary self-doubt should not automatically be interpreted as educational failure. A difficult course can create conditions in which students encounter the limits of previous study strategies and must recalibrate expectations. Some uncertainty may therefore accompany adaptation. The educational concern is not the existence of doubt itself, but whether students have opportunities to convert challenge into interpretable mastery rather than repeatedly encountering demands that appear uncontrollable. Higher-education research on self-efficacy indicates that educational environments can strengthen efficacy when learners experience meaningful accomplishment, appropriate challenge, and usable feedback [11].

For educators, the most defensible implication is not that confidence should simply be increased. Inflated confidence without corresponding competence would be educationally undesirable. Instead, the findings support efforts to improve the *calibration* of capability beliefs. Students may benefit from appropriately challenging tasks that can generate mastery evidence, timely feedback that helps them distinguish temporary difficulty from inability, and structured support for workload and prioritization during the transition into medical school. Academic-support programs that combine study-strategy development with learner-centered discussion of workload and self-efficacy provide one example of this broader approach [5]. The current qualitative study did not test any intervention, however, so these implications should be regarded as hypotheses for educational design rather than evidence of effectiveness.

The study also raises a temporal question. The quotations suggest that efficacy beliefs can shift over relatively short periods: a student may feel incapable early in a week and more capable after successfully completing it. Cross-sectional measurement may therefore miss meaningful fluctuations in how self-efficacy is experienced. Future studies could combine repeated qualitative interviews or brief reflective diaries with validated task-specific self-efficacy measures, perceived-workload measures, and academic performance data. Such designs would help determine whether the narrative fluctuations described here correspond to measurable changes and whether particular patterns predict later adaptation or difficulty.

Several limitations require careful consideration. The study involved seven students from a single institution and a single basic science context, which limits transferability. The focused and relatively homogeneous sample was suitable for in-depth qualitative exploration, but it cannot establish how common the three themes are among first-year medical students more broadly. The interviews captured self-reported perceptions rather than objective workload, time use, or measured self-efficacy, and the study did not independently assess academic performance beyond the experiences participants chose to describe. Interview timing around demanding periods may also have intensified the salience of strain and produced different accounts from those that might have been given during less pressured parts of the semester.

The use of self-efficacy as a sensitizing concept also shaped the inquiry. Although coding proceeded inductively, the study was designed to notice judgments of capability, which means other dimensions of the same academic experience may have received less analytic attention. Reflexive thematic analysis further recognizes that the researcher actively participates in theme construction; the themes are therefore interpretive accounts rather than neutral facts extracted from the transcripts [16, 17]. The reflexive journal and explicit analytic documentation were used to make this process more transparent, but they do not eliminate researcher influence.

Finally, the findings should not be interpreted as demonstrating that academic pressure improves self-efficacy. Some participants described mastery and recovery, but others continued to oscillate between coping and feeling overwhelmed. The study instead suggests a more nuanced proposition: academic pressure creates situations in which efficacy beliefs are tested, and the meaning of those situations depends partly on whether students experience them as uncontrollable strain or as challenges that can be successfully negotiated.

5. CONCLUSION

First-year medical students in this study experienced self-efficacy under academic pressure as dynamic, context-sensitive, and open to revision. Heavy workload and limited time could undermine perceived capability when students interpreted difficulty as evidence that they were unable to meet expectations. Yet persistence through difficult periods and evidence of successful performance could produce a different interpretation, allowing some students to recover or strengthen their sense of capability.

The findings are most consistent with an account in which affective interpretations of strain and mastery experiences interact during early medical training. Students were not simply confident or unconfident; they repeatedly recalibrated what they believed they could do as demands, emotions, strategies, and outcomes changed. This qualitative perspective complements quantitative research on workload and self-efficacy by showing how capability is experienced from within the pressured learning environment.

For medical educators, the implication is not to remove all difficulty or to maximize confidence indiscriminately. Rather, first-year learning environments should aim to make challenge interpretable and manageable: through realistic workload structures, support for prioritization and study strategies, timely feedback, and opportunities for students to recognize genuine mastery. Larger, longitudinal, and multi-institutional studies are needed to determine how these subjective patterns develop over time and whether they are associated with measurable changes in self-efficacy, learning behavior, wellbeing, and academic performance.

CONFLICTS OF INTEREST

The author declares no conflicts of interest.

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This research received no external funding.

DATA AVAILABILITY

Data supporting the empirical analysis and the findings reported in this study are available from the corresponding author upon reasonable request, subject to applicable ethical and confidentiality requirements.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During preparation of the manuscript, the author used ChatGPT to support language editing, structural refinement, and readability. The author subsequently reviewed and revised the manuscript and takes full responsibility for the accuracy, interpretation, integrity, and final content of the work.

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