

**FACTORS INFLUENCING STRESS AND BURNOUT EXPERIENCES
AMONG NEWLY QUALIFIED NURSES IN THE UNIVERSITY OF
BENIN TEACHING HOSPITAL, BENIN CITY.**

BY

**FUAFUGO ELOHOR PEACE
BMS1906881**

**DEPARTMENT OF MEDICAL-SURGICAL NURSING
FACULTY OF NURSING SCIENCE
UNIVERSITY OF BENIN
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OCTOBER, 2025

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF
NURSING AND MIDWIFERY COUNCIL OF NIGERIA FOR THE
AWARD OF BACHELOR'S DEGREE IN NURSING SCIENCE (BNSC)**

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled “**FACTORS INFLUENCING STRESS AND BURNOUT EXPERIENCES AMONG NEWLY QUALIFIED NURSES IN THE UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY**” was solely carried out by **FUAFUGO ELOHOR PEACE**. It is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

MATRICULATION NUMBER: _____

FACULTY: NURSING SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.

Signature:

Date:

CERTIFICATION

This is to certify that this research project titled **FACTORS INFLUENCING STRESS AND BURNOUT EXPERIENCES AMONG NEWLY QUALIFIED NURSES IN THE UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY** by **FUAFUGO ELOHOR PEACE** with **Mat. No. BMS1906881** has been examined and approved for the award of **BACHELOR IN NURSING SCIENCES CERTIFICATE**.

REV. SR J.N CHUKWURAH

Supervisor

Sign & Date**PROF. (MRS) C.E. OMOROGBE**

Head of Department

Sign & Date**EXTERNAL****SUPERVISOR**

Sign & Date

DEDICATION

I dedicate this work to **GOD ALMIGHTY**, whose boundless wisdom and grace have been the cornerstone of this research. He has generously provided knowledge, unwavering guidance, and provision throughout this journey.

ACKNOWLEDGMENT

I would like to express my heartfelt gratitude to the ALMIGHTY GOD for His abundant grace, wisdom, and strength throughout this research journey.

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ABSTRACT

Stress and burnout are increasingly recognized as critical challenges in the nursing profession, particularly among newly qualified nurses who face the pressures of adapting to demanding clinical environments. These challenges can significantly affect nurses' well-being, job performance, and quality of patient care, underscoring the need for evidence-based interventions. This study aims to explore the experiences of newly qualified nurses regarding stress and burnout at the University of Benin Teaching Hospital, Benin City. This quantitative descriptive study examined the level of stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital. Using a purposive sampling technique, a total of 149 newly qualified nurses were recruited. Data were collected through a well-structured questionnaire and analyzed using SPSS version 23.0. The findings were presented using descriptive statistics.

The findings revealed that newly qualified nurses experience considerably high levels of stress and burnout, which are widely perceived as inherent challenges within the nursing profession. A significant proportion of respondents viewed stress as a normal or unavoidable aspect of their work, with newly qualified nurses identified as particularly vulnerable. Reported effects of stress and burnout included both physical symptoms (such as headaches and sleep disturbances) and emotional outcomes (such as mood swings, anxiety, and depression), all of which negatively influenced empathy and quality of patient care. Major contributing factors identified were high workload, staff shortages, inadequate resources, and limited support from senior colleagues. It was concluded that there is the urgent need for systemic interventions that address the root causes of stress and burnout to promote nurses' well-being and sustain quality healthcare delivery.

Keywords: Newly qualified nurses, stress, burnout, stressors (influencing factors), clinical environment

TABLE OF CONTENTS

Title page

Declaration

Certification

Dedication

Acknowledgement

Abstract

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

1.2 Statement of the problem

1.3 Objectives of the study

1.4 Research questions

1.5 Hypothesis

1.6 Significance of the study

1.7 Scope of the study

1.8 Operational definition of Terms

CHAPTER TWO: LITERATURE REVIEW

2.1 Conceptual Review

2.1.1 Understanding Stress and Burnout

2.1.2 Factors Influencing Stress and Burnout

2.1.3 Consequences of Stress and Burnout

2.1.4 Interventions and best practices

2.2 Theoretical Review

2.2.1 Benner's Novice to Expert Model and NQNs

2.2.2 Stressors and Burnout Factors Among NQNs

2.2.3 Application of Theory to Newly Qualified Nurses' Stress and Burnout

2.3 Empirical Review

2.3.1 The perception of newly qualified nurses regarding stress experience

2.3.2 The perceived impact of stress on newly qualified nurses' health and well-being

2.3.3 The factors contributing towards stress and burnout among NQNs

2.4 Summary of Literature Review

CHAPTER THREE: METHODOLOGY

3.1 Research Design

3.2 Research Setting

3.3 Target Population

3.4 Sampling Technique

3.5 Sample Size Determination

3.6 Data Collection Instrument

3.7 Validity of the Instrument

3.8 Reliability of the Instrument

3.9 Method of Data Collection

3.10 Method of Data Analysis

3.11 Ethical Consideration

CHAPTER FOUR: RESULTS

4.1 Socio-Demographic Data of Respondents

4.2 Answers to Research Questions

4.3 Test of Hypotheses

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Discussion of findings

5.1 Summary

5.2 Conclusion

5.3 Recommendations

5.4 Implications of findings to Nursing

5.5 Limitations of the study

5.6 Suggestions for further research

References

Appendix I: Questionnaire

Appendix II: Reliability of Instrument

Appendix III: Ethical Approval

LIST OF TABLES

Table 4.1: Socio-demographic characteristics of Respondents

Table 4.2: The perceived level of stress and burnout in newly qualified nurses

Table 4.3: The perception of newly qualified nurses regarding stress and burnout

Table 4.4: The perceived impact of stress and burnout on newly qualified nurses

Table 4.5: The influencing factors of stress and burnout experiences among newly qualified nurses

Table 4.6: Relationship between influencing factors of stress and burnout and level of stress and burnout among newly qualified nurses

LIST OF FIGURES

Figure 2.2 Diagram of Benner's Novice to Expert Model

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

Newly qualified nurses often encounter elevated stress levels as they navigate the challenging transition from academic training to the practical realities of professional nursing. The transition from student nurse to practicing professional is widely regarded as one of the most stressful phases in a nurse's career. Newly qualified nurses often enter the workforce with enthusiasm, only to be met with high expectations, complex clinical demands, and insufficient support systems—all of which contribute to stress and, over time, burnout (Fang et al., 2022). In Nigeria, where healthcare systems are already strained by inadequate staffing and overwhelming patient loads, these challenges are especially pronounced (Oyekunle & Olanrewaju, 2025). This is because this period is marked by heightened responsibilities, demanding workloads, and a frequent absence of sufficient support and mentorship, all of which contribute significantly to physical and psychological strain (Narbona-Gálvez et al., 2024). In China, the result from a study conducted by Lin et al. (2020) revealed that newly employed nurses experienced high level anxiety and work stress during their first year of practice. In the United Kingdom, Ford et al. (2024) found that newly qualified nurses experienced anxiety and felt overwhelmed initially; this was associated with transition and progression through the process of liminality. Meanwhile, approximately 46.4% of the newly qualified nurses' and midwives recruited from selected facilities in Croatia, Italy and Ireland experienced high level stress such that they thought of leaving the profession during the first 12 months of their practice (Napolitano et al., 2024).

In a like manner, it was discovered that newly qualified nurses in South Africa in their practice of caring struggled to balance all their responsibilities and their intention to provide holistic care and many also faced overwhelming expectations from different groups in the hospital (Mathebula et al., 2022). On the other hand, the result from a Ghanaian study showed that newly qualified nurses experienced acquisition of more knowledge and competencies to assume professional nursing roles; lack of knowledge of the objectives of the clinical rotation programme by hospital staff; experience of frustration during the clinical rotation programme; inadequate supervision and support; accommodation and financial challenges (Adatara & Boni, 2022). In Nigeria, Wasini et al. (2019) reported that newly qualified nurses faced numerous challenges, primarily stemming from a disconnect between their expectations as students and the realities of professional practice, ultimately resulting in adverse experiences for these nurses.

In Africa, nurses and midwives account for 37% of the 3.6 million healthcare workers across 47 countries (Ahmat, 2022). In 2020, nurses made up the majority at over 43,000 employees of the total 60,000 recruitment done in Ghana (Sasu, 2023). In Nigeria, findings show that nurses account for 38.6% of the total workforce (Yusuf, 2022). The preceding evidence underscores the vital role that nurses play as the backbone of the healthcare workforce, with the quality of care directly linked to their efficiency and effectiveness (Hassmiller & Wakefield, 2022). The significant contributions of nurses across various levels of the healthcare system are well-documented, further emphasizing their indispensable role in enhancing healthcare delivery (Wasik, 2020; Dadheech, 2022; Lukewich et al., 2022). However, nurses can only deliver high-quality care, which is defined by the WHO (2025) as effective, safe, and person-centered, when they are in optimal health. Yet, nurses remain highly vulnerable to job-related stress and burnout, with recent statistics indicating that 20–

77% experience stress, which results in burnout in their profession across different nations worldwide (Abdoh et al., 2021; Omotosho et al., 2025).

Burnout is more than fatigue—it is a psychological syndrome marked by emotional exhaustion, depersonalization, and a diminished sense of professional accomplishment. Studies have shown that over 60% of Nigerian nurses report symptoms of burnout, with newly qualified nurses being particularly at risk (Nwosu et al., 2021). These nurses are expected to perform at the same level as experienced professionals, often without structured mentorship or orientation programs. The result is a dangerous mix of self-doubt, overwork, and emotional fatigue (Katuta & Nuuyoma, 2023). At the University of Benin Teaching Hospital (UBTH), a major tertiary facility in southern Nigeria, newly qualified nurses are vital to the delivery of patient care. However, anecdotal reports and preliminary surveys suggest that these nurses are frequently overwhelmed by the transition into full-time practice. Factors such as poor staffing ratios, long working hours, lack of supervisory support, and the emotional toll of patient care have all been cited as contributors to workplace stress (Aina & Omoregbee, 2023). Left unaddressed, this stress not only jeopardizes the well-being of the nurses themselves but also affects patient safety, staff retention, and healthcare quality (Nwosu et al., 2021).

Nursing is widely recognized as a high-stress profession, especially in low-resource settings where staff are overburdened. Nigerian hospitals frequently face chronic understaffing and heavy patient loads, creating a demanding work-environment. For example, a recent literature review noted that “high workloads, inadequate staffing, and poor working conditions” in Nigerian tertiary hospitals contribute to severe occupational stress and fatigue. These stressors push nurses toward the threshold of burnout – a syndrome of chronic emotional exhaustion, cynicism, and reduced personal accomplishments. In one Nigerian survey, nearly

69% of nurses reported burnout symptoms, and higher burnout was directly correlated with reduced productivity and compromised patient care. Such findings underscore the urgency of understanding nurse stress: burnout not only harms caregivers' health but also undermines organizational effectiveness and patient safety.

Gaining insights from the perspective of newly qualified nurses is particularly essential, as their limited clinical experience makes them especially susceptible to stress. This vulnerability can significantly impact their confidence, decision-making skills, and overall job performance, ultimately influencing the quality of care they provide (Willman et al., 2021; Najafi & Nasiri, 2023). To effectively mitigate the detrimental effects of stress on newly qualified nurses, it is imperative to gain a comprehensive understanding of its underlying their perspective on stress experiences as well as the contributing factors. Moreover, these insights can guide key stakeholders in designing targeted interventions to alleviate stress among newly qualified nurses, fostering a more supportive and resilient healthcare workforce.

1.2 Statement of Problem

Despite, well established facts from studies reflecting that stress and burnout among nurses and its' debilitating effects; there seems to be studies exploring the experiences of newly qualified nurses seems to be lacking in Nigeria. Meanwhile, newly qualified nurses represent the most vulnerable category of nurses to work-related stress during their transition from study toward the working area specially in critical care units (Feddeh & Darawad, 2020). The period of transition from theory to practice is the most demanding, emotionally draining and nerve-racking experience for NQNs who are expected to provide cautious nursing care in an environment of heightened liability (Joseph et al., 2022). Laschinger et al. (2016) also found that more than 50% of the newly-graduated nurses had experienced high level of stress and a state of inactivity during their first year of practice.

Newly graduated nurses are the backbone of the future nursing workforce, making it imperative to ensure their well-being for the delivery of high-quality healthcare (Riches et al., 2024). Gaining insight into their stress experiences, the challenges they encounter as well as the factors fueling this experience is essential for developing effective strategies to support them. With this, newly qualified nurses will be able to manage stress experiences and reduce its potential negative impact, enhance job satisfaction, and curb high turnover rates, thereby helping to address the persistent nursing shortage in Nigeria; a critical issue that poses a significant threat to the stability and efficiency of the healthcare system (Kelly et al., 2021). Therefore, this study aims to explore the experiences of newly qualified nurses regarding stress and burnout at the University of Benin Teaching Hospital, Benin City.

1.3 Objectives of the Study

Broad Objective

To examine the level, perceptions, perceived impacts, and influencing factors of stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital, Benin City.

Specific Objectives

1. To assess the level of stress and burnout among newly qualified nurses at University of Benin Teaching Hospital, Benin City.
2. To assess the perception of newly qualified nurses regarding stress and burnout at University of Benin Teaching Hospital, Benin City.
3. To ascertain the perceived impact of stress and burnout on newly qualified nurses' health and well-being at University of Benin Teaching Hospital, Benin City.

4. To identify the influencing factors of stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital, Benin City.

1.4 Research Questions

1. What is the level of stress and burnout experienced by newly qualified nurses at the University of Benin Teaching Hospital, Benin City?
2. How do newly qualified nurses at the University of Benin Teaching Hospital perceive stress and burnout in their practice?
3. What is the perceived impact of stress and burnout on the health and well-being of newly qualified nurses at the University of Benin Teaching Hospital?
4. What factors influence stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital?

1.5 Hypothesis

Null Hypothesis (H_0): There is no significant relationship between the influencing factors (such as workload, supervisory support, work-life balance, organizational resources and so on) and the levels of stress and burnout experienced by newly qualified nurses at the University of Benin Teaching Hospital, Benin City.

1.6 Significance of the Study

This study provides valuable insights into the stress and burnout experiences of newly qualified nurses at the University of Benin Teaching Hospital, aimed to understand how stress affects their professional and personal well-being and identify key influencing factors in their work environment. The insights gained can guide the development of targeted interventions such as stress-management training, mentorship programs, and mental health

resources, that support early-career nurses during their transition into practice. These interventions not only improve nurse well-being but also contribute to better patient care, making this research critical for enhancing both individual and system-level outcomes in healthcare.

Findings from the study inform nursing education, workforce planning, and hospital policies via highlighted stressors like high workload, poor supervision, or lack of support. Implementing evidence-based strategies such as mindfulness training, workload adjustments, and peer support can improve nurse satisfaction, reduce burnout, and increase retention. Given the link between nurse well-being and patient care quality, addressing the root causes of stress among new nurses has far-reaching implications: it strengthens the nursing workforce, ensures more compassionate and effective care, and ultimately promotes better community health outcomes.

1.7 Scope of the Study

This study was confined to newly qualified nurses working at the University of Benin Teaching Hospital, Benin City. It focused specifically on assessing their level of stress and burnout, their perceptions of stress, the perceived impact of stress on their professional functioning and well-being, and the various factors that contribute to their stress within the clinical environment. The study did not include nurses with more than one year of post-qualification experience or those working in non-clinical roles. Additionally, it did not evaluate the effectiveness of specific stress management interventions but aimed to provide foundational knowledge that can guide future support programs and policy development for newly qualified nurses.

1.8 Operational Definition of Terms

In this study, the following terms mean:

Newly Qualified Nurses: Refers to registered nurses who have recently completed their nursing education and have less than one year of clinical experience post-licensure (Intern Nurses). For this study, it specifically includes those employed at the University of Benin Teaching Hospital (UBTH), Benin City, and who are transitioning from academic learning to professional practice.

Stress: A psychological and emotional response experienced by newly qualified nurses when faced with overwhelming demands or challenges in the clinical setting. It reflects their perceived inability to cope with the expectations and pressures of professional nursing roles.

Burnout: Burnout among newly qualified nurses can be defined as a work-related syndrome characterized by: Emotional Exhaustion (feeling overwhelmed, drained, and emotionally depleted by the demands of early nursing practice), Depersonalization (developing a detached, cynical, or impersonal attitude toward patients and colleagues as a coping response to stress) and Reduced Personal Accomplishment (experiencing a sense of inefficacy, doubt in one's skills, and unmet expectations about one's ability to provide competent care).

Influencing Factors (Stressors): These are the specific elements within the work environment that newly qualified nurses identify as causing or exacerbating stress and burnout. They may include high patient loads, lack of mentorship, inadequate staffing, poor communication, time constraints, and emotional demands of patient care.

Clinical Environment: The hospital setting where newly qualified nurses deliver care, including the physical surroundings, organizational culture, management practices, interpersonal relationships, and available support systems at UBTH.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews existing literature on stress and burnout among newly qualified nurses, providing a foundation for understanding these issues. It defines key concepts, examines their prevalence, and explores contributing factors during the transition to professional practice. The chapter also discusses relevant theoretical frameworks and the impact of stress and burnout on nurses and patient care. Gaps in current research are identified to highlight the need for further study. The review is organized into conceptual review, empirical review, and theoretical framework.

2.1 Conceptual Review:

Stress and Burnout Experiences and the Influencing Factors Among Newly Qualified Nurses

The transition from nursing education to clinical practice is one of the most challenging periods in a nurse's career. Newly qualified nurses (NQN) often enter the workforce with high expectations but quickly encounter the realities of clinical demands, organizational dynamics, and personal stressors. This period is characterized by high levels of stress and vulnerability to burnout, which can significantly impact job satisfaction, quality of care, and retention in the profession (Rudman et al., 2020). This conceptual review explores the experiences of stress and burnout among newly qualified nurses and the influencing factors

contributing to these phenomena. Only studies published from 2017 onward are considered in this review to ensure the use of the most recent and relevant evidence.

2.1.1 *Understanding Stress and Burnout*

Stress is broadly defined as a psychological and physiological response to perceived challenges or threats that exceed an individual's coping capacity. Burnout, by contrast, is a prolonged response to chronic emotional and interpersonal stressors on the job, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). In the context of newly qualified nurses, stress and burnout are particularly prominent due to factors such as lack of clinical experience, high patient acuity, inadequate support systems, and role ambiguity. Rudman et al. (2020) conducted a prospective study that followed Swedish nurses during their first five years of practice. The study found that emotional exhaustion levels were highest during the first year, with many participants reporting feelings of being overwhelmed, unsupported, and uncertain about their clinical decisions. These findings underscore the need for immediate organizational interventions to support NQNs during this critical phase.

2.1.2 *Factors Influencing Stress and Burnout*

- a. **Work Environment and Organizational Culture:** The organizational setting significantly influences the stress and burnout experiences of NQNs. Positive practice environments characterized by supportive leadership, clear communication, and manageable workloads are associated with lower stress levels (Alenezi et al., 2020). In contrast, toxic work cultures, lack of role clarity, and understaffing contribute to increased stress and burnout. Alenezi et al. (2020) found that nurses working in well-structured environments with adequate resources and peer support reported higher job satisfaction and lower intentions to leave the profession.

- b. **Preceptor Support and Mentorship:** Preceptorship programs serve as a critical support system for NQNs. They facilitate the transition from student to professional nurse by offering clinical guidance, feedback, and emotional support. Brandt et al. (2017) conducted a systematic integrative review which revealed that structured mentorship significantly improved NQNs' clinical confidence, reduced anxiety, and lowered burnout rates. The presence of a consistent, competent preceptor was found to be a protective factor against workplace stressors.
- c. **Workload and Patient Acuity:** High workloads and patient acuity levels are frequently reported stressors among NQNs. Inadequate staffing ratios, frequent night shifts, and the expectation to manage complex patient cases without sufficient experience contribute to emotional exhaustion. Wang et al. (2021) conducted a meta-analysis of longitudinal studies and found that more than 60% of newly graduated nurses experienced moderate to high levels of burnout, with workload identified as a primary contributing factor. Similarly, Gómez-Urquiza et al. (2017) reported that emergency nurses, particularly those early in their careers, faced rapid burnout due to the intensity and unpredictability of their work environments.
- d. **Coping Mechanisms and Psychological Resilience:** Individual coping strategies and psychological resilience play a substantial role in moderating stress and preventing burnout. Labrague et al. (2018) found that NQNs with high resilience levels were better equipped to adapt to clinical challenges, manage stress, and maintain their mental well-being. The study emphasized the importance of resilience training as part of transition-to-practice programs.

2.1.3 Consequences of Stress and Burnout

The implications of stress and burnout among newly qualified nurses are extensive. These include increased intention to leave the profession, reduced quality of patient care,

compromised safety, and mental health issues such as anxiety and depression (Labrague et al., 2018; Rudman et al., 2020). High turnover rates among NQNs also contribute to staffing shortages and increased workload for remaining staff, creating a vicious cycle that further exacerbates burnout.

2.1.4 Interventions and Best Practices

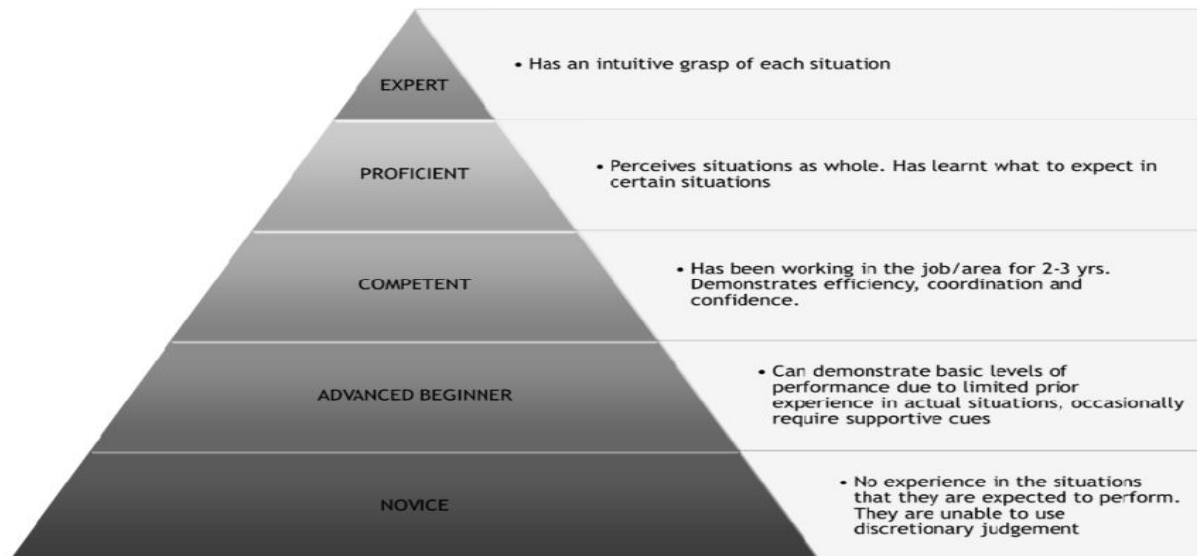
Several interventions have been identified as effective in mitigating stress and burnout among NQNs. These include structured transition-to-practice programs, mentorship and preceptor support, workload management, and resilience training. Lee et al. (2021) conducted a meta-analysis on resilience training programs and found significant improvements in stress management, burnout reduction, and intention to stay in the profession among participants. The incorporation of mindfulness-based stress reduction techniques and cognitive-behavioral strategies has also shown promise in improving the well-being of early-career nurses.

2.2 Theoretical review

Benner's Novice to Expert Model (1984) provides a useful theoretical framework to understand how the transition from novice to expert influences stress and burnout experiences among NQNs. This model describes five stages of nursing competence: novice, advanced beginner, competent, proficient, and expert. Newly qualified nurses typically fall within the novice and advanced beginner stages, making them more vulnerable to stress and burnout.

Figure 2.2:

Benner's Novice to Expert Model and Newly Qualified Nurses (Benner, 1984).



Patricia Benner's (1984) seminal model describes five stages novice, advanced beginner, competent, proficient, and expert that nurses progress through as they accumulate clinical experience. In today's rapidly evolving, post-pandemic healthcare landscape, this progression often happens under high stress and accelerated timelines, particularly among newly qualified nurses (NQNs) (Kelly, 2024).

- In the novice stage, NQNs enter practice with limited clinical exposure and rely heavily on rules and structured guidelines. This rigid adherence is due to a lack of situational experience. Recent research reveals that NQNs frequently report high levels of anxiety, fear of errors, and impaired time management, which correlate with workplace stress (Hallaran et al., 2023). One study found that 60% of new nurses identified lack of confidence and overwhelming workloads as primary transition barriers (Hallaran et al., 2023), whereas others highlighted that the first three to six months are the most intense, often influencing decisions to leave the profession (Cheng et al., 2014).
- As nurses move into the advanced beginner stage typically within the first year, they begin to recognize familiar clinical patterns but still need substantial support and

oversight. The transition into independent practice often produces “transition shock,” with roughly 60% of NQNs reporting significant distress linked to fatigue, knowledge gaps, and difficulty adjusting to the role (Gusar et al., 2023). Furthermore, studies show that transition shock can negatively impact job satisfaction, increase burnout, and even elevate risks of adverse patient events (Hallaran et al., 2023; Gusar et al., 2023). These stressors stem not just from clinical challenges but also from poor organizational support, heavy workloads, and negative workplace cultures like bullying and incivility (Hallaran et al., 2023).

- By the competent stage (typically two to three years in), nurses demonstrate improved clinical judgment, planning, and time management. Work-related stress may decrease, but persistent systemic issues—such as insufficient staffing and high documentation demands can still contribute to emotional exhaustion and burnout (Burnell et al., 2025). Meanwhile, structured support programs, such as mentorship and transition residencies, have proven effective in retaining NQNs by bolstering confidence and facilitating social adaptation (Riches et al., 2024).
- During the proficient stage (approximately three to five years), nurses further develop situational awareness and clinical intuition. They can anticipate patient needs and adapt care plans accordingly. Although resilience typically builds at this point, organizational deficiencies—such as lack of leadership or work-life balance can still undermine job satisfaction (Kelly, 2024).
- At the expert stage, generally attained after five years of practice, nurses possess rich, tacit clinical knowledge and make highly intuitive judgments. While mastery often brings job satisfaction and leadership opportunities, experts are not immune to systemic issues; burnout can still occur without strong institutional support and recognition (Kelly, 2024).

2.2.1 *Stressors and Burnout Factors Among NQNs*

Several factors contribute to stress and burnout among NQNs, aligning with Benner's early stages of skill acquisition:

1. **Heavy Workload and Time Pressure:** NQNs often feel overwhelmed by the complexity and fast-paced nature of hospital environments. Limited clinical experience makes it challenging for them to manage multiple patients effectively, increasing work-related stress (Tast et al., 2024).
2. **Lack of Confidence and Fear of Errors:** The transition from student nurse to registered nurse is accompanied by self-doubt and imposter syndrome, leading to increased anxiety (Edwards-Maddox, 2023). Fear of making critical errors in patient care adds to emotional exhaustion and job dissatisfaction.
3. **Limited Support and Workplace Relationships:** NQNs often report feeling unsupported due to poor preceptorship programs or unsympathetic senior staff (Joseph et al., 2022). Lack of mentorship and peer support can lead to depersonalization, a common burnout symptom.
4. **Emotional Strain from Patient Care:** Caring for critically ill or dying patients can be emotionally overwhelming for NQNs who have not yet developed strong coping mechanisms. Emotional labor in nursing, such as maintaining professionalism despite distressing situations, contributes to burnout (Nabirye et al., 2024).

Benner's Novice to Expert Model provides a suitable framework for understanding the stress and burnout experiences of newly qualified nurses. The transition from novice to advanced beginner is characterized by high stress due to lack of confidence, clinical inexperience, and inadequate support. Addressing these challenges through structured mentorship, workload management, and coping skills training is essential to fostering resilience and reducing burnout among NQNs.

2.2.2 *Application of Patricia Benner's Theory to Newly Qualified Nurses' Stress and Burnout*

Patricia Benner's "From Novice to Expert" model offers a valuable framework for understanding the stress and burnout commonly experienced by newly qualified nurses (NQNs). In the novice and advanced beginner stages, nurses often struggle with limited situational awareness and rely heavily on rules, making them especially vulnerable to workplace pressures like heavy workloads, time constraints, and insufficient supervision. The gap between academic preparation and real-world demands can lead to emotional exhaustion, low confidence, and increased turnover intentions. Research supports these observations, showing that early-career nurses face role stress and burnout due to inadequate autonomy, limited feedback, and the inability to manage complex clinical situations without guidance.

However, Benner's model also highlights the path to reducing these challenges through structured support. Studies show that environments fostering experiential learning through mentorship, preceptorship, and peer support, help NQNs build clinical confidence, resilience, and coping skills. These interventions not only lower stress but also promote professional growth, competence, and psychological well-being. Conversely, a lack of support during this early phase can hinder development and worsen burnout. Overall, Benner's theory provides both a diagnostic and prescriptive tool for healthcare systems to better support newly qualified nurses, ensuring safer patient care and stronger nurse retention.

2.3 Empirical Review

The empirical review in this study is structured in alignment with its outlined objectives, ensuring a focused and systematic analysis.

2.3.1 *The perception of newly qualified nurses regarding stress experience*

A qualitative meta-synthesis examining the experiences of newly qualified nurses (NQNs) in intensive care units (ICUs) revealed that they encounter a multitude of stressors that

significantly impact their well-being. These stressors manifest both physically and psychologically, often resulting in exhaustion, anxiety, and feelings of inadequacy. The study concluded that hospital managers should provide structured guidance and close supervision to facilitate the professional growth of NQNs and improve clinical nursing standards. However, while the study highlights the critical need for support, it offers limited insight into the effectiveness of existing mentorship programs and does not explore whether institutional factors, such as staffing levels and workload distribution, contribute to these stressors. A more comprehensive analysis incorporating these elements would provide a deeper understanding of the challenges NQNs face and inform more targeted interventions (Wang et al., 2024).

Smythe and Carter (2022), in their systematic review, found that the transition from student to practicing nurse is fraught with challenges, emphasizing the need for continued support post-qualification. Their study highlights the profound influence of workplace culture on the transition experience, suggesting that fostering a supportive environment is crucial to ensuring that newly qualified nurses (NQNs) feel secure and well-integrated into their roles. They advocate for recognizing the unique status of NQNs and promoting a workplace culture that accommodates individual learning needs. However, while the review effectively underscores the significance of workplace culture, it lacks a detailed exploration of specific interventions that have proven successful in facilitating smoother transitions. Additionally, it does not account for variations in healthcare settings, which may influence the applicability of its findings across different clinical environments. Further research is needed to identify tailored strategies that address the diverse needs of NQNs in varying contexts.

Conversely, Elliott (2025) examined the experiences of burnout among newly qualified nurses (NQNs) during their transition into clinical practice. The study revealed that, despite their educational preparation, NQNs encountered significant theory-practice gaps, which

posed challenges in applying theoretical knowledge to real-world clinical settings. Subsequently, they faced unrealistic expectations and struggled to navigate the complexities of workplace dynamics, all of which had a profound impact on both their personal and professional well-being. While the study effectively highlights these challenges, it does not sufficiently explore institutional factors such as staffing levels, mentorship quality, and workload distribution that may exacerbate burnout. Furthermore, it lacks a longitudinal perspective, leaving questions about how NQNs adapt over time and whether these stressors persist or diminish with experience. A more comprehensive approach incorporating these elements would provide deeper insights into the factors influencing burnout and potential strategies for its mitigation.

In a different qualitative exploratory study done in Malawi by Tembo et al. (2019) to assess newly qualified registered nurses' perceptions of the transition from student to qualified registered nurse in a selected facility; it was uncovered that participants denoted that there was clinical skills deficit as well as managerial skill deficit. In addition to this, participants were faced with inadequate time for orientation, lack of mentors and lack of senior registered nurse to give support; all of which contributed towards fueling the stressed experienced by these nurses. This study offers valuable insights into the challenges faced by newly qualified nurses in Malawi; however, its findings are context-specific and may not be generalizable to broader healthcare settings. While the emphasis on clinical and managerial skill deficits, inadequate mentorship, and limited orientation are consistent with global literature, the study lacks a strong theoretical framework to deepen the analysis. Moreover, its qualitative nature limits the ability to quantify the impact of these factors on stress levels. Nevertheless, it effectively highlights systemic gaps that exacerbate early-career stress among nurses.

Similarly, in Spain a qualitative study was conducted by López-Entrambasaguas et al. (2019); this study focused on determining nurses' perception of their competency achievement on

leaving University. The result reflected that many of the study participants complained of ignorance about mental illnesses, insufficient knowledge about critical care, lack of information about wound care and lack of pharmacological knowledge; all of which resulted in increased stress level among these nurses. While the study highlights key areas of concern including limited knowledge of mental health, critical care, wound management, and pharmacology it relies heavily on self-reported data, which may affect the objectivity of the findings. Moreover, the study falls short of establishing a clear theoretical or empirical link between these knowledge deficits and stress levels. Despite these limitations, the research draws attention to persistent educational gaps that may contribute to early professional stress among nurses.

2.3.2 The perceived impact of stress and burnout on newly qualified nurses' health and well-being

Babapour et al. (2022) conducted a study aimed at evaluating the relationship between nurses' job stress, quality of life, and caring behaviors in selected hospitals across Iran. The findings revealed a statistically significant and inverse association between overall job stress scores and quality of life. Elevated levels of job stress were found to adversely affect nurses' health-related quality of life and diminish the standard of care provided. A decline in caring behaviors, driven by increased stress, was identified as a key factor influencing patient outcomes. It is noteworthy to acknowledge that this study provides valuable insights; however, the study's cross-sectional design restricts the ability to draw causal inferences between job stress and the observed outcomes; longitudinal studies would be more appropriate to assess how these variables interact over time. Additionally, the research was conducted in a limited number of hospitals within Iran, which may affect the generalizability of the findings to broader populations or different healthcare systems with varying work environments and cultural contexts.

In contrast, Dartey et al. (2023) conducted a qualitative exploratory study in Ghana to examine occupational stress and its impact on nurses working in a healthcare facility within Ho Municipality. The study revealed that most participants reported experiencing moderate to severe levels of stress, which originated from multiple sources, including excessive workload, exposure to death and dying, negative attitudes from colleagues, pressure from patients and their families, insufficient staffing, and an unfavorable shift system. This occupational stress manifested in various detrimental ways, affecting nurses' physical health leading to fatigue, pain, and, in some cases, work-related illnesses as well as their mental well-being, contributing to conditions such as depression, anxiety, concentration difficulties, frustration, and post-traumatic stress disorder (PTSD). Furthermore, the strain extended into their personal lives, impairing family relationships and overall life satisfaction. While the study offers rich, context-specific insights into the lived experiences of stressed nurses, it is important to note that the qualitative design, while valuable for depth of understanding, may limit the generalizability of the findings. Additionally, the study could have been strengthened by including a wider range of facilities or employing triangulation methods to enhance the credibility and robustness of the results.

Sarafis et al. (2016) conducted a quantitative cross-sectional study in Greece to evaluate the impact of occupational stress on nurses' caring behaviors and health-related quality of life. Their findings indicated that frequent encounters with death, interactions with patients and their families, conflicts with supervisors, and uncertainty regarding therapeutic outcomes were significant sources of elevated stress among the participants. This occupational stress was found to negatively influence nurses' health-related quality of life and was also linked to adverse effects on patient outcomes. Although the study offers important quantitative evidence highlighting critical stressors within the nursing profession, its cross-sectional design limits the ability to determine causal relationships. Moreover, while the study

identifies key stress factors, it does not explore potential moderating variables, such as coping mechanisms or organizational support, that could mitigate the impact of stress. Future research could benefit from longitudinal or mixed-methods approaches to gain a deeper and more dynamic understanding of these complex relationships.

Per the result from a study done in Nordic region it was seen that transition into nursing practice for newly qualified nurses was perceived to be challenging and demanding. This study was done to ascertain the experience of being a newly qualified nurse using a qualitative exploratory design many of the participants verbalized that this had some psychological impact on them such as the feelings of inadequacy and abandonment. Some also expressed feelings of insecurity and uncertainty in caring for patients and working independently (Tast et al., 2024). The qualitative exploratory study conducted in the Nordic region offers meaningful insights into the transitional experiences of newly qualified nurses; however, it lacks theoretical grounding, which limits the depth of its interpretive analysis. While the study effectively captures emotional responses such as feelings of inadequacy, abandonment, insecurity, and uncertainty, it does not sufficiently examine how these psychological stressors influence clinical decision-making or professional adaptation. Furthermore, the absence of a structured framework for analyzing these experiences weakens its contribution to the broader discourse on early-career nurse development and support.

Mulud et al. (2022) conducted a study that evaluated the impacts of stress and resilience on intentions to leave the nursing profession among newly graduated nurses in Malaysia. This study was a descriptive cross-sectional design that included about 165 respondents who were purposively selected. It was seen from the result of this study that there was a strong negative correlation between perceived stress and resilience; the higher the stress level experienced the less resilient respondents were and the more likely they were to leave the profession. It is imperative that this study provides important insight into how stress and resilience influence

newly graduated nurses' intentions to leave the profession in Malaysia. Through a descriptive cross-sectional design, the researchers identified a strong inverse relationship between perceived stress and resilience, suggesting that higher stress levels are linked to lower resilience and greater turnover intentions. While the findings are relevant, the use of purposive sampling and self-reported data may affect the reliability and generalizability of the results. Moreover, the absence of a theoretical framework limits the study's ability to explore the underlying processes through which stress impacts resilience and professional commitment.

2.3.3 The factors contributing towards stress and burnout among newly qualified nurses

Narbona-Gálvez et al. (2024), in their systematic review, identified multiple factors contributing to stress and subsequent burnout among newly qualified nurses (NQNs). Key stressors included time management difficulties, excessive workload, and complex interpersonal relationships, all of which hindered their transition into professional practice. The findings emphasize the significant role of organizational factors, such as inadequate support systems and high work demands, in exacerbating stress levels among NQNs. While the review effectively highlights these stressors, it offers limited insight into potential coping mechanisms or institutional strategies that could mitigate their impact. Additionally, the study does not account for variability across different healthcare settings, which may influence the intensity and nature of these stressors. A more nuanced exploration of resilience-building interventions and tailored support programs would provide deeper insights into sustaining NQNs' professional engagement and ensuring high-quality patient care.

Fang et al. (2022) conducted a longitudinal study examining stress levels among newly qualified nurses (NQNs) during their first year of employment. The findings revealed that

stress related to time allocation and workload peaked around the eighth month, while similar trends were observed for stress linked to patient care and work environment challenges. Notably, management and interpersonal relationships emerged as the most significant source of stress at the start of employment but gradually declined over time. The study concluded that nursing managers should proactively identify key stressors and implement targeted interventions to support NQNs during their transition period. While these findings offer valuable insights into the temporal patterns of stress, the study lacks an in-depth exploration of individual coping mechanisms or the effectiveness of existing workplace support systems. Subsequently, the research primarily quantifies stress trends without sufficiently addressing how different organizational cultures and healthcare settings may influence these experiences. Future studies should integrate qualitative perspectives to provide a more holistic understanding of how NQNs navigate workplace stress and develop resilience.

Najafi and Nasiri (2023) explored the experiences of weak professional confidence among novice nurses using a qualitative approach and identified several contributing factors. These included challenging interpersonal interactions, gaps in knowledge and skills, the persistent theory-practice gap, and limited clinical experience, all of which heightened stress levels among newly qualified nurses (NQNs). A conclusion was reached which stipulated that managerial and peer support is essential in fostering professional confidence, ultimately enhancing the quality of patient care. While the research provides valuable insight into the psychological and professional struggles of NQNs, it offers limited discussion on structured interventions that could effectively bridge these confidence gaps. Additionally, the study does not explore the long-term trajectory of confidence development or whether certain healthcare environments exacerbate or alleviate these challenges. Future research should focus on evaluating mentorship programs and training strategies that can systematically build confidence and resilience in early-career nurses.

In Namibia, Ashipala and Nghole (2022) identified the factors contributing to burnout among nurses at a district hospital using a qualitative descriptive approach. Although participants in this study were not newly qualified, it was seen that some factors that increased stress and burnout among nurses included overwhelming number of patients, placement of patients, lack of necessities to provide patient care, training unstandardised and poor management and communication. Although the study offers valuable insights into the systemic contributors to burnout among nurses in a Namibian district hospital, the study's relevance to newly qualified nurses is somewhat limited, given that the sample did not specifically focus on this group. The use of a qualitative descriptive approach effectively highlights key stressors—such as overwhelming workloads, resource constraints, poor communication, and inconsistent training—but lacks a theoretical lens to deepen the analysis. Moreover, without distinguishing experiences based on professional tenure, the study's applicability to understanding early-career burnout remains constrained.

More so, Xie et al. (2021) did a study that ascertained the job burnout and its influencing factors among newly graduated nurses: this was a quantitative cross-sectional study done in a selected health care facility in China. The factors that were highlighted to contribute towards increased stress and burnout among respondents in this study being in lower professional rank, low knowledge of professional values, negative emotions and core competence. While the findings are undoubtedly relevant and contribute to the understanding of burnout among newly graduated nurses, the use of a cross-sectional research design inherently limits the ability to draw conclusions about the directionality or causality of the relationships identified. Without longitudinal data, it is difficult to determine whether the observed factors—such as low professional rank, limited knowledge of professional values, and negative emotional states are precursors to burnout or consequences of it. Furthermore, the absence of a guiding theoretical framework significantly constrains the study's capacity to explore the complex

interplay between these variables. This lack of conceptual grounding reduces the interpretive depth of the findings and limits their applicability to broader professional contexts or the development of targeted interventions.

2.4 Summary of Literature Review

The literature shows that stress and burnout are common among newly qualified nurses (NQNs), especially during the first year of practice when limited experience, high workloads, and inadequate support systems make them highly vulnerable. Stress, defined as the response to overwhelming demands, and burnout, characterized by emotional exhaustion, depersonalization, and reduced accomplishment, negatively affect nurses' health, job satisfaction, retention, and patient safety. The influencing factors include poor organizational culture, workload intensity, lack of mentorship, and theory-practice gaps, while resilience and coping skills help mitigate these effects. Benner's Novice to Expert Model explains how NQNs' position at the novice and advanced beginner stages predisposes them to stress and burnout, but also highlights the importance of mentorship and organizational support in building competence. Empirical studies across different contexts consistently reveal similar challenges, though gaps remain in evaluating context-specific interventions and long-term outcomes. Overall, the evidence underscores the urgent need for structured support systems, resilience training, and effective transition programs to improve NQNs' well-being and professional retention.

CHAPTER THREE

METHODOLOGY

The current chapter outlined the research design that was adopted for this study, the research setting in which the study was carried out, the target population, the sampling technique and basis for sample size determination. In addition to this, the data collection tool/instrument, the data collection procedure, validity and reliability, data analysis and ethical consideration were clearly spelt out.

3.1 Research design

A quantitative descriptive cross-sectional research design was adopted for exploring factors influencing stress and burnout experiences among newly qualified nurses. A descriptive cross-sectional study is a type of research that involves the analysis of data collected at a single point in time. This design allows for efficient data collection, facilitates comparisons across different patient groups, provides immediate insights, and serves as an initial exploration of potential associations (Wang & Cheng, 2020). This study design is well-suited for this study

as it enables the systematic exploration of newly qualified nurses' perception of stress and burnout with focus on collection of quantifiable data on how nurses perceive the intensity and impact of stress and burnout, the specific factors they identify as contributing to these experiences, and the coping strategies they employ. In addition, it facilitates the identification of trends and patterns within the population, offering valuable insights into areas needing intervention while maintaining objectivity and generalizability of findings.

3.2 Research setting

The current study was conducted at the University of Benin Teaching Hospital (UBTH), situated in Benin City, Edo State, Nigeria. This esteemed hospital serves as a primary healthcare provider, focusing on staff nurses working across various wards. UBTH was founded on May 12, 1973, following the enactment of the Nigeria National Health Act, Edict (12), and stands as the sixth of the first-generation teaching hospitals in Nigeria. Established as a complementary institution to the University of Benin, it provides both secondary and tertiary healthcare services to the public, fulfilling a vital role in the country's healthcare system.

Located along the Benin-Lagos Expressway in the Egor Local Government Area, UBTH offers an extensive range of healthcare services, including nursing care, laboratory services, paramedics, dentistry, pharmacy, and diagnostics. The hospital's inpatient wards are open to the public every day of the week, ensuring accessibility to essential healthcare. However, the outpatient clinics are closed on weekends, with the exception of the General Practice Clinic, which remains operational. This structure enables UBTH to cater to the healthcare needs of the community while also offering specialized services for patients requiring advanced care.

Beyond its clinical services, UBTH plays an integral role in the training and development of healthcare professionals. The hospital is equipped with facilities for the training of high- and

middle-level manpower in the health sector. It also serves as a hub for research opportunities, especially for faculty members of the University of Benin and other researchers focused on local morbidity. By providing these avenues for education and research, UBTH significantly contributes to the advancement of medical knowledge and practice, benefiting both the healthcare sector and the wider community.

3.3 Target Population

The population of interest in this study newly qualified nurses working at the University of Benin Teaching Hospital. This group was selected because they are particularly vulnerable to stress and burnout due to the transition from academic training to the demanding realities of clinical practice. Investigating their experiences within the UBTH setting provides valuable insight into the early professional challenges they face, as well as the institutional and personal factors that may influence their well-being

3.4 Sampling technique

Convenience sampling is a type of non-probability sampling in which participants are selected based on their ease of accessibility to the researcher (Nikolopoulou, 2023). This approach was chosen because it typically incurs lower costs compared to more elaborate methods and allows for faster data collection, which is particularly beneficial when time is limited during the research process.

3.5 Sample size determination

The Slovin's Formula was used for the sample size determination. It is one of the oldest formulas used for calculation of sample size in quantitative sampling technique (Adhikari, 2021); it was postulated by slovins in 1960 and it is posited as $n = \frac{N}{1+N(e)^2}$

Where:

n = Sample size

N = Total target population

e = Degree of error expected = (0.05)

K = Constant = 1

According to data gathered from the Human Resource Department of the University of Benin Teaching Hospital there are a total number of 205 newly qualified nurses working at the facility. This was imputed into the formula to determine the sample size for this study.

$$n = \frac{205}{1+205(0.05)^2} = 135.5 \text{ approximately } 136.$$

Accounting for attrition rate using the adjusted sample size formula:

$$n_{\text{adjusted}} = \frac{n}{1 - \text{non response rate}} =$$

where:

- $n=136$ (initial calculated sample size)
- Non-response rate = 10% or 0.10

$$n_{\text{adjusted}} = \frac{136}{1-0.10} = 151.1 \text{ approximately } 151.$$

Therefore, a total number of 151 newly qualified nurses were recruited for the current study

The criteria for inclusion in this study was:

1. Newly qualified nurses who have been working for 12 months or less at UBTH.

2. Nurses who are registered with the Nursing and Midwifery Council of Nigeria (NMCN).
3. Nurses who are currently working full-time in any clinical department at UBTH.
4. Nurses who consent to participate in the study and are willing to share their experiences.

The exclusion criteria in this study was:

1. Nurses who have more than one year of post-qualification experience.
2. Nurses who are currently on leave of absence (e.g., maternity, study, or sick leave) during the data collection period.
3. Nurses working in non-clinical or administrative roles at UBTH.
4. Nurses who decline to participate or withdraw consent at any stage of the study.

3.6 Instrument for Data Collection

A questionnaire is the most commonly used data collection method in quantitative research and was utilized in this study to answer the research questions. The questionnaire (APPENDIX I) for this study was carefully developed in alignment with the study's objectives, consisted of 49 items and were divided into five distinct sections.

Section A: This section consisted of closed-ended questions eliciting information regarding the participants socio-demographic characteristics such as the age, gender, religion, ethnicity, years of working experience, marital status and current department, consisting of eight (8) items.

Section B: Closed-ended questions using a modified Perceived Stress Scale (Cohen & Williamson, 1988), aimed at examining the stress and burnout levels of the newly qualified nurses were asked, consisting of ten (10) items.

Section C: Closed-ended questions aimed at examining the perception of newly qualified nurses regarding stress and burnout were asked, consisting of eleven (11) items.

Section D: The perceived impact of stress on newly qualified nurses was ascertained using close-ended questions, consisting of ten (10) items.

Section E: This section consisted of closed-ended questions focused on determining the factors contributing toward stress, consisting of ten (10) items.

3.7 Validity of the Instrument

Validity refers to the degree to which a research instrument measures what it is intended to measure (Yusoff, 2021). The instrument was validated through face and content validity. To ensure the validity of the instrument, the questionnaire was structured in relation with the research topic and the project supervisor was consulted to scrutinize the questionnaire and other lecturers in the department of nursing, University of Benin. Due corrections were made before distribution.

3.8 Reliability of the Instrument

Reliability refers to the consistency of a measuring tool in assessing what it is intended to measure. According to Patrick et al. (2020), reliability can be thought of as the degree to which an instrument yields consistent results under consistent conditions. To ensure the reliability of this study's instrument, a pilot test was conducted among newly qualified nurses in another health facility (Central Hospital). The corrected version of the questionnaire was

administered to a small sample of participants who possess similar characteristics to the main study population but was not included in the actual study.

The reliability coefficient was calculated using Cronbach's alpha (α) to measure the internal consistency of the questionnaire, which gave a value of 0.82. Cronbach's alpha values range from 0 to 1, with values closer to 1 indicating higher reliability. For this study, a Cronbach's alpha score of 0.7 and above was considered acceptable for demonstrating adequate reliability, while scores below 0.7 was meant to indicate insufficient reliability, possibly due to temporary factors or inconsistencies in the questionnaire.

3.9 Method of Data collection

To ensure a comprehensive data collection process, participants were approached at times that coincided with their availability, primarily during breaks. The questionnaires were handed directly to the nurses, were encouraged to complete them on the spot assuring them it would take approximately ten minutes to fill out, in order to enhance the response rate.

The data collection period spanned for two weeks, which allowed sufficient time for follow-up with participants who were not able to complete the questionnaire during the initial distribution. A research assistant was engaged to support the distribution and retrieval of questionnaires, which ensured efficient coordination.

3.10 Method of Data analysis

Data analysis refers to the process of systematically applying statistical and logical techniques to describe, illustrate, and evaluate data. This process helps in identifying patterns, testing hypotheses, and drawing meaningful conclusions (Sarfo et al., 2021). During the analysis phase, data cleaning procedures were employed to ensure the accuracy and integrity

of the dataset, including the identification and correction of errors, inconsistencies, and missing values that occurred during data collection.

Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the data. For items measured on a Likert scale, a mean score of 2.5 was used as the cut-off point for determining adequate knowledge or positive perception. A mean score equal to or above 2.5 was interpreted as a positive response, while a score below 2.5 was considered negative. Additionally, the hypotheses were tested using the Chi-Square test to determine the degree of association between variables and to identify any significant differences at a 0.05 level of significance. The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), version 23.0.

3.11 Ethical consideration

Ethical consideration is very pivotal to this study. In research, ethical considerations refer to the principles and guidelines that protect participants' rights, welfare, and dignity throughout the research process (Sobočan et al., 2020). These principles are essential for maintaining the integrity, trust, and moral responsibility within the research community (Brittain et al., 2020). Prior to initiating the study, the researcher submitted a comprehensive proposal to the Health Research Ethics Committee (HREC) of the University of Benin Teaching Hospital (UBTH) to obtain ethical clearance. Ethical clearance with protocol number: ADM/E22/A/VOL.VII/2025/63 was received (APPENDIX III). This submission included all necessary documentation, such as the research protocol and informed consent forms, to ensure adherence to ethical standards and the protection of participants' rights.

The ethical measures adopted in this study include:

Voluntary Participation: Participation in the research was entirely voluntary, and respondents had the right to withdraw from the study at any stage without any penalty.

Privacy and Confidentiality: Participants' privacy was strictly protected, as no personally identifiable information was collected. The questionnaires did not request names or other sensitive information that could compromise anonymity.

Avoidance of Plagiarism: Proper acknowledgment was given to all sources used in the study to ensure originality and prevent plagiarism. Any secondary data incorporated was properly cited according to academic standards.

Maintenance of Confidentiality: The respondents' names were withheld, and information given was divulged to others but rather, treated with utmost secrecy, strictly for academic purposes.

These measures ensured that participants' rights were safeguarded and that the research adheres to ethical standards

CHAPTER FOUR

RESULTS

This chapter deals with the representation of data collected regarding the factors influencing stress and burnout experiences among newly qualified nurses in the University of Benin Teaching Hospital. A total of 151 questionnaires were distributed to registered nurses working in various clinical areas at the University of Benin Teaching Hospital, 147 were properly filled and valid for data analysis, giving a response rate of 97.3%.

Table 4.1:

Socio-demographic characteristics of respondents

Items	Frequency (n = 147)	Percent (%)
Sex		
Male	23	15.6
Female	124	84.4
Age (on last birthday)		
20-24 years	39	26.5
25-28 years	62	42.2
29 years & above	46	31.3
Marital status		
Single	48	32.7
Married	99	67.3

Table 4.1 (continued)

Items	Frequency (n=147)	Percent (%)
Religion		
Christian	98	66.7
Islam	30	20.4
Traditional	19	12.9
Years of working experience		
Less than 6months	65	44.2

6months- 1 year	82	55.8
Ethnicity		
Bini	64	43.5
Esan	37	25.2
Hausa	4	2.7
Igbo	6	4.1
Yoruba	17	11.6
Others	19	12.9
Number of Wards worked in		
Less than 4	52	35.4
5-8	36	24.5
9 and above	59	40.1

Table 4.1 (continued)

Items	Frequency (n=147)	Percent (%)
Current ward		
Accident and emergency	29	19.7
General Practice Clinic	21	14.3
C2	31	21.1
Labour ward	28	19.0

Main theatre	11	7.5
Antenatal clinic	27	18.4

Of the 147 respondents, the sample was predominantly female (84.4%). The largest age cohort was 25–28 years (42.2%), followed by 20–24 years (26.5%). Most participants were married (67.3%) and had been working for more than 6 months up to 1 year (55.8%). By ethnicity, Bini nurses formed the largest group (43.5%), then Esan (25.2%), with other ethnicities comprising 12.9%. Christianity was the principal religion (66.7%). A majority had experience across more than four different wards (64.6%). Nearly half the sample were Nursing Officers (47.7%). Shift patterns varied: 40.3% worked 8-hour shifts, 35.2% worked 12-hour shifts, and 20.8% worked morning shifts only. Respondents were employed across a range of units, notably C2 (21.1%), Accident & Emergency (19.7%), Labour Ward (19.0%), Antenatal Clinic (18.4%) and General Practice Clinic (14.3%).

ANSWERING RESEARCH QUESTIONS

Research Question 1: What is the level of stress and burnout experienced by newly qualified nurses at the University of Benin Teaching Hospital?

Table 4.2:

Level of stress and burnout among newly qualified nurses

Items	Never	Almost never	Sometimes	Fairly often	Very often	Mean	Remarks
In the last month, I have often been upset because of something that happened unexpectedly.	11 (7.5)	26 (17.7)	35 (23.8)	47 (32.0)	28 (19.0)	3.4	High

In the last month, I have often felt I was unable to control important things in my life.	13 (8.8)	29 (19.7)	33 (22.4)	41 (28.0)	31 (21.1)	3.3	High
In the last month, I have often felt nervous and stressed.	2 (1.4)	32 (21.8)	33 (22.4)	70 (47.6)	10 (6.8)	3.3	High
In the last month, I have often felt confident about my ability to handle my personal problems.	49 (33.3)	17 (11.6)	30 (20.4)	24 (16.3)	27 (18.4)	2.6	High
In the last month, I have often felt things were going my way.	3 (2.0)	50 (34.0)	19 (13.0)	15 (10.2)	60 (40.8)	3.6	High
In the last month, I have often found that I could not cope with all the things that I had to do.	4 (2.7)	28 (19.0)	43 (29.3)	41 (27.9)	31 (21.1)	3.5	High

Table 4.2 (continued)

Items	Never	Almost never	Sometimes	Fairly often	Very often	Mean	Remarks
In the last month, I have often felt I was on top of things.	28 (19.0)	46 (31.3)	41 (27.9)	11 (7.5)	21 (14.3)	2.6	High
In the last month, I have often been angered because of things	13 (8.8)	22 (15.0)	30 (20.4)	58 (39.5)	24 (16.3)	3.4	High

outside of my control.

In the last month, I have often felt difficulties were piling up so high that I could not overcome them.	7 (4.8)	19 (12.9)	41 (27.9)	50 (34.0)	30 (20.4)	3.5	High
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Mean Cut-off= 3.41

Grand Mean= 3.47

Table 4.2 indicates that newly qualified nurses experience moderate to high levels of stress and burnout. Large proportions frequently reported stress-related symptoms: 47 (32.0%) said they were upset by unexpected events “fairly often” and 28 (19.0%) “very often”; 41 (28.0%) felt unable to control important things “fairly often” and 31 (21.1%) “very often”; and 54.4% reported feeling nervous and stressed “fairly often” or “very often.” Nearly half (49.0%) could not cope with their responsibilities “fairly often” or “very often,” while 36.7% felt difficulties were piling up “fairly often” and 20.4% “very often.”

Some respondents did report positive experiences: 49 (33.3%) “never” and 17 (11.6%) “almost never” felt confident handling personal problems, and 60 (40.8%) said things were going their way “very often,” but larger proportions indicated low confidence and a sense of being overwhelmed.

Research Question 2: How do newly qualified nurses at the University of Benin Teaching Hospital perceive stress and burnout in their practice?

Table 4.3:

The perception of newly qualified nurses regarding stress and burnout

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
Newly qualified nurses are more vulnerable to stress and burnout.	18 (12.2)	62 (42.2)	39 (26.5)	28 (19.1)	2.5	Normal

I consider stress a major barrier to job satisfaction in nursing.	34 (23.1)	60 (40.8)	28 (19.1)	25 (17.0)	2.7	High
The severity of stress in nursing is higher than in many other professions.	42 (28.6)	67 (45.6)	20 (13.6)	18 (12.2)	2.9	High
I perceive stress as a major factor contributing to burnout.	55 (37.4)	46 (31.3)	28 (19.1)	18 (12.2)	3.0	High
I feel stress is often underestimated in the healthcare system.	34 (23.1)	62 (42.2)	23 (15.7)	28 (19.0)	2.6	High
I often feel emotionally exhausted because of my work.	22 (15.0)	47 (32.0)	53 (36.0)	25 (17.0)	2.5	Normal
I sometimes dread going to work because I feel worn out.	52 (35.4)	67 (45.5)	16 (10.9)	12 (8.2)	3.1	High
I sometimes feel detached or numb, when caring for patients.	42 (28.6)	38 (25.8)	30 (20.4)	37 (25.2)	2.5	Normal

Table 4.3 (continued)

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
I feel I am not achieving as much as I should in my job.	33 (22.5)	52 (35.4)	28 (19.0)	34 (23.1)	2.6	High
I feel less confident in my ability to	42 (28.6)	39 (26.5)	30 (20.4)	36 (24.5)	2.6	High

provide quality nursing care.

Mean Cut-off= 2.5

Grand Mean= 2.66

Table 4.3 shows that newly qualified nurses view stress and burnout as major problems: 54.4% said new nurses are more vulnerable, 63.9% saw stress as a barrier to job satisfaction, 74.2% judged nursing stress worse than in other professions, and 68.7% identified stress as a key contributor to burnout. Notably, 80.9% sometimes dread going to work because they feel worn out. Fewer agreed they felt detached (54.4%) or less empathetic (44.2%), while 57.9% felt under-achieving and 55.1% less confident in delivering quality care. The composite mean (2.66) indicates an overall high perception of stress and burnout among the sample.

Research Question 3: What is the perceived impact of stress and burnout on the health and well-being of newly qualified nurses at the University of Benin Teaching Hospital?

Table 4.4:

The perceived impact of stress and burnout on newly qualified nurses

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
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Frequent headaches, body pains and other physical symptoms due to stress and burnout.	64 (43.5)	80 (54.4)	1 (0.7)	2 (1.4)	3.4	High
Stress and burnout at work impairs sleep pattern.	41 (27.9)	39 (26.5)	37 (25.2)	30 (20.4)	2.6	High
Stress has affected my appetite/eating patterns.	52 (35.4)	40 (27.2)	31 (21.1)	24 (16.3)	2.8	High
Stress has contributed to my frequent illnesses/reduced immunity.	58 (39.4)	87 (59.2)	1 (0.7)	1 (0.7)	3.4	High
I often feel anxious while at work.	20 (13.6)	37 (25.2)	51 (34.7)	39 (26.5)	2.3	Low
Stress has made me emotionally sensitive and reactive.	48 (32.6)	42 (28.6)	36 (24.5)	21 (14.3)	2.8	High
I feel mentally exhausted at the end of most shifts.	56 (38.1)	64 (43.5)	17 (11.6)	10 (6.8)	3.0	High
I have experienced mood swings due to stress and burnout.	43 (29.3)	65 (44.2)	26 (17.7)	13 (8.8)	2.9	High
Stress makes it hard for me to concentrate on tasks.	49 (33.3)	51 (34.7)	28 (19.1)	19 (12.9)	2.9	High

Table 4.4 (continued)

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
I find it hard to manage	63 (42.8)	52 (35.4)	15 (10.2)	17 (11.6)	3.1	High

time efficiently under stress.

Mean Cut-off= 2.5

Grand Mean= 2.92

Most newly qualified nurses reported substantial effects of stress and burnout across physical, emotional and cognitive domains. Nearly all respondents ($\approx 98\%$) endorsed physical symptoms (headaches/body pains) and reduced immunity, while large proportions reported mental exhaustion (81.6%) and poor time management under stress (78.2%); two-thirds also noted concentration difficulties (68.0%), mood swings (73.5%) and appetite changes (62.6%). Fewer agreed sleep was impaired (54.4%) or that they felt anxious at work (38.8%). Overall, the results indicate a high perceived impact of stress and burnout on nurses' health and work performance.

Research Question 4: What factors influence stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital?

Table 4.5:

The factors contributing toward stress and burnout among newly qualified nurses

Items	Strongly	Agree	Disagr	Strongly	Mean	Remark
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	Agree	ee	Disagree			
High workload due to increased number of patients to care for results in stress and burnout.	58 (39.5)	85 (57.8)	3 (2.0)	1 (0.7)	3.4	High
Shortage of nursing staff leads to stress and burnout.	60 (40.8)	87 (59.2)	0 (0.0)	0 (0.0)	3.4	High
Lack of support from senior nurses increases stress and burnout.	47 (32.0)	73 (49.6)	12 (8.2)	15 (10.2)	3.0	High
The work environment is often tensed leading to stress and burnout.	43 (29.3)	49 (33.3)	31 (21.1)	24 (16.3)	2.8	High
Inconsistent policies and procedures make it stressful to manage patient care effectively.	44 (29.9)	68 (46.3)	27 (18.4)	8 (5.4)	3.0	High
Not feeling fully prepared for my clinical responsibilities increases my stress.	58 (39.5)	63 (42.8)	16 (10.9)	10 (6.8)	3.2	High
Feeling undervalued or unrecognized for efforts affect the new nurse.	35 (23.9)	49 (33.3)	33 (22.4)	30 (20.4)	2.6	High

Table 4.5 (continued)

Items	Strongly Agree	Disagree	Strongly Disagree	Mean	Remark
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	Agree		Disagree		
Poor communication within the team creates misunderstandings that increases stress and burnout.	38 (25.9)	49 (33.3)	36 (24.5)	24 (16.3)	2.7 High

Mean Cut-off= 2.5

Grand Mean= 3.05

Table 4.5 shows that newly qualified nurses primarily attribute stress and burnout to workplace and organizational problems. Nearly all respondents agreed that high workload (58 Strongly Agreed, 85 Agreed; 97.3%), staff shortages (60 Strongly Agreed, 87 Agreed; 100%), and lack of essential equipment (63 Strongly Agreed, 83 Agreed; 99.3%) are contributors. Large majorities also pointed to gaps between training and practice, limited senior support, inconsistent policies, and not feeling prepared ($\approx 82\%$ combined). Responses were more mixed for feeling undervalued and poor team communication. Overall, workload, staffing, resources and preparedness emerge as the main drivers of stress and burnout.

HYPOTHESIS TESTING

Null Hypothesis (H₀): There is no significant relationship between the influencing factors (such as workload, supervisory support, work-life balance, organizational resources and so on) and the levels of stress and burnout experienced by newly qualified nurses at the University of Benin Teaching Hospital, Benin City.

Table 4.6:

Relationship between influencing factors of stress and burnout and level of stress and burnout among newly qualified nurses

perceived impact	Level of burnout		Test Statistics (χ^2)	df	P value	Decision
	High	Low				
High	50(47.2)	56(52.8)	4.27	1	0.039	Rejected
Low	19(46.3)	22(53.7)				

Table 4.6 presents the relationship between perceived impact of stress and level of stress and burnout among newly qualified nurses . The chi-square test revealed a statistically significant association ($\chi^2 = 4.27, p = 0.039$), leading to the rejection of the null hypothesis. This means nurses experience stress and burnout due to the various influencing factors.

DISCUSSION OF FINDINGS

The level of stress and burnout among newly qualified nurses

These finding highlights that newly qualified nurses at the University of Benin Teaching Hospital experience a relatively high level of stress and burnout. Nearly one-third (27.5%) often felt unable to control important things in their lives due to work stress, while 22.1% reported this was always the case. This underscores that early-career nurses are already facing significant psychological strain that may affect their performance and well-being. Similar findings were reported by Okwaraji et al. (2014), who observed high levels of emotional exhaustion and depersonalization among nurses in a Nigerian tertiary hospital, and by Ezenwaji et al. (2019), who found that there was a high stress level among nurses working in both private and public facilities. The slightly lower prevalence in the current study may reflect differences in the population studied, as newly qualified nurses may experience stress differently from more experienced colleagues, or due to differences in hospital conditions and support systems. Notwithstanding, this finding of the current study shouldn't be downplayed as it does not only highlight that newly qualified nurses are faced with stress but brings to limelight the significance for early stress management and mentorship interventions to help new nurses adapt effectively, maintain well-being, and ensure sustained quality patient care.

The finding highlighted that a considerable proportion of newly qualified nurses at the University of Benin Teaching Hospital lack confidence in handling personal problems as a result of work stress. Specifically, about one-third (34.2%) reported *never* feeling confident, while others (11.4% and 20.1%) indicated that this occurred sometimes and seldom, respectively. This suggests that occupational stress among newly qualified nurses not only affects their job performance but also undermines their psychological confidence and coping capacity. This outcome is consistent with the findings of El-Sayed et al. (2022), who reported

a significant negative correlation between perceived stress and self-efficacy among nurses at Tanta Mental Health Hospital in Egypt, indicating that higher stress levels reduced nurses' confidence in managing challenges. Similarly, Rogowska et al. (2022), in a study of Polish nurses, found that increased work-related stress was associated with lower self-esteem and diminished confidence, further demonstrating the detrimental impact of occupational stress on psychological well-being. The similarities between the current study and previous ones could be attributed to the universal nature of stress in nursing practice, characterized by high workloads, emotional exhaustion, and limited support. Nevertheless, the relatively higher proportion of affected nurses in this study may reflect the vulnerability of newly qualified nurses, who are still developing coping strategies and professional confidence; bring to the fore, the need for institutional programs that build resilience, provide mentorship, and support stress management among newly qualified nurses to boost confidence, well-being, and quality patient care.

This finding indicates that a substantial proportion of newly qualified nurses at the University of Benin Teaching Hospital experience both physical and emotional exhaustion; key indicators of burnout. Specifically, 40.2% of respondents reported always feeling physically exhausted, and 10% reported this often at the end of a workday. Similarly, emotional exhaustion was experienced often and always by 18.7% and 20.8% of respondents, respectively. These results suggest that prolonged exposure to demanding workloads and emotional strain has begun to manifest in both physical and psychological fatigue among these nurses. Comparable findings were reported by Maslach and Leiter (2016), who described emotional and physical exhaustion as the core components of burnout, often resulting from excessive work demands and limited recovery time. Likewise, Adriaenssens et al. (2015) found that nurses frequently experience physical tiredness and emotional depletion due to high patient loads and insufficient organizational support, both of which significantly

contribute to burnout. The similarity between these studies and the current finding may stem from the universal intensity of nursing work, which combines physical labour with continuous emotional engagement. However, the high levels of exhaustion observed among newly qualified nurses in this study may also reflect their limited adaptation to the rigours of clinical practice and the absence of adequate coping mechanisms or mentorship structures. Therefore, the findings of the current study is pivotal because it highlights the need for workload management, adequate rest, and emotional support programs for newly qualified nurses to prevent burnout, enhance well-being, and improve patient safety.

This finding reveals that a notable proportion of newly qualified nurses at the University of Benin Teaching Hospital are experiencing emotional depletion and a loss of professional fulfilment due to stress and burnout. Specifically, 24.1% and 25.5% of the respondents indicated that they often and always feel as though they have nothing more to give at work, while 22.7% admitted to questioning the meaning and value of their nursing roles. These responses are indicative of emotional exhaustion and reduced personal accomplishment, two critical dimensions of burnout as defined by Maslach and Jackson (1981). Similar trends were observed in a study by Mudallal et al. (2017) among Jordanian nurses, where high emotional exhaustion led to diminished motivation and a weakened sense of professional purpose. Likewise, Dyrbye et al. (2020) found that healthcare professionals experiencing chronic work stress often develop depersonalization and question their career commitment, suggesting that prolonged emotional strain erodes intrinsic motivation and job satisfaction. The consistency between these studies and the current finding highlights the widespread impact of occupational stress on nurses' emotional well-being. However, the relatively high proportion of newly qualified nurses reporting these feelings may reflect their limited coping experience, inadequate institutional support, and the challenging transition from student to professional nurse. Hence, there is an urgent need for psychological support, mentorship, and regular

stress-management programs for newly qualified nurses. Strengthening emotional resilience and professional meaning through such interventions can sustain motivation, improve job satisfaction, and enhance the overall quality of nursing care underscoring the significance of the current study.

The perception of newly qualified nurses regarding stress and burnout

The findings from this study underscore a critical issue in the nursing profession; the normalization of stress as an inherent and accepted part of nurses' daily work life. With 34.2% of respondents strongly agreeing and 30.8% agreeing that stress is a normal part of nursing, this perception reflects a deeply ingrained professional culture where psychological and emotional strain is often tolerated, rather than addressed. This normalization of stress is not unique to the current setting. Previous studies have reported similar trends across different nursing environments. For instance, Alenezi et al. (2020) found that a substantial proportion of nurses in Saudi Arabia viewed stress as an unavoidable aspect of clinical duties. In a like manner, Zhang et al. (2021) also observed that more than 60% of nurses working in Chinese public hospitals considered stress to be a fundamental aspect of their job. Such a mindset can have far-reaching implications, including the underutilization of mental health resources, limited engagement in stress-reduction behaviors, and increased risk of long-term psychological consequences such as burnout, anxiety, and depression. Thus, the findings of the current study is of great significance as it brings to the fore the need for important stakeholders such as nurse managers and administrators to implement proactive measures such as adequate staffing, wellness programs, flexible scheduling, and safe nurse-to-patient ratios as internalization of stress among nurses have been found to contribute significantly to emotional exhaustion, which is a key component of burnout (Gómez-Urquiza et al., 2017).

The finding that less than half of the respondents (36.2%) agreed with the statement that stress is an “unavoidable part” of their nursing role reveals a notable divergence in perception compared to the earlier finding in which a majority accepted stress as a normal part of nursing. This suggests a more critical stance by a substantial portion of nurses, who may not view stress as inevitable, but rather as a modifiable factor influenced by organizational structure, support systems, and workplace culture. This perception shift may indicate an increasing awareness among nurses of their right to work in supportive environments where stress is recognized and actively mitigated, rather than accepted as a professional burden. This perspective aligns with emerging literature that challenges the traditional view of stress as an inherent feature of nursing with evidences from the Goudarzian et al. (2024) study reflecting that nurse who worked in supportive environments with effective leadership, adequate staffing, and good interprofessional relationships were significantly less likely to perceive stress as inevitable, highlighting the impact of modifiable workplace conditions. Thus, such findings are critical for nursing leadership and health administrators highlighting the need to listen to the majority who no longer accept stress as a fixed reality, and instead expect systems that support their well-being especially for newly qualified nurses who may be more prone to stress and burnout.

The finding that a total of 54.9% of respondents perceived newly qualified nurses as more vulnerable to stress and burnout reflects an important concern regarding the transition period from student to practicing nurse. This transition is widely recognized as one of the most stressful phases in a nurse's career, often marked by role confusion, high expectations, increased responsibility, and inadequate preparedness for real-world clinical demands. This perception aligns with the findings of Rudman and Gustavsson (2012), who reported that newly graduated nurses often experience a steep learning curve that significantly increases their risk of emotional exhaustion and burnout during their first year of professional practice.

Similarly, a study by Edwards et al. (2015) highlighted that the lack of structured support, mentorship, and role clarity for newly qualified nurses can exacerbate their susceptibility to psychological strain. The implication of this finding is that stakeholders particularly nurse managers and educators must be attuned to the specific needs of novice nurses and actively design interventions to reduce their vulnerability. These could include structured orientation, ongoing clinical supervision, psychological support, and reduced patient loads during the first months of practice; this is because recognizing and addressing the unique stressors experienced by new nurses is essential not only for their well-being but also for retaining them in the profession and maintaining the quality of patient care.

The perceived impact of stress and burnout on newly qualified nurses

This study highlights the physical manifestations of stress and burnout among nurses, as evidenced by the majority of respondents reporting headaches, body pains, and sleep disturbances as prominent outcomes. Specifically, 42.9% strongly agreed and 55.0% agreed that stress and burnout contribute to headaches and body pains, while 53.6% of respondents associated stress and burnout with impaired sleep patterns. These findings underscore the somatic burden of chronic occupational stress in nursing, which often extends beyond psychological symptoms into tangible physical discomfort and physiological disruption. In tandem with these findings, Khamisa et al. (2015) observed that musculoskeletal pain, fatigue, and insomnia were significantly associated with occupational stress and burnout among nurses in South Africa. Additionally, Gómez-García et al. (2016) posited that poor sleep quality among nurses not only results from prolonged work shifts and irregular hours but is also directly influenced by emotional exhaustion and workplace stress. Stress inevitably leads to physical impact and this can be more daunting for newly qualified nurses as seen in the Zhang et al. (2025) study. Hence, because the physical impact of stress may lead to increased

absenteeism, reduced job satisfaction, and a greater likelihood of new nurses leaving the profession prematurely (Galanis et al., 2023); the importance of implementing early support interventions such as structured preceptorship programs, stress management workshops, and regular wellness check-ins tailored specifically to new nurses should not be downplayed.

The finding that 61.7% of respondents agreed or strongly agreed that stress and burnout result in emotional sensitivity, reactivity, and mood swings highlights the significant psychological and emotional toll that occupational stress exerts on nurses. Emotional instability characterized by heightened sensitivity, irritability, and mood fluctuations is a common symptom of chronic stress and a key component of burnout syndrome, particularly in high-stakes professions like nursing. This is consistent with Maslach and Leiter's (2016) conceptualization of burnout, which includes emotional exhaustion as a central dimension. When nurses are emotionally drained, they become more prone to overreacting to minor stressors and may display inconsistent emotional responses, which can affect teamwork, patient interactions, and overall job performance. In newly qualified nurses, this emotional reactivity may be more pronounced due to limited coping mechanisms and reduced confidence in handling high-pressure situations (Ebrahimi et al., 2016). Thus, the findings of the current study is pivotal and does not just affirm the results from previous study but reinforces the need for healthcare institutions to integrate emotional wellness initiatives such as peer support groups, mental health counseling, and resilience training into their workforce support programs, particularly targeting newly graduated nurses.

The overwhelming majority of respondents (98.6%) agreed that stress and burnout negatively impact the quality of nursing care, with 72.4% indicating that it becomes harder to remain empathetic and emotionally present while experiencing stress and burnout. This aligns with findings from a 2023 study by Nguyen et al. which highlighted that burnout significantly

impairs emotional regulation and decreases a nurse's capacity for empathic communication (Nguyen et al., 2023). This is consistent with Laschinger et al. (2019), who found that burnout often leads to depersonalization, where nurses distance themselves emotionally from patients, which in turn reduces the overall quality of care. In a recent study in China, burnout was shown to contribute to a circular relationship between emotional exhaustion and reduced empathy, further impacting the therapeutic relationship (Wang et al., 2025). These findings are critical in emphasizing that burnout not only affects nurses' psychological well-being but also impacts the quality of care provided, particularly the ability to engage emotionally with patients, which is central to effective nursing practice. These findings emphasize the urgent need for organizational interventions aimed at both reducing burnout and enhancing emotional resilience among nurses. Institutions should implement structured support systems, including mental health resources, resilience training, and peer mentorship programs, to prevent the emotional exhaustion associated with burnout and to preserve the empathy necessary for high-quality nursing care.

The factors contributing towards stress and burnout among newly qualified nurses

The finding that 97.2% of respondents agreed that high workload due to an increased number of patients contributes to stress and burnout is consistent with numerous recent studies that emphasize the negative effects of workload on nursing well-being. Nurses experiencing high patient loads often report elevated levels of emotional exhaustion, stress, and burnout, which directly impact their professional performance and the quality of care they can provide (Zhao et al., 2023; Yoon et al., 2020). A 2017 study by Van Bogaert et al. revealed that high nurse-patient ratios lead to increased stress, burnout, and lower job satisfaction. The researchers found that nurses facing high workloads struggled to maintain emotional engagement with patients, leading to a decrease in the quality of care provided. Workload was found to be a

major stressor, contributing to burnout, which in turn affected the nurses' job performance and empathy. These findings collectively highlight that workload is one of the most significant stressors leading to burnout among nurses. Excessive workload not only affects nurses' well-being but also patient care, emphasizing the need for organizational changes to ensure manageable nurse-patient ratios. Healthcare organizations must prioritize adequate staffing levels and workload distribution to reduce burnout and its negative consequences on both nurses and patients.

The finding that 100% of the respondents in this study indicated that shortage of nursing staff leads to stress and burnout is strongly supported by a wealth of recent research highlighting staffing shortages as a key driver of occupational stress in nursing. Staffing shortages can significantly increase the workload of existing nurses, often leading to higher patient-to-nurse ratios and extended work hours, both of which contribute to emotional exhaustion, depersonalization, and burnout per the results from studies done in Sri Lanka and nine European Countries (Rathnayake et al., 2020; Aiken et al., 2022). A 2017 study by Poncet et al. done in a selected health care facility in France found that nurse understaffing is directly correlated with stress, fatigue, and burnout, leading to poorer job satisfaction and patient care outcomes. Nurses working in understaffed settings report feeling overburdened and emotionally drained, with a higher likelihood of absenteeism, job turnover, and reduced engagement with patients. This is consistent with Aiken et al. (2022), who concluded that hospitals with insufficient nursing staff experienced poorer patient outcomes, including higher rates of complications and mortality, as nurses became increasingly fatigued and stressed due to their elevated workloads. As noted in these studies, understaffing not only compromises the well-being of nurses but also puts patients at risk due to delayed interventions and the reduced ability of nurses to provide compassionate, effective care and

as such the need to address this cannot be overstated bringing to the fore the significance of the findings of the current study.

5.1 Summary

This study seeks to assess the stress and burnout levels including the various precipitating factors (stressors) promoting it amongst newly qualified nurses in the University of Benin Teaching Hospital, Benin City. The study was outlined into five chapters. Chapter one of this study dealt with the introduction of the topic, statement of problem, objectives of the study, research questions, hypotheses and scope of study, the significance of the study and operational definition of terms. Relevant literatures were reviewed in chapter two on the subject under discourse, conceptual framework, theoretical framework and empirical review of related studies were also discussed in this chapter. Chapter three dealt with research methodology which adopted the survey research design and random sampling technique was used to select 149 newly qualified nurses in University of Benin, Benin City. A well-structured questionnaire was used as instrument of data collection. Analysis and interpretation of data were discussed in chapter four, tables with percentage and means represented information. The result showed that respondents had varying perception with respect to stress and burnout experiences. However, the impact was seen to cut across, physical, psychological and work life balance manifested in form of body pain, anxiety/depress and poor-quality nursing care respectively. Some of the factors that were seen to contribute to this was increased workload, shortage of nursing staff and lack of resources.

5.2 Conclusion

The findings of this study reveal that newly qualified nurses were faced with considerably high level of stress and burnout; this stress and burnout was widely perceived by nurses as

inherent challenges within the profession. A significant number of respondents acknowledged stress as a normal or unavoidable part of nursing, with newly qualified nurses identified as particularly vulnerable. Stress and burnout were reported to have both physical (e.g., headaches, sleep disturbances) and emotional impacts (e.g., mood swings, anxiety, depression), which in turn negatively affect the quality of patient care and nurses' empathy. The major contributing factors identified include high workload, staff shortages, inadequate resources, and insufficient support from senior colleagues. These insights underscore the urgent need for systemic interventions to address the root causes of stress and burnout among nurses.

5.3 Recommendations

These recommendations are primarily directed at the following stakeholders:

- 1. Healthcare Administrators and Hospital Management:** Administrators should implement strategic staffing policies to ensure adequate nurse-to-patient ratios, invest in the consistent supply of essential resources, establish mentorship and peer-support programs for new nurses, and create flexible, well-balanced shift schedules. Regular assessments of workplace stress levels and open communication channels should also be maintained to foster a healthy and responsive work environment.
- 2. Policy Makers and Government Health Authorities (e.g., Ministries of Health):** Government bodies should establish enforceable staffing standards, allocate dedicated funding for nurse welfare and mental health programs, and ensure consistent supply of medical resources across facilities. Additionally, national guidelines should mandate structured support systems for newly qualified nurses and incorporate nurse well-being as a key performance indicator in healthcare service delivery.

3. **Nursing managers and leaders:** Nursing leaders should implement structured mentorship programs for new staff, create regular platforms for open dialogue and team feedback, and model empathetic leadership. They must also recognize signs of stress early and intervene with supportive measures such as counseling referrals, workload adjustments, and peer support initiatives to maintain a resilient and engaged nursing workforce.
4. **Professional Nursing Bodies and Regulatory Councils:** Regulatory councils should develop comprehensive policies that define acceptable workload limits, mandate institutional support systems (especially for newly qualified nurses), and require routine mental health assessments within healthcare settings. They should also advocate for nurses' welfare at national levels and establish confidential reporting systems to track and respond to burnout-related concerns.
5. **Educational Institutions and Nursing Schools:** Nursing schools should incorporate stress management techniques, self-care strategies, and resilience-building workshops into the nursing curriculum. Additionally, simulation exercises that expose students to high-pressure scenarios should be included, allowing students to practice emotional regulation and coping strategies. Peer support groups and mentoring systems should also be established to offer ongoing emotional support throughout their studies and transition into the workforce.
6. **Non-Governmental Organizations and Mental Health Advocates:** NGOs and mental health organizations should partner with healthcare institutions to provide on-site counseling services, stress management workshops, and mental health awareness campaigns for nurses. These organizations can also help by developing helplines, peer support networks, and promoting research on nurse well-being. Additionally,

advocacy campaigns should be launched to increase public awareness about the impact of stress on nurses and push for policies that prioritize mental health in healthcare settings.

5.4 Implications of findings to Nursing

1. The findings indicate that stress and burnout, especially among newly qualified nurses, significantly contribute to job dissatisfaction and turnover. As high levels of stress and inadequate support can lead to emotional exhaustion and reduced job commitment, healthcare facilities may face increased nurse attrition rates. This could further exacerbate staffing shortages and increase the workload for remaining staff.
2. The physical and emotional impacts of stress, such as headaches, sleep disturbances, anxiety, and depression, can have long-term consequences on nurses' health. Chronic stress and burnout may lead to more severe mental health issues and physical ailments, potentially increasing absenteeism and the need for medical leave. Nurses suffering from burnout may also be at a higher risk of developing cardiovascular conditions, substance abuse, or other chronic health issues.
3. Nurses experiencing burnout are likely to show reduced job performance. Symptoms such as emotional detachment, reduced motivation, and physical exhaustion can hinder their ability to perform essential nursing duties effectively. This may result in errors, delayed responses to patient needs, and an overall decline in the quality of care provided to patients.
4. The findings suggest that nursing education programs should place greater emphasis on preparing students to handle the emotional and psychological challenges of the nursing profession. This includes integrating stress management, emotional

intelligence, and resilience-building exercises into the curriculum. It also highlights the importance of providing ongoing support for newly qualified nurses as they transition from education to practice.

5. The study emphasizes the need for systemic changes within healthcare organizations to mitigate stress factors, such as excessive workloads, inadequate resources, and lack of support from leadership. These findings underline the importance of creating work environments that prioritize nurse well-being and foster a supportive, collaborative atmosphere where stressors are actively managed and addressed.

5.5 Limitations of the study

The current study has inherent limitations. Since the study was conducted in a single institution (University of Benin Teaching Hospital), the findings may not be generalizable to other hospitals or healthcare settings, especially those in different regions or with varying organizational structures. The experiences and stressors of nurses in different institutions may differ, which limits the ability to apply the results universally across the nursing profession. As a cross-sectional study, the data collection occurred at a single point in time. This limits the ability to draw conclusions about causality or trends over time. For example, while the study identifies stress and burnout, it cannot determine whether these factors are increasing, decreasing, or stable over time or whether interventions may change these outcomes. Additionally, while the study provides valuable quantitative data, it does not explore the underlying reasons behind the stress and burnout experienced by nurses. A mixed-methods approach, incorporating qualitative interviews or focus groups, could provide deeper insights into the specific factors contributing to nurse stress and burnout, as well as potential solutions.

5.6 Suggestions for further research

1. Future research could adopt a longitudinal design to track the levels of stress and burnout among nurses over time. This would provide insights into how stress develops, persists, or diminishes during different stages of a nurse's career. It would also help identify critical periods where interventions could be most effective.
2. To enhance generalizability, future studies could be conducted across multiple healthcare institutions, including private hospitals, rural clinics, and community healthcare centers. Comparing the experiences of nurses in various settings would provide a more comprehensive understanding of the factors contributing to stress and burnout and help tailor interventions specific to each environment.
3. Further research could explore how demographic factors such as age, gender, experience level, and marital status influence the experience of stress and burnout. This would help identify specific subgroups of nurses who may be more vulnerable to stress and tailor interventions to their needs.

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APPENDIX I
STRUCTURED QUESTIONNAIRE
DEPARTMENT OF NURSING SCIENCES
SCHOOL OF BASIC MEDICAL SCIENCES
UNIVERSITY OF BENIN,
BENIN CITY, EDO

Dear participants,

The current study focuses on exploring “**factors influencing stress and burnout experiences among newly qualified nurses in the University of Benin teaching hospital, Benin city**” as part of the requirement for the award of a degree in Bachelor of Science in

Nursing. This study is for academic purposes and the information will be available to the researcher and supervisor only. I therefore guarantee that your responses will be kept strictly confidential and anonymous.

Thank you for your willingness to participate.

Yours faithfully,

FUAFUGO ELOHOR PEACE

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SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS

Instruction: Kindly tick (✓) the option that best suits the questions asked in this section.

1. Age on last birthday: 20-24 (), 25-28 (), 29years and above ()
2. Gender: Male (), Female ()
3. Religion: Christianity (), Islam (), Traditional () Others (please specify)

4. Ethnicity: Yoruba (), Hausa (), Igbo (), Benin (), Esan(), Others (please specify)_____
5. Years of working experience: < 6 months (), 6 months -1 year ()
6. Marital status: Single (), Married ()
7. Which ward are currently working in? Please specify _____
8. How many wards have you worked in? Please specify _____

SECTION B: MODIFIED PERCEIVED STRESS SCALE (THIS SECTION ASK QUESTIONS ON YOUR PERCEIVED LEVELS OF STRESS AND BURNOUT

Instruction: Kindly tick (✓) the option that best suits the statements provided in this section. 0 = Never, 1 = Almost never, 2 = Sometimes, 3 = Fairly often, 4 = Very often

S/N	VARIABLES	0	1	2	3	4
9.	In the last month, how often have you been upset because of something that happened unexpectedly?					

10.	In the last month, how often have you felt that you were unable to control the important things in your life?					
11.	In the last month, how often have you felt nervous and stressed?					
12.	In the last month, how often have you felt confident about your ability to handle your personal problems?					
13.	In the last month, how often have you felt that things were going your way?					
14.	In the last month, how often have you found that you could not cope with all the things that you had to do?					
15.	In the last month, how often have you been able to control irritations in your life?					
16.	In the last month, how often have you felt that you were on top of things?					
17.	In the last month, how often have you been angered because of things outside of your control?					
18.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

SECTION C: THIS SECTION ASK QUESTIONS ON YOUR PERCEPTION REGARDING STRESS AND BURNOUT

Instruction: Kindly tick (✓) the option that best suits the statements provided in this section. Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).

S/N	VARIABLES	SA	A	D	SD
19.	I believe newly qualified nurses are more vulnerable to stress				
20.	I consider stress a major barrier to job satisfaction in nursing				
21.	The severity of stress in nursing is higher than in many other professions				
22.	I perceive stress as a major factor contributing to burnout				
23.	I feel that stress is often underestimated in the healthcare system				
24.	I often feel emotionally exhausted because of my work.				
25.	I sometimes dread going to work because I feel worn out.				
26.	I sometimes feel detached or “numb” when caring for patients.				
27.	I find myself being less empathetic or caring toward patients than before.				
28.	I feel I am not achieving as much as I should in my job.				
29.	I feel less confident in my ability to provide quality nursing care.				

SECTION D: THIS SECTION ASK QUESTIONS ON YOUR PERCEIVED IMPACT OF STRESS

Instruction: Kindly (✓) the option that best suits the statements provided in this section. Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).

S/N	VARIABLES	SA	A	D	SD
30.	I experience frequent headaches, body pains and other physical symptoms due to stress				
31.	Stress at work has affected my sleep patterns				
32.	Stress has affected my appetite or eating patterns				
33.	Stress has contributed to frequent illnesses or reduced immunity				
34.	I often feel anxious while at work				
35.	Stress has made me emotionally sensitive or reactive				
36.	I feel mentally exhausted at the end of most shifts				
37.	I have experienced mood swings due to stress				
38.	Stress makes it hard for me to concentrate on tasks				
39.	I find it hard to manage time efficiently under stress				

SECTION E: THIS SECTION ASK QUESTIONS ON THE INFLUENCING FACTORS OF STRESS AND BURNOUT

Instruction: Kindly (✓) the option that best suits the statements provided in this section. Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).

S/N	VARIABLES	SA	A	D	SD
40.	High workload resulting from increased number of patients to care for results in stress				
41.	Shortage of nursing staff leads to stress				
42.	Lack of support from senior nurses increases my stress at work				
43.	The gap between academic training and real-world practice increases stress levels				
44.	The work environment is often tense and stressful				
45.	Lack of essential equipment or resources increases stress among newly qualified nurses				
46.	Inconsistent policies and procedures make it stressful to manage patient care effectively.				
47.	Not feeling fully prepared for my clinical responsibilities increases stress				
48.	Feeling undervalued or unrecognized for efforts affects the new nurse				
49.	Poor communication within the team creates misunderstandings that adds to the stress level of newly qualified nurses.				

APPENDIX II

Reliability Results

Cronbach's Alpha Reliability Results

Section	No. of Items	Cronbach's Alpha	Interpretation

The level of stress and burnout of newly qualified nurses	10	0.80	Good internal consistency
The perception of newly qualified nurses regarding stress and burnout	11	0.92	Good internal consistency
The perceived impact of stress and burnout on newly qualified nurses	10	0.83	Acceptable consistency
The factors contributing towards stress and burnout among newly qualified nurses	10	0.72	Good internal consistency

Cronbach's Alpha= 0.82