



FACTORS INFLUENCING STRESS AND BURNOUT EXPERIENCES AMONG NEWLY QUALIFIED NURSES IN THE UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY: A CROSS-SECTIONAL STUDY

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Abstract

Newly qualified nurses (NQN) often experience stress and burnout during the transition from academic preparation to clinical practice. Heavy workload, limited confidence, theory-practice gaps, and weak workplace support may shape this period. This study examined the level, perception, perceived impact, and influencing factors of stress and burnout among newly qualified nurses at the University of Benin Teaching Hospital, Benin City. A quantitative descriptive cross-sectional design was used. Data were collected using a structured 49 item questionnaire. Section B consisted of items adapted from the Perceived Stress Scale, while Sections C-E were researcher-developed based on literature review. The instrument has good internal consistency with Cronbach alphas above 0.72. A total of 151 questionnaires were distributed to a purposive sample of NQN, and 147 complete responses were analysed, giving a response rate of 97.4%. Descriptive statistics were used for analysis. The mean cutoff values were 3.0 for the 5-point scale and 2.5 for the 4-point scale. Respondents reported marked stress and burnout. Major stressors included overwhelming workload (mean = 3.4), severe staff shortages (mean = 3.4), and a lack of essential resources. Substantial stress and burnout among NQN at the University of Benin Teaching Hospital largely stem from workplace conditions. Structured mentorship, staffing review, transition support, and adequate clinical resources are needed to protect nurses' well-being and care quality.

Keywords: Newly qualified nurses, nursing workforce, stress, burnout, clinical transition, Nigeria.

Introduction

Newly qualified nurses (NQN) experience a demanding shift from student status to professional accountability, and this period requires rapid adjustment to clinical responsibility, patient acuity, shift work, documentation demands, and workplace expectations (Fang et al., 2022; Ford et al., 2024; Narbona-Galvez et al., 2024). Evidence from different health care settings shows that NQN frequently report anxiety, role strain, lack of confidence, and emotional exhaustion during the first year of practice, particularly when supervision and peer support are limited (Fang et al., 2022; Joseph et al., 2022; Ford et al., 2024). In low-resource health systems, these pressures may be intensified by staff shortages, high patient load, limited equipment, and high emotional demands in patient care (Ahmat, 2022; Oyekunle & Olarewaju, 2025).

Studies across the globe among NQN revealed heightened anxiety and work stress, thought of leaving the profession during the first 12 months of practice, and struggles to balance their responsibilities (Lin et al.,

2020; Mathebula et al., 2022; Ford et al., 2024; Napolitano et al., 2024). In addition to acquiring new knowledge, NQN in Ghana also experienced inadequate supervision and support (Adatara & Boni, 2022). Similarly, in Nigeria, Wasimi et al. (2019) reported that NQN faced numerous challenges, primarily stemming from a disconnection between their expectations as students and the realities of professional practice, ultimately resulting in adverse experiences of these nurses.

Burnout is usually described through emotional exhaustion, depersonalization, and reduced personal accomplishment, and it can reduce job satisfaction, empathy, patient safety, and retention (Kelly et al., 2021). Studies have shown that over 60% of Nigerian nurses report symptoms of burnout, with NQN being particularly at risk (Nwosu et al., 2021). Furthermore, nursing is widely recognized as a high-stress profession, especially in low-resource settings where staffs are overburdened. 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).

Newly qualified nurses are located within the novice and advanced beginner stages of clinical skills development, which means they need supervision, feedback, and guided exposure to complex clinical situations (Benner, 1984). Gaining insights from the perspective of NQN 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).

At the University of Benin Teaching Hospital, NQN contributes to care delivery across several clinical departments. Their early work experiences are important because they may affect professional confidence, retention, well-being, and quality of patient care. No previous study assessed the level of stress and burnout among these nurses. Therefore, this study examined stress and burnout among NQN at the University of Benin Teaching Hospital, with attention to a) their level of stress and burnout, b) perception of stress and burnout, c) perceived impact on health and well-being, and d) workplace factors influencing these experiences.

Methodology

Research design and setting

The study adopted a quantitative descriptive cross-sectional design. This design was suitable because it allowed the researchers to collect measurable data at one point in time and describe patterns of stress and burnout among newly qualified nurses.

The study was conducted at the University of Benin Teaching Hospital (UBTH), Benin City, Nigeria. The hospital provides secondary and tertiary health care services and serves as a training and research centre for health professionals. This makes it an ideal setting to study the transition of NQN to professional practice.

Population and Sampling

The target population comprised of NQN working at UBTH. Human resource data showed a population of 250 NQN. A purposive sampling method was used to recruit participants. Slovin's formula was used to calculate an initial sample size of 136. After adjustment for 10% non-response, 151 nurses were recruited. The Slovin's formula is as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where: n = sample size; N = total target population (250); e = degree of error expected (0.05); K = constant (1).

Eligibility criteria

Participants were registered nurses with 12 months or less post-qualification work experience, working full time in clinical departments at the hospital, and willing to participate. Nurses with more than one year of post-qualification experience, nurses on leave, and nurses who declined consent were excluded.

Instrument for data collection

Data were collected using a structured questionnaire containing 49 items in five sections. Section A assessed socio-demographic characteristics. Section B assessed stress and burnout level using a modified 10-items Perceived Stress Scale (PSS-10) structure (Cohen & Williamson, 1988). On the other hand, Section C assessed perception of stress and burnout (11 items). Section D assessed the perceived impact of stress and burnout (10 items). Section E assessed influencing factors (10 items). These items were researcher-developed based on literature review. Items in Sections B to E were presented in Likert scales (example, 1 = Strongly Agree to 4 = Strongly Disagree).

The mean cutoff values were 3.0 for the 5-point Likert scale questions (Section B) and 2.5 for the 4-point Likert scale questions from Section C to E. Mean scores greater than 3 and 2.5 respectively indicates a positive response. The level of stress and burnout was classified as 0-49.9% = low, 50-69.9% = moderate and 70-100% = high.

Validity of instrument

Content and face validity of the instrument were established through expert review. The questionnaire was reviewed by two experienced registered nurses in clinical practice and academics, respectively. They assessed the items for relevance, clarity, and appropriateness to the study objectives. Feedback from the review was used to refine the instrument prior to data collection.

Reliability of instrument

A pilot test was conducted among nurses with similar characteristics who were not included in the main study. The reliability coefficient was calculated using Cronbach alpha. A reliability coefficient of 0.70 or higher was considered acceptable, indicating good internal consistency among items. The coefficients obtained include 0.80, 0.92, 0.83, and 0.72 for level of stress and burnout, perception of stress and burnout, perceived impact of stress and burnout and factors contributing to stress and burnout respectively.

Method of data collection

Questionnaires were administered during periods that matched participants' availability, mainly during breaks. Data collection lasted two weeks in March, 2025. The questionnaires were administered directly to the nurses to fill out and were retrieved immediately. A trained research assistant was engaged to support the distribution of the questionnaire, which ensured efficient coordination.

Method of data analysis

Completed data were cleaned and analysed using the Statistical Package for the Social Sciences version 23. Descriptive statistics, including frequencies, percentages, and means were used to summarise the data. A total of 147 complete questionnaires were analysed, giving a response rate of 97.4%. The positively worded items of the PSS-10 (such as "I have often felt I was on top of things") were reverse-coded prior to analysis.

Ethical consideration

Ethical approval was obtained from the Health Research Ethics Committee of the University of Benin Teaching Hospital, protocol number ADM/E22/A/VOL.VII/2025/63. Participation was voluntary, written informed consent was obtained, and anonymity and confidentiality were maintained in conformity with the ethical principles defined by the Belmont Report (Belmont Report, 1979).

Results

Out of 151 distributed questionnaires, 147 were returned and found valid for analysis, resulting in a response rate of 97.3%.

Table 1: Demographic Characteristics of Respondents (n=147)

Variables	Frequency (n = 147)	Percent (%)
Age		
20–24 years	39	26.5
25–28 years	62	42.2
29 years & above	46	31.3
Gender		
Male	23	15.6
Female	124	84.4
Marital Status		
Single	48	32.7
Married	99	67.3
Work Experience		
Less than 6 months	65	44.2
6 months to 1 year	82	55.8
Ethnicity		
Bini	64	43.5
Esan	37	25.2
Yoruba	17	11.6
Others (Hausa, Igbo, etc.)	29	19.7
Clinical Unit/Ward		
Accident & Emergency	29	19.7
Labor Ward	28	19.0
C2 (Medical/Surgical Ward)	31	21.1
Antenatal Clinic	27	18.4
Main Theatre	11	7.5
General Practice Clinic	21	14.3
Number of wards worked in		
Less than 4 wards	52	35.4
5 to 8 wards	36	24.5
9 wards and above	59	40.1

According to Table 1 above, most of the respondents were female, representing 84.4%. The largest age group was 25 to 28 years. More than half of the respondents had 6 months to 1 year of work experience. The participants were distributed across various units/wards of the hospital.

Table 2: Levels of Perceived Stress and Burnout among newly qualified nurses in the last month (n = 147)

Variables	Never n (%)	Almost never n (%)	Sometim es n (%)	Fairly often n (%)	Very often n (%)	Me an	Remark
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
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
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
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	Low
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
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
I have often been able to control irritations in my life.	1 (0.7)	37 (25.2)	35 (23.8)	36 (24.5)	38 (25.8)	3.5	High
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	Low
I have often been angered because of things outside of my control.	13 (8.8)	22 (15.0)	30 (20.4)	58 (39.5)	24 (16.3)	3.4	High

Variables	Never n (%)	Almost never n (%)	Sometim es n (%)	Fairly often n (%)	Very often n (%)	Me an	Remark
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
Grand mean						3.3	

Note: The mean cutoff value was 3. Mean scores above 3 indicate a high level of perceived stress and burnout. Positively worded items were reverse-coded prior to analysis

Table 2 shows the perceived level of stress and burnout among the NQN in the last month. Stress and burnout indicators showed considerable strain with a grand mean of 3.3. However, they reported confidence in their ability to handle personal problems and feeling on top of things (mean = 2.6, respectively).

Table 3: The perception of newly qualified nurses regarding stress and burnout (n=147)

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	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

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean	Remark
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
I find myself being less empathetic or caring toward patients than before.	28 (19.0)	37 (25.2)	46 (31.3)	36 (24.5)	2.3	Low
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 provide quality nursing care.	42 (28.6)	39 (26.5)	30 (20.4)	36 (24.5)	2.6	High
Grand mean					2.9	

Note: The mean cutoff value was 2.5. Mean scores above 2.5 indicate a high perception of stress and burnout.

Respondents' perception of stress and burnout showed concerning patterns. Stress and burnout were viewed by many as a normal part of nursing with 28.6% strongly agreeing and 45.6% agreeing (mean = 2.9). Stress is also considered a major factor contributing to burnout.

Table 4: The perceived impact of stress and burnout on newly qualified nurses (n =147)

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean	Remark
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 impair sleep patterns.	41 (27.9)	39 (26.5)	37 (25.2)	30 (20.4)	2.6	High

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean	Remark
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
I find it hard to manage time efficiently under stress.	63 (42.8)	52 (35.4)	15 (10.2)	17 (11.6)	3.1	High
Grand mean					2.9	

Note: the mean cutoff value was 2.5. Mean scores above 2.5 indicates high perceived impact of stress and burnout

The perceived health and work impact was high, as can be seen in Table 4. Frequent headaches, body pains, and physical symptoms were linked to stress and burnout by the majority of the respondents, representing 97.9% combined agreement. They also linked stress and burnout with mood changes, reduced concentration, and impaired time management.

Table 5: The factors contributing to stress and burnout among newly qualified nurses (n=147)

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean	Remark
High workload due to an 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 gap between academic training and real-world practice increases stress and burnout.	53 (36.1)	61 (41.5)	19 (12.9)	14 (9.5)	3.0	High
The work environment is often tense, leading to stress and burnout.	43 (29.3)	49 (33.3)	31 (21.1)	24 (16.3)	2.8	High
Lack of essential equipment or resources increases stress among newly qualified nurses.	63 (42.8)	83 (56.5)	1 (0.7)	0 (0.0)	3.4	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 affects the new nurse.	35 (23.9)	49 (33.3)	33 (22.4)	30 (20.4)	2.6	High

Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean	Remark
Poor communication within the team creates misunderstandings that increase stress and burnout.	38 (25.9)	49 (33.3)	36 (24.5)	24 (16.3)	2.7	High
Grand mean					3.1	

Note: The mean cutoff value was 2.5. Mean scores above 2.5 indicate factors perceived to contribute to stress and burnout among participants.

Workplace factors were the strongest contributors (Table 5). All respondents, representing 100%, agreed that a shortage of nursing staff leads to stress and burnout. Lack of essential equipment or resources and high workload were reported as having a major influence on stress and burnout.

Discussion

The findings show that newly qualified nurses at the University of Benin Teaching Hospital experience considerable stress and burnout during early professional practice. This agrees with previous studies showing that the transition from nursing education to practice is associated with anxiety, uncertainty, heavy workload, and reduced confidence among NQN (Fang et al., 2022; Ford et al., 2024; Narbona-Galvez et al., 2024). The proportion of respondents who often or always felt unable to control important life issues because of work stress indicates a high level of psychological strain. Similar findings have been reported in studies where NQN experienced role pressure, transition shock, and emotional exhaustion during early clinical practice (Joseph et al., 2022; Oyekunle & Olarewaju, 2025).

The high frequency of nervousness, emotional drainage, and physical exhaustion suggests that stress among respondents was both psychological and physical. Earlier studies have also linked nurses' occupational stress with reduced quality of life, impaired caring behaviours, and negative outcomes (Sarafis et al., 2016; Bapapour et al., 2022).

The perception that stress and burnout are normal aspects of nursing is important. Some pressure is expected in clinical practice, but normalising burnout may delay support seeking and reduce institutional accountability. If early career nurses accept exhaustion as unavoidable, they may continue working under harmful conditions until emotional depletion affects empathy, concentration, retention, and patient care.

The strongest influencing factors were organisational rather than individual. Almost all respondents reported experiencing staff shortages, high workloads, and a lack of essential resources. These findings suggest that stress reduction should not depend only on personal coping strategies. Stress management training may help, but it cannot replace adequate staffing, functional equipment, supportive supervision, and manageable workloads.

Limited support from senior nurses was also a major finding. This is consistent with Benner's Novice to Expert Model, which places NQN within the novice or advanced beginner stages. At these stages, nurses require supervision, structured feedback, and guided exposure to clinical complexity (Benner, 1984).

The theory-practice gap reported by respondents also requires attention. Newly qualified nurses may enter practice with academic knowledge but still struggle to apply it in complex clinical situations. Orientation, preceptorship, mentorship, and protected feedback sessions can support safer practice and reduce transition stress (Joseph et al., 2022; Smythe & Carter, 2022).

Conclusion

This study found substantial stress and burnout among NQN at the University of Benin Teaching Hospital. The main contributors were staff shortage, high workload, inadequate resources, limited support from senior nurses, and the theory-practice gap. Workplace conditions largely shape stress and burnout among NQN, as these findings indicate. Hospitals should implement structured transition support, improve staffing, strengthen mentorship, and ensure resource availability to protect early career nurses and sustain safe patient care.

Declaration of Interests

The authors have no conflict of interest to declare

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