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PSYCHOLOGICAL RESILIENCE AND PERCEIVED SOCIAL SUPPORT AS PREDICTORS OF SUSTAINABLE DEVELOPMENT AMONG HEALTHCARE WORKERS AT UNIVERSITY COLLEGE HOSPITAL IBADAN POST-COVID-19

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ABSTRACT

In the post-COVID-19 era, healthcare workers faced unique challenges that impact their ability to contribute to sustainable development within their organizations. Psychological resilience and perceived social support are crucial factors that can influence these outcomes. This study explored the role of psychological resilience and perceived social support in predicting sustainable development among healthcare workers at the University College Hospital, Ibadan. A cross-sectional survey design was employed, involving a total population of 312 healthcare workers aged 22-60 years (mean age = 31.97; SD = 9.74). Participants were recruited using a stratified random sampling technique. Data were collected using: the Psychological Resilience Scale (PRS); the Multidimensional Scale of Perceived Social Support (MSPSS) and the Sustainable Development Perception Scale (SDPS). Descriptive statistics, Pearson correlation matrix, and multiple regression models were used for data analysis. Psychological resilience significantly predicted sustainable development [R^2 = 0.04, F(1, 310) = 11.70, p < .05], explaining 4% of the variance. Perceived social support significantly predicted sustainable development [R^2 = 0.07, F(1, 310) = 16.97, p < .05], accounting for 7% of the variance. Psychological resilience and perceived social support together significantly predicted sustainable development [R^2 = 0.10, F(2, 309) = 17.20, p < .05], jointly explaining 10% of the variance. Combined influence of psychological resilience and social support was a strong predictor of sustainable development perceptions among healthcare workers. Individual factors such as psychological resilience played a significant role in sustainable development among health workers while presence of robust social support systems amplifies these effects. These findings support the development of hospital-wide policies that integrate resilience training into staff development programmes and strengthen social support networks through structured peer mentoring, regular debriefing sessions, and accessible mental health services. The study underscores the importance of psychological resilience and perceived social support in fostering sustainable development within healthcare settings.

Keywords: Health system; aftermath covid-19; operational challenges; working support.

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INTRODUCTION

The COVID-19 pandemic has profoundly impacted healthcare systems worldwide, placing immense pressure on healthcare workers and highlighting their critical role in maintaining public health. The unprecedented strain has exposed vulnerabilities in healthcare infrastructure and workforce capacity, necessitating a re-evaluation of priorities and strategies to ensure readiness for future challenges. In the aftermath of the pandemic, healthcare institutions continue to face multifaceted challenges, making sustainable development essential for long-term resilience and effectiveness. Sustainable development in healthcare includes environmental and economic factors, as well as the well-being and professional sustainability of healthcare workers (Leung and You, 2023). These efforts align with Sustainable Development Goals (SDGs) such as SDG 3: Good Health and Well-being; SDG 8: Decent Work and Economic Growth and SDG 10: Reduced Inequalities. Psychological resilience and perceived social support are crucial factors that could significantly influence the ability of the healthcare workers to contribute to sustainable development. Therefore, understanding these factors is paramount for fostering sustainable development within healthcare settings.

Sustainable development in healthcare is a comprehensive approach that goes beyond immediate crisis response, addressing environmental and economic factors to ensure long-term viability and efficiency (Kruk *et al.*, 2018). Globally, various practices have been adopted to promote sustainability in healthcare. In Europe, the EU-funded RES-Hospitals project aims to reduce the carbon footprint of hospitals by integrating renewable energy sources, such as solar and wind power, into healthcare facilities (European Commission, 2021). Similarly, the Healthcare Without Harm initiative promotes environmentally responsible healthcare practices in the United States, emphasising waste reduction, energy efficiency, and sustainable procurement (Healthcare Without Harm, 2022). These efforts align with Sustainable Development Goal (SDG) 3: Good Health and Well-being; SDG 7: Affordable and Clean Energy and SDG 13: Climate Action, highlighting the importance of balancing resource utilisation with sustainable practices to maintain effective healthcare systems.

In Nigeria, sustainable healthcare development also focuses on well-being and professional sustainability of the healthcare workers. The Nigerian government and various non-governmental organisations have implemented several initiatives to support healthcare professionals. The National Primary Health Care Development Agency (NPHCDA) has launched programs to improve working conditions, provide continuous professional development, and ensure adequate staffing levels (NPHCDA, 2021). The Nigerian Sustainable Development Goals (SDGs) initiative also targets healthcare sustainability by promoting equitable access to quality healthcare services and enhancing healthcare infrastructure (*Nigerian Sustainable Development Goals (SDGs*, 2021). These initiatives correspond with SDG 3: Good Health and Well-being; SDG 8: Decent Work and Economic Growth and SDG 10: Reduced Inequalities. These goals recognise that a robust, healthy, and motivated workforce is essential for the resilience and effectiveness of the healthcare system, and they aim to address the unique challenges Nigerian healthcare workers face. Nigeria's health expenditure per capita has been increasing, highlighting its commitment to improving its healthcare system (World Bank, 2021).

Riley and Masten (2005) defined *resilience* as the ability to cope mentally and emotionally with crises or return to pre-crisis status quickly. Fletcher and Sarkar (2013) defined *psychological resilience* as the capacity to thrive despite challenges, adapt positively, and maintain well-being. For healthcare workers, who often operate in high-stress environments, resilience is crucial for maintaining mental health, job satisfaction, and productivity (Glette *et al*., 2023). Chidi *et al.* (2024) opined that resilient healthcare workers are better equipped to handle the emotional and physical demands of their roles, contributing to a more stable and effective healthcare environment. Resilience in the healthcare sector is the degree of change a system can undergo while maintaining its functionality (Biddle *et al*., 2020). Psychological resilience could play a vital role in enabling healthcare workers maintain their performance and well-being in the face of on-going pressures at UCH, Ibadan, thereby contributing significantly to the sustainable development of healthcare system in Nigeria.

Perceived social support involves the perception that one is cared for and supported by others, which can mitigate the negative effects of stress and enhance overall well-being (McLean *et al*., 2022). Taylor (2011) also defined *social support* as the perception or experience that one is loved, cared for, esteemed, valued, and part of a social network involving mutual assistance and obligations. Nwobodo *et al.* (2023), reported that strong social support networks can mitigate the negative effects of stress, reduce burnout, and enhance job satisfaction among healthcare workers. These networks include support from colleagues, family, friends, and institutional resources such as counselling services and peer support programs (Wright, 2016). Drageset (2021) reported that social support is a broad construct that includes the social structure of an individual's life and the specific functions of various interpersonal relationships, which are crucial for sustainable development in healthcare. Psychological resilience and social support could be essential for fostering a work environment that supports sustainable practices and overall healthcare system resilience at UCH, Ibadan.

The University College Hospital (UCH) in Ibadan, Nigeria, like many healthcare institutions globally, has faced significant challenges due to the COVID-19 pandemic. The pandemic has underscored the importance of building a resilient and supportive work environment to foster sustainable development. This study explored how psychological resilience and perceived social support among healthcare workers at UCH predict sustainable development post-COVID-19. By examining these relationships, the research sought to provide insights that can inform strategies to enhance the sustainability of healthcare systems through the well-being and support of their workforce.

The theoretical framework which guided this research is the Systems Theory, which posits that an organization functions as a complex set of interrelated and interdependent components. The Systems Theory posits that the sustainability of healthcare systems can be viewed as a dynamic interplay between individual, organisational, and environmental factors. In this study, psychological resilience and perceived social support are seen as critical individual-level components that influence the broader system's sustainability. This study emphasises the interconnectedness of various factors within the healthcare system. The research offered a comprehensive insight into the role of healthcare workers' well -being and support systems in fostering the sustainable development of healthcare facili-

ties in the post-pandemic period.

The study investigated the following key questions:

- How does psychological resilience influence sustainable development among healthcare workers?
- What roles do perceived social support play in this relationship?
- Are there interactions between psychological resilience and social support that amplify their impact on sustainable development?

Addressing these questions will contribute to understanding the psychological and social dynamics that underpin sustainable development in healthcare settings, particularly in the challenging post-COVID-19 landscape.

The following hypotheses were tested:

1. There will be a significant relationship between psychological resilience and sustainable development among healthcare workers.
2. There will be a significant relationship between perceived social support and sustainable development among healthcare workers.
3. There will be a joint significant relationship between psychological resilience and perceived social support among healthcare workers.

DESIGN

This study employed a cross-sectional survey design to examine the role of psychological resilience and perceived social support in predicting sustainable development among healthcare workers at the University College Hospital (UCH), Ibadan, in the post -COVID-19 era. The cross-sectional approach allows for the collection of data at a single point in time, providing a snapshot of the relationships between the variables of interest.

Participants: The study involved 312 healthcare workers at UCH, Ibadan, aged between 22 and 60 (mean age = 31.97, SD = 9.74). They were recruited using a stratified random sampling technique to ensure representation across various healthcare professions, including doctors, nurses, administrative staff, and support staff. Other demographics investigated include: sex; marital status; educational level, job roles and work shift (Table 1).

Instruments

Sustainable Development: This was measured using the Sustainable Development Perception Scale (SDPS), developed by the researchers. The SDPS is a 32-item instrument, divided into five domains: Environmental sustainability (8-items); Economic sustainability (5-items); Social sustainability (7-items); Personal well-being (9-items); and Overall sustainable development (3-items). The SDPS measures healthcare workers' perceptions of sustainable development within their organization, including aspects of environmental sustainability, economic viability, and workforce well-being. Sample questions for each domain included: "Our hospital actively implements waste reduction practices", "Our hospital manages financial resources efficiently to ensure long-term sustainability", "Our hospital fosters a supportive and collaborative work environment", "I feel capable of handling the stress and challenges associated with my job", and "I believe our hospital is committed to sustainable development".

Each item was scored on a scale from 1 to 5 based on how much an individual perceives each item in the last 12-months, including the day the respondent filled in the scale. Thus, each item carried the 5-point Likert-type response of "1 = Strongly Disagree (SD); 2 = Disagree (D); 3 = Neutral (N); 4=

Agree (A); and 5 = Strongly Agree (SA)". The five sections' overall values are further added to obtain the overall environmentally sustainable development perception score. Thus, total scores could range from 32 to 160. Before administering the newly developed Sustainable Development Perception Scale (SDPS), it was crucial to review and refine it through expert feedback and pilot testing to ensure clarity and relevance. This process was conducted among 45 Healthcare workers at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State. Experts were involved in establishing content and face validity, and potential respondents assessed the scale's appropriateness. From the pilot study, reliability testing provided an internal consistency (Cronbach's alpha 0.74), and two weeks later, a test-retest reliability was conducted to ensure the scale's stability and coherence. The current study found a reliability coefficient of 0.77 among healthcare workers at UCH, Ibadan.

Psychological Resilience: This was measured using the Resilience Scale for Adults (RSA) developed by Friborg *et al.* (2003). The 10-item self-report instrument was administered to assess the presence of protective resources that promote healthy adjustment to psychosocial adversity. This 10-item scale consisted of five dimensions of resilience: personal competence, social competence, family coherence, social support, and personal structure. Participants rated the amount of resilience on a 7-point Likert scale, indicating their degree of agreement with each item, which ranges from 1 = Not true at all (NTAA); 2 = Not true (NT); 3 = somewhat not true (SNT); 4 = Neutral (N); 5 = Somewhat true (ST); 6 = True (T); 7 = Very true (VT). In this study, the scores were interpreted as the higher the score, the greater the resilience. Thus, total scores ranged from 10 to 70, with higher scores indicating greater intrapersonal and interpersonal protective factors that are presumed to facilitate adaptation to life stresses. According to Friborg *et al.* (2003), the reliability of the RSA is adequate, with subscale αs ranging from 0.67 to 0.90, as are all subscale test-retest correlations (0.69 to 0.84). The scale had high construct validity, as evidenced by strong convergent and discriminant validity and its ability to differentiate between a patient sample and randomly chosen control sample. Windle *et al.* (2011), in their review of resilience measurement scales, identified the RSA as a scale of high quality across a number of criteria. Wakil and Ikhimoya (2019) used the scale in Nigeria among adults residing in marginalized neighbourhoods in Lagos State. The authors reported that the scale's internal consistency among the Nigerian sample reveals positively significant reliability coefficients. The current study found a reliability coefficient of 0.90 among Healthcare Workers at UCH.

Social Support (SS): This was measured using the multidimensional scale of perceived social support (MSPSS) developed by Zimet *et al.* (1988). The MPSS is a 12-item questionnaire which measures the amount of social support one receives from Three (3) sources: family (FAM), friends (FRE) and significant other/personal person (SO). Participants rated the amount of SS received on a 7-point Likert scale, which ranged from very strongly disagree (1) to very strongly agree (7). In this study, the scores were interpreted as: the higher the score, the greater the amount of perceived SS; thus, the total score could range from 12 to 84. The MSPSS was originally developed to measure social support in adolescents and has since been validated in both clinical and non-clinical samples. Due to its brevity and psychometric robustness, the MSPSS has been extensively

translated and validated into several languages. Bello *et al.* (2022) used the scale in Nigeria among female undergraduates. The authors reported that the scale's internal consistency among the Nigerian sample reveals positively significant reliability coefficients. The current study found a reliability coefficient of 0.82 among Healthcare Workers at UCH.

***Procedures*:** Participants were invited to complete the survey through both online and paper-based formats, ensuring accessibility and convenience. Prior to participation, informed consent was obtained from all respondents. The survey included demographic questions, followed by the PRS, MSPSS, and SDPS. Data collection was conducted over a period of four weeks to accommodate the varied schedules of healthcare workers. All procedures adhered to the ethical standards of institutional and national research committees and followed the 1964 Helsinki Declaration and its later amendments or equivalent ethical guidelines. Participation in the study was voluntary, with informed consent obtained from each participant, who was assured of the confidentiality and anonymity of their responses. Participants were also informed of their right to withdraw from the study at any point without any consequences.

***Data Analyses*:** Data were analyzed using a combination of descriptive statistics, Pearson correlation matrix, and hierarchical regression models. Descriptive statistics provided an overview of the sample characteristics and the distribution of scores on the PRS, MSPSS, and SDPS. Pearson correlation was used to examine the relationships between psychological resilience, perceived social support, and sustainable development perceptions. Multiple regression analysis was employed to test the predictive power of psychological resilience and perceived social support on sustainable development. All statistical analyses were conducted using SPSS version 25, with significance levels set at $p < .05$.

RESULTS

Gender distribution was nearly balanced, with 53.53% males and 46.47% females (Table 1). Marital status varied, with 53.85% single, 40.06% married, 2.88% divorced, and 3.21% widowed. Educational levels showed 51.60% with a Bachelor's degree, 16.99% with secondary education, 13.78% holding diplomas, 11.86% with a Master's degree, and 5.77% with other qualifications. Job roles included nurses (41.30%), doctors (34.90%), administrative staff (8.00%), technicians (4.80%), and others (10.90%). Participants had varying years of experience and worked in different departments, such as emergency (17.3%), outpatient (12.2%), intensive care (10.6%), inpatient wards (9.9%), pharmacy (7.1%), paediatrics (4.5%), internal medicine (5.4%), laboratory services (5.4%), obstetrics and gynaecology (6.1%), surgery (3.8%), radiology (3.8%), public health (3.8%), mental health (4.5%), pathology (2.9%), and social work (2.6%). Most participants were employed full-time (59.0%), with others part-time (19.9%), on contract (11.5%), or temporary (6.4%). Work shifts included day (42.60%), night (35.90%), rotating (17.90%), and others (3.50%). Monthly income varied, with 30.80% earning between 100,000 - 150,000, 26.90% earning 50,000 - 100,000, 19.60% earning 150,000 - 200,000, 13.50% earning above 200,000, and 9.30% earning below 50,000. Dependents ranged from one to seven, with the majority having four (28.80%). Access to mental health resources was high at 95.50%. The impact of COVID-19 varied, with 39.40% reporting a moderate impact on personal life, 33.00% severe, 25.30% mild, and 2.20% none, while

59.60% reported a severe impact on professional life, 19.90% moderate, 15.40% mild, and 5.10% none (Table 1).

Table 1: Socio-demographic analysis of participants N=312

Variables	Group	Frequency	Percentage
	Mean & SD		31.97, SD = 9.74
Gender	Male	167	53.53
	Female	145	46.47
Marital Status	Single	168	53.85
	Married	125	40.06
	Divorced	9	2.88
	Widowed	10	3.21
Educational Level	Bachelor's Degree	161	51.60
	Masters	37	11.86
	Diplomas	43	13.78
	Secondary Education	53	16.99
	Other Qualifications	18	5.77
Job Roles	Nurses	129	41.3
	Doctors	109	34.9
	Administrative staff	25	8.00
	Technicians	15	4.80
	Others	34	10.9
Department Worked in	Emergency	55	17.3
	Outpatient	38	12.2
	Intensive care	33	10.6
	Inpatient wards	30	9.9
	Pharmacy	22	7.1
	Pediatrics	14	4.5
	Internal Medicine	17	5.4
	Laboratory Services	17	5.4
	Obstetrics/Gynaecology	19	6.1
	Surgery	12	3.8
	Radiology	12	3.8
	Public Health	12	3.8
	Mental Health	14	4.5
	Pathology	9	2.9
	Social Work	8	2.6
Type of Employment	Full-Time	184	59.0
	Part-Time	72	23.1
	Contract	36	11.5
	Temporary	20	6.4
Work Shift	Day	133	42.6
	Night	110	35.4
	Rotating	56	17.9
	Others	13	4.1
Monthly Income	Below 50,000	29	9.3
	50,000 – 100,000	84	26.9
	100,000 - 150,000	96	19.6
	150,000 – 200,000	61	13.5
	Above 200,000	41	21.5
Number of Dependents	1	67	21.5
	2	75	24.0
	3	80	25.6
	4	90	28.8
Access to Mental Health Resources	Low Access	297	95.5
	No Access	15	4.5
Impact of Covid-19	Moderate	123	39.4
	Severe	103	33.0
	Mild	79	25.2
	None	7	2.2
Impact of Covid-19 on professional life	Moderate	186	59.6
	Severe	62	19.8
	Mild	48	15.4
	None	16	5.1

Source: Survey 2025

Test of Relationship:

To test the extent and direction of the relationship existing among the study variables, Pearson Product Moment Correlation analysis was utilised to test the variables.

Sustainable Development in Healthcare Settings had a significant positive correlation with Resilience Scale for Adults (r = 0.202**), suggesting that better sustainability practices in healthcare settings are associated with higher resilience levels among healthcare workers (Table 2). There was a significant positive correlation between Sustainable Development in Healthcare Settings and Social Support Multidimensional Perceived Social Support (r = 0.257**), indicating that environments with better sustainable development practices also tend to have higher levels of perceived social support. The correlation between Resilience Scale for Adults and Social Support Multidimensional Perceived Social Support was a positive but non-significant relationship (r = 0.041), suggesting that resilience levels are not strongly associated with perceived social support in this sample (Table 2).

Table 2: Summary of Correlation Matrix among the Variables in the Study

Variable	1	2	3
Sustainable Development in Healthcare Settings		.202**	.257**
Resilience Scale for Adults		1	.041
Social Support Multidimensional Perceived Social Support			1

Note: **p < .01, *p < .05, N = 312

Test of Hypotheses:

Hypothesis 1: There will be a significant relationship between psychological resilience and sustainable development among healthcare workers.

Psychological resilience significantly predicted sustainable development (R^2= 0.04, F1, 310 = 11.70, p<.05). The variable explained 4% of the variance in sustainable development (Table 3). Thus, the null hypothesis was rejected, and the alternate hypothesis was accepted.

Table 3: Multiple Regression of the Prediction of Sustainable Development by Psychological Resilience

Variables	**B**	**T**	**P**	**β**	**P**
Constant	25.17	5.28	<.05		
Psychological Resilience	0.19	3.42	<.05	0.20	<.05

(R^2= 0.04, F1,310 = 11.70, p<.05)

Hypothesis 2: There will be a significant relationship between perceived social support and sustainable development among healthcare workers.

Perceived social support significantly predicted sustainable development (R^2= 0.07, F1,310 = 16.97, p<.05). The variable explained 7% of the variance in sustainable development (Table 4). Thus, the null hypothesis was rejected, and the alternate hypothesis was accepted.

Table 4: Multiple Regression of the Prediction of Sustainable Development by Perceived Social Support

Variables	B	T	P	β	P
Constant	22.56	5.01	<.05		
Perceived Social Support	0.27	4.12	<.05	0.26	<.05

(R^2= 0.07, F1,310 = 16.97, p<.05)

Hypothesis 3: There will be a joint significant relationship between psychological resilience and perceived social support among healthcare workers.

Psychological resilience and perceived social support together significantly predicted sustainable development (R^2= 0.10, F2, 309 = 17.20, p<.05). The variables jointly explained 10% of the variance in sustainable development (Table 5). Thus, the null hypothesis was rejected, and the alternate hypothesis was accepted.

Table 5: Multiple Regression of the Joint Prediction of Sustainable Development by Psychological Resilience and Perceived Social Support

Variables	B	T	P	β	P
Constant	20.43	4.87	<.05		
Psychological Resilience	0.14	2.66	<.05	0.14	<.05
Perceived Social Support	0.22	3.98	<.05	0.21	<.05

(R^2= 0.10, F2,309 = 17.20, p<.05)

DISCUSSION

The study investigated the relationships between psychological resilience, perceived social support, and sustainable development among healthcare workers. Specifically, the study sought to determine whether psychological resilience and perceived social support individually and jointly predict sustainable development within healthcare setting.

The first objective of the study revealed that psychological resilience significantly predicts sustainable development among healthcare workers. This suggests that higher levels of psychological resilience among healthcare workers are associated with better sustainable development outcomes. Psychological resilience, defined as the ability to adapt and thrive in the face of adversity, appears to contribute positively to the sustainability efforts within healthcare settings. This relationship indicates that resilient healthcare workers are more likely to engage in and support sustainable practices and initiatives, thereby enhancing the overall sustainability of the healthcare environment. Previous studies found that resilience in healthcare professionals is linked to improved job performance and satisfaction (Wang *et al*, 2022; Chidi *et al*, 2024). Morganstein *et al*. (2021) also mentioned that resilient individuals are better able to cope with the high-stress environments typical of healthcare settings, which can lead to more sustainable work

practices and environments. Hart *et al.* (2014) highlighted that resilience training for nurses leads to enhanced coping skills and a reduction in burnout, ultimately contributing to a more sustainable workforce capable of maintaining high standards of patient care and organizational sustainability. The study by O'Dowd *et al.* (2018) highlights the interplay between stress, coping mechanisms, and psychological resilience among physicians, emphasizing the importance of resilience in managing occupational stress. The study by Gupta and McCarthy (2021) questioned the direct impact of psychological resilience on organizational outcomes, suggesting that while resilience is beneficial for individual well-being; its effects on broader organizational sustainability measures might be limited without additional supportive structures and policies in place. Popoola-Akinsola (2022) argued that focusing solely on individual resilience may overlook systemic issues within healthcare environments that contribute to stress and burnout. Popoola-Akinsola (2022), also suggested that without addressing these systemic issues, the impact of resilience on sustainable development might be insufficient. The significant relationship between psychological resilience and sustainable development can be plausibly explained by the fact that resilient healthcare workers are better equipped to handle the challenges and pressures of their work environment. According to Chidi *et al.* (2024), this capability allows them to maintain a positive outlook, stay committed to their roles, and actively engage in practices that promote sustainability. Resilient individuals are often proactive in seeking solutions to problems, which can lead to innovative approaches to sustainability within healthcare settings (Henshall *et al.*, 2020). However, it is essential to consider that resilience alone may not be sufficient to drive sustainable development comprehensively. Organizational support, adequate resources, and systemic changes are also critical to creating a sustainable healthcare environment. Therefore, while fostering resilience among healthcare workers is a valuable strategy, it should be part of a broader, multifaceted approach to achieving sustainable development in healthcare settings.

The second objective of the study showed that perceived social support is a significant predictor of sustainable development among healthcare workers. These findings suggest that higher levels of perceived social support among healthcare workers are associated with better sustainable development outcomes. Social support, which encompasses emotional, informational, and instrumental assistance from others, is critical in fostering a sustainable work environment. This relationship indicates that healthcare workers who feel supported by their colleagues, supervisors, and broader social networks are more likely to engage in and promote sustainable practices within their healthcare settings. From the study conducted by Ghasempour Ganji *et al.* (2021), it emphasized the importance of social support in enhancing individual well-being and organizational commitment. It suggests that social support can lead to increased job satisfaction and a stronger commitment to organizational goals, including sustainability initiatives (Silva *et al.*, 2023). On the other hand, studies have indicated that while social support is beneficial, its impact on organizational outcomes may be moderated by other factors such as individual coping styles and organizational culture (Kim *et al.*, 2008; Aluko, 2023). Therefore, the direct effect of social support on sustainable development might be less significant without these additional influ-

ences. The study by Abbah (2014) argued that social support alone might not be sufficient to drive significant organizational changes. It highlighted that systemic changes and management practices are also critical to achieving sustainable development goals (Oweibia *et al*., 2024). The significant relationship between perceived social support and sustainable development can be explained by the role of social support in enhancing individual well-being and organizational commitment. When healthcare workers feel supported, they are more likely to be motivated, engaged, and proactive in their roles (Ogungbamila, 2018). This positive work environment fosters collaboration and innovation, which are essential for implementing and sustaining development initiatives. Social support can buffer the negative effects of work-related stress and burnout, enabling healthcare workers to maintain high levels of performance and commitment to sustainability goals. However, it is important to note that social support should be part of a broader strategy that includes systemic changes and supportive management practices to achieve comprehensive sustainable development in healthcare settings. Social support provides emotional and instrumental resources that buffer stress and foster collaboration. However, its effectiveness in driving sustainable development may be enhanced by addressing broader organizational and systemic challenges.

The third objective of the study revealed that psychological resilience and perceived social support jointly predict sustainable development among healthcare workers. This indicates that a supportive environment and individual resilience are both essential for fostering a sustainable and thriving healthcare environment. Kansky's study emphasized the synergy between resilience and social support in enhancing individual well-being and organizational outcomes. The author argued that resilient individuals who perceive high levels of social support are better equipped to cope with stress and contribute positively to their organizations (Kansky, 2017). Some researchers found that psychological resilience and social support are critical factors in maintaining mental health and productivity in the workplace (Harvey *et al.* 2014). Their findings suggest that resilient employees with strong social networks are more likely to engage in sustainable practices. Conversely, Mafabi *et al.* (2015) study indicated that while psychological resilience and social support are important, their combined effect on organizational outcomes might be influenced by other factors such as job design, leadership, and organizational culture. Khaksar *et al.* (2019) then argued that the benefits of resilience and social support may vary depending on the context and the specific stressors faced by individuals. They suggest that other resources and support systems are also critical for achieving sustainable development goals. The findings highlight the importance of integrating individual and organizational resources to promote sustainability. Resilient individuals with strong social networks are more likely to overcome challenges and innovate. However, achieving comprehensive sustainable development requires addressing contextual factors such as job roles and leadership dynamics.

The significant joint relationship between psychological resilience and perceived social support in predicting sustainable development can be explained by their complementary roles in enhancing individual and organizational well-being. Psychological resilience helps healthcare workers adapt to and recov-

er from challenges, maintaining their capacity to perform effectively. Concurrently, perceived social support provides the necessary emotional, informational, and instrumental resources that further bolster their ability to engage in sustainable practices.

The interplay between resilience and social support creates a robust support system that not only mitigates the negative impacts of stress and adversity but also promotes a positive and collaborative work environment. This environment is conducive to the implementation and sustainability of development initiatives, as employees feel empowered, supported, and resilient in the face of challenges. Moreover, the presence of strong social support networks can reinforce and enhance the effects of psychological resilience. When healthcare workers perceive that their colleagues and organization support the organization, intrinsic resilience is amplified, leading to higher levels of engagement and commitment to sustainability goals.

Limitation of the Study

This study, while comprehensive in its approach, had several limitations that should be acknowledged. The sample size, though adequate, was limited to healthcare workers from a single institution, which may not be representative of all healthcare settings in Nigeria or other regions. The cross-sectional design of the study restricts the ability to infer causality between psychological resilience, perceived social support, and sustainable development. Longitudinal studies would be necessary to establish causative relationships. Self-reported measures are subject to biases such as social desirability and recall bias, which may affect the accuracy of the data.

The study did not consider other potential moderating variables such as organizational culture, leadership styles, and job satisfaction, which could influence the relationship between the studied variables.

CONCLUSION

This study highlights the significant roles that psychological resilience and perceived social support play in promoting sustainable development within healthcare settings. The findings suggest that both individual resilience and a supportive social environment are critical in fostering a sustainable and thriving healthcare environment. The combined influence of these factors underscores the importance of developing strategies that enhance resilience and build robust support networks among healthcare workers. Addressing these areas can lead to improved well-being and better organizational outcomes, ultimately contributing to the sustainability of healthcare services.

Clinical Message

1. ***Enhancing Psychological Resilience:*** Healthcare institutions should implement programs aimed at building and enhancing psychological resilience among healthcare workers. This could include resilience training workshops, stress management programs, and access to mental health resources.
2. ***Strengthening Social Support Networks:*** Hospital administrators, department heads, and human resource managers should implement structured programmes to strengthen social support networks within healthcare settings, such as team-based peer mentoring, regular debriefing meetings, and accessible counselling services.
3. ***Organizational Policies*:** Healthcare

organizations should develop policies that promote a supportive work environment. This includes providing adequate resources, ensuring fair workload distribution, and recognizing and rewarding employees' contributions.

4. ***Longitudinal Research:*** Future research should adopt longitudinal designs to better understand the causal relationships between psychological resilience, social support, and sustainable development.

5. **B*roader Sampling:*** Expanding the study to include multiple healthcare institutions across different regions will enhance a general use of the findings.

6. ***Comprehensive Support Systems*:** Developing comprehensive support systems that address not only resilience and social support but also other factors such as job satisfaction, leadership styles, and organizational culture.

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