

PERCEIVED SELF-EFFICACY

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1. Core Definition

Perceived Self-Efficacy is defined as an individual's subjective comprehension of their capacity to organize and execute the courses of action required to attain designated types of performance. Postulated by Albert Bandura, this concept is central to his Social Cognitive Theory, serving as a powerful cognitive mechanism that mediates between the possession of skills and the successful application of those skills in specific contexts. It is fundamentally a belief about one's competence, rather than an objective measure of inherent ability. This belief is highly specialized; efficacy related to one domain (e.g., complex problem-solving) is distinct from efficacy in another (e.g., maintaining emotional regulation).

Self-efficacy beliefs function prospectively, meaning they relate to the individual's judgment of future capability, rather than merely reflecting past achievements. These generative beliefs are crucial determinants of emotional conditions, motivational levels, and subsequent behavioral choices. When an individual holds high self-efficacy regarding a particular task, they are more likely to initiate the behavior, persist despite setbacks, and expend the necessary effort to achieve a favored outcome. Conversely, low self-efficacy can lead to avoidance, apathy, and the premature cessation of effort, even if the individual technically possesses the required skills.

Bandura meticulously differentiated self-efficacy from related psychological constructs. Unlike **self-esteem**, which is a global, affective judgment of one's worth, self-efficacy is a domain-specific judgment of competence. Furthermore, self-efficacy (the belief in one's capacity to perform the behavior) must be distinguished from **outcome expectations** (the belief that performing the behavior will lead to a specific result). While both are necessary for motivation, self-efficacy is considered the more foundational determinant because if a person does not believe they can successfully perform the task, the potential positive outcome becomes irrelevant.

2. Etymology and Historical Development

The concept of self-efficacy was formally introduced by Albert Bandura in his seminal 1977 paper, "Self-efficacy: Toward a Unifying Theory of Behavioral Change." Its emergence represented a significant intellectual shift away from the prevailing paradigms of strict behaviorism and traditional psychoanalytic theory. Bandura recognized that existing theories often failed to adequately account for human agency--the capacity of individuals to intentionally influence their own functioning and environmental events. He argued that behavior could not be fully explained without incorporating internal, self-regulatory cognitive mechanisms.

Prior to the introduction of self-efficacy, behavioral therapies often relied heavily on external reinforcement schedules. Bandura observed, however, that the success and durability of behavioral changes following therapeutic interventions (especially those addressing phobias) were strongly correlated with the patient's internal conviction that they could successfully execute the coping behavior. This realization led him to hypothesize that efficacy expectations were the common cognitive mechanism mediating psychological procedures and behavioral change.

Self-efficacy became the cornerstone of Bandura's evolving Social Learning Theory, which matured into Social Cognitive Theory. This framework posits a model of triadic reciprocal causation, illustrating that human functioning is a product of the reciprocal interaction among behavior, environment, and personal factors (which include cognitive, affective, and biological events). Within this complex interaction, self-efficacy was identified as the primary operational mechanism of personal agency, determining not only which activities people choose but also how much emotional stress they endure in the face of demands.

3. The Four Sources of Self-Efficacy

Self-efficacy beliefs are dynamic, learned, and highly responsive to new information, which Bandura categorized into four principal sources. The interpretation of information derived from these sources, rather than the sources themselves, determines the strength and resilience of one's efficacy beliefs.

The most influential source is **Mastery Experiences**, also known as performance accomplishments. These are the results derived from direct, personal experience of success or failure. Successful performance raises efficacy beliefs, particularly when success is achieved through sustained effort and perseverance against initial difficulty. Conversely, repeated failures, especially early on, tend to lower efficacy. The robustness of self-efficacy is best fostered by navigating and overcoming obstacles, as this teaches the individual that capability is resilient and not easily extinguished by setbacks.

The second source is **Vicarious Experiences**, derived from observing others (models) successfully perform activities. Modeling is particularly potent when the observer perceives the model as similar to themselves in salient characteristics (e.g., age, background, skill level). Seeing a similar peer succeed suggests to the observer, "If they can do it, I have the capacity to do it too." Vicarious experiences are especially useful in situations where individuals have limited direct experience, helping them visualize the necessary steps and organizational requirements for success.

The third source, **Social Persuasion**, involves verbal feedback and encouragement received from others. While simple exhortations ("You can do it!") are rarely sufficient on their own to build strong, enduring efficacy, effective social persuasion involves credible sources providing realistic guidance

and focusing on effort and strategy rather than just innate talent. Persuasion helps individuals marshal greater effort when encountering difficulties, sustaining motivation until they achieve a successful mastery experience that solidifies the belief.

Finally, **Physiological and Affective States** also provide efficacy information. Individuals interpret their somatic and emotional reactions when judging their capability. For example, experiencing high levels of physical arousal, such as a pounding heart or sweaty palms, may be interpreted as signs of nervousness and inadequacy, thereby lowering perceived efficacy (especially in domains like public speaking or physical performance). Conversely, reframing arousal as excitement or preparedness, often through cognitive restructuring, can enhance efficacy. Effective self-management of mood and stress is thus an important contributor to maintaining high perceived efficacy.

4. Impact on Motivation and Self-Regulation

Perceived self-efficacy is a powerful determinant of motivation because it governs an individual's selection of goals, expenditure of effort, and recovery from adversity. Individuals with high self-efficacy typically approach difficult tasks as challenges to be mastered rather than threats to be avoided. This perspective influences goal setting, leading them to adopt higher, more specific, and more complex personal goals.

Motivational processes are intimately linked to efficacy through attributional styles. When a highly efficacious person fails, they tend to attribute the outcome to external factors, insufficient effort, or poor strategy, all of which are perceived as controllable and correctable. This preserves their core belief in their underlying ability. Conversely, individuals with low self-efficacy are prone to attribute failure internally to lack of innate ability, a factor perceived as fixed and unchangeable. This leads to reduced effort, helplessness, and a downward spiral in subsequent performance.

Self-efficacy also underpins effective **self-regulation**. It influences the depth and quality of cognitive processing during task performance. Highly efficacious individuals are better able to concentrate, allocate attentional resources efficiently, and engage in systematic, analytical thinking when solving problems. Their confidence allows them to remain task-focused rather than becoming distracted by self-debilitating thoughts, which often plague individuals with low efficacy in high-pressure situations. This regulatory capacity ensures that skills translate reliably into performance.

5. Significance Across Applied Disciplines

The self-efficacy construct has become indispensable across numerous applied fields, demonstrating its predictive power far beyond basic behavioral psychology. In **Educational Settings**, research consistently shows that self-efficacy for learning specific subject matter often predicts academic achievement better than measured prior ability. Educators leverage the concept

by designing curricula that ensure incremental mastery experiences and provide appropriate scaffolding and modeling to build robust student confidence.

In **Health Psychology**, self-efficacy is a central component of successful health behavior change. Whether it involves adherence to a complex medical regimen, maintaining a healthy diet, or overcoming addiction, an individual must possess high coping efficacy--the belief that they can successfully execute the necessary changes despite environmental or emotional obstacles. Therapeutic interventions often focus on enhancing efficacy through structured practice and relapse prevention planning.

Furthermore, the concept has been extended to the collective level, known as **Collective Efficacy**, which refers to the shared belief of a group (e.g., a sports team, a corporation, a community) in its joint capabilities to organize and execute the courses of action required to produce given levels of attainment. High collective efficacy is strongly associated with organizational resilience, higher output, and the adoption of innovative strategies, illustrating the pervasive impact of efficacy beliefs on group dynamics and societal progress.

6. Debates and Criticisms

Despite its empirical success, the perceived self-efficacy construct faces ongoing discussion regarding its measurement and theoretical boundaries. A primary methodological challenge lies in ensuring that efficacy measures maintain the specificity required by Bandura's theory. Generic measures of self-efficacy often prove weakly predictive; therefore, researchers must develop highly specific scales tailored to the exact domain and level of functioning being studied, a process that can be complex and time-intensive.

Another theoretical critique concerns the potential for **overconfidence** or illusory efficacy. While a certain degree of optimism in one's capability is beneficial for motivation, when self-efficacy grossly exceeds actual competence, it can lead to dysfunctional outcomes, such as under-preparation, reckless decision-making, and failure that is more damaging than if the individual had been more realistic. Researchers continue to explore the optimal functional margin between actual ability and perceived capability.

Finally, critics occasionally raise questions about the practical separability of self-efficacy from outcome expectations in real-world environments. Although conceptually distinct, in most functional situations, the belief that one can perform an action (efficacy) and the belief that the action will yield a reward (outcome) are mutually reinforcing. Disentangling their individual contributions to motivation sometimes proves difficult, leading some theorists to advocate for models that integrate these expectation types more closely when analyzing complex behavioral systems.

7. Further Reading

[Self-efficacy - Wikipedia](#)

[Bandura, A. \(1977\). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review.](#)

[Albert Bandura - Wikipedia](#)

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