IJAAR PUBLISHING®

Open Access Journal of Social Sciences Research | ISSN: 3027-1398
Vol. 3, Issue 3 (2025) | https://doi.org/10.46654/yx2m3g71

INSTRUMENTAL AND INFORMATIONAL SUPPORTS AS PREDICTORS OF RECOVERY AMONG PATIENTS ATTENDING GOVERNMENT HOSPITALS IN OYO STATE, NIGERIA

OLUWO, Olasubomi Toheeb
Department of Social Work
University of Ibadan
olasubomioluwo@gmail.com

Abstract

This study examined instrumental and informational supports as predictors of recovery among patients attending government hospitals in Oyo State, Nigeria. Two research questions guided the study while two null hypotheses were formulated. The study adopted a correlational research design. The population comprised 1,248 eligible patients attending two selected government hospitals in Ibadan, Oyo State, from which a sample of 303 patients was selected using a multistage sampling procedure. Data were collected using a structured researcher-developed instrument titled Instrumental and Informational Support and Recovery of Patients Questionnaire (IISRQ), comprising sections on demographic characteristics, instrumental support, informational support, and patient recovery. The instrument was subjected to face and content validation. A pilot test involving 30 patients in a government hospital outside the study area produced Cronbach's alpha coefficients of 0.77, 0.89, and 0.88 for the instrumental support, informational support, and recovery sections, respectively. Of the 303 questionnaires administered, 299 were retrieved and used for analysis. Data were analysed using the Statistical Package for the Social Sciences (SPSS), while linear regression was employed to answer the research questions and test the null hypotheses at the 0.05 significance level. The findings showed that instrumental support significantly predicted recovery ($R = .723$, $R^2 = .522$, $\beta = .723$, $t = 17.86$, $p = .001$), accounting for 52.2% of the variance in recovery. Informational support also significantly predicted recovery ($R = .833$, $R^2 = .693$, $\beta = .833$, $t = 22.90$, $p < .001$), explaining 69.3% of the variance. The study recommended that integrating practical assistance and structured patient information into hospital-based recovery and discharge-support programmes.

Keywords: Government Hospitals, Informational Support, Instrumental Support, Patients, Recovery

Introduction

Recovery from illness is not simply the disappearance of symptoms; it involves regaining physical functioning, confidence, independence and the ability to resume everyday life. Patients often leave hospital still needing help with transportation, medication management, personal care, food and other routine activities. Schultz, Corbett, and Hughes (2022) described such practical assistance as instrumental support, while Hagan et al. (2023) show that social support is closely connected with patients' physical and psychological conditions. Similarly, Carr, Severance, Bell and Zarzaur (2020) found that perceived loss of social support negatively affected recovery after injury. These findings suggest that recovery is influenced not only by clinical treatment but also by the support available to patients during and after care.

Instrumental support is particularly important because illness can temporarily reduce a patient's ability to meet basic needs independently. Such support may include financial assistance, transportation, help with medication, feeding, household activities and personal care. Schultz, Corbett and Hughes (2022) reported that inadequate instrumental support may contribute to unsuccessful recovery, functional decline and hospital readmission. In another study, Cai, Huang, and Yuan (2021) found that patients undergoing treatment reported substantial informational and instrumental support needs. Haverfield, Ilgen, Schmidt, Shelley & Timko (2019) likewise demonstrated that the nature and strength of patients' support networks were associated with their clinical experiences and symptom severity. Thus, practical assistance may provide the conditions necessary for patients to follow treatment and regain independence.

Informational support is equally important because patients need understandable and timely information to make sense of their illness and participate in their own care. Wu, Chen, Talley & Kuo (2021) found that informational support was positively associated with self-efficacy and trust, which subsequently improved medication adherence. Aunan et al. (2021) also highlighted the value patients attach to accessible information and support during illness, while Islind et al. (2021) showed that individualized information can strengthen patients' experiences of care. Information about diagnosis, medication, treatment procedures, warning signs and follow-up care can therefore reduce uncertainty and encourage active participation in recovery.

The Nigerian context makes this issue especially relevant. Adimora, Ogba, Omeje, Amaeze and Adene (2021) found social support to be associated with psychological outcomes among people living with HIV/AIDS in Nigeria, while Igwesi-Chidobe, Kitchen, Sorinola and Godfrey (2021) demonstrated the relevance of perceived social support among Nigerian patients with chronic low back pain. In Oyo State, Ayangunna and Owadara (2021) reported that patients' physical well-being was connected to psychosocial circumstances, although their findings did not establish a significant relationship between general social support and physical well-being. This inconsistency points to the need to examine specific forms of support rather than treating social support as a single, undifferentiated construct.

The researcher was motivated by the practical observation that patients may receive appropriate medical treatment yet struggle with recovery when they lack money, transportation, practical assistance or clear information about managing their condition. Existing evidence has established the importance of social support, but relatively limited attention has been given to how instrumental and informational supports independently predict recovery among patients in Nigerian government hospitals. This study therefore examines these two forms of support among patients attending University College Hospital

(UCH), Ibadan, and Jericho Specialist Hospital, Ibadan, Oyo State, with a view to providing evidence that can strengthen patient-centred care and recovery planning.

Problem Statement

Recovery from illness remains an important concern in healthcare because successful treatment does not always translate into complete physical, psychological and functional recovery. Although advances in medical treatment have improved the management of many health conditions, patients may continue to experience difficulties after diagnosis, treatment or discharge, particularly when they lack the practical assistance and relevant information needed to manage their conditions. Instrumental support, such as financial assistance, transportation, help with medication, feeding and personal care, can make it easier for patients to comply with treatment and regain independence. Likewise, informational support can help patients understand their illness, treatment procedures, medication, warning signs and follow-up requirements. Where these forms of support are inadequate, patients may experience uncertainty, poor treatment adherence, dependence on others and delayed recovery.

The problem becomes more important in the Nigerian healthcare context, where patients and their families frequently bear substantial responsibilities associated with healthcare costs, transportation, medication and continuing care. Evidence from Nigeria has established that social support is associated with patients' psychological and physical well-being. However, much of the existing literature has examined social support as a broad construct rather than distinguishing the specific contributions of instrumental and informational support. For instance, studies have demonstrated relationships between perceived social support and health outcomes among patients with chronic conditions, but they provide limited evidence on whether practical assistance and access to useful health information independently predict recovery. This creates a conceptual gap, because different forms of support may influence recovery through different pathways.

There is also an empirical gap concerning patients receiving care in government hospitals in Oyo State. Existing studies have largely focused on particular diseases, psychological outcomes or general social support, with relatively limited attention to recovery as the outcome of interest. Moreover, available evidence does not sufficiently explain whether patients who receive adequate practical assistance and health-related information are more likely to experience better recovery. The inconsistency in previous findings regarding the relationship between social support and patients' well-being further suggests the need to disaggregate social support into meaningful dimensions rather than treating it as a single variable.

This gap has practical implications for patient-centred healthcare. If instrumental and informational supports significantly predict recovery, healthcare providers could incorporate these forms of support more deliberately into patient care, discharge planning and follow-up services. Conversely, if their predictive influence is weak, greater attention may need to be directed towards other determinants of recovery. Despite the relevance of these issues, there is insufficient empirical evidence from government hospitals in Ibadan, Oyo State, to guide such conclusions. It is against this backdrop that the present study was undertaken to examine instrumental and informational supports as predictors of recovery among patients attending government hospitals in Oyo State, Nigeria. On this premise, the following specific objectives determined:

1. the relationship between instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria; and
2. the relationship between informational support and recovery among patients attending government hospitals in Oyo State, Nigeria.

Research Questions

1. What relationship exists between instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria?
2. What relationship exists between informational support and recovery among patients attending government hospitals in Oyo State, Nigeria?

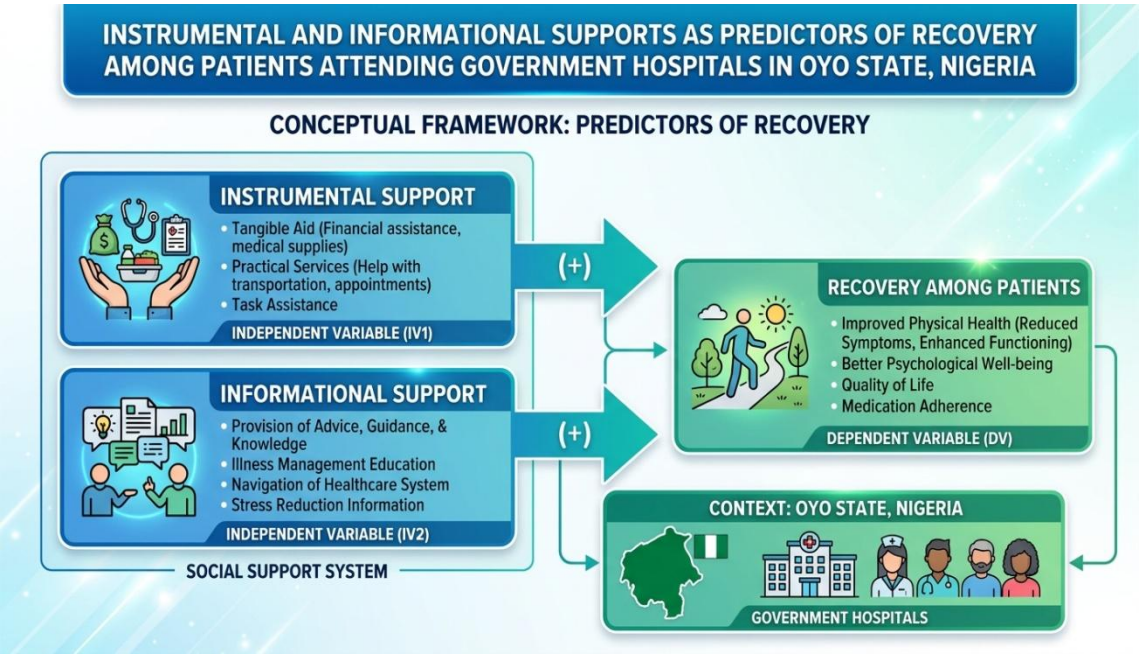
Research Hypotheses

The following null hypotheses will be tested at the 0.05 level of significance:

H_{01}: There is no significant relationship between instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria.

H_{02}: There is no significant relationship between informational support and recovery among patients attending government hospitals in Oyo State, Nigeria.

Conceptual Model



This conceptual framework depicts the hypothesized predictive relationship between social support dimensions and patient recovery within government healthcare facilities in Oyo State, Nigeria. The model identifies two key Independent Variables (IVs): Instrumental Support operationalized as tangible aid such as financial assistance, transportation, and medical supplies; and Informational Support, defined as the provision of guidance, illness management education, and healthcare navigation advice.

The Dependent Variable (DV) is Patient Recovery, conceptualized through multidimensional clinical and functional outcomes, including symptom reduction, enhanced psychological well-being, improved quality of life, and medication adherence. Directed arrows originate from both independent variables pointing directly toward the dependent variable, signifying a

direct causal or predictive pathway. Finally, the study design is anchored among government hospitals in Oyo State.

Theoretical Underpinnings

Social Support Theory

The Social Support Theory was originally advanced by Sidney Cobb in 1976.Cobb proposed that social support represents information that enables an individual to believe that he or she is cared for and loved, esteemed and valued, and belongs to a network in which people have mutual obligations. His central argument was that human relationships can provide psychological and social resources that help individuals withstand stressful experiences and protect their health. Thus, social support is not merely the physical presence of other people; it is the meaningful perception that supportive relationships are available when needed.

Cobb's proposition was rooted in the observation that stressful experiences can have harmful consequences for health, but these consequences are not necessarily the same for everyone. People who have supportive relationships may be better able to cope with stressful circumstances because such relationships provide reassurance, a sense of belonging and resources for dealing with difficulties. In this sense, social support operates as a protective resource during periods of crisis. Cobb reviewed evidence linking supportive social relationships with protection against several adverse health outcomes and argued that support could influence health by helping people cope and adapt to difficult circumstances.

An important feature of Cobb's theory is the distinction between the social relationship itself and the supportive information obtained through that relationship. Being connected to family members, friends, colleagues or other members of a social network becomes beneficial when those relationships communicate care, value, belonging and mutual responsibility. Such relationships can consequently influence how individuals respond to stressful events. Cobb further suggested that social support could reduce the harmful consequences of stress and facilitate adjustment, including better compliance with medical treatment and faster recovery. Indeed, his original work specifically identified social support as potentially capable of reducing medication requirements, facilitating compliance with prescribed medical regimens and accelerating recovery.

The theory was subsequently elaborated by House (1981), who identified distinct functions through which social support can operate: emotional, instrumental, informational and appraisal support. Instrumental support involves tangible assistance, such as providing money, transportation, physical help, services or other practical resources. Informational support, on the other hand, involves providing advice, guidance, explanations and information that help an individual understand and respond to a problem. House's formulation is particularly relevant because it demonstrates that support does not operate through one pathway; different forms of assistance may meet different needs.

The relevance of the Social Support Theory to the present study is therefore direct. Illness can create both practical and informational demands that patients may not be able to manage alone. Instrumental support can provide the tangible resources patients need to attend appointments, obtain medication, meet daily needs and follow recommended treatment, while informational support can help them understand their illness, treatment instructions, medication and self-care requirements. From the perspective of Cobb's theory, these supportive resources can strengthen patients' capacity to cope with the stress of illness and facilitate adaptation and recovery. The present study consequently applies the theory to examine whether instrumental and informational supports significantly predict recovery

among patients attending government hospitals in Oyo State, Nigeria. The theory provides the underlying explanation that patients who are embedded in supportive relationships and receive useful practical assistance and relevant information may be better positioned to manage illness and achieve better recovery outcomes.

Stress-Buffering Model

The Stress-Buffering Model was propounded by Cohen and Wills (1985) to explain the conditions under which social support protects individuals from the harmful effects of stressful experiences. In their original formulation, Cohen and Wills distinguished between two possible explanations for the relationship between social support and well-being: the main-effect model and the buffering model. The main-effect model proposes that social support promotes well-being regardless of whether a person is experiencing stress. The stress-buffering model, however, proposes that social support becomes particularly important when individuals encounter stressful or demanding circumstances.

According to Cohen and Wills (1985), stress occurs when individuals perceive that environmental demands exceed, or threaten to exceed, their available coping resources. Such circumstances can produce feelings of helplessness, negative emotions and physiological reactions that may ultimately affect health. The buffering argument is that supportive relationships can intervene in this process by providing resources that help individuals cope with demands that would otherwise be difficult to manage. Therefore, the beneficial effect of social support is expected to be most evident among people experiencing substantial stress rather than necessarily among those facing little or no stress.

A central point in the original model is that the availability of appropriate support matters. Cohen and Wills (1985) argued that support is most likely to buffer stress when the support available to an individual corresponds to the needs created by the stressful event. In other words, support is not automatically protective simply because a person has many social relationships. The support must be relevant to the problem confronting the individual. Their review therefore distinguished between the structure of social relationships and the function of those relationships, meaning the particular resources they provide. Evidence for the buffering model was strongest when support was measured in terms of perceived availability of interpersonal resources responsive to stressful circumstances.

The model further suggests that social support can influence health through several possible pathways. When individuals encounter stressful circumstances, appropriate support can help them interpret the situation, identify possible ways of coping and obtain resources needed to respond effectively. Consequently, support may reduce the psychological and physiological consequences of stress and prevent stressful experiences from producing more serious health problems. Cohen and Wills also recognised that social support may have direct beneficial effects on well-being; however, the distinctive claim of the buffering model is that its protective effect becomes particularly important under conditions of stress.

The relevance of the Stress-Buffering Model to the present study is particularly strong because illness and hospital treatment can constitute major stressful experiences for patients. Patients may face pain, uncertainty, financial demands, disruption of normal activities, fear about treatment outcomes and difficulties adjusting to changes in their health. Within this context, support may reduce the harmful effects of these pressures and facilitate recovery. Instrumental support can provide practical resources such as financial assistance, transportation, medication and help with daily activities, while informational support can help patients understand their illness, treatment procedures, medication and appropriate self-care.

Consistent with Cohen and Wills' original proposition, such support is expected to be especially valuable when it corresponds to the particular demands created by illness.

Methodology

Research Design: The study adopted a correlational research design to examine instrumental and informational supports as predictors of recovery among patients attending government hospitals in Oyo State, Nigeria. The design was considered appropriate because the study sought to determine the extent to which naturally occurring variations in instrumental and informational support are associated with, and predict, patients' recovery without manipulating any of the study variables.

Population of the Study: The population of the study comprised 1,248 patients attending the two selected government hospitals in Ibadan, Oyo State, Nigeria. The population consisted of eligible patients receiving medical care in the selected hospitals during the period of the study. Both male and female patients who met the inclusion criteria were considered for participation. Patients who were medically stable, sufficiently able to respond to the questionnaire, and willing to participate were included in the study, while patients whose health condition prevented them from providing reliable responses were excluded.

Sample and Sampling Technique: A sample of 303 patients was selected from the population of 1,248 patients. The sample size was determined using an appropriate sample-size determination procedure, with consideration given to the size of the study population and the need to obtain adequate representation. A multistage sampling procedure was adopted.

Data Collection: Data were collected using a structured questionnaire titled Instrumental and Informational Support and Recovery of Patients Questionnaire (IISRQ). The questionnaire was divided into four sections. Section A contained items relating to respondents' demographic characteristics. Section B consisted of items measuring instrumental support, covering practical and tangible assistance received by patients, such as financial assistance, transportation, medication-related assistance, help with personal care and other forms of practical support. Section C contained items measuring informational support and patient recovery. Informational support items focused on the availability, adequacy and usefulness of information provided to patients concerning their illness, treatment, medication, follow-up care and self-management. Section D contained items on recovery among patients. It assessed the extent to which patients perceived improvement in their condition and ability to resume normal functioning. The items were measured using a four-point Likert scale ranging from Strongly Agree (4) to Strongly Disagree (1).

Validity: The instrument was subjected to face and content validation.

Reliability: To establish the internal consistency of the instrument, a pilot test was conducted among 30 patients receiving care in a government hospital in Ibadan that was not included in the main study. The responses obtained from the pilot study were analysed using Cronbach's alpha coefficient, and coefficient values 0.77, 0.89, and 0.88 were obtained for sections B, C, and D respectively.

Method of Data Collection: Following approval from the relevant authorities of the selected hospitals, the researcher personally administered the questionnaires with the assistance of three trained research assistants. The research assistants were briefed on the objectives of the study, selection of respondents, administration procedures and ethical considerations before the commencement of data collection. A total of 303 questionnaires were administered to eligible respondents. A total of 299 copies were retrieved and used for data analysis.

Method of Data Analysis: Data obtained from the completed questionnaires were coded and analysed using the Statistical Package for the Social Sciences (SPSS). Linear regression analysis was used to answer the research questions and also test the corresponding null hypotheses. Specifically, separate regression models were estimated to determine the extent to which instrumental support predicts recovery and informational support predicts recovery. The regression analysis produced the correlation coefficient (R), coefficient of determination (R^2), regression coefficient (β), t-value and significance level (p-value). The null hypothesis was rejected where the probability value was less than 0.05 ($p < .05$) and retained where the probability value was greater than or equal to 0.05 ($p \geq .05$).

Regression Models

The analytical models for the study were specified as follows:

Model 1:

$REC=\beta0+\beta1INS+\varepsilon$

Where:

- **REC** = Recovery
- **INS** = Instrumental Support
- β_0 = Constant/intercept
- β_1 = Regression coefficient for instrumental support
- ε = Error term

Model 2:

$REC=\beta0+\beta2IFS+\varepsilon$

Where:

- **REC** = Recovery
- **IFS** = Informational Support
- β_0 = Constant/intercept
- β_2 = Regression coefficient for informational support
- ε = Error term

Results and Discussions

Table 1: Linear regression on instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria

Linear		R	R^2	β	Df	t	α. level	p-value
	Regression	.723[a]	.522	.723	297	17.86	.05	.001
a.		b. Predictors: (Constant), instrumental support c. Dependent: recovery among patients						

Table 1 shows the result of the linear regression analysis of instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria. The result indicates a strong positive relationship between instrumental support and recovery, as shown by the regression coefficient of R = .723. The coefficient of determination (R^2 = .522) indicates that instrumental support explained 52.2% of the variance in patients' recovery. Since the obtained p-value (.001) is less than the 0.05 level of significance, the null hypothesis is rejected. This means that there is a significant positive relationship between instrumental support and recovery among patients attending government hospitals in Oyo State, Nigeria.

This finding is strongly supported by Schultz, Corbett, and Hughes (2022), whose concept analysis of instrumental support in hospital-to-home transitions identified tangible assistance as an important component of patients' recovery. They reported that inadequate instrumental support could contribute to unsuccessful recovery at home, decline in physical functioning, health complications and hospital readmission. Orlas et al. (2022) agreed to the finding and found that instrumental support was the most common form of support required by patients following hospitalisation, particularly assistance with personal care, medical care and transportation.

Table 2: Linear regression on informational support and recovery among patients attending government hospitals in Oyo State, Nigeria

Linear	R	R^2	β	Df	t	α. level	p-value
Regression	.833[a]	.693	.833	297	22.90	.05	.000

a. b. Predictors: (Constant), informational support
c. Dependent: recovery among patients

Table 2 presents the result of the linear regression analysis of informational support and recovery among patients attending government hospitals in Oyo State, Nigeria. The result shows a strong positive relationship between informational support and recovery, with R = .833. The coefficient of determination (R^2 = .693) indicates that informational support accounted for 69.3% of the variance in patients' recovery. Since the obtained p-value (.000) is less than the 0.05 level of significance, the null hypothesis is rejected. Therefore, there is a significant positive relationship between informational support and recovery among patients attending government hospitals in Oyo State, Nigeria.

This finding is supported by Wu et al. (2021) who showed that informational support positively predicted patients' self-efficacy and trust, while self-efficacy and trust subsequently predicted medication adherence. The authors argued that providing necessary health information can strengthen patients' capacity for self-care and improve adherence to treatment. The finding is further supported by Green, Hajduk, Song, Krumholz, Sinha and Chaudhry (2020), who found that low informational support was significantly associated with hospital readmission among older adults after acute myocardial infarction. However, the findings opposed that of Ayangunna and Owadara (2021) who found no significant relationship between general social support and patients' physical well-being in selected state hospitals. Their result contrasts with the present findings at the broad level of social support, but the difference may be explained by the fact that their study treated social support as a general construct and focused specifically on physical well-being, whereas the present study isolates informational support and instrumental support and uses recovery as the outcome

Conclusion

The findings of this study provide compelling evidence that recovery among patients is not determined by medical treatment alone; it is also shaped by the support patients receive while navigating illness and its consequences. Both instrumental and informational support demonstrated statistically significant positive relationships with recovery. This means that they need practical assistance to overcome the everyday difficulties created by illness and, equally importantly, reliable information that enables them to understand their condition, participate in treatment and make appropriate decisions about their care. This is consistent with evidence that instrumental support is particularly important during hospital-to-home transitions and that inadequate practical support can contribute to unsuccessful recovery and readmission.

The stronger predictive contribution of informational support is particularly noteworthy. It suggests that knowledge may be one of the most powerful resources available to patients during recovery. A patient who understands the nature of an illness, how to use prescribed medication, what warning signs to watch for and what steps to take after discharge is better positioned to participate actively in the recovery process. Nevertheless, the finding should not diminish the importance of instrumental support. Information without the financial means to obtain medication, transportation to attend follow-up appointments or assistance with daily activities may have limited practical value.

Recommendations

Based on the findings of the study, the following recommendations were drawn:

1. Government hospitals should institutionalise assessment of instrumental support before and after treatment. Healthcare providers should identify whether patients have access to transportation, medication, financial assistance, food and help with daily activities. Where deficiencies are identified, hospitals should link patients with available social welfare services, community organisations, family caregivers and other appropriate support resources.
2. Hospitals should strengthen patient education and information-giving practices. Nurses, doctors and other healthcare professionals should provide patients with clear and understandable information about their diagnosis, medication, treatment procedures, possible warning signs, self-care practices and follow-up requirements.
3. Healthcare providers should integrate family members or designated caregivers into patient education and discharge planning, with the patient's consent. Since patients may require practical assistance after leaving the hospital, caregivers should be adequately informed about medication schedules, follow-up appointments, dietary requirements, warning signs and appropriate home care.
4. Government and hospital administrators should develop structured recovery-support programmes for patients. Such programmes should combine practical assistance with continuous access to reliable health information, particularly for patients with prolonged or complicated recovery needs.

References

Adimora, D. E., Ogba, F. N., Omeje, M. O., Amaeze, F. E., & Adene, F. M. (2021). Social support as a correlate of depression among people living with HIV and AIDS in Nigeria. *African Health Sciences, 21*(3), 1016–1026. https://doi.org/10.4314/ahs.v21i3.9

Aunan, S. T., Wallgren, G. C., & Hansen, B. S. (2021). The value of information and support: Experiences among patients with prostate cancer. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.15719

Ayangunna, J. A., & Owadara, F. O. (2021). Influence of self-efficacy and social support on patients' physical well-being in selected state hospitals in Oyo State, Nigeria. *African Journal of Educational Management, 18*(1), 25–41.

Cai, T., Huang, Q., & Yuan, C. (2021). Emotional, informational and instrumental support needs in patients with breast cancer who have undergone surgery: A cross-sectional study. *BMJ Open, 11*(8), e048515. https://doi.org/10.1136/bmjopen-2020-048515

Carr, B. W., Severance, S. E., Bell, T. M., & Zarzaur, B. L. (2020). Perceived loss of social support after non-neurologic injury negatively impacts recovery. *Journal of Trauma and Acute Care Surgery, 88*(1), 113–120. https://doi.org/10.1097/TA.0000000000002515

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Green, Y. S., Hajduk, A. M., Song, X., Krumholz, H. M., Sinha, S. K., & Chaudhry, S. I. (2020). Usefulness of social support in older adults after hospitalization for acute myocardial infarction (from the SILVER-AMI Study). *The American Journal of Cardiology, 125*(3), 313–319. https://doi.org/10.1016/j.amjcard.2019.10.038.

Hagan, J. L., Sipe, M. H., Tyer-Viola, L. A., Corless, I. B., Quinn, L., Hall, K. E., Carney, J., Griffith, C. A., & Banister, G. (2023). Investigation of social support as a mediator of the relationship between physical and psychological health among hospitalised patients. *Journal of Clinical Nursing, 32*(21–22), 7812–7821. https://doi.org/10.1111/jocn.16868

Haverfield, M. C., Ilgen, M., Schmidt, E., Shelley, A., & Timko, C. (2019). Social support networks and symptom severity among patients with co-occurring mental health and substance use disorders. *Community Mental Health Journal, 55*, 768–776. https://doi.org/10.1007/s10597-019-00396-7

Igwesi-Chidobe, C. N., Kitchen, S., Sorinola, I. O.,& Godfrey, E. L. (2021). Adaptation and validation of the Nigerian Igbo Multidimensional Scale of Perceived Social Support in patients with chronic low back pain. *Measurement Instruments for the Social Sciences, 3*, 8. https://doi.org/10.1186/s42409-021-00026-7

Islind, A. S., Johansson, V., Vallo Hult, H., Alsen, P., Andreasson, E., Angenete, E., & Gellerstedt, M. (2021). Individualized blended care for patients with colorectal cancer: The patient's view on informational support. *Supportive Care in Cancer, 29*, 3061–3067. https://doi.org/10.1007/s00520-020-05810-5

Orlas, C. P., Herrera-Escobar, J. P., Hau, K. M., Velmahos, A., Patel, N., Sanchez, S. E., Kaafarani, H. M. A., Salim, A., & Nehra, D. (2021). Perceived social support is

strongly associated with recovery after injury. *Journal of Trauma and Acute Care Surgery*, *91*(3), 552–558.

Schultz, B. E., Corbett, C. F., & Hughes, R. G. (2022). Instrumental support: A conceptual analysis. *Nursing Forum*, *57*(4), 665–670. https://doi.org/10.1111/nuf.12704

Schultz, B. E., Corbett, C. F., Hughes, R. G., & Bell, N. (2022). Scoping review: Social support impacts hospital readmission rates. *Journal of Clinical Nursing*, *31*(19–20), 2691–2705. https://doi.org/10.1111/jocn.16143

Wu, J. J., Chen, Y. M., Talley, P. C., & Kuo, K. M. (2021). Does online community participation contribute to medication adherence? An empirical study of patients with chronic diseases. *International Journal of Environmental Research and Public Health*, *18*(10), 5100. https://doi.org/10.3390/ijerph18105100