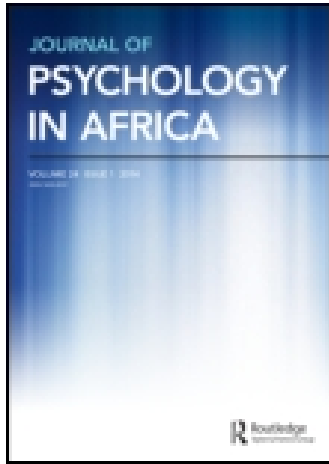


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## Self-Efficacy, Collective Efficacy and the Psychological Well-Being of Groups in Transition

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This study sought to determine the differential influence of self- and collective efficacy beliefs on the psychological well-being of individuals within a community in transition. A cross-sectional survey design was used to collect data from 1050 Setswana speaking participants from urban (n = 451) and rural (n = 599) areas in the North-West Province of South-Africa. The Community Collective Efficacy Scale (CCES) and the Generalized Self-Efficacy Scale (GSE), as well as the Affectometer 2 (AFM) and Satisfaction with Life Scale (SWLS) were administered. Descriptive statistics, as well as correlational and regression analyses were conducted to determine the association between self-efficacy and collective efficacy, and the different measures of psychological well-being. Results indicated that participants from the urban context reported higher levels of both self-efficacy and collective efficacy, as well as higher levels of psychological well-being than their rural counterparts. A strong and significant relationship was found between self-efficacy and collective efficacy, and between efficacy beliefs and psychological well-being. Efficacy beliefs are important factors in the prediction of psychological well-being. Raising either self-efficacy or collective efficacy should lead to higher psychological well-being and better adjustment during the process of urbanisation.

*Keywords:* African context, collective efficacy, cultural context, psychological well-being, self-efficacy, urbanisation

With the New South Africa nearing its twentieth birthday, its citizens' ability to cope with the rapid socio-political changes that have taken place have resurfaced as an important topic for research and discussion. Recent studies like that of Jackson, van de Vijver, and Ali (2012) suggest that multiculturalism and integration into the plural South African society is increasingly being embraced by both black and white, with positive implications for individual well-being. This process of acculturation is however not without its challenges, which have been intensified by the rapid rate of urbanization. According to the World Factbook (2013) 62% of the South African population now live in an urban environment, with an annual migration rate of 1.2% comprising mainly of African individuals leaving underdeveloped areas to seek a better life in urban and developed settings (Malan, Malan, Wissing & Seedat, 2008; Vorster et al., 2000). Whether or not these migratory patterns indeed result in a 'better life' remains to be investigated.

Individuals and groups in transition from a rural to an urban environment are known to face numerous changes, some of which have been listed by Choabi and Wissing (2000) as physical changes, (e.g., dietary intake and exposure to new diseases), socio-economic changes (e.g., loss of status or new employment opportunities) and cultural changes (e.g., what is eaten or worn, language shifts and alterations to fundamental value systems). Although it was a commonly held belief that urbanisation inevitably resulted in physical, social and psychological problems (Berry, 1994; Sue, 2000), this lifestyle and cultural shift has been found to hold several possible advantages. These include better access to health care facilities, improved socioeconomic circumstances as measured in terms of income

and education level, and in some instances even improved psychological well-being (Vorster et al., 2000). A large body of evidence however still points toward the detrimental effects of urbanisation, which include an increased risk for mental illness (Burns, 2010), as well as the increased prevalence of a variety of biological markers of cardiovascular disease like obesity, hypertension and increased serum cholesterol levels (Malan et al., 2008; Van Rooyen et al., 2002; Vorster et al., 2000). In the light of these seemingly contradictory findings, more research should be aimed at the well-being outcomes of urbanization, as well as the identification of possible mediating factors.

According to Seedat (2000) the negative outcomes of urbanisation could in many cases be ascribed to elevated levels of stress associated with the process of acculturation. While trying to re-establish their lives in a new cultural realm dominated by Western individualism and competitiveness, Black individuals are often alienated from their traditional realities (Le Grange, Louw, Breen, & Katzman, 2004). This process of acculturation could contribute to individuals' experience of 'psychological tension' (p. 442), and often have far reaching effects on individuals' belief systems, value orientations and behaviour (Guarnaccia & Rodrigues, 1996) as well as their physical health (Musante et al., 2000). This necessitates the individual in transition to develop adaptive strategies to cope with the situation.

### Efficacy Beliefs and Well-Being

A number of so-called personal resources have been identified as prospective buffers against the detrimental effects of stress (Ryff, Singer, & Dienberg Love, 2004). One of the factors that have been proven to have a positive mediating influence

between stress and psychological well-being is a person or group's efficacy beliefs (Bandura, 1997; Karademas, 2006; Sui, Lu, & Spector, 2007). Self-efficacy, defined as the level of confidence that an individual has in his/her ability to execute a course of action or attain specific performance outcomes (Bandura, 2001), have been proven to affect human functioning in numerous ways. For example, high self-efficacy has been related to the effective regulation of the stress process, to higher self-esteem, better physical condition, greater well-being and better adaptation to and recovery from acute and chronic diseases (Devonport & Lane, 2006; Karademas, 2006). Sui et al. (2007) has ascribed self-efficacy's positive impact on well-being to individuals' belief that they can maintain high levels of performance despite the presence of stressors.

The term 'collective efficacy' has been used to determine motivational beliefs in groups rather than in individuals. According to Bandura (1997), collective efficacy is defined as a group's shared beliefs in its conjoint capabilities to execute the courses of action required to achieve designated goals. This group motivation factor has been proven to be positively correlated to group functioning, especially the level of effort, persistence, and achievement (Bandura, 1997; Carroll, Rosson, & Zhou, 2005; Cohen, Inagami, & Finch, 2008) and has, like self-efficacy, shown a direct positive relationship with psychological well-being (Karademas, 2006; Sui et al., 2007). It is an unfortunate fact, though, that in spite of its potential impact, the majority of research on self-efficacy and collective efficacy has been done in Western, individualistic contexts (Carroll et al., 2005; Chen et al., 2001; Schwarzer & Jerusalem, 1993; Sui et al., 2007). A number of researchers have demonstrated that contextual factors may influence the manifestation of psychological functioning and psychological well-being (Cohen et al., 2008; Temane & Wissing, 2008; Wissing & Temane, 2008; Wissing, Wissing, Du Toit, & Temane, 2006). It could therefore be expected that the patterns of psychological well-being would differ between individualist and collectivist cultural groupings forming part of the pluralistic South African context, as has indeed been found in studies by Wissing et al. (2006) and Wissing, du Toit, and Wissing (2006). McCrae (2004) (as cited in Wissing et al., 2006) indicated on the basis of empirical findings that white South Africans tend to be more individualist, and black South Africans more collectivist in their cultural orientation. How self-efficacy and collective efficacy will manifest in a South-African context, and what impact it will have on the psychological well-being of individuals in the process of urbanisation remains to be explored. Some research however supports the idea that in a collectivist culture people develop their efficacy beliefs from those around them, whereas in an individualistic society individuals construct their efficacy beliefs from their own individualistic experiences of success and failure (Pulford, Johnson, & Awaida, 2005). It has also been argued that collective efficacy may be a more relevant construct than self-efficacy to measure efficacy beliefs in collectivistic contexts; where group goals and shared outcomes are considered of higher importance than a sense of personal identity or self-actualization (Van Straten, Temane, & Wissing, 2008; Wang & Lin, 2007).

### Transition Cultures

Within the current South African context characterized by rapid urbanisation, there is a blending of cultural practices taking place as individuals move from a rural to an urban context (Wissing et al., 2006). Although the cultural group from which participants for the current study had been selected was tradi-

tionally viewed as having a more collectivistic value system, it is also a group in transition. Because of the blend of individualism and collectivism brought on by rapid urbanization, it cannot be assumed that self- and collective efficacy beliefs will have the same effect on the psychological well-being of contemporary South Africa, as in other Western or Eastern contexts. Cultural and contextual factors are known to have a direct impact on both the construction and experience of psychological well-being (Cohen et al. 2008; Temane & Wissing, 2008; Wissing & Temane, 2008; Wissing et al., 2006). It is therefore important to determine what the differential influence of self- and collective efficacy will be on the psychological well-being of Africans who are in the process of transition.

### Goals of the Study

This study sought to determine the differential influence of self- and collective efficacy on the psychological well-being of individuals within a community in transition. Specifically, we set out to determine (1) how self-efficacy and collective efficacy manifest in the current South African context, and (2) the differential impact of self-efficacy and collective efficacy on the psychological well-being of individuals in the process of urbanisation.

## Method

### Design

This study forms part of the 12-year Prospective Urban and Rural Epidemiology (PURE) – project that is being conducted in 16 countries by the Population Health Research Institute in Canada to study the health transition in chronic diseases of lifestyle in urban and rural participants. It was a quantitative study, and the questionnaires used were selected as part of the FORT2 (FORT = Fortology: Understanding and promoting psychosocial health, resilience and strengths in an African context) project (Wissing, 2006) within AUTher (Africa Unit for Transdisciplinary Health Research). A cross-sectional survey design was used in this study.

### Participants

The participants form part of the South African leg of the PURE project. A total of 1050 participants were recruited from 6000 randomly drawn households in urban (n=451) and rural (n=599) parts of the North-West province. Two hundred and twenty nine participants were from Ikageng (an established urban area outside Potchefstroom), 215 participants were from an informal urban settlement neighbouring Ikageng, 281 participants were from Ganyesa (a semi-rural settlement almost bordering Botswana) and 318 participants were from Tlaskgameng (a deep rural settlement located 35 kilometres from Ganyesa). The sample consisted of 392 men and 649 women. Age distribution was as follows: 228 participants between the ages of 30 and 40 years, 416 participants between the ages of 41 and 50 years, 248 participants between the ages of 51 and 60 years, 29 participants between the ages of 71 and 80 years and 2 participants over 80 years of age. Due to incomplete or missing data on some of these demographic characteristics, there were some differences in the numbers.

### Measuring Instruments

In order to measure participants' efficacy beliefs, the Community Collective Efficacy Scale (abridged) (CCES) (Carroll et al., 2005) as well as the Generalized Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1993) was administered. The Satis-

faction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) and Affectometer 2 (short version) (AFM) (Kammann & Flett, 1983) were used to determine participants' well-being.

The CCES is a measure of an individual's perception of a community's ability to succeed in joint activities, in other words a "capacity analysis" of the community by the community (Carroll et al., 2005). The CCES measure for "Managing conflict" (Van Straten et al., 2008) was used for this study. The higher the score obtained in the CCES the stronger the feeling of belonging, and the higher the chance that the individual will be an activist in the relevant community (Carroll et al., 2005). Carroll et al. (2005) report an internal reliability of 0.86 for the CCES. The abridged version of the CCES was validated for use in the South-African context (Van Straten et al., 2008).

The GSE is a 10 item measure of the strength of an individual's belief in his/her ability to react successfully to difficult situations and his/her ability to cope with setbacks. GSE is defined as one's belief in your overall competence to achieve the necessary performances across a wide variety of achievement situations or as individuals' perception of their ability to perform across a variety of different situations (Chen, Gully, & Eden, 2001). General self-efficacy can be described as more of a trait-like general dimension of self-efficacy (Chen et al., 2001). The GSE is a 10-item scale, and a higher score on the GSE indicates a higher level of self-efficacy. Schwarzer and Jerusalem (1993) reported Cronbach alphas ranging between 0.82 and 0.93 for the GSE as well as favourable results regarding its construct validity.

The SWLS is a 5-item scale that measures a person's general satisfaction with life. The person's own criteria are used to assess quality of life on a cognitive-judgemental level. A score of 20 represents the neutral point on the scale (Ayyash-Abdo & Alamuddin, 2007). Scores between 5 and 19 indicate that the person is dissatisfied, and scores between 21 and 31 indicate satisfaction (Ayyash-Abdo & Alamuddin, 2007). The SWLS has a Cronbach alpha reliability index of 0.87 according to Diener et al. (1985). Wissing et al. (1999) reported acceptable reliability and validity for this scale in a South-African context.

The AFM 20-item form was used in the current study. The two subscales of the AFM are Positive Affect and Negative Affect, which together provide a general sense of a person's well-being. The overall level of affect balance (PNB) is indicated by the extent to which positive feelings (subscale AFM\_pa) predominate over negative feelings (subscale AFM\_na). This balance between positive and negative affect is determined in order to shed light on the level of psychological well-being on an affective level (Kammann & Flett, 1983). The Cronbach alpha reliability of the AFM was reported as ranging between 0.88 and 0.93 by Kammann and Flett (1983). In a study by Wissing et al. (1999), it was concluded that the scale is both valid and reliable within the South-African context.

### Procedure

This study cuts across the PURE-SA (Prospective Urban and Rural Epidemiological project – South Africa) and the FORT 2-project (Fortology: Understanding and promoting psychosocial health, resilience and strengths in an African context) (Wissing, 2006) conducted within AUTHeR (Africa Unit for Transdisciplinary Health Research) (Vorster, 2006). All questionnaires were translated into Setswana and then back translated into English. The two English versions of the test were then compared in a research committee approach (Van de

Vijver & Leung, 1997). No major problems were encountered during the translation process. Sixteen bilingual (English and Setswana) fieldworkers were recruited from the areas where the research was conducted to assist in data collection. As a number of participants from the deep rural areas were illiterate, fieldworkers were trained and assisted in obtaining informed consent, as well as the individual administration of the questionnaires in a structured interview format, which was conducted in participants' home language (Setswana).

The Ethics committee of the North-West University granted ethical approval for the PURE project (approval number 04M10), and the FORT 2 project (approval number 05K10) before data collection commenced. As this study is part of both the abovementioned projects, no further ethical approval was deemed necessary. Informed consent was obtained from all the participants prior to their participation. The personal information of the participants was treated as confidential at all times.

### Data Analysis

Regression analysis was calculated to show the degree to which self-efficacy and collective efficacy predicted the different measures of psychological well-being. The coefficient of determination ( $R^2$ ) is reported as a measure of the amount of variance explained by the independent variables (self-efficacy and collective efficacy) on the dependent variables (measures of psychological well-being). The effect size ( $f^2$ ) was calculated to indicate the practical significance of the influence of the independent variables on the dependent variables. A small effect is indicated by  $f^2 = .10$ , a medium effect by  $f^2 = .30$  and a large effect by  $f^2 = .50$  (Field, 2005). The standardised regression coefficient ( $\hat{\beta}$ ) was considered to determine the impact of the independent variables on the dependent variables. Lastly, the unstandardised regression coefficient (B) provided an indication of how the dependent variable changes in relation to the independent variable.

## Results

### Descriptive Statistics

Descriptive statistics for the GSE, CCES and the psychological well-being indicators for the group as a whole are presented in Table 1. The mean scores of the variables that were obtained in the different contexts are also included in Table 1, which allows for comparison between urban and rural subgroups. Differences in the total number of participants (N) are due to missing values, which led to some questionnaires being deleted during the process of cleaning the data set.

Correlations between the GSE, CCES and the measures of psychological well-being are also reported in Table 1. The GSE and CCES scores correlated at the 1% level of significance for the group as a whole. The implications this could hold for subsequent regression analysis will receive attention in the discussion section. Both the GSE and CCES also correlated significantly, and in expected directions, with the well-being indicators (AFM and SWLS) that were administered.

### Predicting Well-Being from Self-Efficacy

Regression analysis was subsequently used to calculate the degree to which self-efficacy and collective efficacy predict the different measures of psychological well-being in the total group, as well as in urban versus rural settings. In Table 2, the coefficient of determination ( $R^2$ ) is reported as a measure of the amount of variance of the dependent variables (measures of

Table 1  
Descriptive Statistics and Correlations for Variables

Variable	N	Min	Max	Mean	SD	1	2	3	4	5	
1. GSE <sup>Tot</sup>	981	10	40	27.83	4.46	1	-	-	-	-	
GSE <sup>Rural</sup>				27.72	4.19						
GSE <sup>Urban</sup>				28.03	4.87						
2. CCES <sup>Tot</sup>	1025	7	35	23.03	4.81	.377**	1	-	-	-	
CCES <sup>Rural</sup>				22.57	5.13						
CCES <sup>Urban</sup>				23.62	4.25						
3. AFM_pa <sup>Tot</sup>	1042	12	50	32.36	6.05	.395**	.179**	1	-	-	
AFM_pa <sup>Rural</sup>				31.40	5.48						
AFM_pa <sup>Urban</sup>				33.62	6.62						
4. AFM_na <sup>Tot</sup>	1042	10	50	26.70	6.43	-.133**	-.095**	-.290**	1	-	
AFM_na <sup>Rural</sup>				27.29	6.65						
AFM_na <sup>Urban</sup>				26.06	6.12						
5. SWLS <sup>Tot</sup>	1041	5	34	17.38	6.24	.200**	.115**	.333**	-.240**	1	
SWLS <sup>Rural</sup>				15.53	5.86						
SWLS <sup>Urban</sup>				19.84	5.94						

Note. CCES = GSE = Generalized Self-Efficacy Scale; Community Collective Efficacy Scale (abridged); AFM = Affectometer 2; AFM\_pa = Affectometer positive affect scale; AFM\_na = Affectometer negative affect scale; SWLS = Satisfaction With Life Scale; \*\*Correlations are significant at the 0.01 level (2-tailed)

psychological well-being) explained by the independent variables (self-efficacy as measured by the GSE and collective efficacy as measured by the CCES) in the total group, as well as the urban and rural subgroups respectively. Only results that were significant at the 5%-level or above are shown.

In the total group, self-efficacy explained 14.1% ( $t = 12.97$ ,  $p < .001$ ,  $\beta = .38$ ) of the variance in positive affect (AFM\_pa), 1.6% ( $t = 4.07$ ,  $p < .001$ ,  $\beta = .13$ ) of the variance in negative affect (AFM\_na) and 3.5% of the variance in satisfaction with life (SWL) ( $t = 6.14$ ,  $p < .001$ ,  $\beta = .19$ ). For the group as a whole, the standardised regression coefficient ( $\beta$ ) indicates that self-efficacy has the biggest impact and strongest relationship with AFM\_pa ( $\beta = .38$ ) compared to AFM\_na ( $\beta = -.13$ ) and SWL ( $\beta = .19$ ). The effect size ( $f^2$ ) also indicated that the influence of self-efficacy on AFM\_pa has the highest practical significance ( $f^2 = .16$ ) compared to its influence on AFM\_na ( $f^2 = .016$ ) and SWL ( $f^2 = .04$ ), even though it yielded only small effect.

**Urban residents.** Within the urban subgroup, self-efficacy only showed a significant relationship with the affective aspect of the participants' well being, explaining 15.3% ( $t = 6.86$ ,  $p < .001$ ,  $\beta = .34$ ) of the variance in positive affect (AFM\_pa) and 1.6% of the variance in negative affect (AFM\_na) ( $t = -2.68$ ,  $p < .01$ ,  $\beta = .13$ ). The influence of self-efficacy on AFM\_pa produced an  $f^2$  of .18, indicating a small to medium effect size, while the influence of self-efficacy on AFM\_na produced an  $f^2$  of .016, indicating a very small effect and almost no practical significance. Self-efficacy again showed the biggest impact on AFM\_pa ( $\beta = .34$ ). In the urban group, collective efficacy also showed a significant relationship with the participants' psychological well-being. Collective efficacy explained 5.8% ( $t = 5.16$ ,  $p < .001$ ,  $\beta = .24$ ) of the variance in satisfaction with life (SWL) and 16.2% of the variance in positive affect (AFM\_pa) ( $t = 2.15$ ,  $p < .05$ ,  $\beta = .12$ ). However, looking at the standardised regression coefficient ( $\beta$ ), it is indicated that collective efficacy had a weaker impact ( $\beta = .12$ ) on AFM\_pa than self-efficacy ( $\beta = .34$ )

in the urban context. With regard to the practical significance of these results, the influence of collective efficacy on SWL produced an  $f^2$  of .06, indicating a very small effect, while the influence of collective efficacy on AFM\_pa produces an  $f^2$  of .19, indicating a small to medium effect size.

**Rural residents.** In the rural group, self-efficacy was surprisingly the only significant contributor to variance in psychological well-being. Self-efficacy most strongly predicted positive affect (AFM\_pa), explaining 12.8% of its variance ( $t = 9.12$ ,  $p < .001$ ,  $\beta = .36$ ). It furthermore contributed significantly to the variance in negative affect (AFM\_na) and satisfaction with life (SWL), explaining 1.4% ( $t = -2.86$ ,  $p < .01$ ,  $\beta = -.12$ ) and 4% ( $t = 4.84$ ,  $p < .001$ ,  $\beta = .20$ ) of the variance respectively. The influence of self-efficacy on AFM\_pa yielded a practical significance of almost .20, which implies a small to medium effect and a lower practical significance for its influence on AFM\_na ( $f^2 = .016$ ) and SWL ( $f^2 = .04$ ).

From Table 2 it is evident that self-efficacy shows more or less the same impact on AFM\_pa in both the urban ( $\beta = .34$ ) and rural ( $\beta = .36$ ) contexts, and the same tendency is indicated for the strength of the relationship between self-efficacy and AFM\_na in the urban ( $\beta = -.13$ ) and rural ( $\beta = -.12$ ) contexts. As for the impact on psychological well-being, as measured on a cognitive judgemental level, it is interesting to note that collective efficacy and self-efficacy had a similar impact on SWL in the urban ( $\beta = .24$ ) and rural ( $\beta = .20$ ) areas respectively. Contrary to what was expected though, collective efficacy seems to be the stronger predictor of SWL in the urban context, and self-efficacy seems to be the stronger predictor of this measure of well-being in the rural context.

### Effects of Context

Looking at all the results from the regression analysis, it is clear that the influence of self-efficacy on AFM\_pa in the different contexts as well as for the group as a whole is the strongest

Table 2  
Stepwise Multiple Regression of predictors (GSE and CCES) of Psychological Well-Being

Context	Dependent Variable	Predictor Variable	Multiple	R <sup>2</sup>	B	Beta	f <sup>2</sup>	T	Significance
Urban	AFM_na	GSE	.13	.016	-.16	-.13	.016	-2.68	.01
	AFM_pa	GSE	.39	.153	.46	.34	.18	6.86	.001
		CCES	.40	.162	.17	.12	.19	2.15	.05
Rural	SWL	CCES	.24	.058	.33	.24	.06	5.16	.001
	AFM_na	GSE	.12	.014	-.19	-.12	.01	-2.86	.01
	AFM_pa	GSE	.36	.128	.47	.36	.15	9.12	.001
Total group	SWL	GSE	.20	.04	.28	.20	.04	4.84	.001
	AFM_na	GSE	.13	.016	-.18	-.13	.016	-4.07	.001
	AFM_pa	GSE	.37	.141	.51	.375	.16	12.97	.001
	SWL	GSE	.12	.035	.26	.19	.04	6.14	.001

Note. CCES = GSE = Generalized Self-Efficacy Scale; Community Collective Efficacy Scale (abridged); AFM = Affectometer 2; AFM\_pa = Affectometer positive affect scale; AFM\_na = Affectometer negative affect scale; SWLS = Satisfaction With Life Scale

and most practically significant. This is also confirmed by looking at the unstandardised regression coefficient (B), which provides an indication of how the dependent variable changes in relation to the independent variable. It is clear from Table 2 that self-efficacy has the most significant impact on positive affect in the urban (B = .46) and rural (B = .47) areas as well as for the group as a whole (B = .51), leading to a substantial increase in positive affect.

### Discussion

In this study, both the affective and cognitive aspects of the participants' perceived level of well-being was determined. In comparison to other studies on black South-Africans (Malebo, van Eeden & Wissing, 2007; Vorster et al., 2000), our group reported a lower level of affective well-being as measured with the AFM. The same pattern emerged regarding well-being on a cognitive-judgmental level, with our group reporting lower life satisfaction (SWL) scores than was observed in European (Swami et al., 2007), American (Steger & Kashdan, 2007), Eastern (Ayyash-Abdo & Alamuddin, 2007) and South African (Malebo et al., 2007; Vorster et al., 2000; Wissing & Van Eeden, 2002) contexts. In comparison to individuals from the rural context, urban participants reported higher levels of well-being as reflected by both affective and cognitive-judgmental measures. This might suggest a slight increase in psychological well-being as urbanisation takes place, and is in line with findings from the THUSA study, where it was found that psychological well-being, as measured by sense of coherence and SWL, seems to improve with urbanisation (Voster et al., 2000). Interestingly, it was found that the difference between urban and rural groups in our study with regard to their level of cognitive well-being was bigger than the difference in their affective well-being. The rural group's considerably lower level of life satisfaction could possibly be ascribed to their comparison of their own standard of living to that of individuals living in an urbanised context. This could be explained by social comparison theory, which posits that individuals evaluate their own circumstances, opinions and abilities by comparing themselves to others (Festinger, 1954). The differences in the rural and urban group's level of psychological well-being might also be attributed to different levels of service delivery, accessibility of resources and widespread pov-

erty and deprivation in rural areas. Irrespective of the plausibility of these explanations, our results indicated that individuals from an urban context experience more positive emotions, fewer negative emotions, and are more satisfied and content with their lives than people living in a rural area.

With regard to self-efficacy data, results from recent studies done in both individualistic and collectivistic societies using the GSE (Moeini et al., 2008; Pulford et al., 2005) noted slightly higher mean scores than was obtained in our study population. In comparison to previous South African studies (Malebo et al., 2007; Wissing & Van Eeden, 2002), our study population reported a comparable, albeit slightly lower level of perceived general self-efficacy. It has been argued that collective efficacy may be more relevant than self-efficacy for measuring efficacy beliefs in collectivist communities (Van Straten et al., 2008; Wang & Lin, 2007). In his cross-cultural study, Klassen (2004) for instance found that self-efficacy beliefs were higher among individuals from individualistic cultures than among individuals from more collectivistic cultures, and that the efficacy beliefs of a cultural group are modified through immigration or political changes. It was therefore interesting that the urban group in our study reported a higher level of self-efficacy, as well as a higher level of collective efficacy than the rural group. This important finding indicates that individuals retain aspects of their collective cultural orientation when they move from a traditional collectivistic context setting to a more Westernised, individualistic setting. It also underscores the importance of avoiding oversimplification in terms of differences between so-called individualistic and collectivist societies, as these differences are often not as clear cut in South African communities as they appear to be in the cross-cultural research studies done elsewhere.

Correlational analysis showed a strong relationship to exist between efficacy beliefs and psychological well-being, which is in line with current literature in this regard (Bandura, 1997; Karademas, 2006; Sui et al., 2007). Regression analysis shed some light on the differential influence of self-efficacy and collective efficacy on psychological well-being in urban and the rural contexts. Interestingly, our findings showed that self-efficacy had a significant influence on the psychological well-being of individuals in a rural context, and that this influence remains as urbanisation takes place. Collective efficacy was also found to

play a bigger role in the urban context than in the rural context. In fact, it was only in the urban context where collective efficacy had a significant influence on the measures of psychological well-being. These findings suggest that participants in an urban environment not only still attach value to collective efficacy, but that they have an even greater need for it and attach more value to it when finding themselves in an urban, and perhaps more Westernised context.

It should also be noted that the statistical correlation between self-efficacy and collective efficacy was found to be high and significant. Similar results were reported by Van Straten et al. (2008). This could suggest that, within this group of individuals, a person's sense of "I-ness" as measured with the GSE, is strongly intertwined with his/her sense of "we-ness" as measured with the CCES. As Van Straten et al. (2008) commented in their study, collective-efficacy might in many ways be an extension of self-efficacy. One possible implication of this is that the possibility of multi-collinearity cannot be ruled out when considering the results of the regression analysis. The important question raised by these results is therefore not whether a person has a stronger sense of self-efficacy or collective efficacy, but what the dynamic interplay between these constructs are, and how this will influence individual well-being in different cultural contexts.

### Conclusion

The aim of this study was to determine the differential influence of self- and collective efficacy on the psychological well-being of individuals within a community in transition. Our results show that self-efficacy is a stronger predictor of well-being than collective efficacy in both urban and rural settings. The importance of community collective efficacy was also found not to be exclusive to traditional cultural settings, but actually increased in importance within urbanised settings. The importance of this finding lies in the way it challenges oversimplified categorization of individuals into 'cultural groups', as in often found in existing literature. The assumption often found in literature that a collectivistic cultural orientation automatically predominates among individuals from African descent is clearly an overgeneralization, even for those who find themselves in traditional rural settings. Our results also suggest that the process of urbanization does not automatically lead to a decrease in psychological well-being, and certainly does not involve the adoption of Western values at the expense of traditionally held beliefs.

Our results furthermore suggest that the constructs of self- and collective efficacy is clearly not mutually exclusive, and in fact seem to be interwoven and interdependent in its influence on the psychological well-being of individuals who find themselves in the process of transition. A practical implication or our results is that interventions aimed at raising either self-efficacy or collective efficacy of groups in transition should result in higher levels of well-being and possibly better adjustment during the urbanisation process. It is recommended that qualitative studies be conducted with the aim to further explore the perceptions and experiences of individuals in transition on this matter.

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