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MODERATING ROLE OF SOCIAL SUPPORT IN THE RELATIONSHIP BETWEEN ANXIETY AND PSYCHOLOGICAL WELL-BEING OF NURSES IN UNTH ITUKU-OZALLA, ENUGU, NIGERIA

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Abstract

This study investigated the moderating role of social support in the relationship between anxiety and the psychological well-being of nurses at the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu. A sample of 307 nurses were selected via stratified and purposive sampling. Their age range was from 25 to 59 years with mean age of 41.88 and standard deviation of 8.61. The research employed a correlational design, and data were collected with the Generalized Anxiety Disorder-7 (GAD-7) scale, Ryff's 18-item Psychological Well-Being Scales (PWBS), and the Multidimensional Scale of Perceived Social Support (MSPSS) adapted to include workplace sources. Moderated hierarchical regression analysis revealed a significant negative relationship between anxiety and psychological wellbeing. While social support alone did not predict psychological wellbeing, it significantly and positively moderated the anxiety–psychological wellbeing link. Specifically, higher levels of perceived social support, particularly from "significant others," buffered the detrimental effect of anxiety on some wellbeing dimensions including environmental mastery, personal growth, and positive relations with others. The findings underscore the fact that social support operates primarily as a protective factor rather than a direct enhancer of wellbeing in this high-stress context. The study concludes that institutional interventions should prioritize fostering supportive peer networks and transformational leadership to mitigate the impact of anxiety, thereby promoting resilience and sustainable psychological wellbeing among nurses in Nigerian teaching hospitals.

Keywords: Anxiety, Psychological Well-being, Social Support, Nurses, UNTH Enugu Nigeria

Introduction

The instinct to care for the sick is a human constant, the modern discipline was profoundly shaped by pioneers like Florence Nightingale and has been continually refined by wars, societal changes, and technological advancements. Today, nursing represents the largest component of the global healthcare workforce and is defined by its commitment to patient advocacy, holistic care, and evidence-based practice (World Health Organization [WHO], 2020).

Nurses are the undisputed cornerstone of healthcare delivery, acting as the primary point of patient contact (Haddad et al., 2023). Their role extends

beyond clinical tasks to encompass advocacy, emotional support, and complex decision-making. However, this central role is conducted within a landscape of escalating systemic pressures. Furthermore, a pervasive global nursing shortage, driven by burnout, an aging workforce, and an insufficient pipeline of new graduates, creates a vicious cycle: shortages lead to higher workloads for remaining staff, which in turn leads to more burnout and attrition (Marć et al., 2019).

Also, as a profession that is wrapped in caring for others; nursing is intrinsically characterized by a unique intersection of profound responsibility and significant emotional labour. The very roles that define nursing excellence, those of clinician, advocate, and patient companion also contain the antecedents for psychological distress. Haddad et al. (2023) explain that nurses are the frontline guardians of patient safety, responsible for administering complex medication regimens and monitoring for subtle signs of deterioration, which creates a state of persistent hyper vigilance and performance anxiety. This anxiety is compounded by understaffing, where the sheer volume of tasks makes it feel impossible to provide safe, comprehensive care. Another core function of nursing is patient advocacy. However, this often places nurses in ethically fraught situations where they know the right course of action but are prevented from taking it due to systemic barriers. These barriers include inadequate staffing, restrictive institutional policies, or directives to provide care deemed medically futile. Ryff (1989) defines psychological well-being as a multidimensional construct encompassing positive psychological functioning. It is not merely the absence of distress but the presence of six core dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

Furthermore, Seligman, (2018), a founder of positive psychology, defines well-being through a framework of five measurable elements, known as PERMA. He suggests that well-being is a construct constituted by Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (Seligman, 2018). He argues that these elements contribute to well-being and are pursued for their own sake.

Although, there are many factors that can affect the psychological well-being, one of the most significant factors that erodes psychological well-being is anxiety. Anxiety, characterized by feelings of tension, worried thoughts, and physiological changes like increased blood pressure, can become a chronic condition in high-stress environments like nursing (American Psychiatric Association, 2013). A Clinical Definition from the leading diagnostic manual (DSM-5-TR) characterizes anxiety by "excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities." This study specifically identified that supervisor support was a critical moderating variable; nurses who reported supportive nurse managers experienced a less severe negative impact of anxiety on their mental health.

This research aimed to address these gaps by conducting a moderated correlational investigation into the role of social support in the relationship between anxiety and the psychological well-being of nurses at the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu. The findings will provide evidence-based, actionable insights for designing precise, multi-level intervention strategies to cultivate resilient nurses, ensure high-quality patient care, and secure the sustainability of essential health care system. This research directly addressed this problem by investigating not just if social support matters, but which specific aspects (e.g., family, friends, significant others) are most critical in mitigating anxiety and promoting well-being within the Nigerian context. The results will provide UNTH management with an evidence-based blueprint for developing culturally resonant, practical, and sustainable mental health interventions tailored to the real-world experiences of their nurses, thereby promoting a healthier, more resilient, and effective nursing workforce.

Hence, the following research objectives were studied:

1. To determine if anxiety will be related to with psychological well-being (Self-Acceptance, positive relations with others, autonomy; environmental mastery purpose in life and personal growth dimensions) of UNTH Nurses.
2. To examine whether perceived social support (family, friends and significant others) will be related to psychological well-being (self-acceptance, positive relations with others, autonomy; environmental mastery purpose in life and personal growth dimensions) of UNTH Nurses.
3. To explore if perceived social support (family, friends and significant others) will moderate the relationship between anxiety and psychological well-being (self-acceptance, positive relations with others,

autonomy; environmental mastery purpose in life and personal growth dimensions) of UNTH Nurses.

This study investigates the moderating role of perceived social support in the relationship between anxiety and the psychological well-being of nurses at the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu. The framework integrates three theories: Ryff's Eudaimonic Theory of Psychological Well-being as the core positive outcome variable, contemporary extensions of Beck's Theory of Anxiety explaining the threat to this well-being, and modern elaborations of Cohen and Wills' Stress-Buffering Theory explaining the protective mechanism. The central argument is that nurses' psychological well-being is continuously threatened by anxiety-provoking occupational stressors at UNTH, but this negative relationship can be moderated by social support, which preserves eudaimonic well-being.

Contemporary elaborations of Beck's Cognitive Theory of Anxiety explain how occupational stressors threaten each well-being dimension. Anxiety emerges from dysfunctional cognitive schemas that bias information processing toward threat detection, becoming maladaptive when chronically activated (Clark & Beck, 2010). In anxious states, the cognitive system becomes hypervigilant, overestimating negative events while underestimating coping capacity. This framework illuminates how systemic pressures at UNTH activate these cognitive distortions.

However, the negative impact of anxiety on psychological well-being is not deterministic. The relationship can be modified through perceived social support, as explained by contemporary elaborations of Cohen and Wills' (1985) Stress-Buffering Theory. Cohen and Wills (1985) posited that social support buffers individuals from stressful events' pathogenic effects.

A study conducted by Zhu et al. (2025) on the impact of mental toughness on subjective well-being among Chinese college students in the post-COVID-19 era. The study participants were 291 full-time undergraduate students from Chuzhou University. The findings indicated that anxiety emerged as a significant negative predictor, indicating a substantial negative effect on well-being.

Study by Zhang et al. (2025) on Effects of information involvement on subjective well-being during public emergencies: the mediating roles of emotional regulation and social support. The findings of this study demonstrated that generalized anxiety significantly affects subjective well-being.

Study by Anda et al. (2025) on the role of social support in enhancing psychological well-being: the mediating effect of self-esteem in first-year university students, the study employed a quantitative research design with purposive sampling, selecting 225 new university students as participants. Findings revealed that social support significantly and positively influences psychological well-being.

Feng et al. (2025) on network analysis of social support and anxiety symptoms among college students during the COVID-19 pandemic. Findings revealed that perceived social support was significantly associated with anxiety symptoms. Specifically, family support consistently served as a key protective factor against anxiety symptoms, while the influence of friend and other support weakened over time. In another study by Yang et al. (2025) on social support and anxiety, a moderated mediating model. The study sampled 1097 college students at two universities in Hunan Province. The study found that social support significantly and negatively predicted college students' anxiety. Social support also functions as a crucial buffer against anxiety, moderating its negative impact on psychological well-being and promoting resilience.

In a study conducted Lee et al. (2019) using clinical nurses in Taiwan. The researchers used a psychometric study that produced a practical short form of Ryff's Psychological Well-Being Scale (PWBS). The researchers also used a cluster-randomized sampling strategy to recruit 474 clinical nurses at a Taipei medical center and administered the original 84-item PWBS before reducing it to an 18-item short form through exploratory and confirmatory factor analyses; internal consistency for the 18-item scale was excellent ($\alpha \approx .88$) though the autonomy subscale showed weaker reliability ($\alpha \approx .57$).

In an educational context, a longitudinal study by Schmidt and Kowalski (2023) followed five hundred university students in Germany over an academic year. The research design involved assessing psychological well-being and anxiety at three time points. The results revealed that a decline in psychological well-being during high-stress periods, such as examinations, was a reliable predictor of increased state anxiety. This underscores the dynamic interplay between these two constructs over time, suggesting that promoting student well-being can serve as a protective factor against anxiety.

Examining protective factors, Garcia et al. (2021) studied the role of social support as a buffer against anxiety during the COVID-19 pandemic. Their

research focused on a large and diverse population of 1,200 frontline workers, including healthcare staff, emergency responders, and retail employees in the United States. The researchers adopted a longitudinal design, collecting data on perceived social support and anxiety symptoms at three points over a six-month period. The analysis showed that individuals who reported higher levels of social support at the beginning of the study exhibited a smaller increase in anxiety symptoms over time compared to those with lower social support. This outcome underscores the critical importance of strong social networks in preserving psychological well-being and mitigating anxiety during prolonged periods of collective stress.

Globally, a seminal study by Labrague and Santos (2020) surveyed a population of 1,097 frontline nurses in the Philippines. Utilizing a predictive, cross-sectional research design, the study not only confirmed a high prevalence of anxiety but also used regression analysis to demonstrate that social support was a significant negative predictor of anxiety and a positive predictor of psychological well-being. Their results specifically indicated that nurses with robust support systems reported significantly higher levels of resilience and life satisfaction, directly linking support to positive well-being outcomes rather than just the absence of distress.

In Africa, a study by Moyo et al. (2022) directly addressed the interplay of these three constructs among 543 healthcare workers, including nurses, doctors, and paramedics, in Zimbabwe. The cross-sectional research design incorporated structural equation modelling to evaluate a mediation model. The results revealed that the perceived stress from the work environment significantly predicted increased anxiety levels, which in turn led to diminished psychological well-being. However, a key finding was that social support functioned as a significant buffer, weakening the negative pathway between stress and anxiety, thereby illustrating its protective, moderating effect on mental health.

Within West Africa, a Nigerian study by Ugwu et al. (2021) provided a nuanced analysis by examining 285 nurses across three federal medical centers. Their research design was correlational and utilized hierarchical regression. The results confirmed a strong negative correlation between anxiety and psychological well-being. Importantly, the analysis showed that social support significantly moderated this relationship; for nurses with high social support, the detrimental impact of anxiety on their psychological well-being was substantially reduced compared to those with low support. These finding underscores social support's role in building psychological resilience.

Also, Onyema et al. (2023) explored these constructs among 164 clinical psychologists and social workers, a group of health professionals often overlooked. Using a longitudinal design over six months, the researchers tracked changes in well-being. The results demonstrated that initial levels of social support predicted a lower increase in anxiety symptoms and a greater increase in psychological well-being over the study period. This longitudinal evidence strengthens the causal argument that social support is a resource that fosters long-term well-being and mitigates anxiety among Nigerian health professionals.

Finally, Garcia et al. (2021) studied the role of social support as a buffer against anxiety during the COVID-19 pandemic. Their research focused on a large and diverse population of 1,200 frontline workers, including healthcare staff, emergency responders, and retail employees in the United States. The researchers adopted a longitudinal design, collecting data on perceived social support and anxiety symptoms at three points over a six-month period. The analysis showed that individuals who reported higher levels of social support at the beginning of the study exhibited a smaller increase in anxiety symptoms over time compared to those with lower social support. This outcome underscores the critical importance of strong social networks in preserving psychological well-being and mitigating anxiety during prolonged periods of collective stress.

Therefore, the literature summary conclusively demonstrates that while the relationship between anxiety, social support, and well-being is established globally, it remains underexplored, poorly defined, and inadequately measured in the specific context of this study. This research is justified as it moves to fill this gap by employing empirical approach to precisely measure these variables and quantitatively explore the mechanisms of support. The findings provided the evidence-based, culturally resonant blueprint necessary for UNTH management to develop targeted interventions to safeguard their most valuable resource: their nurses.

Hypotheses

1. Anxiety will significantly relate with psychological well-being (self-acceptance, positive relations with others, autonomy; environmental mastery, purpose in life and personal growth) of UNTH Nurses.
2. Perceived social support (family, friends and significant others) will significantly

associate with psychological well-being (self-acceptance, positive relations with others, autonomy; environmental mastery, purpose in life and personal growth) of UNTH Nurses.

3. Perceived social support (family, friends and significant others) will moderate the relationship between anxiety and psychological well-being (self-acceptance, positive relations with others, autonomy; environmental mastery, purpose in life and personal growth) of UNTH Nurses.

Method

The participants comprising of 307 nurses (9 males and 298 females) drawn from University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu State took part in the study. The age range of the participants is 25 to 59 years with mean age of 41.88 and standard deviation of 8.61. The population for this study comprised of all the registered nurses and midwives employed full-time at UNTH, Ituku-Ozalla, across all clinical departments and units (e.g., Medicine (53), Surgery (49), Emergency (25), Paediatrics (65), Intensive Care (25), Obstetrics/Gynaecology (60), Theatre (30). A two-stage sampling technique (stratified and purposive) was applied in drawing the participants. The strata were formed based on the major clinical departments (e.g., Medical, Surgical, Paediatric, Obstetrics and Gynaecology, Emergency, ICU/Theatre). Purposive sampling technique was used to draw the sample from every stratum which targeted only the nurses who met the inclusion criteria. The stratified sampling technique was employed to ensure the sample was a representative of the entire nursing population at UNTH.

Inclusion Criteria: Registered nurses and midwives employed full-time at UNTH, Ituku-Ozalla who have at least one year of clinical experience in the hospital and are directly involved in patient care and willing and able to provide informed consent. *Exclusion Criteria:* Nursing administrators or managers with no direct patient care responsibilities, student nurses, interns on temporary placement and nurses who have been on leave (e.g., sick leave, maternity leave) for more than three months in the past year. Some demographic variables such as age, gender, marital status, highest educational qualification in nursing, current department/unit, total years of nursing service, years of experience at UNTH, current rank/position and type of shift rotation worked, were controlled in the study. Using the Yamane (1967) formula for finite population sampling, the minimum sample size was calculated to ensure the results are statistically representative.

Formula: $n = N / (1 + N(e)^2)$

Where:

n = desired sample size

N = the finite population size (approximately 636 nurses at UNTH)

e = margin of error (set at 5% or 0.05 for a 95% confidence level)

Therefore, $n = 636/ (1 + 636 (0.05)^2)$

$n = 636/ (1 + 636 \times 0.0025)$

$n = 636/ (1 + 1.59)$

$n = 636/2.59$

$n = 245.56$

Instruments

This study used three structured self-administered questionnaires for data collection. The Psychological Well-being Scales (Ryff, 1989) is an 18-item scale that measures six dimensions of psychological well-being: Autonomy (3 items), Environmental Mastery (3 items), Personal Growth (3 items), Positive Relations with Others (3 items), Purpose in Life (3 items), and Self-Acceptance (3 items). Respondents indicate their level of agreement on a 6-point Likert scale from 1 ("Strongly disagree") to 6 ("Strongly agree"). Items are summed to create a total well-being score, with higher scores indicating greater psychological well-being. Subscale scores are also be calculated. The scale is widely used and has been validated in occupational health studies. The subscales typically demonstrate acceptable internal consistency, with Cronbach's alpha coefficients ranging from 0.70 to 0.85. The Validity provided by the developer was based on construct Validity demonstrated through theoretical deviation (face/content validity), convergent and discriminant validity and know-group validity and factor structure. The researchers conducted a pilot study involving twenty-three nurses selected from Enugu State Teaching Hospital Parklane Enugu and it yielded Cronbach alpha of .91.

Generalized Anxiety Disorder-7 (GAD-7) scale by Spitzer et al., (2006) is a 7-item self-report scale used to measure the severity of generalized anxiety disorder. Respondents rated how often they have been bothered by each symptom (e.g., "Feeling nervous, anxious, or on edge") over the past two weeks on a 4-point Likert scale from 0 ("Not at all") to 3 ("Nearly every day").

Total scores range from 0 to 21. Scores of 5, 10, and 15 represent cut-off points for mild, moderate, and severe anxiety levels, respectively. A score of ≥10 indicates clinically significant anxiety. The

scale has demonstrated excellent reliability and validity across various populations, including healthcare workers (Löwe et al., 2008). The scale has consistently shown high internal consistency, with Cronbach's alpha coefficients typically above 0.85.

The researchers conducted a pilot study involving twenty-three nurses selected from Enugu State Teaching Hospital Parklane Enugu and it yielded Cronbach alpha of .81.

Perceived Social Support (MSPSS) (Zimet et al., 1988) is a 12-item scale designed to assess perceptions of social support adequacy from three sources; Family (4 items), Friends (4 items), and a Significant Other (4 items). For this study, "Significant Other" will be operationally defined to include a close colleague or supervisor to maintain relevance in the workplace context. Respondents rate each item on a 7-point Likert scale from 1 ("Very strongly disagree") to 7 ("Very strongly agree"). A total score and three subscale scores (Family, Friends, Significant Other) are calculated by summing the relevant items. Higher scores indicate higher levels of perceived social support. The MSPSS has been used globally and is known for its strong psychometric properties. The scale has high internal consistency, with Cronbach's alpha for the total scale often exceeding 0.85, and subscales ranging from 0.81 to 0.90.The validity was assumed based on original developer reports and high internal consistency for the total scale and each subscale with Cronbach's alpha coefficients ranging from 0.85 to 0.91, as high reliability score is a prerequisite for validity. The researchers conducted a pilot study involving twenty-three nurses selected from Enugu State Teaching Hospital Parklane Enugu, and it yielded Cronbach alpha of .84.

Procedure

Formal permission was obtained from the UNTH management and the Head of the Nursing Department. Potential participants were approached during unit meetings or handover sessions and individually while they are on duty. The study's purpose, procedures, benefits, risks, and confidentiality were explained. Nurses who meet the criteria and expressed interest were provided with the information sheet and consent form. Formal approval was obtained from the Research Ethics Committee of the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla. A detailed research proposal, including the instruments, informed consent form, and participant information sheet, were submitted for review. Training of Research Assistants: Two (2) research assistants which included a final-year nursing student and a nurse intern with prior training were used. They were made to know the objectives of the study, ethical conduct (emphasizing confidentiality and voluntary participation), and the procedure for administering and retrieving questionnaires. After the refresher training was completed, they were recruited and used as assistants in distribution of the questionnaires. Using the stratified and purposive random sampling technique, potential participants were identified. The researchers and assistants approached them during unit meetings, handover sessions, and went to their departments at convenient time. Each potential participant was given a detailed explanation of the study's purpose, procedures, potential risks, and benefits, and their right to withdraw at any time without penalty. Ample time was given for questions. Out of the 500 copies of the questionnaires distributed, 348 were returned representing 69.6%, 31 copies of questionnaires were discarded for improper filling representing 6.2% whereas, 307 copies of the questionnaires correctly filled representing 61.4% were used for the data analysis.

Design and Statistics

The study adopted correlational research design and moderated hierarchical regression analysis as a statistical tool. This is because of the moderator variable (perceived social support), a predictor variable (anxiety), and a criterion variable (psychological wellbeing) using the Statistical Package for the Social Sciences version 25 for testing the hypotheses.

Result

Table 1: Summary of Moderated Hierarchical Regression Analysis on The Moderating Role of Perceived Social Support in Anxiety and Psychological Well-Being.

	Step 1			**Step 2**			**Step 3**		
	B	T	P	**β**	T	P	**β**	t	P
(Constant)	87.59	2.32		101.49	2.70		105.32	2.82	
Gender	-4.15	-28	.78	-1.38	-10	.92	1.82	.13	.90
Marital Status	.28	.07	.94	1.61	.42	.68	1.11	.29	.77

Educational Qualification	-1.73	-30	.76	-2.50	-.44	.66	-3.63	-.64	.52
Years of Service	-.69	-.08	.94	1.99	.23	.82	2.06	.24	.81
Ranks	-5.20	-1.05	.30	-7.48	-1.51	.13	-6.88	-1.39	.17
Department/Unit	-2.38	-1.05	.30	-2.57	-.01	.03	-2.29	-1.92	.06
Shift Duty	1.44	.28	.78	-.03	-.01	.10	.40	.08	.94
Age	-.09	-.34	.74	-.16	-.63	.53	-.15	-.58	.56
Anxiety(X)				-1.05*	-3.09*		-1.96**	-3.43**	
Social Support (W)				-.06	-.66	.51	-.33*	-2.03*	
Anxiety x Social Support							.023*	1.98*	
R	.16			.24			.27		
R^2 Change	.03			.05			.07		
F Change	.96			1.82			2.03*		

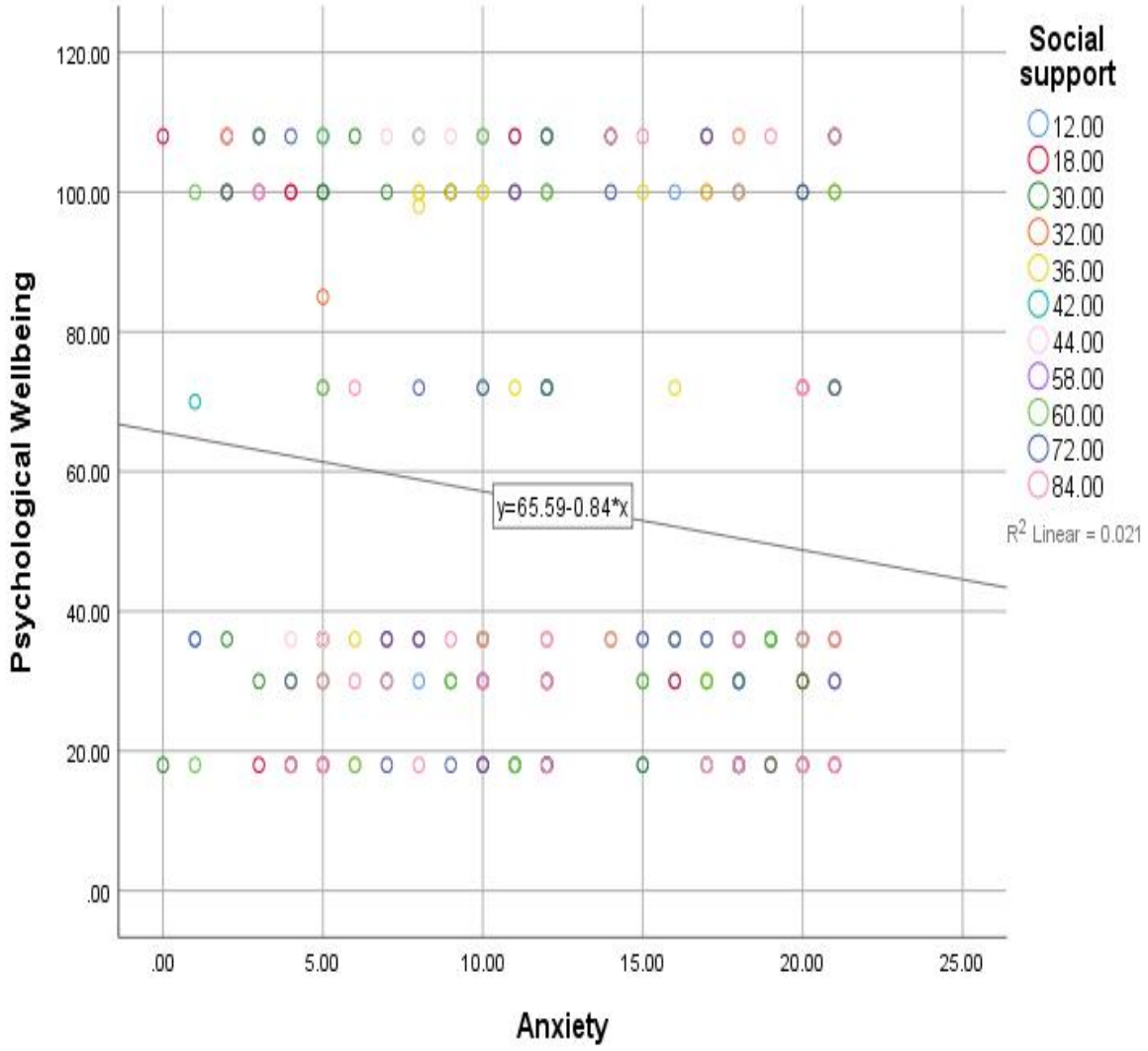
Note: *p< .05, **p< .001. Psychological Wellbeing (Y); Department/Unit was coded as 1 (Medical), 2 (Obstetrics/Gynaecology), 3 (Surgical), 4 (Paediatrics), 5 (ICU), 6 (Theatre) and 7 (Emergency).

In step two of table 1 above, anxiety negatively predicted psychological wellbeing B = -1.05, t = -3.09, p<.05. This indicates that nurses who experience anxiety have less psychological wellbeing. Thus, the first hypothesis which stated "that anxiety will significantly predict psychological wellbeing was accepted. The table above further revealed that the moderator variable, social support (family, friends, and significant others), did not predict psychological wellbeing B = -.06, t= -0.66, p>.05. This implies that the nurses perceived social support do not lower or boost their psychological wellbeing. Hence, the second hypothesis which stated that "perceived social support (family, friends and significant others) will significantly predict psychological wellbeing" is hereby rejected.

However, the table revealed in step three that perceived social support (family, friends, and significant others) significantly and positively moderated the negative relationship found between anxiety and psychological wellbeing (B = .023, t = 1.98, p<.05). This means that participants perceived social support boost the negative relationship between anxiety and psychological wellbeing. Hence, the third hypothesis which said that "perceived social support (family, friends and significant others) will moderate the relationship between anxiety and psychological wellbeing" is hereby accepted. The moderation/interaction graph in figure 1 below for further explains this finding. The relationship between variables entered in step one yielded (r=.27) and accounted approximately 7.0% (>r^2 =.07) of the variance in psychological wellbeing scores which contributed significantly to the regression model, F (11, 295) = 2.03, p<.05.

Table 1 also revealed that the eight demographic variables controlled in this study were entered in step one, however, gender (B = -4.15, t = .28, p>.05) , marital status (B = .28, t = .07, p>.05) , educational qualifications , (B = -1.73, t = .30, p>.05), years of service (B = -.69, t = -.08, p>.05), ranks (B = -5.20, t = -1.05, p>.05), shift duty (B = 1.44, t = .28, p>.05) and age (B = -.09, t = -.34, p>.05) did not predict psychological wellbeing of nurses. Whereas only Department/unit (B = -2.38, t = -1.99, p<.05) negatively predicted psychological wellbeing. This implies that nurses in medical department experience better psychological wellbeing whereas, those in emergency department experience decline psychological wellbeing.

Figure 1: Showing Perceived Social Support (Family, Friends, and Significant Others) As A Moderator in the Negative Relationship Found Between Anxiety and Psychological Wellbeing of Nurses.



***Note*:** The diagram above portrays that nurses perceived social support (family, friends, and significant others) lowers anxiety by boosting their psychological wellbeing.

Table 2: Summary Of Moderated Regression Analysis on the Moderating Role of Perceived Social Support in Anxiety and Environmental Mastery Dimension of Psychological Wellbeing.

Model		*B*	Std. Error	*Beta*	*t*	*p*
1	(Constant)	13.402	1.327		10.098	.000
	Anxiety	-.330	.098	-.341	-3.368	.001
	Social support	-.055	.027	-.219	-2.031	.043
	Anxiety x Family	.006	.005	.150	1.202	.230
	Anxiety x Friends	-.005	.006	-.131	-.833	.405
	Anxiety x Significant Other	.012	.005	.309	2.216	.027

a. Dependent Variable: Environmental Mastery

Observation of table 4 above revealed that anxiety negatively predicted environmental mastery (B = -.330, t = -3.368, p<.001). This implies that nurses' low anxiety promotes the environmental mastery dimension of their psychological wellbeing. Social support negatively predicts environmental master (B = -.055, t = -2.031, p=.043). Also, Family and Friends did not predict environmental mastery (B = .006, t =

1.202, *B* = -.005, *t* = -.833, *p*>.05 respectively). Thus, Significant Other dimension of perceived social support positively moderated the relationship between anxiety and environmental mastery dimension of psychological wellbeing (*B* = .012, *t* = 2.216, *p*=.027). This implies that significant other dimension of perceived social support enhances the relationship between anxiety and environmental mastery dimension of psychological wellbeing.

Table 3: Summary Of Moderated Regression Analysis on The Moderating Role of Perceived Social Support in Anxiety and Personal Growth Dimension of Psychological Wellbeing.

Model		*B*	*Std. Error*	*Beta*	*t*	*p*
1	(Constant)	13.541	1.321		10.252	.000
	Anxiety	-.325	.097	-.337	-3.335	.001
	Social support	-.055	.027	-.220	-2.041	.042
	Anxiety x Family	.006	.005	.141	1.127	.261
	Anxiety x Friends	-.005	.006	-.129	-.821	.412
	Anxiety x Significant Other	.012	.005	.317	2.277	.023

a. Dependent Variable: Personal Growth

Observation of table 5 above revealed that anxiety negatively predicted personal growth (*B* = -.325, *t* = -3.335, *p*<.001). This implies that nurses' low anxiety promotes the personal growth dimension of their psychological wellbeing. Social support negatively predicted personal growth (*B*= -.055, *t* = -2.041, *p*=.042). Also, Family and Friends did not predict personal growth (*B*= .006, *t* = 1.127, *B*= -.005, *t* = -.821, *p*>.05 respectively). Thus, Significant Other dimension of perceived social support positively moderated the relationship between anxiety and personal growth dimension of psychological wellbeing (*B*= .012, *t* = 2.277, *p*=.023). This implies that significant other dimension of perceived social support enhances the relationship between anxiety and personal growth dimension of psychological wellbeing.

Table 4: Summary Of Moderated Regression Analysis on The Moderating Role of Perceived Social Support in Anxiety and Positive Relation with Others Dimension of Psychological Wellbeing.

Model		*B*	*Std. Error*	*Beta*	*t*	*p*
1	(Constant)	13.914	1.224		11.371	.000
	Anxiety	-.322	.090	-.360	-3.565	.000
	Social support	-.055	.025	-.238	-2.217	.027
	Anxiety x Family	.006	.005	.168	1.346	.179
	Anxiety x Friends	-.004	.006	-.117	-.748	.455
	Anxiety x Significant Other	.011	.005	.310	2.229	.027

a. Dependent Variable: Positive Relation with Others

Observation of table 6 above revealed that anxiety negatively predicted positive relation with others (*B* = -.322, *t* = -3.565, *p*<.001). This implies that nurses' low anxiety promotes their positive relation with others dimension of their psychological wellbeing. Social support negatively predicts positive relation with others (*B*= -.055, *t* = -2.217, *p*=.044). Also, Family and Friends did not predict positive relation with others (*B*= .006, *t* = 1.346, *B*= -.004, *t* = -.455, *p*>.05 respectively). Thus, Significant Other dimension of perceived social support positively moderated the relationship between anxiety and positive relation with others dimension of psychological wellbeing (*B*= .011, *t* = 2.279, *p*=.027). This implies that significant other dimension of perceived social support enhances the relationship between anxiety and positive relation with others dimension of psychological wellbeing.

Summary of Results

1. Anxiety negatively predicted psychological wellbeing (environmental mastery, autonomy, personal growth, positive relation with others, purpose in life, and self-acceptance) of UNTH Nurses.

2. Perceived social support (family, friends and significant others) did not predict psychological wellbeing.
3. Perceived social support (family, friends and significant others) positively moderated the negative relationship between anxiety and psychological wellbeing. However, only significant others dimension of perceived social support positively moderated anxiety and environmental mastery; anxiety and personal growth; anxiety and positive relation with others. Whereas it did not moderate relationship between anxiety and autonomy; anxiety and purpose in life and anxiety and self-acceptance. In addition, only significant other dimensions of perceived social support moderated the negative relationship between anxiety and the three dimensions of psychological wellbeing stated above. Thus, family and friends' dimensions of perceived social support did not moderate any dimension of psychological wellbeing.

Discussion

This study investigated the relationship between anxiety and the psychological well-being of nurses at the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, as well as the moderating role of social support in this relationship. The findings provide a nuanced understanding of the interplay between occupational stressors, psychological resources, and positive functioning in a high-demand healthcare setting.

Anxiety As a Detrimental Factor to Nurses Psychological Well-Being

Consistent with the first hypothesis, the results confirm that anxiety negatively predicted psychological well-being in all the six dimensions of psychological well-being according to Ryff's (1989) theory of psychological well-being meaning that anxiety negatively predicted environmental mastery domain, autonomy, self-acceptance, and purpose in life, personal growth, and positive relationships with others.

This aligns with a substantial body of prior research in occupational health (Zhu et al., 2025; Zhang et al., 2025; Crowe & Mackenzie, 2022; Lee et al., 2019; Schmidt & Kowalski, 2023), reinforcing the conceptualization of chronic anxiety as a core component of the health impairment process within the Job Demands-Resources (JD-R) model. For nurses at UNTH, anxiety fuelled by high workload, emotional labour, and system pressures and so directly depletes the psychological energy in these six dimensions environmental mastery, personal growth and positive lifestyles, autonomy, self-acceptance, and positive relationships with others. The implications are profound, as this erosion can accelerate burnout, reduce job satisfaction, and compromise the quality of patient care, thereby creating a vicious cycle that further strains the healthcare system.

The Direct Role of Social Support

The findings did not support the second hypothesis, revealing a non-significant relationship between social support which comes in three dimensions (the family, friends, and significant others) and psychological wellbeing. This underscores social support's role as a critical job resource within the Job Demands-Resources (JD-R) framework. Support from colleagues, supervisors, and personal networks fulfils core psychological needs for relatedness and competence (Anda et al, 2025; Garcia et al., 2021; Labrague& Santos, 2020), directly contributing to nurses' sense of positive relations with others, environmental, and personal growth. This direct effect suggests that even in the absence of high anxiety, fostering a supportive work environment is intrinsically beneficial for nurse flourishing. Thus, the nurses perceived their social support as insufficient to meet the high demands of their job which led to no relationship with psychological wellbeing. There is thirst for social support among UNTH nurses in relation to their psychological wellbeing. Hence, UNTH nurses are experiencing a profound, unmet need for encouragement, and practical help from family, friends, and significant others.

The Moderating (Buffering) Role of Social Support

The most significant contribution of this study lies in its support for the third hypothesis. Social support which has three dimensions viz family, friends and significant others but the results shows specifically that it is only the significant others which includes the supervisor, the management and the government that significantly moderated the negative relationship between anxiety and only three dimensions of psychological well-being which are environmentally, personal growth and positive lifestyles. This provides robust empirical evidence for the Stress-Buffering Hypothesis (Feng et al., 2025; Yang et al., 2025; Moyo et al., 2021; Ugwu et al., 2021; Onyema et al., 2023) within the specific context of Nigerian nursing. The results indicate that for nurses with strong perceived social support from the significant others like promotion, good remuneration, good welfare packages, the detrimental Impact of anxiety on their well-being was markedly attenuated. Their support systems

provide emotional comfort, practical assistance, and positive reappraisal, helping to mitigate the psychological cost of job demands. Conversely, for nurses with low social support, anxiety had a much stronger negative association with well-being, leaving them more vulnerable from its depleting effects. This interaction is crucial, demonstrating that the same occupational stressor does not affect all nurses equally.

Theoretical, Empirical and Practical Implications

Theoretically, these findings offer strong, integrated support for the proposed framework synthesizing the JD-R model, the Buffering Hypothesis, and Ryff'seudaimonic wellbeing model. They illustrate a clear mechanism: job demands (antecedents of anxiety) impair wellbeing, but this pathway is powerfully moderated by a key job resource (social support).

Practically, the results offer clear, actionable directives for UNTH administration and healthcare policymakers: Anxiety reduction through Systemic Change: While complex, initiatives to address root causes of anxiety such as realistic staffing ratios, streamlined protocols, and access to mental health resources remain essential. Strategic Investment in Social Support Structures: This study highlights thirst for social resources which may be the most impactful and immediate intervention. This includes fostering team cohesion through regular debriefing sessions and team building activities training unit managers in supportive, transformational leadership. Creating formal peer support or mentorship programs to institutionalize colleague support. Acknowledging and facilitating the role of family support through family-friendly policies. Tailored Interventions: Assessments could identify nurses with no/low social support or high anxiety for targeted, early intervention, such as referral to counselling or inclusion in resilience-building workshops.

Limitations of the study

This study has limitations which include: the reliance on self-report measures, though using validated scales, but may be influenced by response bias. Industrial actions of the doctors resulted to skeletal services at the initial stage of the field work making it difficult to see a good number of nurses on ground, but everything normalized after three weeks when the strike was over.

Future research could employ longitudinal designs to trace the dynamics of these relationships over time. Qualitative inquiries could richly elucidate how social support manifests and operates in this specific cultural and institutional context. Furthermore, exploring other potential moderators (e.g., personal resilience, coping styles) and mediators (e.g., self-efficacy, work engagement) would build a more comprehensive model of nurse well-being.

Conclusion

In conclusion, this study confirms that anxiety is a significant threat to the psychological wellbeing of nurses at UNTH, Ituku-Ozalla. More importantly, it identifies thirst for social support as both a direct promoter of wellbeing and though a critical buffer that protects nurses from the harmful effects of anxiety. The findings argue compellingly for a dual-pronged approach to safeguarding the nursing workforce: one that works to mitigate systemic sources of anxiety while proactively and strategically cultivating a culture of robust, multi-source social support. Such an investment is not merely an ethical imperative for staff welfare but a fundamental strategic necessity for sustaining a resilient, engaged, and effective nursing workforce capable of delivering high-quality care.

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