UDC 33

The Relationship of the Collective Effectiveness with the Leadership in a Group Work: a Project in the Field of Health

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Abstract
Based on the work of Bandura, the four effectiveness training sources were examined with respect to the frequency and the perception of a hospital staff. In a context of a group work, where there is no assigned leader, the collective effectiveness of groups is not considered only in case there is a relationship with the individual features of leadership. In adddition to the relationship between the existence of an identified group leader and the collective effectiveness of the group, the relationship between collective effectiveness and the group performance result was also examined. The results of the investigation and the interview showed that the control experience was the most frequent and powerful source of effectiveness among the four sources. Moreover, groups with identified leader showed a greater collective effectiveness rtaher than groups without leaders. The level of groups' collective efficeffectiveness also showed a positive correlation with the groups' performance result.
Keywords: collective effectiveness; self-effectiveness; leadership traits; leadership behaviors; personal effectiveness; Group performance.

Introduction
Since (Bandura (1977, 1978) has introduced the idea of self-effectiveness, several studies were interested in determining the relationship between the self-effectiveness and other factors such as

the self-regulation and the performance in various fields (E.g.: the field of business, health, sports and education). This concept belongs to the Sociocognitive theory, according to which the psychological functioning and development must be understood by considering three interactive factors: the behavior, the environment and the person. Nevertheless, in the circumstances that require any work in group or team, self-effectiveness cannot explain the performance of the whole team. For example, in a football team, a competent strategist can certainly have a high level of self-effectiveness, but we must take into consideration the performance of other players in order to determine the effectiveness of the whole team (Bandura, 2000).

Later on, the concept of collective effectiveness has been developed in order to better explain the effectiveness of a group or team (1977, 1986). In addition, the existence of a leadership is essential in any field and particularly in the health sector. Indeed, Hospitals need leaderships of a high performance to deal successfully with the different financial pressures and with the demands of their environment, including those of the various hospital specialists. These latter use, increasingly, new care techniques which are more efficient and have evolved spectacularly following the unprecedented technological development. Moreover, the King's Fund, agreed on the requirement of getting over the concept of heroic leaders based on self-effectiveness that revolves around the organizational performance. He also called for focusing on a new leadership phenomenon based on collective effectiveness and which consists of a new culture of sharing and distribution tasks within the hospital. King's Fund has also asserted that leaders should encourage their colleagues and the other members to make improvements in the care processes for the benefit of patients and to improve the way how care is provided. Good leaders convey the message to all levels by reaffirming, in a continuous way, that this care is the main goal of all staff (Dixon-Woods et al 2013). Reigeluth, Watson, Watson, Dutta, Chen and Powell (2008), also mentioned that the health sector, which is based on important projects of the information's life cycle paradigm, depends typically on working in group; i.e. putting the work in group under the spot. Thus we need to further examine the collective effectiveness.

Accordingly, this issue represents the anchoring point for our work problematic. Thus the central question guiding these works is:

How do collective effectiveness and its relationship with the leadership influence the group performance?

The objective of this study is to clarify the sources that embodies collective effectiveness and the role of the leadership in groups' collective effectiveness, as well as the remarkable features of the leadership (in suspense) identified in a group leader.

Context and Literature Review:
1. Collective Effectiveness:

Bandura defines the self-effectiveness as the belief of a person in his ability to organize and implement a set of actions, in order to produce a good level of practical data (Bandura, 1978, 1986; Riggs and Knight, 1994; Wood and Bandura, 1989). Later on and taking into account the holistic nature of a group, Bandura (1977, 1986) has defined another concept called the collective effectiveness. He declared that "the collective effectiveness is rooted in the self-effectiveness" (p. 143). However, Bandura, himself, and the subsequent research dealing with the relationship between self-effectiveness and collective effectiveness, suggested that although self-effectiveness and collective effectiveness are connected, they remain distinct concepts (Jex and Gudanowski 1992; Parker, 1994; Riggs and Knight, 1994). The most widely accepted definition is that of Bandura, in which he defined the collective effectiveness as "the shared beliefs of a group in his joint abilities to organize and execute the required guidelines in order to produce given levels of practice "(Bandura, 1977, p. 447). Collective effectiveness may be used interchangeably with the term "team effectiveness" (Lindsley, Brass, & Thomas, 1995). Some studies have pretended that the effectiveness of teamwork and the collective effectiveness are two different terms in their center of unity (Gully Incalcaterra, Joshi, Beaubien, 2002). For instance, the center of unity of team effectiveness is only one team, while in collective effectiveness; it can be a department, organization and even a nation. However, in this study, collective effectiveness refers to a group or a team's perception of ability.

The feeling of self-effectiveness refers to the beliefs of individuals in their abilities to realize specific performances. This feeling constitutes an important element in the choice of the activity and the environment, the perseverance of the individual in pursuing the goals he has set, the persistence of his efforts and the emotional reactions he experiences when facing obstacles. There are sources of feeling of personal effectiveness that allow building and modifying the collective effectiveness, such as the self-effectiveness, which is formed by four major sources: The active experience of control, the indirect or delegated experience, verbal persuasion and physiological and emotional or affective states (Bandura, 1977, 1986; Goddard, Hoy Hoy and 2004.

•The active experience of control is one of the most influential factors in the belief in personal effectiveness, because it is based on the expertise and personal control of the tasks to be carried out. The more an individual will make a success during the experimentation of a given behavior, the more he will strongly believe in his own abilities to accomplish the requested demeanor. When success is not too easy, it strengthens the belief in personal effectiveness, while failures reduce this feeling. We Consider a control experiment, also known as multi-sensorial control, as the most powerful source of effectiveness (Goddard and others. 2004) and the perception that past group work experiences have succeeded, may contribute to the effectiveness and the development in similar contexts in the future .Goddard (2001) has also identified this control experience that significantly influences the perceived effectiveness of hospitals in a positive direction.

• The indirect experience is a learning based on the phenomenon of social comparisons which means observation. The fact of observing a colleague succeeding to overcome a situation, that is previously conceived to be conflictual, can influence and reinforce the belief of observers in their abilities to succeed. In the opposite context, the observation of a failure may create a doubt on its own effectiveness. The delegated experience refers, in the health field, to the observation of someone else having a highly qualified performance. We consider the delegate experience as a less reliable source of effectiveness development, rather than the direct evidence as for example, the control by experience, because it relies on deductions based on social comparison (Bandura, 1978). Generally, when the staff or team has good results, effectiveness tends to increase. Whereas, when the model is malfunctioning, the effectiveness decreases. Moreover, it is known that the effect of delegated experience is maximized when the staff sees that he is conforming to the model (s).

• Verbal persuasion means that through suggestions, warnings, advice and interrogations, participants may be led to believe that they have the potential to successfully perform the behavior that previously bothered them. The beliefs that arise in this way are not strong enough, when used alone, bearing in mind that those participants had no experience. In addition, the results may be influenced by factors such as expertise, credibility and the resource person's attractiveness .The verbal persuasion refers "to the reception of encouragement or feedback about a very specific performance from a supervisor or a colleague" (Goddard et al, 2004, p. 6). It is widely used because of its ease and availability; the strength of a verbal persuasion is mainly based on the credibility, reliability and the expertise of persuading (Bandura, 1978, 1986; Goddard et al., 2004).

• The physiological and emotional states play a vital role in building the self-effectiveness feeling. When a person associates a repulsive emotional state, such as an anxiety resulted from a weak performance of the requested behavior, this can make him doubtful about his personal skills. As a result, this behavior leads him to failure. Thus, individuals will be more likely to believe in success if they are not bothered by any repulsive state.

In addition, the research has revealed a positive relationship between the level of collective effectiveness and the group performance, through various organizational fixings such as education, sports, health care and military (Bandura, 2000; George and Feltz, 1995; Gibson, 1999; Goddard, 2001; Zaccaro, Blair, and Zazanis Peterson, 1995). In addition, two meta-analyses conducted from 67 to 69 and an empirical study that was focused on collective effectiveness, have revealed that there was a positive relationship between collective effectiveness and the group performance (Gully et al., 2002; Stajkovic, Lee, & Nyberg, 2009). Nevertheless, a majority of researches on collective effectiveness or of a team were conducted in a business arrangement. As it was mentioned before, there are a few empirical researches on collective effectiveness and the group performance in the field of health. Goddard has stated that the collective effectiveness of leadership was examined with respect to the hospital staff performance (Goddard, 2001, 2003; Goddard et all.. 2004), but few

researches have examined the groups collective efficiency of the staff and their performance in the hospital.

2. The Measures of Collective Effectiveness

Bandura stated that "the practices of a group are not only the product of shared knowledge and skills of different members, but also of the interactive, coordinator and synergistic dynamics of their transactions" (Bandura, 2006, p. 316). Thus, the perceived collective effectiveness is not simply the sum of individual self-effectiveness of a group, but a distinctive and emerging trait at the level of the group (Bandura, 2000). To measure the collective effectiveness, two main approaches were suggested (Bandura, 2000, 2006, Goddard and others 2004).

- The first approach is to combine the evaluation of each member, taken individually, with their ability to carry out a particular series of actions in a group, and then to make the aggregation of those individual self-effectiveness.

- The second approach is to strengthen the individual perception of each group member about his ability in the group. It is worth noting that both methods aim at measuring the collective effectiveness, but the last approach is considered to be the most appropriate approach to measure the interactive aspects of group operations. In addition, the issues of self-ability of each member are more likely to have a high variability based on individual differences without capturing the group capacity (Bandura, 2000; Gibson, Randel, and Earley, 2000; Goddard et al . 2004; Gully et al., 2002; Stajkovic et al, 2009). For example, Goddard (2003), in his study on collective effectiveness, has asserted that leaders have shown that individual perceptions of self-effectiveness, according to the first method, vary to less than 5%, while those of the capacity Group, according to the second method, showed more than 40% of disagreement among the groups.

Aside from these two main methods, some researchers have proposed another approach to measure the collective effectiveness, which consists of making discussions between group members and reaching a consensus on the effectiveness of the whole group (Bandura, 1977; Gibson and others 2000. Stajkovic and others 2009). However, this approach has a high risk when talking about the social desirability, which can weaken the validity of the evaluation (Bandura, 1977, 2000, 2006; Goddard et al .., 2004; Stajkovic et al., 2009). More specifically, if the group members have a discussion to evaluate their ability, they tend to reach an imprecise conclusion of the collective effectiveness of their group. They also tend to overvalue the effectiveness, because it is socially preferable not to denounce the weak capacity of other members of the group which may affect their effectiveness.

A meta-analysis of 69 empirical studies shows that 82% of the identified research has used the evaluation of the aggregation of individual perceptions of the group ability (Stajkovic and others. 2009). Thus, in this study the second method to evaluate the individual perception of group ability as a whole, was used to measure the collective effectiveness. The survey question to assess the gathered collective effectiveness, "The group with whom I work has the ability above the average" .Instead of, "I have the ability above average when working in a group."

3. Leadership

With reference to prior researches, collective effectiveness has a positive relationship with the group or team performance. It would be advantageous to examine variables that affect the collective effectiveness. However, the research on collective efficiency has mainly focused on results and relatively few researches have been conducted to examine the way collective effectiveness is affected by other variables (Chen et Bliese, 2002; Walumbwa, Wang, Lawler and Shi, 2004). Some studies have even suggested that the leadership would be the preacher of collective effectiveness (Chen et Bliese, 2002; Hoyt, Murphy, Halverson and Watson, 2003; Walumbwa et al, 2004, 2014 Innocenzo et al.)

The leadership can be defined as "a process whereby an individual influences a group of individuals in order to achieve a common goal" (Northouse, 2004, p. 3). Thus, the necessary condition for the existence of leadership is to work in a group involving more than one person and, subsequently, he is linked to collective effectiveness. The leadership refers to the agreement between people so that all members of the organization work together to achieve goals. This includes objectives and targets like for example the quality and care safety, as well as the

mission and values, such as compassion, organization transparency, the patients' commitment and orientation. Leaders must make sure that all employees adopt leadership roles in their work and assume individual and collective responsibility. In the research on leadership, several approaches have been used to examine the leadership. For example, transactional leadership and transformational leadership are two approaches that are generally used in the observation of leadership (Bass, 1990; Burns, 1978; Kirkpatrick & Locke, 1991; Northouse, 2004; Stogdill, 1948, 1974) .This two concepts were first established by Bass (transformational leadership and transactional leadership). Transactional leadership focuses primarily on the leader's contingent reward, while the transformational leadership focuses on the leader's inspiration, intellectual stimulation and individualized consideration (Bass, 1990).

Among these various approaches that measure or examine the leadership, this study has consistently used the Traits Approach. The Traits Approach is one of the approaches that examine the leadership and that focus on the qualities and the innate characteristics (Kirkpatrick and Locke, 1991; Northouse, 2004; Stogdill, 1948, 1974). Indeed, the Traits Approach was used because it is adapted to the particularities of the various details of this study better than other approaches. The reason why the Traits Approach has been used is that, unlike the majority of researches conducted on leadership, in which official or appointed leaders were present, this study was conducted in the health sector in which there was no official or designated leader in the group. This means that every staff member is supposed to have equity in terms of authority, responsibility and other rights in the work among a group. Thus, the existence of an alleged leader could be latent or even nonexistent. The Traits Approach that focuses mainly on a person's leadership traits seems to be more appropriate for this study, since there is no external condition for a person to play the role of a leader and take the necessary responsibility.

The underlying hypotheses, using the traits approach, state that the identified leaders of the group may show some common features of leadership when compared to non-leaders and groups with identified leader (s).They may also show a higher level of collective effectiveness than groups with no leader (s). Moreover, with the initial level of collective effectiveness perceived by each individual before the project, the result of the post-survey of collective effectiveness may show a difference based on the existence of the group identified leader. This can, consequently, influence the outcome of the group performance. In addition, some leadership traits can have a relationship with the ideal behaviors of leaders identified by interviews.

Methodology
It will be essential in this research to know how far it is possible to identify the training sources of the collective effectiveness and its relationship with the leadership in the hospital. For this reason, the collection of research data was firstly based on the "focus group". This method helps developing new knowledge about subjects that are little explored (Gavard-Perret et al, 2008). The recommendations of Gavard-Perret et al were followed. (2008) .They include the number of interviewees which must be between 6 and 12. Two groups of 12 and 11 members, each was interviewed (23 interviewees in a whole) and constituted. The interveners are hospital employees with an average age of 32 years. The first phase aims at creating a climate of confidence by thanking the respondents (presenting them, clarifying the purpose of the meeting as well as the instructions and operating procedures). The second phase aims at focusing and deepening the knowledge of the tools to be used (stimulation of the involvement of each respondent and dominance ensuring). Finally, a validation of knowledge, syntheses and conclusions about what has been said will be set out. The dimensions of collective effectiveness were useful as a basis in the conversations by letting employees speak freely.

1. The Upstream Semantics Approach
The Scenario Creation Phase
Once the interviews have been transcribed, a content analysis was established by the Tropes®[*] software to identify the important measures to the employees. A scenario[†] has been

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[*] Software specialized in semantic studies (details see Annex 1).
[†] A "scenario" of Tropes® is a kind of automatic text analysis grid enabling the emergence of the graph of the actors on the whole, graphs for each topic with the proximity of the other themes.

created thanks to the semantic plan obtained from the topics mentioned by the employees. This enabled the development of an analytical grid to identify the previously given dimensions. The created scenario was used by the Tropes® model as an automatic grid acting on the collected texts by extracting sentences that allow the selection of affirmation for the quantification.

2. The Collection of Expressions and the Scenario Creation

The sample includes 23 persons working in the hospital sector. The analysis was performed by Tropes® on the corpus (the two group meetings). Some Scenarios were made after the regroupings of words and / or equivalent classes. These semantic groups were prioritized according to several levels of depth.

Results Analysis

In this section, In order to consider the measurement and the evaluation of group performance in Tunisian hospitals, a determination of the measurement dimensions of collective effectiveness will be set out. The approach would aim to identify words and expressions that belong to the same semantic groups. The quantification was made later thanks to the appearance frequency's calculation of each word in order to know their importance (Annex 2.3).

1. The Scenario Application as an Analysis Grid

The software we have used in this present study, offers the advantage of data quantifying in an overall and detailed framework. In the overall context, we can also treat the relational concentration between themes as well as the relational density[*] and weight of themes. The relationship Concentration is calculated by dividing, for each reference, the total number of relations by the number of different relations. The traits indicate the strong relations between the selected reference and other displayed references. A dotted line indicates a less frequent relationship. A full line indicates a frequent relationship. Only references having a large number of relationships are shown on the graph[†].

Other options were used with Tropes for a detailed framework to analyze the environment of references:

- With the representation of references by spheres, these latter are proportional to the number of occurrences.

- The distance between two references represents the identified proximities all along the various sentences of the text.

- The graph allows analyzing the environment of a reference with other mentioned themes.

- The graph is oriented: on Left, the references are somehow the subjects of verbs (acting) and objects are on the right (acted on). This allows detecting what is in the origin of the reference formation or vice versa; which is actually the result. But this will not be used as such along this study.

2. Interpretation
Tropes® Results

Thanks to the Tropes software, it is possible to have graphics highlighting the importance of each word or expression pronounced by the interviewees and this is to compare and classify them according to their redundancy. Different scenarios were created by the "focus group", some of them will be presented in what follows.

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[*] "The relational density is the frequency of theme divided by the number of relations" Tropes, Reference Manual.
[†] Tropes, Version 7.0, Reference Manual, ACETIC, from 1994 to 2006, p. 3.

Scenario 1: effectiveness
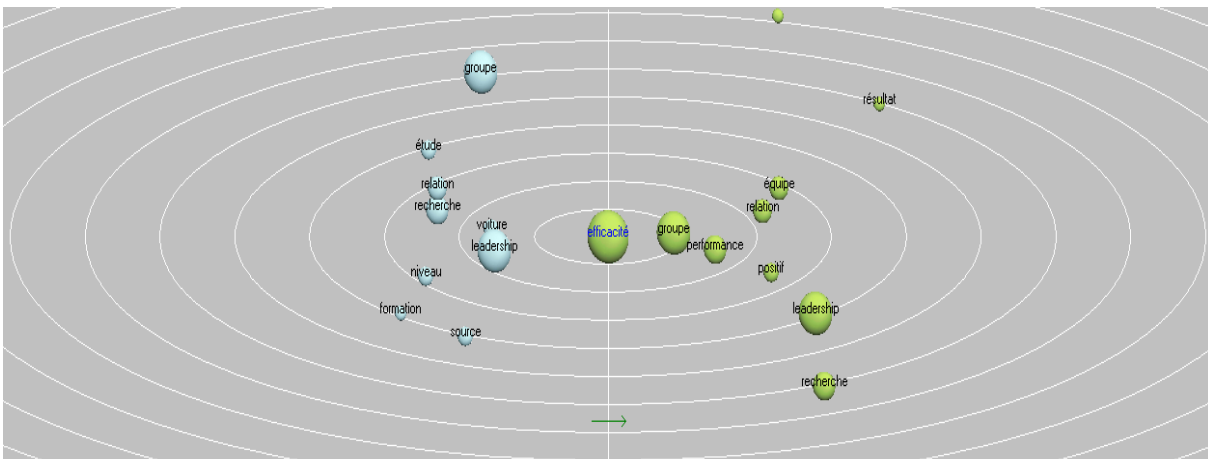
In this stage, the word "effectiveness" was mentioned by the presenter of the focus group. By trying to know all the terms related to the effectiveness, the term that was most mentioned is "group." The Participants have associated the word "effectiveness" by referring back to the word "group" and trying to know all the terms related to "effectiveness". The participants have reacted well after that. Most of the terms which have been mentioned by the participants are of a medium in size, and they have mostly repeated words such as "group performance, relationship, team, leadership" (in green). Later, there were a lot of factors that have been mentioned in the second phase and which are "leadership, research, level relationship, training, study, source group" (in blue).

Scenario 2: Leadership
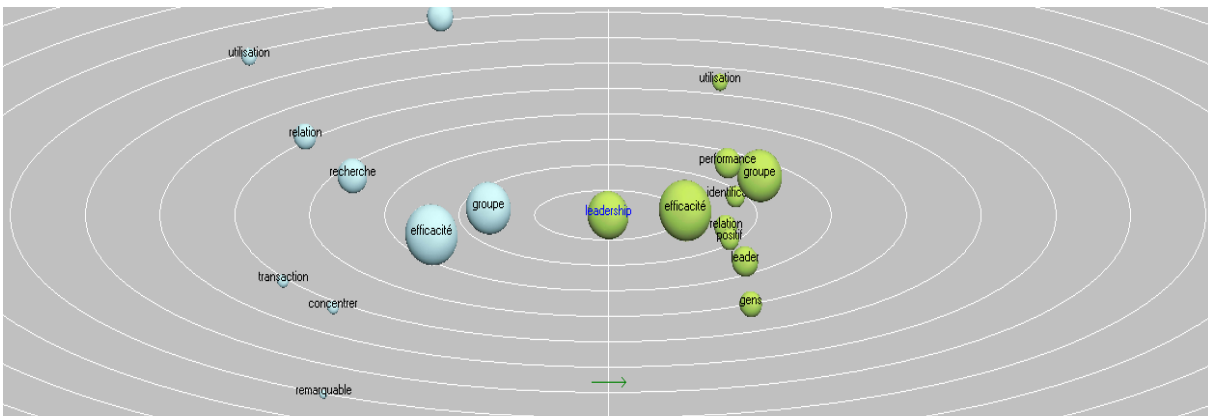
In this stage, the word "leadership" was also mentioned by the presenter of the focus group. The term that has been mostly mentioned and which is related to leadership is "effectiveness."
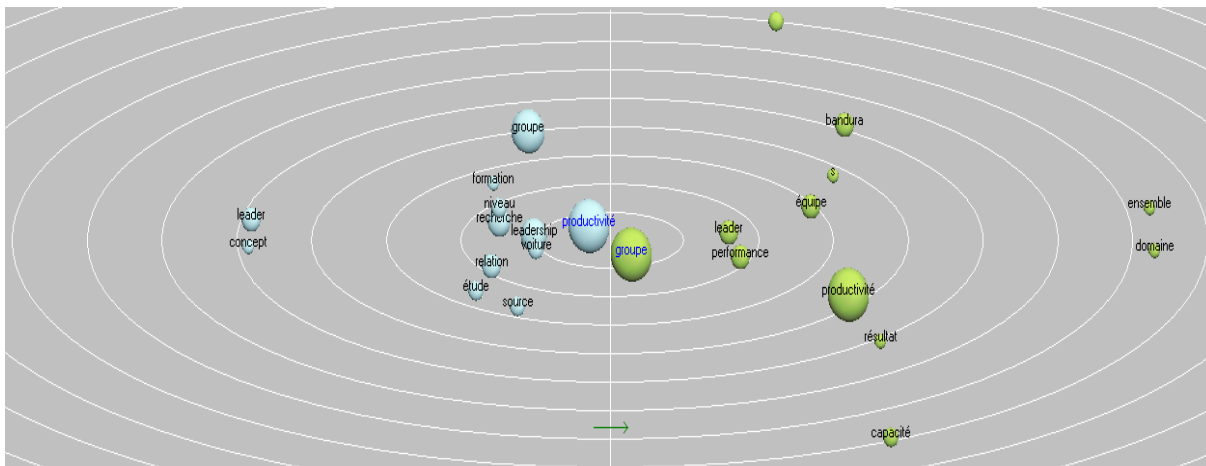
All other factors which are of a small size, but also widely dispersed over the entire card and are not very related to each other, are of a less importance. For instance, we find in the first phase the words "group, effectiveness, research, transaction, relationship, focus" (in blue). Then, there are a lot of factors that have been mentioned in the second phase and which are: "efficiency, relationship, identification, positive, group, leader, performance" (in green). (These are factors that are repeated, but there are also new variables).

Scenario 3: leadership / traits
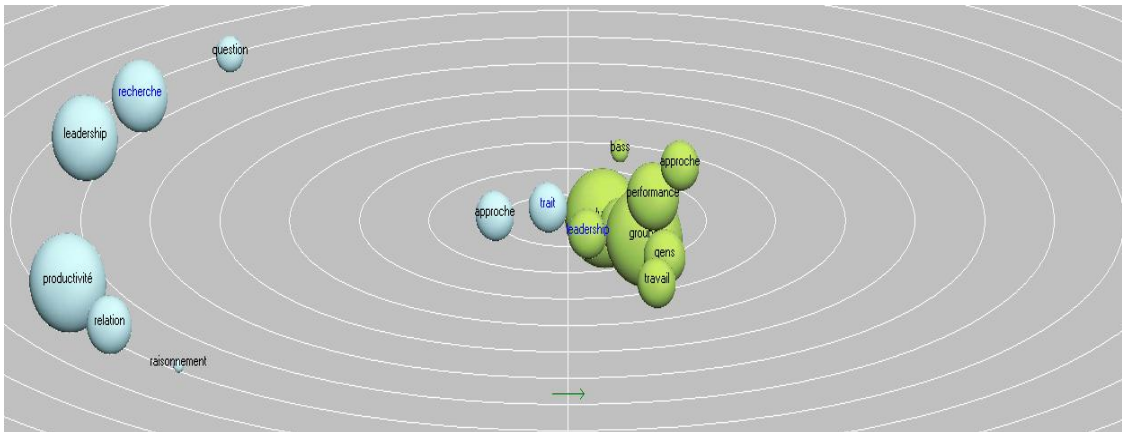
Always in the same context of leadership, we deduce that the most important factors are "leadership" and "trait". These later are situated in the center of the card with average sizes. Whether in the first phase of the study or in the last one, the two factors are mentioned with the same proportions. The leadership factor includes other variables such as "productivity", "approach", "observation" and "research". The numerous other factors are very scattered all over the card. There is no significant relationship between them (there are large distances between these factors) with medium sized spheres. These factors were mentioned, but by a small number of contributors. We mention for instance the following factors: "reference, study, research, purpose and Bass.

Scenario 4: group / productivity

In this graph people take part and are interested in the concept of "group" which is situated in the center of the card with an average size. In addition, the most cited factor by the contributors is "productivity," which is farther from the center .All other factors that are of a small size, but also widely dispersed over the entire card and are not very related to each other, are of a less importance. For example, in the 1st phase (in blue) we find "performance, team productivity, capacity". Later, there were a lot of factors that have been cited in the second phase (in green) which are: "leadership, car, research, relationship, level, study, training, group leader and performance".

Scenario 5: ability
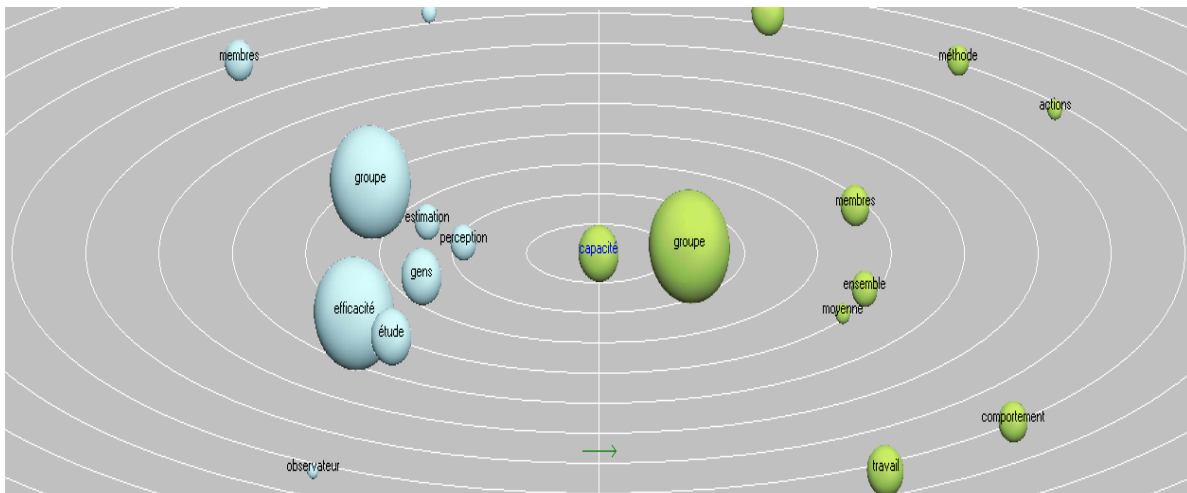
In this graph, the most important factor is "ability." By trying to know all terms that are related to "ability", the term that was the most mentioned is "group". The term "ability" is located in the center of the card with an average size.

Participants have associated the word "ability" by referring back to the word "group". By trying to know all the terms related to "ability", most terms that were mentioned by the participants are small in size. The words that were most repeated are "together, members, average, action, behavior method, work (in green)". Afterwards, there are several factors that have been cited in the second phase and which are "perception, people, estimated effectiveness, and group study members"(in blue).

Scenario 6: Performance
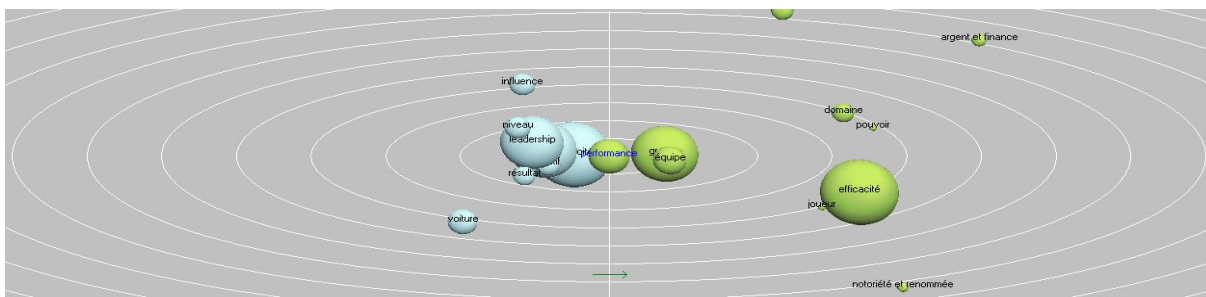
In this graph, the factor "performance" is mentioned several times from the beginning, in addition to other factors such as "productivity, group, and effectiveness". These factors are cited by a large number of contributors; hence the large size of the spheres .Then, the words which have been mentioned by participants are of small and medium sizes, they are the most repeated words such as "group, team, power, efficiency, field" (in green). Moreover, there are several factors that have been cited in the second phase, and which are "effectiveness, relationship, group, positive leadership"(in blue).

Le scénario 7: groupe / performance:
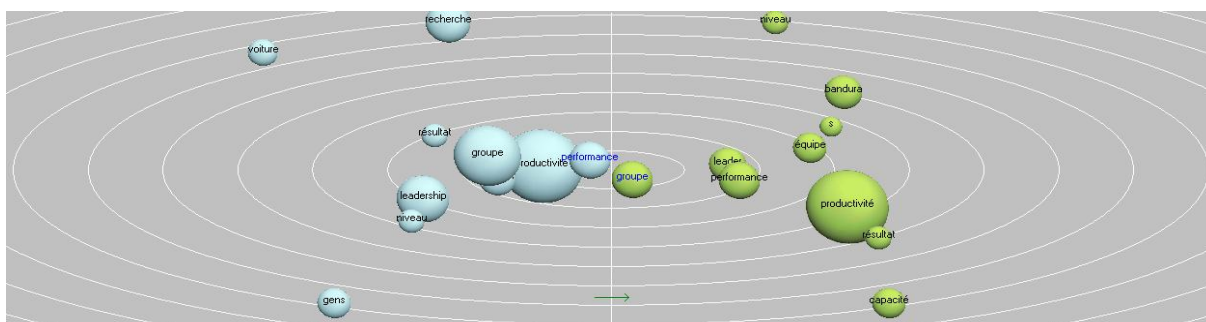
In this stage, dimensions have been mentioned in order to see, each time, the reaction of the participants. The dimension of performance has been addressed, and we are then able to note that the concept "group" is in the center with an average size, and an approximation in distance with "performance". Other words have been strongly mentioned by the presenter such as "leader, team productivity." The reaction of participants has revealed several terms of different importance, scattered all over the graph such as "productivity, leadership, group result, capacity, level, and domain" (Some factors are repeated, but there are also new variables).

Discussion and Contributions

In the context of working in group within the health field, the active experience of control and verbal persuasion are the sources that take the form of effectiveness in terms of importance of personnel frequency and their perception. Participants responded that the control experience is the most important source; it is even more important than verbal persuasion. In the literature, Bandura (2000) and Goddard (2001, 2003) stated that "the four sources which embody the effectiveness are: control experience, indirect experience, verbal persuasion and physiological states. They have also concluded that the most important and powerful source is the 'control experience". Bandura 1978 affirmed that the delegated experience is considered to be a less reliable source rather than the control experience (Bandura 1978). Moreover, Goddard has identified the control experience as the most important factor of collective effectiveness in the hospital.

In addition, staff interaction with other members and leaders allows the exchange of information, but working in group does not necessarily lead to success. The staff has confirmed that, the control experience has a very important role in determining the ability of their group.

In the context of working in group, where the project lasts 5 weeks and where the staff works in group, the interview's data with 16 workers show that the experience of working in group is successful (i.e. the control experience). So after the graphics examination of Tropes®, the control experience is considered to be the most powerful source that shapes the effectiveness. It is also considered to be the most important source for determining the group ability.

Following the graphs examination of Tropes®, in terms of comparing a group with a leader with another one with no leader, the collective effectiveness of a group with a leader is significantly higher than a group without a leader. Consequently, working in a group with a leader is successful and results in a better group performance.

In literature, leadership is the preacher of collective effectiveness (Chen et Beliese 2002; Hoyet, Murphy, Haverson and Watson, 2003; Walumbwa et al, 2004; Innocennzo et al 2014). According to Northouse (2004), leadership is defined as "a process whereby an individual influences a group of individuals to achieve a common goal." Therefore, the leadership refers to the agreement between all members of the organization working together to achieve goals. However, the success of the working in group experience helps the staff to improve the collective effectiveness which leads to the best performance of the group. With referring back to various studies (Bandura, 2000; George and Feltz, 1995; Gibson, 1999; Goddard, 2001; Zaccaro, Blair, and Zazanis Peterson, 1995), the research has revealed a positive relationship between the level of collective effectiveness and the group performance through various organizational fixings. In addition, the results of the study on leadership traits were based on the performance improvement of working in group within the health sector. According to Bandura (2000), the

perceived collective effectiveness is not simply the sum of individual self-effectiveness of a group, but rather a distinctive and emerging trait on the group level. Indeed, members of the staff can play a leadership role within the group to improve the group performance.

Conclusion

The organizational culture influences significantly the impact of working in group. A clear organizational philosophy about the importance of working in group promotes the collaboration among the group. This can be achieved by encouraging a new ways of working together in order to develop common objectives and mechanisms to fight against the resistance to change and hostilities. The teams need training to learn to work together and understand the professional role and the responsibility of each member. It also requires a structure and an effective leadership.

The study focuses on the organizational factors that allow predicting the success and performance of a hospital team. It also takes into account the collective effectiveness (Bandura, 1997) which is the shared belief in the ability of a group to follow behaviors that lead to a result.

In this research we have tried to demonstrate to what extent it is possible to identify the training sources of collective effectiveness and its relationship with the leadership in the hospital. For this purpose, we have established a semantic study as well as a qualitative study. The results of the investigation and the interview have shown that the control experience was the most frequently cited source and it is considered as a powerful source of effectiveness that have a shape among the four sources. Moreover, the groups with identified leader have shown a greater collective effectiveness rather than groups without leaders. In addition, the level of the groups' collective effectiveness has shown a positive correlation with the group performance's result. Nevertheless, there are some limitations that may affect the relevance of this work and which are related to the profile of the team that has elaborated the qualitative study. Indeed, we have had recourse to a team of researchers specialized in management and leadership for their wide experience in this area, their perception for the responses is likely to bias the results. Maybe it was better to only solicit health professionals, who must have a more realistic view of the situation.

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