# Self-efficacy, collective efficacy and the psychological well-being of groups in transition

Sarah Milne Roos

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## TABLE OF CONTENTS

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## 2. SUMMARY

## Self-efficacy, collective efficacy and the psychological well-being of groups in transition

**Key words**: African context, cultural context, self-efficacy, collective efficacy, psychological well-being, urbanisation.

The rapid rate of urbanisation, which is characteristic of the current South African context, could have important consequences for the psychological and physiological health of individuals (Malan et al., 2008; Vorster et al., 2000). Communities in transition face challenges that influence every component of human functioning (Choabi & Wissing, 2000; Malan et al., 2008; Van Rooyen et al., 2002; Vorster et al., 2000). Self-efficacy and collective efficacy are among the constructs that have been shown to contribute to psychological well-being, and can serve as buffers that could make this process of adaption easier for communities in the process of urbanisation (Bandura, 1997; Karademas, 2006; Sui, Lu, & Spector, 2007).

Previously, a variety of studies have focused on self-efficacy and collective efficacy in other Western and Eastern contexts. There is however little information on the impact that these constructs have within an African context, and especially on the well-being of individuals finding themselves in these communities in transition. As it has been demonstrated that contextual and cultural factors may influence the manifestation of psychological well-being (Cohen, Inagami, & Finch, 2008; Temane & Wissing, 2008; Wissing, & Temane, 2008; Wissing, Wissing, Du Toit, & Temane, 2006), more context-specific research is called for. Increased knowledge of self-efficacy and collective efficacy and how it manifests in the African context could help with the promotion of the psychological well-being of groups in transition. Thus, the purpose 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.

Participants were selected from a traditionally more collectivistic South-African cultural context. The research sample consisted of 1050 Setswana-speaking participants from both urban and rural

areas. They completed measures including the Community Collective Efficacy Scale (abridged) (CCES) (Carroll, Rosson, & Zhou, 2005), the Generalized Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1993), the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) and the Affectometer 2 (short version) (AFM) (Kammann & Flett, 1983). The SWLS and AFM were used to measure the psychological well-being on cognitive judgemental and affective levels respectively. Descriptive statistics shed some light on the levels of self-efficacy, collective efficacy and psychological well-being within this community.

Correlation analysis was done to test the relationship between self-efficacy, collective efficacy and psychological well-being, and regression analysis was conducted to show the degree to which self-efficacy and collective efficacy successfully predict the levels of psychological well-being in rural and urban contexts. Available literature (e.g., Klassen, 2004) suggests that collective values and shared beliefs would be more important to individuals living within rural areas because of their assumed traditional collectivistic orientation, and that individuals from urban areas will take on more individualistic values as urbanisation takes place. To test this assumption, it was hypothesized that collective efficacy would be a better predictor of psychological well-being than self-efficacy in the rural context, and that self-efficacy will be a better predictor of psychological well-being than collective efficacy in the urban context.

The results indicated that although the group as a whole experience slightly lower psychological well-being than that reported in previous studies, it seemed that psychological well-being might actually increase as urbanisation takes place. Satisfaction with life (SWL) seemed to be more strongly associated with urbanisation than affective well-being. The rural group's considerably lower SWL could possibly be explained by the perception of these individuals that people living in an urban environment have a better quality of life.

While the level of self-efficacy reported for the group as a whole was found to be comparable, albeit slightly lower than results from previous studies, there were no relevant studies with which to compare our participant group's level of collective efficacy. Individuals living in an urban setting reported higher levels of self-efficacy and collective efficacy compared to the rural group.

This might indicate that individuals who move from a rural to an urban setting do not necessarily adopt individualistic values at the cost of their collectivistic cultural orientation, and in fact have more confidence in their individual and conjoint capabilities to achieve their goals. It was found that a significant relationship seemed to exist between self-efficacy, collective efficacy and the measures of psychological well-being, which suggests a dynamic interplay between these two constructs. Results showed that these individuals' beliefs in their individual ability, self-actualization and personal identity are important for their maintained well-being, and is strongly linked to their shared beliefs in the group's conjoint capabilities.

Results from the regression analysis showed that, in contradiction to the above hypothesis, self-efficacy had a significant influence on the prediction of psychological well-being for the group as a whole as well as in the rural context. Interestingly, collective efficacy had a significant influence on the variance in psychological well-being in the urban area. The effect of efficacy beliefs on affective well-being seemed to stay the same irrespective of the context, while collective efficacy gained importance in the prediction of SWL in the urban context. This indicates that individuals from the urban context might attach even more value to their collective orientation when they move from the traditional collectivistic setting to a more individualised setting where collectivism is not a given anymore and they have to consciously work towards it.

In conclusion it can be said that efficacy beliefs remain important factors in the prediction of psychological well-being for individuals irrespective of the process of urbanisation or in which context they find themselves. The practical implication is that raising either self-efficacy or collective efficacy will lead to increased psychological well-being and possibly better adjustment during the urbanisation process. Although these results provided some answers, a number of questions were raised about widely held assumptions regarding the cultural orientation of individuals and the effect of urbanisation on cultural value systems.

## 3. OPSOMMING

### Selfdoeltreffendheid, kollektiewe doeltreffendheid en die psigologiese welstand van groepe in oorgang

**Sleutelwoorde:** Afrika-konteks, kulturele konteks, selfdoeltreffendheid, kollektiewe doeltreffendheid, psigologiese welstand, verstedeliking.

Die vinnige tempo van verstedeliking wat kenmerklik is aan die huidige Suid-Afrikaanse konteks hou belangrike gevolge vir die psigologiese en fisiologiese gesondheid van individue in (Malan et al., 2008; Vorster et al., 2000). Gemeenskappe in die proses van oorgang ervaar uitdagings wat 'n invloed het op elke aspek van menslike funksionering (Choabi & Wissing, 2000; Malan et al., 2008; Van Rooyen et al., 2002; Voster et al., 2000). Studies dui daarop dat selfdoeltreffendheid en kollektiewe doeltreffendheid van die konstrukte is wat kan bydra tot die bevordering van psigologiese welstand (Bandura, 1997; Karademas, 2006; Sui, Lu, & Spector, 2007). Hierdie konstrukte kan moontlik dien as buffers wat die proses van aanpassing kan vergemaklik vir groepe in oorgang. Verskeie studies het in die verlede meestal gefokus op selfdoeltreffendheid en kollektiewe doeltreffendheid in ander Westerse en Oosterse kontekste.

Daar is egter 'n tekort aan inligting rakende die impak van hierdie konstrukte in 'n Afrika-konteks en veral die impak op individue wat hulself in groepe in oorgang bevind. Verder is daar bewys dat kontekstuele en kulturele faktore die manifestasie van psigologiese welstand kan beïnvloed, dus is daar 'n behoefte aan meer konteks-spesifieke navorsing (Cohen, Inagami, & Finch, 2008; Temane & Wissing, 2008; Wissing, & Temane, 2008; Wissing, Wissing, Du Toit, & Temane, 2006). Uitbreiding van kennis oor selfdoeltreffendheid, kollektiewe doeltreffendheid en hoe dit manifesteer in 'n Afrika-konteks kan bydra tot die bevordering van psigologiese welstand van individue in die proses van verstedeliking. Dus was die doel van hierdie studie om die differensiële invloed van self- en kollektiewe doeltreffendheid op die psigologiese welstand van individue wat deel is van 'n gemeenskap in oorgang te bepaal.

Deelnemers is geselekteer vanuit 'n tradisioneel meer kollektivistiese Suid-Afrikaanse kulturele konteks. Die navorsingsteekproef het bestaan uit 1050 Setswana-sprekende deelnemers vanuit beide plattelandse en stedelike areas. Meetinstrumente soos die *Community Collective Efficacy Scale* (abridged) (CCES) (Carroll, Rosson, & Zhou, 2005), die *Generalized Self-Efficacy Scale* (GSE) (Schwarzer & Jerusalem, 1993), die *Satisfaction with Life Scale* (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) en die Affectometer 2 (short version) (AFM) (Kammann, & Flett, 1983) is deur die deelnemers voltooi.

Die SWLS en AFM is gebruik om die psigologiese welstand van die groep op onderskeidelik 'n kognitief-beoordelende en affektiewe vlak te meet. Beskrywende statistiek werp lig op die vlakke van selfdoeltreffendheid, kollektiewe doeltreffendheid en die psigologiese welstand van die gemeenskap. Statistiese korrelasies is bereken om die verhouding tussen selfdoeltreffendheid, kollektiewe doeltreffendheid en psigologiese welstand te bepaal en regressie-analise is uitgevoer om te bepaal tot watter mate selfdoeltreffendheid en kollektiewe doeltreffendheid suksesvol die vlakke van psigologiese welstand in die plattelandse en stedelike kontekste voorspel. Beskikbare literatuur (o.a. Klassen, 2004) stel voor dat kollektiewe waardes en gedeelde gelowe belangriker sou wees vir individue vanuit 'n plattelandse area as gevolg van hulle veronderstelde tradisionele kollektivistiese oriëntasie. Individue vanuit stedelike areas, daarenteen, sou meer individualistiese waardes aanneem soos wat verstedeliking plaasvind. Om hierdie aanname te toets is die hipotese gestel dat kollektiewe doeltreffendheid 'n beter voorspeller van psigologiese welstand sou wees as selfdoeltreffendheid in die plattelandse konteks, en dat selfdoeltreffendheid 'n beter voorspeller van psigologiese welstand sou wees as kollektiewe doeltreffendheid in die stedelike konteks.

Resultate het aangedui dat alhoewel die groep as 'n geheel 'n effens laer vlak van psigologiese welstand rapporteer in vergelyking met ander studies, dit blyk dat psigologiese welstand moontlik verhoog soos verstedeliking plaasvind. Dit is bevind dat lewenstevredenheid (SWL) die sterkste deur verstedeliking beïnvloed word. Die plattelandse groep se beduidende laer lewens-tevredenheid (SWL) kan moontlik verklaar word deur dié individue se persepsie dat mense wat in stedelike areas leef 'n beter lewenskwaliteit het. Selfdoeltreffendheid soos deur die totale

groep gerapporteer was vergelykbaar, dog effens laer as vir groepe uit vorige studies. Daar was egter geen relevante studies beskikbaar om die groep se kollektiewe doeltreffendheid mee te vergelyk en dit sodoende in konteks te plaas nie. In vergelyking met die plattelandse groep het individue wat hulself in 'n stedelike area bevind hoër vlakke van self- en kollektiewe doeltreffendheid gerapporteer. Hierdie bevindinge dui moontlik daarop dat individue wat van 'n plattelandse na 'n stedelike area verhuis nie noodwendig individualistiese waardes aanneem ten koste van hulle tradisionele kollektivistiese kulturele oriëntasie nie. In teendeel, dit blyk dat individue van die stedelike konteks meer vertroue in hulle individuele sowel as gesamentlike vermoë het om hulle doelwitte te bereik.

Resultate dui daarop dat daar 'n betekenisvolle verhouding bestaan tussen selfdoeltreffendheid, kollektiewe doeltreffendheid en die meetinstrumente van psigologiese welstand. Dit stel voor dat daar 'n dinamiese interverwantskap tussen self- en kollektiewe doeltreffendheid bestaan. Dus is die beoordeling van individuele vermoëns, self-aktualisering en persoonlike identiteit vir hierdie groep belangrik vir die instandhouding van hulle welstand. Dit is ook baie nou verbind aan gedeelde geloof in die groep se gesamentlike vermoëns om hul doelstellings te bereik. Resultate van die regressie-analise dui daarop dat, teenstrydig met die bogenoemde hipotese, selfdoeltreffendheid 'n betekenisvolle invloed gehad het op die voorspelling van psigologiese welstand vir die algehele groep, sowel as in die plattelandse area. Kollektiewe doeltreffendheid het 'n betekenisvolle invloed op die variansie in psigologiese welstand in die stedelike area getoon. Die effek van doeltreffendheid op affektiewe welstand blyk dieselfde te bly ongeag die konteks, terwyl dit voorkom of kollektiewe doeltreffendheid belangriker raak in die voorspelling van SWL in die stedelike area. Die resultate dui daarop dat individue vanuit die stedelike konteks moontlik selfs meer waarde heg aan hulle kollektivistiese oriëntasie wanneer hulle verhuis van die tradisionele kollektivistiese konteks na 'n meer geïndividualiseerde konteks waar kollektivisme nie meer 'n gegewe is nie en hulle dit bewustelik moet nastreef.

Die gevolgtrekking kan gemaak word dat selfdoeltreffendheid en kollektiewe doeltreffendheid beide belangrike faktore bly vir die voorspelling van psigologiese welstand van individue ongeag van die proses van verstedeliking of in watter konteks hulle hulleself bevind. Die praktiese

implikasie is dat die verhoging van self- of kollektiewe doeltreffendheid lei na verhoogde psigologiese welstand en moontlik beter aanpassing tydens die proses van verstedeliking. Alhoewel hierdie resultate sommige vrae beantwoord bring dit verskeie nuwe vrae na vore rakende aannames oor die kulturele oriëntasie van individue en die effek van verstedeliking op kulturele waardesisteme.

# 4. PREFACE

## 4.1. Article format

For purposes of this mini-dissertation, which is part of the requirements for a professional master's degree, the article format as described by General Regulation A.13.7 of the North-West University was chosen.

## 4.2. Selected Journal

The target journal for publication is the South African Journal of Psychology. The manuscript as well as the reference list has been styled to the journal's specifications, which includes the APA (American Psychological Association) reference style.

## 4.3. Letter of Consent

We, the co-author(s), hereby give our consent that Sarah Milne Roos submit the manuscript for the purposes of a mini-dissertation. It may also be submitted to the *South African Journal of Psychology* for publication.

| | |
|---|---|
| Dr J.C. Potgieter | Prof. Q.M. Temane |
| Supervisor | Co-Supervisor |

## 5. MANUSCRIPT

# Self-efficacy, collective efficacy and the psychological well-being of groups in transition

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## 5.1. Instructions to authors

# SOUTH AFRICAN JOURNAL OF PSYCHOLOGY

### Submitting a manuscript

SAJP is a peer-reviewed journal publishing empirical, theoretical and review articles on all aspects of psychology. Articles may focus on South African, African or international issues. Manuscripts to be considered for publication should be e-mailed to sajp@unisa.ac.za. Include a covering letter with your postal address, email address, and phone number. The covering letter should indicate that the manuscript has not been published elsewhere and is not under consideration for publication in another journal. An acknowledgement of receipt will be e-mailed to the author within a few days and the manuscript will be sent for review by three independent reviewers. Incorrectly structured or formatted manuscripts will not be accepted into the review process.

### Manuscript structure

- The manuscript should be no longer than 30 pages and no shorter than 10 pages.
- **First page:** The full title of the manuscript, the name(s) of the author(s) together with their affiliations, and the name, address, and e-mail address of the author to whom correspondence should be sent.
- **Second page:** The abstract, formatted as a single paragraph, and no longer than 300 words. A list of at least six key words should be provided below the abstract, with semi-colons between words.
- **Subsequent pages:** The text of the article. The introduction to the article does not require a heading.
- **Concluding pages:** A reference list, followed by tables and figures (if any). Each table or figure should be on a separate page. Tables and figures should be numbered consecutively and their appropriate positions in the text indicated. Each table or figure should be provided with a title (e.g., Figure 1. Frequency distribution of critical incidents). The title should be placed at the top for tables and at the bottom for figures.

**Manuscript format**

- The manuscript should be an MS Word document in 12-point Times Roman font with 1.5 line spacing. There should be no font changes, margin changes, hanging indents, or other unnecessarily complex formatting codes.
- American Psychological Association (APA) style guidelines and referencing format should be adhered to.
- Headings should start at the left margin, and should not be numbered. All headings should be in **bold**. Main headings should be in **CAPITAL LETTERS**.
- A line should be left open between paragraphs. The first line of a paragraph should not be indented.
- Use indents only for block quotes.
- In the reference list, a line should be left open above each reference. Do not use indents or hanging indents in the reference list.

**Language and punctuation**

Manuscripts should be written in English. As the SAJP does not employ a full-time or dedicated language editor, authors are requested to send their manuscripts to an external language specialist for language editing before submission.

# SELF-EFFICACY, COLLECTIVE EFFICACY AND THE PSYCHOLOGICAL WELL-BEING OF GROUPS IN TRANSITION

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**Abstract**

**SELF-EFFICACY, COLLECTIVE EFFICACY AND THE PSYCHOLOGICAL WELL-BEING OF GROUPS IN TRANSITION**

**Key words**: African context, cultural context, self-efficacy, collective efficacy, psychological well-being, urbanisation.

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. A cross-sectional survey design was used to draw a sample of 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) (abridged) (Carroll, Rosson, & Zhou, 2005) and the Generalized Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1993) was administered as well as several measures of psychological well-being. Results indicated that the group reported a slightly lower level of psychological well-being compared to previous groups. Participants from the urban context reported higher scores than participants from the rural context on the measures of psychological well-being. The level of self-efficacy of the group was comparable but slightly lower than in other studies. A slightly higher level of self-efficacy and collective efficacy was reported in the urban versus the rural area. It was determined that a strong and significant relationship seemed to exist between self-efficacy and collective efficacy, and between self-efficacy, collective efficacy and the measures of psychological well-being. Results showed that only self-efficacy contributed meaningfully to the psychological well-being of the whole group and in the rural area, while collective efficacy contributed significantly to the variance of psychological well-being in the urban area. It was concluded that efficacy beliefs, although rated differently, remain important factors in the prediction of psychological well-being in both contexts. Raising either self-efficacy or collective efficacy will lead to higher psychological well-being and possibly better adjustment during the urbanisation process. Widely held assumptions about the implications of urbanisation on cultural orientation were challenged by this study.

## SELF-EFFICACY, COLLECTIVE EFFICACY AND THE PSYCHOLOGICAL WELL-BEING OF GROUPS IN TRANSITION

The South African context has recently been characterised by rapid urbanisation, especially of [1]Africans leaving underdeveloped rural areas to seek a better life in urban and developed settings (Malan et al., 2008; Vorster et al., 2000). The process of urbanisation has a big impact on the overall functioning of individuals and groups in transition. Some of the changes or transitions associated with urbanisation include physical changes, such as changes in dietary intake and exposure to new diseases (Choabi & Wissing, 2000). Socio-economic changes, for example a loss of status or new employment opportunities which might call for changes of roles within the family, may also take place (Choabi & Wissing, 2000). Cultural changes can come to the fore in what is eaten or worn, language shifts and alterations to fundamental value systems (Choabi & Wissing, 2000). Individuals who have grown up in one cultural context and who attempt to re-establish their lives in another cultural context often undergo a process of acculturation. Acculturation results in changes occurring in beliefs, value orientations and behaviour (Guarnaccia & Rodriguez, 1996).

According to Vorster et al. (2000), this lifestyle and cultural shift is associated with a health or epidemiological transition, which could have both detrimental and beneficial effects on mental and physical health. Some advantages associated with urbanisation is that it gives individuals better access to health care facilities which leads to fewer people experiencing undiagnosed chronic illnesses such as hypertension and diabetes. In addition, improved socioeconomic circumstances, measured in terms of income and education level, is sometimes associated with urbanisation, as was shown in the THUSA study (Vorster et al., 2000). In the THUSA study it was also found that psychological well-being, as measured by an individuals' sense of coherence and satisfaction with life, seemed to improve with urbanisation (Vorster et al., 2000).

[1] Note: Any use of the term "African(s) &/ context" during the course of this manuscript is made in reference to the South African group of Setswana-speaking Africans who participated in this research.

In contrast, the detrimental effects of urbanisation have been found to include an increased prevalence of a variety of biological markers of cardiovascular disease for people in developing populations. This includes obesity, hypertension and increased serum cholesterol levels (Malan et al., 2008; Van Rooyen et al., 2002; Vorster et al., 2000).

In the past, it was thought that urbanisation inevitably resulted in physical, social and psychological problems (Berry, 1994; Sue, 2000). These expected negative outcomes of urbanisation could be ascribed to an elevated level of stress in many cases (Seedat, 2000). It has been found that the transition from a rural area, which involves a system of cultural uniformity, to an unfamiliar disrupted environment during urbanisation, may result in a stressful experience because of the abandonment of a traditional way of life and cultural beliefs (Malan et al., 1996). When individuals are exposed to frequent or ongoing stressful life events, they may exhibit persistent psychological and physiological changes that may adversely affect their health, including the development of cardiovascular disease (Musante et al., 2000). Both the physiological, social and psychological outcomes of transition involve stress, which necessitates that the individual in transition must develop an adaptive strategy to cope with the situation.

In the relatively new movement of positive psychology, it was found that certain factors could act as buffers against stress or mediate the relationship between stress and psychological well-being (Ryff, Singer, & Dienberg Love, 2004). According to positive psychology, psychologically healthy individuals generally experience life as manageable, understandable and meaningful even if it is frightening (Ryff et al., 2004). These individuals will automatically be flexible when coming to problem solving, which gives the individual less stress and contributes to emotional stability and general satisfaction with life.

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 is 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). Self-efficacy is an agentic construct that affects human functioning in

numerous ways. For example, high self-efficacy is related to the regulation of the stress process, to a higher self-esteem, better physical condition, better well-being and better adaptation to and recovery from acute and chronic diseases (Devonport & Lane, 2006; Karademas, 2006). Self-efficacy impacts the relationship between stressors and strains because individuals with high self-efficacy are more likely to believe that they can maintain high levels of performance despite the presence of stressors (Sui et al., 2007).

More recently, as an alternative to self-efficacy, collective efficacy has also 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 level of effort, persistence, and achievement (Bandura, 1997; Carroll, Rosson, & Zhou, 2005; Cohen, Inagami, & Finch, 2008). Collective efficacy, like self-efficacy, shows a direct positive relationship with psychological well-being (Sui et al., 2007).

The above-mentioned research on self-efficacy and collective efficacy was mainly done in a Western and thus individualistic context. It has however been 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). Vorster et al. (2000) suggest in their study that there is a gap in the understanding of psychological strengths, and the possible role that it plays in determining psychological well-being in an African cultural context, and suggest that the possible role of psychological strengths, as mediating variables to psychological well-being, should be further explored within the African context. It could be expected that patterns of psychological well-being could differ in individualist and collectivist cultural contexts, as has indeed been found in recent 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 are more individualist, and black South Africans more collectivist in their cultural orientation. Some research 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).

Within the South African context, characterized by rapid urbanisation, there is a tendency for black people to adopt a relatively more individualistic value system in some instances (Wissing et al., 2006). Thus, a blending of cultural practices is taking place in this shift from a rural to urban context. The cultural group, from which participants for the current study had been selected, was traditionally viewed as having a more collectivistic value system. When considering the rapid rate of urbanisation, however, it is unknown to what extent this group in transition have taken on a more individualistic value system. Because of the shift in context and blend of individualism and collectivism, it cannot be assumed that high or low self- and collective efficacy beliefs will have the same effect on psychological well-being in South Africa as in other Western or Eastern contexts. The question can thus be asked: How will self-efficacy and collective efficacy manifest in a South-African context, and what impact will it have on the psychological well-being of individuals in the process of urbanisation?

In summary, it can be said that African groups who are in transition, are experiencing serious challenges that might have an influence on every component of their functioning. Self-efficacy and collective efficacy are constructs that have been shown to contribute to psychological well-being, and could serve as buffers that can make this process of adaptation easier for urbanising communities. There is, however, little information on these constructs within communities in transition, especially on the way in which urbanisation influences the importance of self-efficacy and collective efficacy, and its impact on psychological well-being. As research has also shown that efficacy can be enhanced by modelling the successful performance of similar others (Bandura, 1997), increased knowledge of self-efficacy and collective efficacy and how it

manifests in the African context could help with the promotion of the psychological well-being of groups in transition.

Consequently, the purpose of this study is to determine the differential influence of self- and collective efficacy on the psychological well-being of individuals within a community in transition. Specific objectives are to determine (1) How self-efficacy and collective efficacy manifest in an African context (2) the impact of self-efficacy and collective efficacy on the psychological well-being of individuals in the process of urbanisation and (3) if self-efficacy and collective efficacy could act as mediators or buffers between stress and well-being during transition.

## METHOD

### Design

A cross-sectional survey design was used in this study. It was a quantitative study and secondary data analysis was performed.

### Participants

The participants who were selected are part of the South African leg of the PURE (Prospective Urban and Rural Epidemiology) project that is being conducted internationally in 16 countries over a period of 12 years. A convenience sample of Setswana-speaking participants (N=1050) from both urban (n=451) and rural (n=599) areas of the North-West Province was recruited. 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 Tlakgameng (a deep rural settlement located 35 kilometres from Ganyesa). The sample was made up 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**

**Community Collective Efficacy Scale (abridged) (CCES)** (Carroll et al., 2005). The Community Collective Efficacy Scale (CCES) measures the community's perceived ability to succeed in joint activities, in other words a "capacity analysis" of the community by the community (Carroll et al., 2005). The construct collective efficacy extends self-efficacy to groups, referring to beliefs about shared capacities in specific domains. According to Carroll et al. (2005) community efficacy beliefs will influence the community's tendencies toward community-oriented behaviours, including the planning and use of shared resources, and a willingness to persist in the face of internal conflicts, political challenges, or social concerns.

The CCES measures four factors related to community collective efficacy namely, "Managing conflict", "Development", "United action" and "Social services". As the original 9-item scale was developed for a community computing context, only seven items were selected from the original CCES for use in the present study as the rest of the items in the scale by Carroll et al. (2005) were not relevant to community collective efficacy (Van Straten et al., 2008). Items were selected that had a bearing on normative community functioning in terms of "managing tradeoffs and conflicts" (Van Straten et al., 2008). 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 recently validated for use in the South-African context (Van Straten et al., 2008).

**Generalized Self-Efficacy Scale (GSE)** (Schwarzer & Jerusalem, 1993). The GSE provides measurement 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 one's 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 generality dimension of self-efficacy (Chen et al., 2001). The GSE is a 10-item scale. 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.

**Satisfaction with life scale (SWLS)** (Diener, Emmons, Larsen, & Griffin, 1985). The SWLS is a 5-item scale that measures the 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.

**Affectometer 2 (short version) (AFM)** (Kammann & Flett, 1983). The AFM exist in a short 20-item form and a long 40-item form. In this study, the 20-item form was used. General happiness or a general sense of well-being is measured by the AFM. Positive Affect (pa) and Negative Affect (na) are the two sub-scales that make up the AFM. 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 (PNB) 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 – South Africa project) 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). Data used in this study was gathered in 2005. 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). Sixteen fieldworkers were recruited from the areas where the research was conducted. They were trained and assisted in the administration of the questionnaires in a structured interview format. The fieldworkers were capable of speaking and understanding both English and Setswana. Data gathering was completed in Setswana.

**Data Analysis**

Computations were done for the group as a whole as well as for the urban and rural groups respectively. Descriptive statistics were calculated in order to report the level of psychological well-being and self- and collective efficacy for the group as a whole and to compare the scores of the different variables in the urban and rural subgroups. Correlations were calculated to test the relationship between self-efficacy, collective efficacy and measures of psychological well-being in this study for the urban and rural group respectively. Field (2005) suggests that effect sizes of these correlations are an important consideration as they show the extent of the size of observed effect. A small effect ($r = .10$) is equivalent to an explanation of 1% of variance, a moderate one ($r = .30$) is equivalent to 9% of variance and a large effect ($r = .50$) is equivalent to 25% of variance. Regression analysis was calculated to show the degree to which self-efficacy and collective efficacy predict 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 $f^2 = .50$. The standardised regression coefficient ($\beta$) 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.

**Ethical Aspects**

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

## RESULTS

### Descriptive statistics

Descriptive statistics and correlations between 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.

Respondents' mean score on the GSE was 27.83 (SD = 4.46). A higher score on the GSE indicates a higher level of general self-efficacy. Results show that participants from the urban context (m = 28.03, SD = 4.87) have a slightly higher level of self-efficacy than participants from the rural setting (m = 27.72, SD = 4.19).

The mean score reported for the Community Collective Efficacy Scale (CCES), which ranges from 7 to 35, was 23.03 (SD = 4.81) for the group as a whole. As with the GSE-results, it was found that participants living in the urban areas have a slightly higher mean level of collective efficacy (m = 23.62, SD = 4.25) compared to their rural counterparts (m = 22.57, SD = 5.13).

Measures of participants' psychological well-being included the Affectometer 2 (AFM2) (Kammann & Flett, 1983), which provides information on these individuals' affective functioning. Respondents' mean level of positive affect was 32.36 (SD = 6.05) on a scale ranging from 12 to 50 and the mean level of negative affect was 26.70 (SD = 6.43) on a scale ranging

from 10 to 50, rendering a PNB of 5.66. PNB describes the level of affect balance, which is calculated by subtracting AFM_na (negative affect) from AFM_pa (positive affect) (Kammann & Flet, 1983). This is seen as an indication of the extent of well-being experienced on an affective level. Although these scores suggest that the participants experience more positive than negative affect, the PNB is low according to the guidelines suggested by Kammannn and Flett (1983). In comparison to their rural counterparts, it was found that participants living in an urban context experience slightly higher levels of positive affect and slightly lower levels of negative affect. Thus the urban participants also had a higher affect balance of 7.56 than the participants from the rural areas 4.11. This could be taken as an indication that the urban participants experience a higher degree of affective well-being than people living in a rural context do.

The degree of participants' well-being on a cognitive-judgmental level was measured with the Satisfaction with Life Scale (SWLS) (Diener et al., 1985). Perhaps the most telling of the psychological well-being scores, the mean score for the group as a whole was 17.38 (SD = 6.24) on a scale ranging from 5 to 34, indicating that the participants were rather dissatisfied with their lives. The mean score in the urban setting (m = 19.84, SD = 5.94) indicates a rather neutral stance with regard to the level of satisfaction with their lives. In contrast, the mean score in the rural setting was considerably lower (m = 15.53, SD = 5.86), indicating dissatisfaction and lower well-being experienced by those who find themselves in a rural context.

[Table 1]

**Correlation analysis**

Correlations between the GSE, CCES and the measures of psychological well-being that were included in this study are also reported in Table 1. All the correlations were found to be statistically significant ($p < .01$). As expected, AFM_pa showed a statistically significant positive correlation with life satisfaction ($r = .33$, $df = 1039$, $p < .01$), while AFM_na showed a negative correlation with the SWLS-score ($r = -.24$, $df = 1039$, $p < .01$). It is interesting to note that a statistically significant positive correlation seems to exist between self-efficacy and collective efficacy ($r = .38$ $df = 979$, $p < .01$). As would be expected from existing literature in this regard,

the participants' SWLS-score showed positive correlations with both their levels of self-efficacy ($r = .2$, $df = 1039$, $p < .01$) and collective efficacy ($r = .12$, $df = 1039$, $p < .01$). Positive affect (AFM_pa) also showed positive correlations with self-efficacy ($r = .4$, $df = 1040$, $p < .01$) and collective efficacy ($r = .18$, $df = 1040$, $p < .01$). These results indicate that psychological well-being on both the affective and cognitive judgmental levels is positively correlated with both self-efficacy and collective efficacy. In line with the above, the negative affect (AFM_na) correlated negatively with both self-efficacy ($r = -.13$, $df = 1040$, $p < .01$) and collective efficacy ($r = -.10$, $df = 1040$, $p < .01$). Although these correlations suggest that both self- and collective efficacy are positively related to the experience of well-being on both cognitive and affective levels, they do not allow for the determination of the differential influence that these constructs may have on psychological well-being in urban versus rural contexts.

**Regression analysis**

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 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.

[Table 2]

In the total group, self-efficacy explained 14.1% ($t = 12.97$, $p < .001$, $\beta = .38$) of the variance in AFM_pa, 1.6% ($t = 4.07$, $p < .001$, $\beta = .13$) of the variance in AFM_na and 3.5% of the variance in 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 still yields a small effect.

Within the urban group, self-efficacy only showed a significant relationship with the affective aspect of the participants' well being, explaining 15.3% (t = 6.86, p < .001, β = .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, β = .13). The influence of self-efficacy on AFM_pa produces an $f^2$ of .18, indicating a small to medium effect size, while the influence of self-efficacy on AFM_na produces 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 (β = .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, β = .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, β = .12). However, looking at the standardised regression coefficient (β), it is indicated that collective efficacy had a weaker impact (β = .12) on AFM_pa than self-efficacy (β = .34) in the urban context. With regard to the practical significance of these results, the influence of collective efficacy on SWL produces 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.

In the rural group, self-efficacy was 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, β = .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, β = -.12) and 4% (t = 4.84, p < .001, β = .20) of the variance respectively. The influence of self-efficacy on AFM_pa yielded a practical significance of almost .2, 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).

Self-efficacy shows more or less the same impact on AFM_pa in both the urban (β = .34) and rural (β = .36) contexts, and the same tendency is indicated for the strength of the relationship between self-efficacy and AFM_na in the urban (β = -.13) and rural (β = -.12) contexts. As for the impact of psychological well-being, as measured on a cognitive judgemental level, it is interesting to note that collective efficacy and self-efficacy have a similar impact on SWL in the urban (β = .24) and rural (β = .2) 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.

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 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

Currently, the South African context is faced with a rapid rate of urbanisation (Malan et al., 2008; Vorster et al., 2000) and its impact on Africans has been associated with elevated physiological health risks (Malan et al., 2008; Vorster et al., 2000). Constructs such as self-efficacy and collective efficacy have been proven to promote psychological well-being and might act as buffers against the detrimental effects of urbanisation (Bandura, 1997; Karademas, 2006; Sui et al., 2007). Unfortunately, the current insight into self-efficacy and collective efficacy and the effect thereof on psychological well-being was gained primarily from more individualistic, Western contexts (Carrol et al., 2005; Chen et al., 2001; Schwarzer & Jerusalem, 1993; Sui et al., 2007). Furthermore, 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). Thus, it is important

to determine what the impact of urbanisation will be on psychological well-being in the South African context and furthermore, 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.

In this study, both the affective and cognitive aspects of the participants' perceived level of well-being was determined. To place the affect level of our group in context, the results of the AFM can be compared to other, similar studies. In a study on black South-African students done by Malebo, van Eeden, and Wissing (2007), the results obtained with the AFM indicated a higher level of affective well-being compared to our study population. Similarly, Voster et al. (2000) reported slightly higher PNB-ratios for rural as well as urban participants in their study, indicating the sense of affective well-being of the current study group to be slightly lower than that of groups previously studied. Looking at satisfaction with life (SWL), recent studies in European, American and Eastern countries also yielded higher mean SWL scores compared to our group (Ayyash-Abdo & Alamuddin, 2007, Steger & Kashdan, 2006, Swami et al., 2007). In various South-African studies, the life satisfaction of black participants from various social strata and levels of urbanisation was also higher than that of our research group (Malebo et al., 2007; Vorster et al., 2000; Wissing & Van Eeden, 2002). These results suggest that this group of participants as a whole reported their psychological well-being on both affective and cognitive judgmental levels as being slightly lower than that of participants involved in previous studies done both locally and abroad. The distribution of the ages of participants should be taken into account. The large number of elderly participants could contribute to the lower level of psychological well-being experienced by the group.

By comparing the levels of psychological well-being of the rural and urban participants within our group, we can begin to better understand the manifestation of well-being in the different settings. Comparing the affective well-being and life satisfaction of participants from urban and rural contexts, it is apparent that the urban participants scored slightly higher than their rural counterparts on both the measures of psychological well-being. This 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 caused by their comparison of their own standard of living to that of individuals living in an urbanised context. This is in line with the social comparison theory that explains how individuals evaluate their own 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 poverty in rural areas. Whether or not these possible explanations are true, our results indicated that individuals from an urban context experience more positive emotions, less negative emotions, and are more satisfied and content with their lives than people living in a rural area.

Results from recent studies done in both individualistic and collectivistic societies using the GSE noted slightly higher mean scores than those of our study population (Moeini et al., 2008; Pulford et al., 2005). In recent South African studies by Malebo et al. (2007) and Wissing & Van Eeden (2002), the mean general self-efficacy of black and white university students was found to be higher compared to our group. In comparison with the above-mentioned studies, it seems that our study population has a comparable, albeit slightly lower level of perceived general self-efficacy.

It has been argued that collective efficacy may be more relevant for measuring efficacy beliefs than self-efficacy in collectivist communities such as our study population (Van Straten et al., 2008; Wang & Lin, 2007). Looking at the community collective efficacy of our group, it was difficult to draw a conclusion because no data regarding the CCES's descriptive statistics has been published and thus there were no existing data against which to compare the current findings. The mean for collective efficacy, as measured with the CCES (Carroll et al., 2005), suggests a moderate level of collective efficacy when considering the potential minimum and maximum scores of the scale.

Klassen (2004) conducted a cross-cultural study, comparing the efficacy beliefs of individuals from Eastern and Western cultural contexts in Europe, Asia and America. He found in his study that self-efficacy beliefs were higher among individuals from individualistic cultures than among individuals from more collectivistic cultures, and that collective efficacy might operate in much the same way as self-efficacy for some collectivistic groups. He also found that the efficacy beliefs of a cultural group are modified through immigration or political changes (Klassen, 2004). It was thus expected that the urban group in this study would place a higher premium on self-efficacy because of the adoption of Western/individualised traits as urbanisation takes place, and that this would be reflected in higher self-efficacy scores. On the other hand, it could be expected that the rural group would have a higher sense of collective efficacy because of their traditional collectivistic orientation. Comparing the totals from the GSE and CCES in the urban and rural groups, the GSE scores confirmed Klassen's research results in that the urban participants had a higher level of self-efficacy than the rural group. Contrary to what was expected however, it was found that the urban group also scored higher on collective efficacy, implying that individuals may experience an enhanced sense of collective efficacy as urbanisation takes place.

Individuals who move to an urban context seem to not necessarily adopt individualistic values at the cost of their collectivistic cultural orientation, but in fact show more confidence in their individual as well as conjoint capabilities to achieve their goals. Thus the results of our study suggest that, not only is living in an urbanised environment associated with better psychological well-being, but also with a higher sense of both self and collective efficacy. The question regarding the possible association that exists between self-efficacy and collective efficacy as well as between these efficacy beliefs and psychological well-being however remains.

Correlations between both self-efficacy and collective efficacy, and the measures of psychological well-being were statistically significant, proving that efficacy beliefs have a positive relationship with psychological well-being for this group as a whole. This is in line with current literature in this regard (Bandura, 1997; Karademas, 2006; Sui et al., 2007). Interestingly, the statistical correlation between self-efficacy and collective efficacy was found to be high and

significant. These results were also 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. The implication of this is that by raising the one construct, the other might also be positively influenced. The important question raised here might thus not be 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 the different contexts.

Regression analysis shed some light on the differential influence of self-efficacy and collective efficacy on psychological well-being in both the urban and the rural context. As our study population as a whole is seen as a traditionally more collectivistic community it was expected, as concluded by Klassen (2004) and other authors, that collective efficacy would be more important and thus a better predictor of psychological well-being than self-efficacy. In contrast to this expectation, results showed that self-efficacy, and not collective efficacy is associated with the psychological well-being of this research group as a whole. This finding applied to psychological well-being as measured on both affective and cognitive judgmental levels.

In comparing the two subgroups, one would expect that collective efficacy would be a better predictor of psychological well-being in a rural setting because of these participants' supposed collectivistic orientation, relying on "we-ness" and the abilities of the group. It is therefore interesting that self-efficacy was the better predictor of well-being for the group as a whole as well as for the rural participants and that collective efficacy played a bigger role in the urban context than in the rural context. In fact, collective efficacy only had a significant influence on the measures of psychological well-being in the urban area; it contributed significantly to the variance in positive affect (AFM_pa) of individuals from an urban context, although with much less effect than self-efficacy; and also contributed significantly to the prediction of satisfaction with life (SWL) in the urban context. Self-efficacy on the other hand explained a significant proportion of the variance in all but one of the psychological well-being variables for all the

groups. It is however interesting that for the participants from an urban context; collective efficacy is the only significant predictor of SWL.

A possible hypothesis explaining this occurrence could be that participants in an urban and Westernised 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 more Westernised context. Except for the big difference in the influence of efficacy beliefs on SWL in the different contexts, the influence of self-efficacy on positive affect and negative affect has more or less the same impact in the rural and urban areas. This could be an indication that self-efficacy has a significant influence on the psychological well-being of individuals in a rural context, and that this influence remains as urbanisation takes place. The influence of collective efficacy however becomes increasingly important in the prediction of satisfaction with life as urbanisation takes place. In comparison to satisfaction with life and negative affect, it seems that positive affect is the aspect of well-being most strongly influenced by efficacy beliefs. This finding might be an important consideration in the future planning of interventions.

In summary, it seems that the study group as a whole has a lower level of psychological well-being compared to individuals from other South-African studies. Individuals from the urban context experience a higher level of well-being than individuals from the rural context, indicating that psychological well-being might show a slight increase as urbanisation takes place. While no other comparable studies were found to place the CCES score of our group in context, it was found when comparing the GSE score to other groups that the study group as a whole experiences a slightly lower level of self-efficacy. As expected, the urban group had a higher level of self-efficacy, but interestingly, also a higher level of collective efficacy. This might indicate that individuals retain their collective cultural orientation when they move from a traditional collectivistic context setting to a more Westernised, individualistic setting. The results showed that a significant relationship exists between efficacy beliefs and psychological well-being as well as between self-efficacy and collective efficacy, emphasising the enmeshment of the two constructs. Self-efficacy seemed to be the most important predictor of well-being in this study, while collective efficacy played the strongest role in the prediction of SWL in the urban

context. It seems that the effect of efficacy beliefs on affective well-being stays the same irrespective of the context, while the influence of efficacy beliefs on a cognitive judgemental level changes. Collective efficacy is more important in the prediction of psychological well-being on a cognitive judgemental level in the urban context, indicating that individuals from this context might attach even more value to their collective orientation when finding themselves in a more Westernized environment. It can thus be said that efficacy beliefs, although rated differently, remain important factors in the prediction of psychological well-being for individuals from rural and urban contexts.

These results show that the assumption often made in literature that the collectivistic orientation automatically predominates among individuals from African descent is an overgeneralization. This is especially true of those who find themselves in rural settings. It also shows that community collective efficacy is not exclusively important within traditional cultural settings, but equally or even more important within urbanised settings. It might be that the concepts of self-efficacy and collective efficacy are equally important but develop differently depending on the contexts. Questions remain regarding the extent of the "blending" of cultures, and if urbanisation automatically equals taking on a Westernized and individualistic value system.

As there are few existing empirical studies on the degree of psychological well-being of urbanising African communities, this study contributes to the understanding of psychological well-being in an African context. It also contributes to our limited knowledge regarding the effects of self- and collective efficacy on psychological well-being in the African context and for a community in transition. A practical implication is that raising either self-efficacy or collective efficacy will lead to higher well-being and possibly better adjustment during the urbanisation process. In future, qualitative studies can be done to explore the perceptions and experiences of the participants on this matter.

## 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. From existing

literature in this regard it was expected that community collective efficacy would be a better predictor of psychological well-being in a rural context, and self-efficacy would be a better predictor of psychological well-being in an urban context. Instead, it was found that self-efficacy is a better predictor of psychological well-being for the group as a whole as well as in the rural setting. Collective efficacy played a significant role by influencing positive affect and especially satisfaction with life (SWL) in the urban setting. The influence of self- and collective efficacy on psychological well-being as measured on an affective level seems to be similar in the different contexts. It seems that as urbanisation takes place collective efficacy becomes a stronger predictor of psychological well-being as measured on a cognitive judgemental level.

These results raise questions about widely held assumptions. Can African people living in traditional rural settings be assumed to be exclusively collectivistic? Does the process of urbanisation automatically imply the adoption of Western, more individualistic value systems, and that at the cost of a person's sense of connectedness with society? Are the constructs self- and collective efficacy mutually exclusive, or are they in fact interwoven and interdependent? Another question to be asked, which introduces a possible limitation to this study, is what effect the age of the participants had on the results of our study. Our results suggested some answers, but also highlighted the need for further investigation in this regard.

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**Table 1 – Descriptive statistics and correlations for variables**

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

**Table 2 - Stepwise multiple regression of predictors (GSE and CCES) of psychological well-being**

| Context | Dependent Variable | Predictor Variable | Multiple | $R^2$ | B | Beta | $f^2$ | 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 |
| | SWL | CCES | .24 | .058 | .33 | .24 | .06 | 5.16 | .001 |
| Rural | AFM_na | GSE | .12 | .014 | -.19 | -.12 | .01 | -2.86 | .01 |
| | AFM_pa | GSE | .36 | .128 | .47 | .36 | .15 | 9.12 | .001 |
| | SWL | GSE | .20 | .04 | .28 | .20 | .04 | 4.84 | .001 |
| Total group | 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