

**The Winning Trio: Individual Performance, Attendance, and Social Support For
The Management Of Ncds In Hospitals In The CEMAC Region**

**Triptyque Gagnant : Performance Individuelle, Assiduité Et Soutien Social Pour
La Maîtrise Des MNT En Milieu Hospitalier CEMAC**

LOPIAGOTO NOUDJIHOUDOU Désiré

Ph.D en Sciences de Gestion,

Marketing et Management Stratégique des Organisations

Instituts Supérieurs de Pédagogie et des Sciences Vétérinaires

l'Université Catholique d'Afrique Centrale

TCHAD

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Résumé

Cette étude examine l'influence du soutien social, de l'assiduité et de la performance individuelle sur la prise en charge des maladies non transmissibles (MNT) dans les hôpitaux publics de la zone CEMAC. En combinant la **théorie de l'échange social** (Homans, 1958 ; Blau, 1964) et la **théorie du comportement planifié** (Ajzen, 1991), nous avons formulé onze hypothèses testant les liens entre ces variables.

L'étude a utilisé un échantillon de 500 professionnels de santé répartis dans six pays de la CEMAC, avec des données collectées via questionnaires standardisés et analysées à l'aide des logiciels SPSS et AMOS. Les résultats montrent que le soutien social améliore significativement l'attitude, les normes subjectives et la perception de contrôle comportemental, ce qui se traduit par une plus grande assiduité et une meilleure performance individuelle. Cette performance est ensuite corrélée à une maîtrise plus efficace des MNT.

Les implications pratiques de l'étude incluent le renforcement du soutien social, la mise en place de dispositifs de suivi de l'assiduité, le développement des compétences et l'amélioration des conditions de travail. Les apports managériaux soulignent l'importance d'un leadership participatif et d'une gestion RH basée sur des indicateurs fiables pour optimiser la qualité des soins.

Mots-clés : soutien social, assiduité, performance individuelle, maladies non transmissibles, CEMAC, gestion hospitalière.

Abstract

This study investigates the influence of social support, attendance, and individual performance on the management of non-communicable diseases (NCDs) in public hospitals within the CEMAC region. Combining **Social Exchange Theory** (Homans, 1958; Blau, 1964) and the **Theory of Planned Behavior** (Ajzen, 1991), eleven hypotheses were formulated to test the relationships between these variables.

The study used a sample of 500 healthcare professionals across six CEMAC countries, with data collected through standardized questionnaires and analyzed using SPSS and AMOS software. Results indicate that social support significantly improves attitudes, subjective norms, and perceived behavioral control, leading to higher attendance and better individual performance. This performance is further associated with more effective management of NCDs. Practical implications include strengthening social support, implementing attendance monitoring systems, developing staff skills, and improving working conditions. Managerial contributions emphasize the importance of participatory leadership and data-driven HR management to optimize healthcare quality.

Keywords: social support, attendance, individual performance, non-communicable diseases, CEMAC, hospital management.

Introduction

In Africa, the phenomenon of non-communicable diseases (NCDs) — including cardiovascular diseases, diabetes, cancers, and chronic respiratory conditions — represents a major public health challenge. These diseases account for high mortality rates: 76% in North Africa, 64% in Southern Africa, 42% in East Africa, 40% in West Africa, and 38% in Central Africa, according to WHO and IHME (GBD 2024).

These alarming statistics on the rise of NCDs raise questions about the capacity of healthcare personnel in African hospitals, their availability to provide continuous care, and the role of social support, both hierarchical and collegial.

Coverage of NCD management in public hospitals reaches 90% in North Africa, with 80% of healthcare staff trained; 80% in Southern Africa, with 70% trained; 60% in East Africa, with 50% trained; 55% in West Africa, with 45% trained; and 50% in Central Africa, with only 35% of personnel trained. These data are drawn from the WHO Global Health Observatory (2024) and the African Health System Performance Report published by WHO/AFRO and the World Bank (2024).

Central Africa appears to be the least advanced region in terms of NCD coverage, with only 35% of healthcare staff trained. Added to this challenge is a high absenteeism rate, with the regional average estimated between 30% and 38%, according to the 2024 report from the African Human Resources Observatory for Health (WHO/AFRO) and World Bank data.

The situation observed in African hospitals in general, and in Central Africa in particular, undermines the Sustainable Development Goals (SDGs), which reaffirm the international commitment to achieve Universal Health Coverage (UHC) by 2030. To advance toward this goal, it is essential to examine human and organizational factors influencing the quality of NCD management in CEMAC hospitals. Combating these chronic conditions does not rely solely on infrastructure or medical equipment but also on the individual commitment of healthcare professionals, their regular presence with patients, and the quality of social relations within care teams.

Regarding the influence of individual performance, attendance, and social support in hospitals, the literature remains somewhat controversial. Studies by Fay & Sonnentag (2002), Ghose,

Guo, Li & Dang (2021), and Shojania (2025) highlight consensus on individual performance as a key factor in patient follow-up and care. However, care quality and patient management — which should be ensured by staff performance — can be negatively affected by absenteeism or unproductive presenteeism, which have persisted for decades in hospital settings.

In parallel, several studies on social support suggest sociological approaches based on network theory (Brissette et al., 2000; cited in Hartmann, 2007), cognitive approaches (Caplan, 1974; Cassel, 1976; Cobb, 1976), and interpersonal approaches (Barrera, 1981; Vaux et al., 1986; Pierce et al., 1996). Whether organizational or collegial, social support can play an important role in motivation, engagement, and resilience of staff facing physical and mental overload and stress during patient care.

Thus, although individual effectiveness is important, it cannot alone resolve organizational dysfunction without high attendance and a supportive environment. As emphasized in Meyer & Allen's organizational commitment model (1991), engaged staff are more present and perform better in their tasks. Eisenberger et al. (2022) reinforced this in the development of the perceived organizational support theory: the more supported staff feel, the more effective and present they will be in their tasks.

In the context of this study, where public hospitals in Central Africa face limited human resources and difficult working conditions, we posit that these three concepts — individual performance, attendance, and social support — which we call the “winning triptych,” are interdependent in enhancing care quality and controlling NCD progression. This leads us to the central research question: to what extent can this combination serve as a strategic lever to improve NCD management in CEMAC hospitals?

This article is structured as follows: the conceptual framework (individual performance, social support, and attendance), the theoretical foundations (exchange theory and the theory of planned behavior), the research hypotheses, the methodology, the results, and finally, the general conclusion.

2. Conceptual and Theoretical Framework

2.1 Conceptual Definitions

First, we define individual performance, attendance, and social support, and then present the theories used to explain these concepts: the **Theory of Planned Behavior** (Ajzen, 1991) and **Social Exchange Theory** (Blau, 1964).

2.1.1 Individual Performance

Performance is a multidimensional concept, referring to behaviors related to accomplishing assigned tasks. According to Campbell (1990), performance is what an organization hires an individual to achieve. This definition aligns with the context of this study, which emphasizes the contribution of healthcare personnel in managing NCDs in CEMAC hospitals within an environment governed by social support, individual performance, and attendance. Rubina et al. (2008) define performance as the result of three factors: competence, effort, and working conditions. In this study:

- Competence refers to staff training in NCD management.
- Effort reflects the ability to adhere to work schedules.
- Working conditions include the social support from colleagues or hierarchy fostering a conducive work environment.

2.1.2 Social Support

Social support is multidirectional and encompasses all organizational levels. It can be:

- **Upward support:** employees supporting their manager
- **Downward support:** support employees receive from their supervisor
- **Horizontal support:** solidarity among colleagues (friendship, care, sympathy)
- **Cross-functional support:** collaboration between units or departments for organizational functioning

Social support is considered a resource enabling individuals to cope with stressful events (Brochon-Schweitzer & Boujut, 2014).

2.1.3 Attendance

Attendance refers to the actual presence of staff at work, respecting agreed schedules and organizational policies. It may include:

- Avoiding absenteeism
- Complying with workday policies
- Being present during work hours

Christensen et al. (2004) view attendance as influenced by well-being, recognition, and social support a definition relevant to this study.

2.2 Theoretical Foundations

2.2.1 Social Exchange Theory (SET)

Social Exchange Theory was introduced in 1958 by sociologist George Homans in *Social Behavior as Exchange*. Homans defined social exchange as “an exchange of activity, tangible or intangible, more or less rewarding or costly, between at least two persons” (Homans, 1961). Homans focused on individual behavior in dyadic interactions, aiming to explain the microeconomic foundations of social structures.

Peter Blau (1964) extended this by linking social relationships to reciprocal exchanges of resources (material and immaterial). In this study, Blau’s approach helps explain the link between healthcare staff’s individual performance, attendance, and the social support they receive in professional settings when managing NCDs.

2.2.1.1 Individual Performance as the Result of a Successful Exchange

SET views individual performance not only as a result of acquired skills but also as a product of relational and social conditions in which healthcare personnel operate.

Studies by Moorman, Niehoff & Organ (1993) emphasize mutual trust and implicit reciprocity in social exchanges, which help sustain long-term behavior without immediate compensation. A framework based on reciprocity, mutual trust, and genuine support can mobilize healthcare personnel effectively for NCD management (Konowsky & Pugh, 1994).

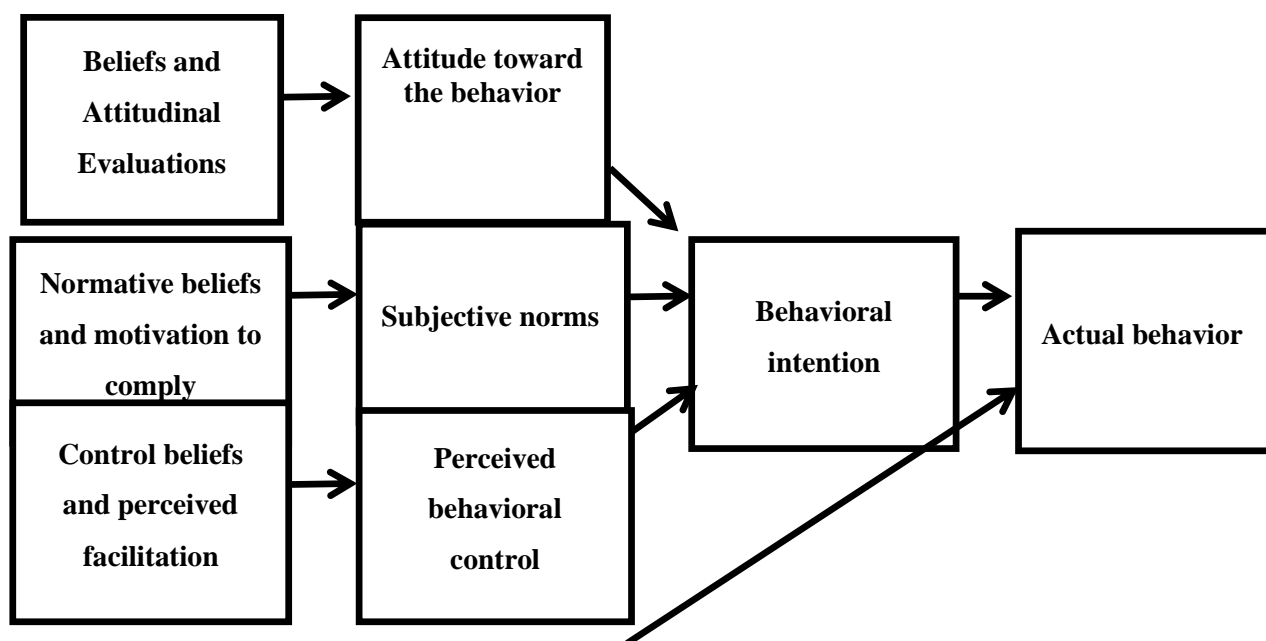
2.2.1.2 Attendance as a Manifestation of Positive Exchange Perceived by Staff

Management based on social exchanges increases staff perception and encourages reciprocal behavior (attendance). Beyond reciprocation toward the institution or managers, such exchanges reduce absenteeism impacts during NCD management, as absent staff tasks are assumed by colleagues. Attendance and performance are thus embedded in a social dynamic. Kaiser (1998) and Nicholson et al. (1977) noted social effects on decision-making, while Chadwick et al. (1982) developed a social theory of absence highlighting mutual obligations among colleagues. Bélanger et al. (1991) further note that absenteeism is influenced by social exchange processes.

2.2.2 Theory of Planned Behavior (TPB)

Introduced in 1991, Ajzen's Theory of Planned Behavior extends the Theory of Reasoned Action (Fishbein & Ajzen, 1975) to predict intentional behavior in professional settings. It postulates that behavior is determined by three variables: attitude toward behavior, subjective norms, and perceived behavioral control. The latter refers to an individual's belief in the ease or difficulty of performing a behavior, compensating for situations where control is limited (McCormack & Brown, 1999). Several authors have applied TPB in organizational research (Mathieson, 1991; George, 2004; Hsieh et al., 2008). Intention is thus shaped by these three components.

Figure 4: Theory of Planned Behavior



Source: Ajzen, (1991)

We can see in Figure 4, intention in this model is determined by three factors:

- **Personal attitude toward the behavior:** This involves the individual's evaluation or aspiration regarding the behavior, whether favorable or unfavorable. Attitudes are based on the person's beliefs and expectations about the outcomes of the behavior, as well as the value they attach to these outcomes. It is the sum of all these beliefs multiplied by their respective evaluations that constitutes the attitude toward performing a behavior (Vallerand, 2007).
- **Perceived social norms:** The perception of behavior is influenced by the individual's social network (family, friends, employer, etc.) or by perceived social pressure. These subjective norms, associated with performing a behavior, represent the social influence acting on the person. They are determined by the individual's beliefs about what important people or groups expect from them regarding a given behavior, and by their motivation to comply with these expectations.
- **Perceived behavioral control:** Ajzen (1991) defines it as "a person's belief regarding the resources and opportunities available to them if they attempt to perform a given behavior." This perceived behavioral control involves the perception of available resources, opportunities, anticipated obstacles, and even the necessary skills.

Applied to the hospital context in the CEMAC region, characterized by limited resources and rising NCDs, these three variables help us understand how individual, social, and organizational factors interact to influence healthcare workers' performance, attendance, and professional engagement.

Regarding attendance, the willingness or commitment to fulfill professional obligations is a deliberate decision. This means healthcare staff consider all available information (e.g., the importance of their presence for NCD follow-up) and evaluate potential consequences (Giger, 2008).

Concerning social support, attendance, and performance, studies by Deci and Ryan (2000), Olafsen et al. (2015), and Preenen et al. (2016) confirm that social belonging is a reliable predictor of positive work outcomes. Increased workplace well-being can therefore improve both performance and attendance. Exploring the antecedents of such motivational experiences

is essential to promote well-being and high-quality performance in organizations (Deci et al., 2017).

Subjective norms refer to the perceived social pressure on an employee to adopt or refrain from a behavior. In this study, this includes expectations from colleagues, supervisors, patients with NCDs, funders (e.g., WHO), and the community. This relates to socially oriented behaviors, as healthcare work is life-saving and restores hope to desperate individuals.

Finally, perceived behavioral control refers to the individual's belief in their ability to perform the behavior. This construct is linked to the work environment, available resources, access to training, and work schedules.

Applied to our study, healthcare staff managing NCDs must have the necessary tools (training, equipment, and support) to act effectively and be encouraged to attend work regularly. In other words, organizational support strengthens this sense of control and, consequently, the intention to be present.

3. Hypotheses

Based on the theoretical development of the invoked theories (Social Exchange Theory, Homans (1958), and the Theory of Planned Behavior, Ajzen (1991)), we can formulate the following hypotheses for this study:

Table 1: Formulation of Hypotheses

Hypothesis	Statement
H1	Perceived social support positively influences the subjective norms of healthcare staff.
H2	Perceived social support improves perceived behavioral control.
H3	Social support has a positive effect on attitudes toward attendance and performance.
H4	The intention to be present is positively related to high subjective norms.

H5	A positive attitude strengthens both performance and the intention to act among healthcare staff.
H6	Perceived control positively influences the intention to be present and perform well.
H7	The intention to attend predicts actual attendance levels.
H8	Individual performance is positively related to the intention to perform.
H9	Attendance has a positive effect on individual performance.
H10	Perceived effectiveness in managing NCDs is related to individual performance and attendance of healthcare staff.
H11	Social support has a direct and indirect effect (through intentions) on the management of NCDs in hospitals.

Source: Developed by the authors from the theoretical framework.

4. Methodology

The response to our research questions follows a hypothetico-deductive approach, which allows us to confirm or refute the hypotheses formulated within the framework of our study. For the sampling method, we used a probabilistic approach, specifically simple random sampling.

Furthermore, we employed a method of collecting primary empirical data through questionnaires related to the three variables of the study (social support, individual performance, and absenteeism), administered to 500 respondents. These questionnaires were administered directly.

Social support was measured using the psychosocial factors scale developed by Karasek (1979).

Regarding individual job performance, the short version of the instrument by Williams and Anderson (1991), translated into French, was used. An 11-item scale measuring in-role tasks was employed. In their validation study, Williams and Anderson (1991) demonstrated the internal consistency and construct validity of the original instrument. Additionally, the scale by Podsakoff et al. (1990), a 14-item instrument measuring extra-role tasks, was also utilized.

Absenteeism was measured using an indicator proposed by Steel (2003): the duration of absences. This indicator accounted for the number of unauthorized absence days and instances of tardiness over a target period of the previous six months. The reasons for absences were drawn from Akibode's (1994) work on measuring absenteeism in the workplace.

The collected data were subsequently analyzed using SPSS and AMOS software. We first conducted descriptive analyses to characterize the hospitals included in the research sample. Principal component analysis and structural equation modeling (SEM) methods were then employed to obtain results allowing us to confirm or refute the hypotheses formulated in this study.

4.1. Sampling

This paragraph presents the sociodemographic and professional characteristics of the sample (N = 500).

Table 2: Sample Characteristics

Variables	Values
Total number	500 healthcare professionals (doctors, nurses, technicians, administrative staff)
Gender distribution	Women: 60%
Average age	34 years (SD: 7.2 years)
Average experience	7.1 years in NCD management
Geographic distribution	Hospitals located in the 6 CEMAC countries: Chad, Cameroon, Central African Republic, Congo, Gabon, Equatorial Guinea
Training level	65% of staff received specific training on NCDs

Source: Prepared by the authors based on the theoretical framework.

5. Results

We present the results of descriptive analyses, relationships between variables, the structural equation model, and qualitative analyses.

5.1. Descriptive Analysis of Individual Performance, Attendance, and Perceived Social Support

Table 3: Individual Performance Results

Indicators	Results
Overall mean	3.82 / 5 (SD: 0.67)
Performance (trained staff)	4.12 / 5
Performance (untrained staff)	3.43 / 5 (p < 0.01)
In-role tasks	3.9
Extra-role tasks	3.6

This table shows that training is an effective solution to significantly improve staff capacity to perform their tasks, including additional initiatives.

Table 4: Attendance Results

Indicators	Results
Average absenteeism rate	32% (range: 25% to 40%)
Main cause of absence: personal illness	40%
Main cause of absence: family constraints	25%
Main cause of absence: work-related demotivation	20%
Main cause of absence: other	15%
Average number of unauthorized absence days (last 6 months)	8.5 days
Departments with high absenteeism	Emergency and internal medicine

Observation: Absenteeism is a major problem directly impacting the quality of care and continuity of NCD patient follow-up.

Table 5: Perceived Social Support Results

Indicators	Results
Average score on Karasek scale	3.55 / 5 (SD: 0.58)
Downward hierarchical support in urban areas	3.8 / 5
Downward hierarchical support in rural areas	3.2 / 5
Collegial support (horizontal) in participatory leadership units	3.7 / 5
Collegial support (horizontal) in other units	3.1 / 5
Cross-unit support	2.9 / 5

Observation: Social support is generally moderate but varies significantly depending on organizational context, influencing motivation and performance.

5.2. Analysis of Relationships Between Individual Performance, Attendance, and Perceived Social Support

Table 6: Bivariate Correlations

Variables	Individual Performance	Attendance	Social Support
Individual Performance	1	0.57	0.61
Attendance	0.57	1	0.52
Social Support	0.61	0.52	1

These results suggest that individual performance is influenced by both attendance and social support, which are themselves interconnected.

5.3. Structural Equation Model (SEM)

Table 7: Direct and Indirect Effects of Social Support, Intentions, and Attendance on Individual Performance and NCD Management

Relationship / Effect		Coefficient	Significance	Comment
		β	(p)	
Social Support	→ Subjective Norms	0.63	< 0.001	Significant positive effect

Social Support	→	Perceived Behavioral Control	0.55	< 0.001	Significant positive effect
Social Support	→	Attitude	0.68	< 0.001	Significant positive effect
Subjective Norms	→	Intention to be Attentive	0.41	< 0.01	Significant positive effect
Perceived Behavioral Control	→	Intention to be Attentive	0.48	< 0.001	Significant positive effect
Intention to be Attentive	→	Actual Attendance	0.70	< 0.001	Strong positive effect
Attendance	→	Individual Performance	0.45	< 0.01	Significant positive effect
Individual Performance	→	Effectiveness in NCD Management	0.62	< 0.001	Significant positive effect
Social Support Management (indirect intention)	→	NCD via	–	–	Indirect effect through intentions

These results confirm that social support is a key lever to improve staff motivation and attendance, which translates into better individual performance and more effective NCD management. The interconnection of variables highlights the importance of a supportive work environment and structured social support.

6. General Discussion of Results

The results of this research confirm that perceived social support is a key factor in explaining healthcare staff attendance and performance in hospitals within the CEMAC region. The analysis showed that social support directly influences subjective norms (H1), perceived behavioral control (H2), and attitudes toward attendance and performance (H3). These findings align with social exchange theory (Homans, 1958; Blau, 1964), which posits that individuals tend to reciprocate received support by adopting behaviors favorable to the organization.

Consistent with the theory of planned behavior (Ajzen, 1991), our data show that intentions play a crucial mediating role between cognitive variables (attitudes, norms, control) and

observed behaviors (actual attendance and performance). Thus, the intention to attend (H7) significantly predicts actual attendance, while the intention to perform (H8) translates into tangible results. These observations echo the work of Venkatesh & Davis (2000) and Fishbein & Ajzen (2010), highlighting the centrality of intentions in predicting human behavior.

Another notable point is the positive relationship between attendance and performance (H9). Indeed, regular and punctual staff are better able to maintain continuity of care, a prerequisite for hospital efficiency. This finding aligns with Shojania (2025), who observed that continuity of care directly impacts performance in public health, especially in managing chronic and infectious diseases.

Finally, the study highlights that perceived mastery of NCDs depends not only on individual performance but also on attendance levels (H10). Social support thus has both a direct and indirect effect (via intentions) on the quality of NCD care (H11). This articulation is innovative in the regional literature, as few studies have explored the joint role of social support, behavioral intentions, and hospital performance in an African context.

7. Conclusion

This study highlights the crucial importance of the triptych “individual performance, attendance, and social support” in managing non-communicable diseases (NCDs) in hospitals in Central Africa. Results show that perceived social support significantly influences subjective norms, behavioral control, and work attitudes, thereby promoting attendance and performance. The interconnection of these variables indicates that individual effectiveness cannot be fully achieved without a favorable organizational environment and structured social support.

Analyses confirmed that attendance mediates the relationship between social support and individual performance, which is a key determinant of effectiveness in NCD management. These conclusions support the postulates of social exchange theory (Homans, 1958) and the theory of planned behavior (Ajzen, 1991), showing that staff behavior is influenced both by social interactions and by reflective intentions in the professional setting.

Strengthening social support, improving attendance, and developing healthcare staff competencies are therefore strategic levers to enhance care quality and NCD management. Implementing an operational action plan integrating these dimensions could significantly

contribute to achieving Sustainable Development Goals, particularly regarding universal health coverage in Central Africa.

7.1 Study Limitations

Despite significant findings, several limitations must be considered:

Methodological limitations

Self-reported response bias: Use of self-administered questionnaires may lead to social desirability bias, as respondents may present their behavior (performance, attendance) more favorably.

Limited sampling: Although representative of public hospitals in the CEMAC region, the study did not include the private sector or smaller facilities, limiting generalizability.

Contextual variability: Cultural, organizational, and economic differences between countries and facilities were not deeply analyzed, limiting understanding of specific local factors.

Conceptual limitations

Measurement of certain variables (social support, attendance) relies on indirect indicators and may not perfectly reflect field reality.

The study focuses on staff perceptions and does not include patients' opinions, which could enrich understanding of care effectiveness.

8. Contributions of the Study

This study presents important contributions both theoretically and practically:

Theoretical contributions

It consolidates the integration of social exchange theory (Homans, 1958; Blau, 1964) and the theory of planned behavior (Ajzen, 1991) in the African hospital context, demonstrating how social support influences intentions, attendance, and individual performance.

It highlights the mediating role of attendance between social support and individual performance, enhancing understanding of determinants of professional behavior in hospitals.

It proposes a conceptual model integrating three interdependent dimensions—performance, attendance, and social support—that can serve as a reference for future research on healthcare quality in Central Africa.

Managerial contributions

Personnel management optimization: Social support and attendance directly influence individual performance, enabling managers to better target actions to motivate staff and reduce absenteeism. Monitoring attendance and evaluating performance becomes a strategic lever to improve organizational efficiency.

Leadership and organizational climate strengthening: Participatory management, discussion circles, and psychosocial support are identified as key factors to improve motivation, team cohesion, and job satisfaction. Managers have an empirical basis to develop strategies tailored to their teams' needs, fostering trust and reciprocity.

Support for strategic planning and training: The study highlights the importance of continuous training and skills development in individual and collective performance. Managers can plan targeted training programs and assess their impact on care and NCD management.

Measurement and monitoring of key indicators: Proposed indicators (absenteeism rate, social support score, individual performance) provide managers with concrete tools to track and adjust practices, enabling data-driven decision-making for improved organizational performance.

Table 8: Operational Action Plan (with timeline and indicators)

Strategic Axis	Priority Actions	Responsible Actors	Timeline	Monitoring Indicators
Strengthening social support	Implement discussion circles, participatory management training	Ministries of Health, hospital management	Year 1	% of units with support mechanisms in place
Attendance management	Digital attendance tracking, attendance bonuses	HR departments, unit heads	Years 1–2	Absenteeism rate < 20%
Skills development	Continuous training on NCDs, practical workshops	Health schools, hospitals, NGOs	Years 2–3	% of staff trained in NCDs > 75%
Improvement of working conditions	Strengthen equipment and resources in rural areas	Ministries + donors	Years 2–4	Staff-to-patient ratio improved by 20%
Evaluation and monitoring	Participatory audits, indicators integrating attendance and performance	WHO/AFRO + local committees	Continuous	Semi-annual reports on indicators

Source: Prepared by the authors.

REFERENCES

Ajzen. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.

Akibode. (1994). Measurement of absenteeism at work: A review of empirical studies. *Journal of Human Resources Management*, 12(4), 237–250.

Barrera. (1981). Social support in the adjustment of pregnant adolescents. *Behavioral Medicine*, 7(1), 69–79.

Bélangier, Edwards & Chandler. (1991). The social psychology of absenteeism: A review and theoretical framework. *Journal of Applied Psychology*, 76(2), 141–152.

Blau. (1964). *Exchange and Power in Social Life*. New York: Wiley.

Campbell. (1990). Modeling the performance prediction problem in industrial and organizational psychology. In M. D. Dunnette & L. M. Hough (Eds.), *Handbook of industrial and organizational psychology* (pp. 687–732). Palo Alto, CA: Consulting Psychologists Press.

Cohen & McKay. (1984). Social support, stress, and the buffering hypothesis: A theoretical analysis. In A. Baum, S. E. Taylor, & J. E. Singer (Eds.), *Handbook of psychology and health* (Vol. 4, pp. 253–267). Hillsdale, NJ: Erlbaum.

Cook & Rice. (2003). Social exchange theory. In J. DeLamater (Ed.), *Handbook of social psychology* (pp. 53–76). New York: Springer.

Cook & Whitmeyer. (1992). Two approaches to social structure: Exchange theory and network analysis. *Annual Review of Sociology*, 18, 109–127.

Deci & Ryan. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268.

Deci, Olafsen, & Ryan. (2017). Self-determination theory in work organizations: The state of a science. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 19–43.

Eisenberger, Jones, Stinglhamber, Shanock & Randall. (2022). Perceived organizational support: Contributions to perceived organizational support theory. *Journal of Applied Psychology*, 107(9), 1374–1394.

Fay & Sonnentag. (2002). Dynamics of interpersonal relationships and performance. *Journal of Organizational Behavior*, 23(7), 699–709.

Fishbein & Ajzen. (1975). *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research*. Reading, MA: Addison-Wesley.

Giger. (2008). Health beliefs, intentions, and behavior among hospital nurses. *Journal of Nursing Management*, 16(7), 859–869.



Ghose, Guo, Li & Dang. (2021). Individual performance and quality of care in hospitals: A systematic review. *Health Care Management Review*, 46(2), 158–169.

Homans. (1961). *Social Behavior: Its Elementary Forms*. New York: Harcourt, Brace & World.

Karasek. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24(2), 285–308.

Kahn, & Katz. (1966). Social psychology in organizations. In G. Lindzey (Ed.), *Handbook of Social Psychology* (Vol. 3, pp. 153–276). Reading, MA: Addison-Wesley.

Kaiser. (1998). The social psychological causes of absenteeism. *Journal of Occupational Health Psychology*, 3(4), 283–298.

LOPIAGOTO & REOUNODJI . (2025) «L’Effet du Soutien Organisationnel et de l’Aspiration Professionnelle des Cadres Moyens du Centre Hospitalier Universitaire de l’Hôpital de la Mère et de l’Enfant sur l’Absentéisme», *Revue Internationale des Sciences de Gestion* « Volume 8 : Numéro 2 » pp : 1057 – 1074.

Meyer & Allen. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61–89.

Moorman, Niehoff, & Organ. (1993). Treating employees fairly and organizational citizenship behavior: Sorting the effects of job satisfaction, organizational commitment, and procedural justice. *Employee Responsibilities and Rights Journal*, 6(3), 209–225.

Olafsen, Halvari, Forest & Deci. (2015). Show them the money? The role of pay, managerial need support, and justice in a self-determination theory model of intrinsic work motivation. *Scandinavian Journal of Psychology*, 56(4), 447–457.

Podsakoff, MacKenzie, Moorman, & Fetter. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly*, 1(2), 107–142.

Preenen, Veen & Veldhoven. (2016). Predicting motivation and performance: The role of psychological need satisfaction and support. *European Journal of Work and Organizational Psychology*, 25(3), 401–412.

Rubina, Ramzan, & Khalid. (2008). The impact of competency on employee performance. *Journal of Management*, 3(2), 115–124.

Shojania. (2025). Individual performance and clinical outcomes: A meta-analytic review. *Medical Care Research and Review*, 82(1), 12–29.

Steel. (2003). The causes of employee absenteeism: A review. *Journal of Management*, 29(2), 243–264.



Vallerand. (2007). A hierarchical model of intrinsic and extrinsic motivation for sport and physical activity. In M. S. Hagger & N. L. D. Chatzisarantis (Eds.), *Intrinsic motivation and self-determination in exercise and sport* (pp. 255–279). Human Kinetics.

Williams & Anderson. (1991). Job satisfaction and organizational commitment as predictors of organizational citizenship and in-role behaviors. *Journal of Management*, 17(3), 601–617.