



Job Stress and Quality of Care Among New Registered Nurses

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ABSTRACT

The study seeks to determine the job stress levels of newly registered nurses and the correlation between job stress and quality of care during their transition into professional practice. This study employed a quantitative descriptive-correlational research design. The study's respondents are 107 nurses at a private hospital. A self-administered survey instrument was employed to gather the data. Data analysis was conducted using frequency and percentage distributions, means and standard deviations, the chi-square test of independence, and Spearman's rank correlation coefficient. The findings revealed moderate levels of job stress across all nurse demographic profiles. The results show high-quality care across all the respondents' demographic profiles. The results of the study show that despite new registered nurses experiencing moderate stress, their performance did not influence the quality of care. Despite job stress, newly registered nurses can still provide exceptional care. The resilience and professionalism of the nurses played a role in delivering quality care despite job stress. New registered nurses experience moderate stress, underscoring the value of a practice program. It is imperative to provide stress management options, such as counseling services and stress reduction workshops, to help them cope effectively.

KEYWORDS: *Job Stress, Quality Care, New Registered Nurses, Resilience, Professionalism*

INTRODUCTION

The COVID-19 pandemic impacts every sector of society, including nursing education in both developing and developed nations (Agu et al., 2021). A sudden transition to online classes, limited hospital exposure, and lack of hands-on experience made it difficult for students to build critical nursing skills and confidence (Oducado & Estoque, 2021; Quisao et al., 2021). Many of these students graduated and entered the workforce, but they struggled to adjust to real-world clinical settings, frequently experiencing stress, self-doubt, and adjustment issues (Matlhaba et al., 2022).

As this new registered nurse entered clinical settings, job stress became a concern. A recent study by Kumara (2021) shows that job stress is a worldwide concern, especially in nursing practice, as it causes negative consequences and affects a person's physical, emotional, and mental health.

Moreover, more than 50% of nurses experienced job stress, according to Omotosho et al. (2025). Moreover, 42% to 77% of the world's population experiences job-related stress (Dubale et al., 2019). In developing countries such as Nigeria and Ethiopia, more than half of nurses reported high levels of job stress due to poor communication, staff behavior, and workload issues (Onigbogi & Banerjee, 2019; Baye et al., 2020).

Furthermore, in the Philippines, new nurses experience moderate levels of job stress due to patients and their families, workload, and death and dying (Baldonado, 2025). Matlhaba et al. (2022) also found that one of the main problems for new registered nurses is meeting professional standards, and that this impacts their job stress levels tremendously, with providing patient care creating worry and uncertainty (Grande et al., 2021).

However, even after the pandemic has passed, there will still be significant concern about nurses' job stress, especially among new registered nurses. Despite numerous studies having examined new registered nurses, there is a limited understanding of the impact of the COVID-19 pandemic on their stress levels and the quality of care they provide.



The study is anchored in Roy's Adaptation Model, which views newly registered nurses as adaptive systems responding to workplace stimuli, and supported by Cooper's Model of Work Stress, which identifies occupational stressors within the physical, psychological, and social work environment. In this study, demographic characteristics—age, sex, religion, civil status, highest educational attainment, length of service, employment status, and area of assignment—are treated as independent variables that influence job stressors (physical, psychological, and social) as the intervening variable, which in turn influence nurses' level of job stress and ultimately the quality of care as the dependent variable. Specifically, the study addresses: (1) the demographic profile of the respondents; (2) the level of job stressors in terms of physical, psychological, and social dimensions; (3) the level of quality of care; and (4) the relationship between job stress and quality of care. Empirical evidence indicates that demographic factors such as age, civil status, and length of service are significantly associated with job stress (Dayrit & Jabonete, 2018), while work-related stress may compromise nurses' quality of life and the quality of care provided (Babapour et al., 2022).

The findings of this study provide valuable insights for various stakeholders in the nursing profession. Nursing organizations and associations may use the results to develop evidence-based resources and advocate for policies that support the growth and welfare of newly registered nurses. Hospital administrators can use the findings to design effective management strategies and stress-intervention programs to enhance nurses' well-being and maintain high-quality patient care. Healthcare professionals, particularly mentors, may gain awareness of stress management approaches to better support and guide new nurses, thereby promoting resilience and reducing burnout. Nursing students may benefit by gaining a clearer understanding of workplace realities and preparing for professional demands. Nurse educators and administrators may use the results to improve curriculum design and training approaches, especially in response to post-pandemic challenges. Lastly, the study may serve as a reference for future researchers in exploring job stress and quality of care among newly registered nurses.

OBJECTIVES OF THE STUDY

This study aimed to determine the level of stress among newly registered nurses and its relationship to the quality of care they provide. Specifically, it sought to describe the demographic profile of the respondents in terms of age, sex, religion, civil status, highest educational attainment, length of service, employment status, and area of assignment. It also aimed to determine the level of job stress experienced by newly registered nurses in terms of physical, psychological, and social working environment stressors. Furthermore, the study assessed the level of quality of care provided by the respondents when grouped according to their demographic profile. Lastly, it examined whether there is a significant relationship between the respondents' demographic profile and their level of job stress, as well as between job stress level and quality of care.

MATERIALS AND DESIGN

Design

This study employed a quantitative correlational design to examine the relationship between the identified variables. Numerical data were collected and analyzed using appropriate statistical techniques to determine the strength and direction of the association between these variables.

Respondents of the Study

The study was conducted in one of the private hospitals in Negros Occidental, Philippines. A total of 147 new registered nurses, graduates of 2022 to 2025, who encountered COVID-19 during their student life, were identified. Calculator.net determined the total sample size at 95% confidence and a 5% margin of error, yielding a total sample size of 107. In particular, they must meet the following predictors: (a) be employed as a nurse in a private hospital; (b) be assigned to general wards, private rooms, and special areas like the intensive care unit, emergency room, operating room, post-anesthesia care unit, labor and delivery room, hemodialysis unit, and neonatal intensive care unit; (c) have worked for at least 6 months; (d) experienced an online and learning modality during nursing school due to the Covid-19 pandemic; and (e) must be a graduate of the years 2022 and 2025.



A simple random sampling technique was used to select the 107 registered nurses via a lottery method to ensure that all respondents were selected equally.

Instrument

A self-administered questionnaire was used to collect the required data from respondents. The questionnaires have three parts: demographic profile, job stress scale, and quality of care scale.

Part 1 described the respondents' demographic profile, including age, sex, religion, civil status, highest educational attainment, length of service, employment status, and area of assignment.

Part 2 measured job stress using a modified version of the Expanded Nursing Stress Scale (ENSS), which assessed stress levels in the physical, psychological, and social work environment. The ENSS was developed by S. E. French et al. (2000). The instrument underwent a rigorous two-fold validation process to ensure clarity and contextual relevance, with items that did not meet the criteria removed or consolidated. The final version consisted of 23 items. It obtained a face validity mean score of 4.78 (very good) and a content validity index of 0.91 (good). Responses were rated on a 5-point Likert scale from 1 (Not Stressful) to 5 (Extremely Stressful), with mean scores interpreted as ranging from "Not Stressful" to "Extremely Stressful."

Part 3 assessed the quality of nursing care using a modified Caring Dimension Inventory (CDI). The original CDI was developed by Roger Watson and Anne Lea (Watson & Lea, 1997). The self-report instrument evaluated nurses' perceived performance across key areas, including clinical skills, documentation, medication safety, patient assessment, referrals, and caring behaviors. The instrument also underwent a two-fold validation process, resulting in a final 15-item scale with a face validity score of 4.78 (very good) and a content validity index of 0.91 (good). Responses were rated on a 5-point Likert scale from 1 (Never) to 5 (Always), with mean scores interpreted as ranging from "Very Low" to "Very High" quality of care. Evidence suggests that nurses' self-reported quality of care is positively associated with patient outcomes (Sim et al., 2018; Stalpers et al., 2015).

The overall instrument demonstrated strong validity and reliability. Expert validation yielded a face validity of 4.78 (very good) and a content validity index of 0.91 (good). Reliability testing through a pilot study with 30 respondents yielded a Cronbach's alpha coefficient of 0.87, indicating good internal consistency.

Data Collection Procedure

A self-administered questionnaire was developed and encoded on Google Forms. The Google Form was pilot-tested with 30 nurses before its official launch to ensure clarity and usability. Ethical approval was obtained from the Institutional Research Ethics Review Committee (IRERC) first, and a formal permission letter was then sent to the hospital's ethics review committee and administration council before data collection. After approval, a self-administered questionnaire link was distributed to newly registered nurses via approved hospital communication platforms and email. Data collection lasts 1 week. To increase the response rate, a follow-up reminder is sent 2 days after the initial dissemination. The Google Form was set to automatically log all responses into a Google Sheet, and the data collection period was clearly defined.

Lastly, the Google Form was deactivated after the data collection was finished. Then it was copied into Excel. A thorough inspection was performed to ensure all data is correct and complete. Only the researcher has access to the Google Form. All information provided was kept confidential, and all responses will be coded to protect identity.

Data Analysis

Based on the research questions, the statistical treatment and data analysis will involve a multi-step approach using both descriptive and inferential statistics. The collected data were processed and analyzed using Jamovi statistical software. First, descriptive statistics, specifically frequency and percentage distributions, were used to describe the demographic profile of newly registered nurses, including age, sex, civil status, religion, highest educational attainment, length of service, employment status, and area of assignment. Second and third, the weighted mean was



employed to determine the level of job stress experienced by nurses across the physical, psychological, and social work environments, as well as the quality of care, whereas the standard deviation was computed to assess the dispersion of responses. Fourth, the Chi-square (χ^2) test of independence was used to examine the relationship between socio-demographic characteristics and levels of job stress. Fifth, Spearman's rank-order correlation coefficient (Spearman's rho) was used to assess the relationship between job stress (physical, psychological, and social dimensions) and quality of care.

Ethical Considerations

Ethical considerations were taken to ensure the respondents' safety and confidentiality. Before data collection began, a clearance form from the Institutional Research Ethics Review Committee (IRERC) was obtained to ensure compliance with all rules and that the processes were appropriate. The clearance was then presented to the respondent's workplace ethics committee. Following their assessment and discussion, the researcher was approved to begin data gathering. The 107 participants were given an informed consent form that explained the trial, the risks and benefits, and that they could withdraw at any moment without penalty. If they experienced discomfort, they were given access to counseling and stress management resources.

Furthermore, no personal information was collected to respect the respondents' privacy. The researcher then saved the data in a file. This commitment to ethical clearance ensures the respondent's confidentiality and safety.

RESULT AND DISCUSSION

Demographic Profile of the Respondents

The respondent's profile table summarizes the demographic data for 107 respondents by age, sex, religion, civil status, educational attainment, length of service, employment status, and area of assignment.

The majority of respondents are aged 23–25 years (85%), indicating that most are young nurses in the early stage of their careers. Females comprise 71% ($n = 76$), reflecting the continued dominance of women in the nursing profession. In terms of religion, respondents come from diverse backgrounds, with Christians/Protestants comprising the largest group (59.8%), followed by Roman Catholics (24.3%), Seventh-day Adventists (15%), and Muslims (0.09%).

All respondents (100%) are single and hold bachelor's degrees. Regarding length of service, most have 6 months to 1 year of experience (42.1%), suggesting that they are relatively new to the profession. The majority are employed on a regular/permanent status (77.6%), indicating stable employment. In terms of assignment area, most are assigned to special units (47.7%), highlighting their concentration in specialized units.

Overall, the respondents' data reveal that most are young and new to the nursing profession, the focus and target of the study, suggesting that their limited experience may influence both job stress levels and the quality of care.

Table 1. The Demographic Profile of the Respondents

Profile Variables	Frequency	Percent
<i>Age</i>		
23-25 years old	91	85.0
26-28 years old	16	15.0
<i>Sex</i>		
Male	31	29.0
Female	76	71.0
<i>Religion</i>		
Christian/Protestant	64	59.8
Roman Catholic	26	24.3
Seventh-day Adventist	16	15.0
Muslim	1	0.9



<i>Civil Status</i>		
Single	107	100.0
<i>Educational Attainment</i>		
Bachelor's Degree	107	100.0
<i>Length of Service</i>		
Less than 6 months	23	21.5
6 months-1 year	45	42.1
1-2 years	31	29.0
More than 2 years	8	7.4
<i>Employment Status</i>		
Regular/Permanent	83	77.6
Casual/Contractual	23	21.5
Volunteer	1	0.9
<i>Area of Assignment</i>		
Ward	49	45.8
Special areas/unit	51	47.7
Private	7	6.5
Total	107	100.0

The Level of Job Stress that Nurses Experience at Work in Terms of Physical, Psychological, and Social Working Environment Stressors

The table shows the mean job stress levels nurses reported, split by demographics.

The findings indicate that nurses experience moderate levels of job stress from physical and psychological stressors, and slight to moderate stress in the social work environment across demographic and work-related variables.

In terms of age, physical stress levels are nearly identical, with younger nurses (23–25 years) having a mean of 3.01 and older nurses (26–28 years) having a mean of 3.00, indicating consistently demanding workloads. The result supports the findings of Osei-Mireku et al. (2020) and Omotosho et al. (2025), who reported moderate stress levels among nurses aged 20–30 years. Psychological stress is slightly higher among younger nurses (3.03) compared to older nurses (2.94), suggesting greater mental pressure during early career stages. Social working environment stressors remain low for both groups (2.35 and 2.25), indicating minimal differences in interpersonal strain.

Across gender, both groups report moderate stress; however, female nurses show higher levels in physical (3.13 vs. 2.71), psychological (3.11 vs. 2.81), and social (2.42 vs. 2.13) domains. This finding is consistent with Tristani et al. (2020) and Gilasi et al. (2025), who found that female nurses experience higher overall job stress than males.

By religion, physical stress remains moderate across groups (2.75–3.12). Psychological stress varies, with Muslims reporting the lowest (2.00) and Christians/Protestants the highest (3.13), while social stress ranges from 2.20 to 3.00. The result indicates that nurses' religion may have played a factor in handling job stressors, resulting in slight stress to moderate stress. The findings of the study align with De Diego-Cordero et al. (2021) and Korkmaz et al. (2025), who emphasized that religiosity and spiritual practices help reduce job stress and improve coping.

In terms of length of service, nurses with 6 months to 1 year of experience report the highest levels of physical (3.16) and psychological stress (3.07), while those with more than 2 years of experience report the lowest levels (2.75 and 2.63). The study's results support Fang et al. (2020), who found that stress is highest among novice nurses and decreases with experience. Social working environment stressors remain slightly stressful across all groups (2.26–2.40).

By employment status, physical stressors are highest among regular nurses (3.20), while psychological stressors are similar across groups (~3.00–3.09). Notably, volunteer nurses report very high social stress (4.00), indicating unique



interpersonal challenges. The study's findings are supported by Mohammadi et al. (2022), who reported moderate to high stress among nurses regardless of employment status.

Across work assignments, ward nurses experience the highest physical stressors (3.20) and psychological stressors (3.14), while social working stress is moderate (2.55) compared to special (2.18) and private areas (2.00). This finding is consistent with Dantis et al. (2024), who identified higher stress levels in ward settings due to workload demands, although it contrasts with Dayrit and Jabonete (2017), who reported higher stress in special areas.

The study's findings confirmed that both physical and psychological stressors cause moderate-to-high job stress levels among young and newly registered nurses, and slight job stress in the social work environment, regardless of demographic profile. In recent study conducted by Abu El-Kass et al (2025), that nurses experienced moderate job stress regardless of demographic profiles. Factors contributing to this stress include workload, work demands, and feelings of inadequacy (Dantis et al., 2024). Moreover, a study conducted in Taiwan confirmed the study's finding of a slight job stress level in the social work environment and showed that the social work environment is less stressful because workplace support acts as a mediating factor in the relationship between job stress levels (Wu et al., 2023).

Table 2. The Level of Job Stress that nurses experience at work in terms of Physical, Psychological, and Social Working Environment Stressors

Profile Variables	Physical			Psychological			Social Working Environment		
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Age</i>									
23-25 years old	3.01	0.723	MS	3.03	0.823	MS	2.35	0.959	SS
26-28 years old	3.00	0.516	MS	2.94	0.772	MS	2.25	1.000	SS
<i>Sex</i>									
Male	2.71	0.588	MS	2.81	0.910	MS	2.13	0.885	MS
Female	3.13	0.699	MS	3.11	0.759	MS	2.42	0.983	MS
<i>Religion</i>									
Christian/Protestant	3.03	0.616	MS	3.13	0.724	MS	2.20	0.858	SS
Roman Catholic	3.12	0.766	MS	2.92	0.935	MS	2.58	1.102	MS
Seventh-day Adventist	2.75	0.856	MS	2.81	0.911	MS	2.44	1.094	SS
Muslim	3.00		MS	2.00		SS	3.00		MS
<i>Length of Service</i>									
Less than 6 months	2.83	0.778	MS	3.04	0.825	MS	2.30	0.974	SS
6 months-1 year	3.16	0.673	MS	3.07	0.780	MS	2.40	0.986	SS
1-2 years	3.00	0.632	MS	3.03	0.795	MS	2.26	0.965	SS
More than 2 years	2.75	0.704	MS	2.63	1.061	MS	2.38	0.916	SS
<i>Employment Status</i>									
Regular/Permanent	3.06	0.651	MS	3.00	0.855	MS	2.25	0.961	SS
Casual/Contractual	2.83	0.834	MS	3.09	0.668	MS	2.57	0.896	SS
Volunteer	3.00		MS	3.00		MS	4.00		VS
<i>Area of Assignment</i>									
Ward	3.20	0.577	MS	3.14	0.764	MS	2.55	0.914	MS
Special areas/unit	2.80	0.749	MS	2.90	0.878	MS	2.18	1.014	SS
Private	3.14	0.690	MS	3.00	0.577	MS	2.00	0.577	SS
<i>Taken Collectively</i>	3.01	0.694	MS	3.02	0.812	MS	2.34	0.961	SS

Note: 1.00-1.50 (Not Stressful – NS); 1.51-2.50 (Slightly Stressful – SS); 2.51-3.50 (Moderately Stressful – MS); 3.51-4.50 (Very Stressful-VS); 4.51-5.00 (Extremely Stressful – ES)

Level of Quality of Care According to Demographic Profile

Newly registered nurses consistently deliver high-quality patient care across most demographic and professional profiles, as reflected in uniformly high mean scores. Age-related differences are minimal: nurses aged 23–25 years (M = 4.21) and 26–28 years (M = 4.00) both exhibit high-quality care, indicating that performance remains strong



regardless of experience level. Similarly, both male ($M = 4.10$) and female nurses ($M = 4.21$) achieve high ratings, suggesting no substantial gender-based variation.

Across religious affiliations, all groups maintain high standards of care, with Seventh-day Adventist nurses obtaining the highest mean ($M = 4.38$), followed by Roman Catholics ($M = 4.23$), Christians/Protestants ($M = 4.11$), and Muslims ($M = 4.00$). Length of service also shows consistent outcomes, with mean scores ranging from 4.16 to 4.26, indicating sustained quality of care regardless of tenure.

However, employment status presents a notable variation. While regular/permanent ($M = 4.17$) and contractual nurses ($M = 4.26$) provide high-quality care, volunteer nurses ($M = 3.00$) report only moderate levels, suggesting that limited resources or support may influence performance. In terms of assignment area, all groups—including ward ($M = 4.22$), special, and private areas (both $M = 4.14$)—exhibit high levels of care, reinforcing the overall consistency of nursing performance across work settings.

Overall, across all variables, nurses maintain a mean score of 4.18 (high), indicating their sustained commitment to excellent physical patient care regardless of demographic factors (Dagcuta & Bacarisas, 2026).

This finding is also supported by recent studies showing that newly registered nurses can provide high-quality care when properly supported by interventions such as simulations (Phillips et al., 2023). These programs effectively improve skills, competence, and critical thinking, which are essential for maintaining clinical standards and patient safety.

Table 3. The level of quality of care

Profile Variables	M	SD	Interpretation
<i>Age</i>			
23-25 years old	4.21	0.527	High
26-28 years old	4.00	0.894	High
<i>Sex</i>			
Male	4.10	0.651	High
Female	4.21	0.573	High
<i>Religion</i>			
Christian/Protestant	4.11	0.620	High
Roman Catholic	4.23	0.514	High
Seventh-day Adventist	4.38	0.619	High
Muslim	4.00		High
<i>Length of Service</i>			
Less than 6 months	4.26	0.449	High
6 months-1 year	4.16	0.520	High
1-2 years	4.16	0.779	High
More than 2 years	4.23	0.641	High
<i>Employment Status</i>			
Regular/Permanent	4.17	0.621	High
Casual/Contractual	4.26	0.449	High
Volunteer	3.00		Moderate
<i>Area of Assignment</i>			
Ward	4.22	0.468	High
Special areas/unit	4.14	0.722	High
Private	4.14	0.378	High
Taken Collectively	4.18	0.596	High

Note: 1.00-1.50 (Very Low); 1.51-2.50 (Low); 2.51-3.50 (Moderate); 3.51-4.50 (High); 4.51-5.00 (Very High)



The Significant Relationship Between the Nurses' Demographic Profile and their Job Stress Level at Work

Table 4 presents the relationship between the nurses' profile variables and their level of stress at work in terms of physical, psychological, and social working environment stressors.

The data shows that the demographic profile of the respondents does not have a significant relationship with the stress level across all the categories of stressors. This indicates that stress experienced by the nurses is not dependent on their demographic profile; however, it is influenced by other factors that are not included in the study. And also, the other factor involved is the coping mechanism and stress management of new nurses. According to a recent study in the Philippines, which shows that there is no significant relationship between socio-demographic profile and job stress (Dantis et al., 2024). Moreover, this study shows that those who experienced higher levels of job stress utilized a coping mechanism to handle and regulate stressful situations. Additionally, it confirms that job stressors and the coping mechanisms of nurses have a significant relationship, showing that resiliency in the nursing profession is pervasive in stressful events. It also indicated that nurses adopt problem-focused strategies to manage job stress.

The outcome of this investigation was in contrast with that of Luo et al. (2024), which claimed that there is a significant relationship between the socio-demographic profile of the respondents and the job stress level of new registered nurses.

Table 4. The significant relationship between the nurses' profile and their job stress levels at work

Profile Variables	Physical			Psychological			Social Working Environment		
	χ^2	p	Int	χ^2	p	Int	χ^2	p	Int
Age	1.85	0.76	NS	2.15	0.71	NS	0.490	0.98	NS
Sex	9.26	0.06	NS	3.80	0.43	NS	2.18	0.70	NS
Religion	10.3	0.59	NS	12.3	0.42	NS	11.2	0.52	NS
Length of Service	10.1	0.61	NS	7.36	0.83	NS	3.22	0.99	NS
Employment Status	8.38	0.40	NS	3.91	0.87	NS	11.8	0.16	NS
Area of Assignment	12.7	0.12	NS	4.81	0.78	NS	10.7	0.22	NS

The Significant Relationship Between the Nurses' Job Stress Level and the Quality of Care

Table 5 presents the relationship between job stress levels in the physical, psychological, and social work environments and the level of quality care. The results imply that no statistically significant relationship exists between the variables; all p-values exceed the standard significance level of 0.05.

Specifically, physical stressors exhibited a weak negative correlation ($\rho = -0.107$, $p = 0.27$), while psychological stressors showed a negligible negative correlation ($\rho = -0.029$, $p = 0.76$). Similarly, stress associated with the social work environment demonstrated a weak negative correlation ($\rho = -0.089$, $p = 0.36$). These findings suggest that nurses' job stress levels do not significantly influence the quality of care. Despite variations in stress levels, the quality of care remains consistently high.

Similarly, in the Philippines, a study conducted by Tampus & Parmisana (2013) reported that job stress does not significantly influence the quality of care, even when nurses experience moderate levels of stress.

In contrast, other studies highlight the challenges faced by newly registered nurses, particularly during the COVID-19 pandemic. Oducado and Estoque (2021) found that limited hospital exposure and reliance on online learning modalities hindered the development of clinical skills and confidence among nursing graduates. Similarly, Matlhaba et al. (2022) reported that newly graduated nurses often experience anxiety, stress, and self-doubt when transitioning to clinical practice.

These challenges underscore the importance of resilience in nursing practice. Studies by Alshawush et al. (2021) and Concilio et al. (2019) revealed that nurses who received resilience training during their education were better equipped



to cope with workplace stressors. Conversely, inadequate resilience preparation may lead to reduced job satisfaction and an increased risk of clinical errors.

Moreover, structured support systems play a crucial role in maintaining quality care. Phillips et al. (2023) emphasized that simulation-based training programs enhance clinical competence, critical thinking, and overall performance among newly registered nurses. In addition, Kavanagh and Szveda (2022) noted that new registered nurses rely on established protocols, teamwork, and supervision to ensure safe and standardized care despite limited experience.

Consistent with these findings, Blegen et al. (2023) highlighted that positive patient outcomes among new nurses are strongly associated with adequate mentoring and staffing rather than experience alone. Similarly, Wei et al. (2021) found that resilience, effective coping mechanisms, and supportive work environments enable nurses to deliver safe and high-quality care even under stressful conditions.

Finally, adherence to professional standards and collaborative practice further supports the delivery of quality care. Prosen and Lichen (2023) emphasized that newly registered nurses demonstrate strong professional commitment, guided by established protocols and ethical standards. These findings suggest that, despite the challenges of job stress, newly registered nurses can maintain high standards of care through professionalism, resilience, and organizational support.

Table 5. The significant relationship between the nurses' job stress levels and the quality of care

Stressors	Quality Care		
	ρ	p	Interpretation
Physical	-0.107	0.27	Not Significant
Psychological	-0.029	0.76	Not Significant
Social Working Environment	-0.089	0.36	Not Significant

CONCLUSION AND RECOMMENDATION

The findings indicate that newly registered nurses are predominantly young and in the early stages of their professional careers, exhibiting relatively homogeneous demographic characteristics. They experience moderate levels of physical and psychological stress and low levels of social stress, suggesting that while workplace demands are present, the social environment remains supportive, safe, and conducive to learning. Despite these stressors, respondents consistently demonstrate high-quality patient care, reflecting resilience, professionalism, and a strong commitment to established care standards. The result also implies the positive influence of mentorship programs and in-house training in sustaining performance.

Furthermore, demographic variables do not significantly influence job stress levels, indicating that stress is a common experience among newly registered nurses. Similarly, no significant relationship is found between job stress and quality of care, suggesting that respondents can effectively manage stress while maintaining high standards of patient care. Hence, the null hypothesis is accepted. Nonetheless, the presence of moderate stress underscores the need for continued institutional support and targeted interventions to enhance nurses' well-being further and optimize care outcomes.

Following the study's findings, the following recommendations are proposed:

1. Hospital administrators should implement a comprehensive stress management and transition-to-practice program for newly registered nurses, including mentorship, simulations, orientation, and continuous skills development, while promoting a supportive work environment.
2. Newly registered nurses are encouraged to seek support and actively participate in stress management initiatives to enhance coping and professional growth.
3. Nursing educators should strengthen clinical preparation and integrate stress management training to better prepare students for professional practice.
4. Future researchers should expand the sample size and settings, include variables such as burnout and coping mechanisms, and consider a mixed-methods approach for deeper analysis.



5. A comprehensive intervention program should be developed that incorporates stress management, mentorship, workload management, and continuous professional development.

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