(RESEARCH ARTICLE)

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Examining social support, psychological resilience and general wellbeing of newly employed nurses at quezon city general hospital

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Abstract

Caring professions, such as nursing, can be emotionally draining, resulting in high stress levels and career burnout. Nurses face multiple and complex challenges in a profession characterized by work intensification, increased accountability, and demands for high-quality patient care. Nurse stress and burnout are growing concerns, but resilience in nursing has been linked to positive outcomes such as improved care quality, enthusiasm, and commitment, as well as positive outcomes for patients. Research suggests that social support can significantly predict coping strategies (Kong et al., 2019). Nurses with a high level of social support demonstrate better social adaptation skills and use positive coping strategies to address challenges.

This study aimed to examine social support, psychological resilience, and general well-being among newly employed nurses at Quezon City General Hospital. The findings of this study will greatly benefit these nurses by providing insights into how social support and resilience can enhance their well-being and professional performance. The study employed a descriptive research method, collecting data through a survey questionnaire. Close-ended questions were used to gather actionable, qualitative data, which were then interpreted into visual insights such as graphs, charts, and concept maps. The researcher utilized the descriptive survey method within a quantitative research design.

Keywords: Social support; Psychological resilience; General wellbeing; Nursing; Career burnout

1. Introduction

The development and satisfaction of nurses play a crucial role in advancing healthcare. Newly hired nurses face unique challenges due to healthcare reforms and societal progress, leading to increased stress and emotional strain [1]. As essential figures in patient care, their mental health directly affects both patient outcomes and their own professional growth [2]. Supporting the mental well-being of new nurses through social support and fostering psychological resilience is critical. Social support significantly influences subjective well-being, acting as both a protective factor and an enhancer of resilience, suggesting that resilience mamediate the positive effects of social support on well-being [3][4].

Social support, first defined in sociology, is seen as crucial in maintaining mental and physical health, reducing stress, and promoting mental stability [5]. Although definitions vary, scholars generally categorize social support into emotional, informational, and practical types, provided by friends, family, and coworkers [6]. Psychological resilience, the ability to adapt to adversity, also contributes to nurses' well-being by helping them use protective resources to handle stress [7]. General well-being encompasses satisfaction with life and positive emotions, and improving subjective well-being requires both reducing negative emotions and enhancing positive ones [8].

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2. Review of Related Literature

In their integrated review of resilience in intensive care unit (ICU) nurses, Xavier et al. (2024) [9] identify the factors that assist nurses' mental health during times of intense stress. There is a focus on organizational support, resilience tactics, and peer networks for nurses to use to survive physical and emotional demands in critical care nursing.

Haider, Farooq, and Bilal (2024) [10] study the influence of workplace stigma on power, authenticity, and religious coping of industrial workers. The findings explain how people cope with stigmatizing situations through honesty-based and flexible spiritual solutions and how personal values relate to job problems. This study is important for understanding the role of identity and belief-based coping mechanisms in promoting psychological well-being and workplace harmony.

Using educational psychology, Wiraporn and Thanasak Manasanan (2024) [11] examine undergraduate students' resilience and psychological well-being. Their study showed that resilience predicts mental health, academic success, and life satisfaction. This research extends resilience discussions beyond business, healthcare, and educational settings, showing resilience as a universal foundation for psychological well-being.

Amalia and Fauziah (2024) [12] investigate factors leading to nurse burnout in South Tangerang City through empirical examination of work stressors, organizational support deficits, and individual coping strategies. The findings highlight the need for institutional policies that prioritize mental health and stress management programs in hospitals.

Shi et al. (2024) [13] explore the effect of nursing education on self-efficacy, family health, and perceived stress on social support. Their results clarify how nursing students' social networks and emotional resources are shaped by personal confidence, family environment, and stress levels. This study contributes to a developmental perspective on how future healthcare practitioners should prepare for the demands of the profession.

In another study, Henderson and Whitton (2024) [14] provide an exhaustive review of acute care methods, encompassing both clinical strategies and psychosocial interventions. They emphasize the integration of acute care methods with community-based approaches, highlighting the role of systemic support in reducing professional burnout and connecting individual coping mechanisms to broader healthcare frameworks.

Khan et al. (2024) [15] focus on psychosocial factors, such as nomophobia, that influence sleep quality among undergraduate health science students. Their study addresses how technology addiction and mental health impact essential life functions like sleep, offering insights into how cognitive and environmental factors interact.

Additionally, Cruz and Dela Peña (2024) [16] investigate the role of mentorship in enhancing resilience and job satisfaction among newly hired nurses in public hospitals. Their findings demonstrate that structured mentorship programs significantly reduce stress and improve nurses' adaptation to challenging healthcare environments.

As highlighted in these studies, social support and resilience are multidimensional constructs within healthcare workplace settings. Since well-being is affected by stressors and coping mechanisms, organizational support, stress management, social networks, and holistic health practices are emphasized. This foundation supports the examination of social support, resilience, and well-being among newly employed nurses at Quezon City General Hospital.
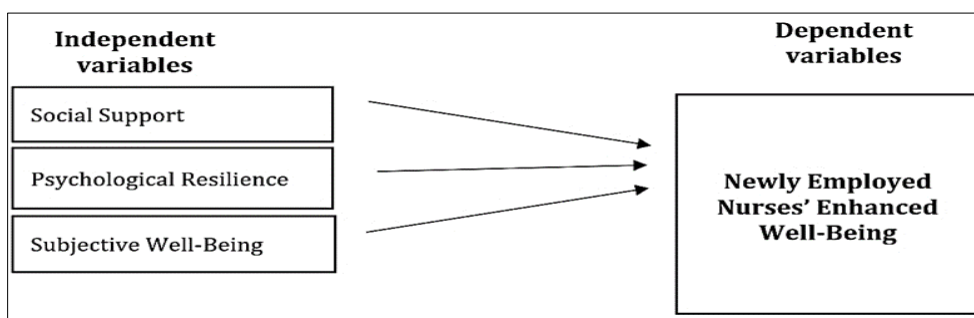
Figure 1 Conceptual Framework

Social support encompasses both the perception and the reality that an individual is cared for, can receive help from others, and belongs to a supportive social network. These supportive resources can be emotional (e.g., nurturance), informational (e.g., advice), or companionship (e.g., a sense of belonging). They can also be tangible (e.g., financial assistance) or intangible (e.g., emotional support). Social support can be assessed through the belief that help is available, the actual help received, or the degree of integration into a social network. Sources of social support include family, friends, coworkers, neighbors, pets, and organizations.

Resilience is commonly defined as the capacity to recover from setbacks, adapt well to change, and continue in the face of adversity. It is associated with longer life expectancy, reduced rates of depression, and greater overall life satisfaction. As noted by Henderson & Whitton (2024) [17], resilience provides a sense of control and helps individuals feel more positive overall. Conversely, a lack of resilience may hinder an individual's ability to handle stress in challenging situations. Resilience involves successfully adapting to and recovering from adversity, persevering through difficulties, and growing despite setbacks. While setbacks are inevitable, resilience embodies the strength and determination to continue moving forward.

Subjective well-being (SWB) refers to how individuals perceive and evaluate their lives and specific domains and activities within their lives. SWB is influenced by a variety of factors, both internal and external. Internal factors include aspects such as personality, while external factors encompass the environment or culture in which individuals live. Those who are satisfied with their lives and frequently experience positive emotions like joy, contentment, and hope are generally perceived to have a high quality of life.

2.1. The hypothesis of the study

To solve the research questions of this study, the researcher aims to test the following hypotheses at 0.05 level of significance:

- H01: There are no significant differences in social support, psychological resilience, and general well-being when grouped by gender, age, and marital status

- H02: There are no significant relationships among social support, psychological resilience, and general well-being

2.2. Statement of the Problem

Despite the well-documented importance of social support, psychological resilience, and general well-being in various professional settings, there remains a notable lack of research specifically targeting newly employed nurses in hospital environments, particularly in the Philippines. Existing studies largely focus on students and teachers, creating a gap in understanding how these factors interact within the nursing profession.

This study seeks to address this gap by examining the current status of social support, psychological resilience, and general well-being among newly employed nurses at Quezon City General Hospital. By doing so, it contributes to the limited body of knowledge in this area and offers valuable insights into enhancing nurses' well-being and job satisfaction. Specifically, this study aims to answer the following questions:

- What are the demographic characteristics of the respondents in terms of gender, age, and marital status?
- What are the levels of social support, psychological resilience, and general well-being among the respondents?
- Are there significant differences in social support, psychological resilience, and general well-being when grouped by gender, age, and marital status?
- What are the relationships among social support, psychological resilience, and general well-being?
- What program can be developed to enhance social support, psychological resilience, and overall wellbeing among newly employed nurses at Quezon City General Hospital?

3. Material and methods

3.1. Research Design

The researcher employed a quantitative research design to systematically examine the levels of social support, psychological resilience, and general well-being among newly employed nurses at Quezon City General Hospital. This

design facilitated the use of structured surveys and statistical analyses to identify demographic influences, interrelationships among variables, and potential areas for program development.

3.2. Respondents and Sampling

The participants of the study are 450 recently employed nurses out of 1,388 at Quezon City General Hospital. The sample size was determined using the Raosoft calculator with a 99% confidence level and a 5% margin of error. Simple random sampling was employed to ensure that every nurse in the target population had an equal chance of being selected, promoting fairness and reducing selection bias. Participants were required to have at least six months of employment to ensure relevant and consistent experiences in their roles.

3.3. Data Gathering Procedures and Instrumentation

This study utilized adopted standardized instruments to assess social support, psychological resilience, and general well-being among newly employed nurses.

3.3.1. Social Support Rating Scale (SSRS)

The revised SSRS by Xiao Shuiyuan, with a test-retest reliability of 0.92 and an internal consistency coefficient of 0.80, includes 10 items across three dimensions: objective support (3 items), subjective support (4 items), and utilization of support (3 items). Total scores categorize social support as low ($\leqslant$22), moderate (23–44), or high ($\geqslant$45).

3.3.2. Connor-Davidson Resilience Scale (CD-RISC)

This 25-item Likert scale measures resilience across tenacity (13 items), strength (8 items), and optimism (4 items), with higher scores indicating greater resilience. Reliability was 0.943 overall, and resilience levels are categorized as poor (<75), average (76–87), medium (88–99), and excellent ($\geqslant$100).

3.3.3. General Well-being Scale (GWB)

The GWB evaluates subjective well-being, with higher scores indicating greater happiness. Reliability ranges from 0.91 to 0.95, and test-retest reliability is 0.85. Scores for males: low (<60), moderate (60–90), high (>90). Scores for females: low (<53), moderate (53–89), high (>89).

3.4. Data Analysis

Descriptive statistics, including frequency and percentage distribution, were used to analyze respondents' demographic profiles. Weighted mean measured central tendencies, ANOVA tested differences in variables, and correlation analysis determined relationships between variables.

3.5. Ethical Considerations

The researcher considered all issues related to ethical considerations throughout the study. Consent to participate in the study was sought from the respondents. Privacy, anonymity and confidentiality of the respondents were taken into account. Likewise, participants were assured that the data collected will be used for research purposes only and they were informed that they were to withdraw from the study at any time. Data collected was saved in a password-protected file wherein only the researcher has access.

4. Results and discussion

The result of the study provides an overview of the data collected from the survey questionnaire conducted for this study. The presentation of the results follows the same order as stated in the research problem.

4.1. Problem 1

What are the demographic characteristics of the respondents in terms of gender, age, and marital status?

Table 1 *Profile Distribution of the Respondents* N = 450

Profile	Frequency (f)	Percentage (%)
Sex		
Male	184	40.9
Female	266	59.1
Age		
20 ~ 29 years old	67	14.9
30 ~ 39 years old	157	34.9
40 years old or above	226	50.2
Marital Status		
Single	68	15.1
Married	366	81.3
Separated	16	3.6

The distribution of the respondents' profiles is presented in Table 1. In terms of gender, 40.9% were male and 59.1% were female. Regarding age, the largest group was those 40 years old or above (50.2%), while the smallest group was those aged 20-29 years old (14.9%). In terms of marital status, the majority of respondents were married (81.3%), followed by single (15.1%), and separated individuals (3.6%).

There are more female nurses, reflecting the nurturing traits often linked to women in nursing. The age and experience data show many seasoned nurses, likely due to the hospital's stable, attractive working conditions. The high number of married nurses suggests marital stability supports long-term employment, while single or separated nurses may seek other opportunities more often.

4.2. Problem 2

What are the levels of social support, psychological resilience, and general well-being among the respondents?

Table 2 Social Support of the Respondents

Dimensions	Min	Max	M	SD
Objective support	1.00	22.00	9.87	3.41
Subjective support	6.00	27.00	15.70	4.78
The utilization of social support	3.00	12.00	8.29	2.08
Total score of social support	10.00	57.00	33.86	8.69

The results show that the mean values of the three dimensions of social support including objective support, subjective support and the utilization of social support were 9.87 ± 3.41, 15.70 ± 4.78 and 8.29 ± 2.08, respectively; the mean value of the total score of social support score was 33.86 ± 8.69.

The results reveal that the total score of social support of newly employed nurses at Quezon City General Hospital is at a moderate level. On the three dimensions of the social support for nurses, subjective support dominated, followed by objective support, and finally, the utilization of social support. That is, subjective support is the main source of teachers' social support. According to Haider et al. (2024) [18], subjective support is the degree to which individuals experience and are satisfied with mental and emotional support, including being respected and understood.

Table 3 Psychological Resilience of the Respondents

Dimensions	Min	Max	M	SD
Toughness	13.00	65.00	46.34	9.01
Strength	9.00	40.00	30.52	5.24
Optimism	6.00	20.00	13.71	2.70
Total score of psychological resilience	29.00	125.00	90.56	15.94

The results indicated that the mean values of the three dimensions of psychological resilience, including toughness, strength, and optimism, were 46.34±9.01, 30.52±5.24, and 13.71±2.70, respectively. The mean value of the total score of psychological resilience was 90.56±15.94. The scores suggest that the psychological resilience of recently employed nurses at Quezon City General Hospital is at a moderate to high level, indicating a good overall psychological resilience.

On the three dimensions of psychological resilience among the nurses, toughness had the highest mean score, followed by strength, and finally, optimism. This implies that the psychological resilience of these nurses is predominantly reflected in their toughness. Toughness, as defined by Shi et al. (2024) [13] is the ability to endure adversity and remain steadfast in challenging situations, predominantly reflecting psychological resilience of nurses.

Table 4 Subjective Well-Being of the Respondents N = 450

Dimensions	Min	Max	M	SD
Total score of subjective well-being	31.00	114.00	77.58	14.10

The results indicated that the mean of the total subjective well-being score was 77.58 ± 14.10, suggesting that the overall subjective well-being of recently employed nurses at Quezon City General Hospital is moderate. These findings are consistent with the results of Amalia and Fauziah (2024) [12]. Nurse happiness reflects their satisfaction with both work and life, which directly impacts their attitude toward their professional responsibilities. The survey results demonstrate that the overall subjective well-being of these nurses is moderate.

4.3. Problem 3

Are there significant differences in social support, psychological resilience, and general well-being when grouped by gender, age, and marital status?

Table 5 Differences in the Respondent's Social Support When Compared to Profile.

Profile	Objective support		Subjective support		The utilization of social support		Total score of social support	
	t/F	p	t/F	p	t/F	p	t/F	p
Sex	0.99	0.325	1.08	0.281	-0.35	0.728	0.9	0.37
Age	9.95	0.000	16.38	0.000	0.43	0.652	12.65	0.000
Marital Status	26.28	0.000	29.01	0.000	4.82	0.008	30.51	0.000

Legend: The difference is significant at 0.05 alpha level.

The results indicate that there are significant differences in social support when compared by age and marital status, but not by sex. For sex, the p-values for objective support (p=0.325), subjective support (p=0.281), the utilization of social support (p=0.728), and the total score of social support (p=0.37) were all above 0.05, indicating no statistically significant differences.

However, for age and marital status, the results were significant across multiple dimensions of social support. For age, there were significant differences in objective support (p=0.000), subjective support (p=0.000), and the total score of social support (p=0.000), though not in the utilization of social support (p=0.652).

Similarly, marital status showed significant differences in all measured areas: objective support (p=0.000), subjective support (p=0.000), the utilization of social support (p=0.008), and the total score of social support (p=0.000).

These findings suggest that age and marital status play crucial roles in influencing the levels of social support perceived and utilized by recently employed nurses. According to the socioemotional selectivity theory, as individuals age, they prioritize emotionally meaningful relationships, which can enhance their perceived social support (Carstensen, 1992) [19]. This theory supports the observed significant differences in objective and subjective support across different age groups among recently employed nurses.

 Older nurses may have more established social networks and a stronger sense of social integration, contributing to higher levels of perceived social support. Marital status also significantly influences social support, as supported by the social convoy model. This model suggests that married individuals typically receive more social support due to their larger and more stable social networks, including support from spouses (Antonucci, 2001) [20].

Table 6 Differences in the Respondent's Psychological Resilience When Compared to Profile

Profile	Toughness		Strength		Optimism		Total score of psychological resilience	
	t/F	p	t/F	p	t/F	p	t/F	p
Sex	3.33	0.001	1.49	0.138	-0.58	0.561	2.26	0.024
Age	12.7	0.000	16.35	0.000	7.39	0.001	14.51	0.000
Marital Status	12.1	0.000	14.35	0.000	10.55	0.000	14.18	0.000

Legend: The difference is significant at 0.05 alpha level.

For sex, there are significant differences in the toughness dimension (p=0.001) and the total score of psychological resilience (p=0.024). However, there are no significant differences in the strength (p=0.138) and optimism (p=0.561) dimensions. This suggests that male and female nurses differ in their toughness and overall psychological resilience, but not in their strength and optimism.

For age, significant differences are observed across all dimensions of psychological resilience: toughness (p=0.000), strength (p=0.000), optimism (p=0.001), and the total score of psychological resilience (p=0.000). Similarly, marital status shows significant differences in toughness (p=0.000), strength (p=0.000), optimism (p=0.000), and the total score of psychological resilience (p=0.000). These findings imply that both age and marital status significantly impact the psychological resilience of recently employed nurses

Theoretical support for these findings can be drawn from the resilience framework proposed by Masten (2021) [21], which suggests that resilience is influenced by both internal factors (such as personal characteristics) and external factors (such as social support and life experiences). Older and married nurses may have accumulated more life experiences and developed stronger coping mechanisms, contributing to their higher resilience.

Additionally, according to Manasanan et al. (2024) [22], individuals with more resources, such as social support from a spouse or extended family, are better equipped to withstand stress and recover from adversity.

Table 7 Differences in the Respondent's Subjective Well-Being When Compared to Profile

Profile	Total score of subjective happiness	
	t/F	p
Sex	2.25	0.025
Age	5.45	0.005
Marital Status	10.2	0.000

Legend: The difference is significant at a 0.05 alpha level

**P<0.01 (1= Objective support, 2=Subjective support, 3=The utilization of social support, 4=Total score of social support, 5=Toughness, 6=Strength, 7=Optimism, 8=Total score of psychological resilience, 9=Total score of subjective well-being)

The results indicate statistically significant differences in the total score of subjective well-being across all these profiles. For sex, the p-value is 0.025, which is below the 0.05 threshold, indicating that there is a significant difference in subjective well-being between male and female nurses.

Age also shows significant differences in subjective well-being, with a p-value of 0.005. This suggests that the subjective well-being of nurses varies considerably across different age groups. Additionally, marital status has a highly significant impact on subjective well-being, as indicated by a p-value of 0.000. This finding implies that the marital status of the nurses plays a crucial role in their overall sense of well-being.

According to Haider et al. (2024) [10], subjective well-being is shaped by both personal and situational factors, including gender, age, and marital status. These factors contribute to the way individuals perceive their life satisfaction and emotional experiences. For instance, married individuals often report higher levels of well-being due to the emotional and social support provided by their partners (Manasanan et al., 2024) [22]. Similarly, differences in well-being across age groups can be attributed to varying life stages and associated stressors or supports (Xavier, 2024) [9]

4.4. Problem 4

What are the relationships among social support, psychological resilience, and general well-being?

Table 8 Correlation Analysis Between Social Support, Psychological Resilience, and Subjective Well-Being N=450

Variable	1	2	3	4	5	6	7	8	9
1	1								
2	0.665**	1							
3	0.412**	0.455**	1						
4	0.858**	0.921**	0.652**	1					
5	0.276**	0.312**	0.416**	0.380**	1				
6	0.319**	0.326**	0.409**	0.403**	0.860**	1			
7	0.282**	0.330**	0.399**	0.388**	0.729**	0.761**	1		
8	0.309**	0.339**	0.437**	0.413**	0.971**	0.944**	0.832**	1	
9	0.249**	0.296**	0.252**	0.321**	0.513**	0.573**	0.473**	0.558**	1

Social support correlates strongly with both psychological resilience (i.e. r =.665) and subjective well-being (i.e. r =.412), implying that those with higher social support are more resilient and report better well-being. Subjective well-being is closely related to psychological resilience (r = 0.652) this indicating that their level of resilience is very relevant to optimizing happiness and mental health. This is consistent with Henderson and Whitton's (2024) claim that holistic health practices consisting of emotional, interpersonal and social supports are essential for promoting mental health and well-being, especially for high stress workers like nursing.

Additionally, psychological resilience dimensions (tenacity, strength, and optimism) strongly correlate with social support (r= 0.326 – 0.455) and subjective well-being (r= 0.399 – 0.573), which further supports that resilience may act as a mediator between social support and well-being. This is consistent with Khan et al. 's (2024) [23] interactional framework of environmental stressor and cognitive adaptability, and Manasanan et al. 's (2024) [22] universal continental of mental health and life satisfaction.

4.5. Problem 5

What program can be developed to enhance social support, psychological resilience, and overall wellbeing among newly employed nurses at Quezon City General Hospital?

Table 9 A Psychological Intervention Program for Recently Employed Nurses in Yantai First People's Hospital

Key Result Area/ Program	Objectives	Strategies/Intervention	Persons Involved	Success Indicators
1.Discover the advantages	1. Improve self-awareness 2. Have a positive perception of oneself and discover one's strengths 3. Enhance the sense of strength and optimism (two dimensions of psychological resilience)	1. Members introduce themselves and establish the group 2. Introduce the positive psychology theory of strengths and virtues 3. Theme exercise: "my strengths" combined with "strengths bombing" to discover their own strengths. 4. Complete the strengths test.	-Health Counselors - Recently Employed Nurses -Psychology	Discover more of their strengths; more positive descriptions of themselves
2. Be grateful	1. To consciously discover one's existing social support system. 2. Enhance the subjective support of the individual, who feels more respected, supported and understood in the society (Dimensions of social support: objective support, subjective support)	1. Sharing: Who helped me in my growth? 2. Theme exercise: My social support system 3. Homework: Record a week's gratitude diary, write a gratitude letter and send it to the people.	Psychologists - Health Counselors - Nurses	Mentioning more people who help themselves. Full of gratitude and thankfulness
3.Proactive and effective communication	1. Enhancing the individual's ability to communicate 2. Increase the individual's utilization of social support (Dimension of social support: Utilization of support)	1. Reminisce about warm times and guide members to realize the importance of interpersonal interaction and mutual support. 2. Theme exercise: Do I need to ask for help? How to ask for help? 3. Theme exercise: "fruit platter", complete the task through cooperation and communication. 4. Homework: communication response style, practice positive and constructive communication skills.	Psychologists - Health Counselors - Nurses	Willingness to communicate with people; more effective ways to communicate

4.Coping with stress	1. Proper understanding of the advantages and disadvantages of stress 2. increase individual resilience (one of the dimensions of psychological resilience)	1. Sharing: Share the stress in your life. 2. Theme exercise: Share one's views on stress and guide members to view stress correctly. 3. Group discussion: find ways to cope with stress. 4. Cultivate resilience: I have ways to cope with stress.	Psychiatrist, Psychologists, Health Counselor, nurses	less anxiety; Have confidence in themselves
5.Spreading Love with Love	1. Appreciate that human support is an interactive process and that a person who supports others also lays the foundation for gaining the support of others. 2. to further construct one's own social support system.	1. Sharing: My experience of helping others. 2. Theme exercise: Complete the "Mutual Support Ring" exercise in groups and guide members to build mutual support relationships. 3. 3. Group discussion: How helping others affects me, and how to expand and build my support system.	Psychiatrist, Psychologists, Health Counselor, nurses	Caring and helping others
6.Meaningful and happy Life	1. Improving the sense of meaning in life 2. Enhancing the sense of subjective well-being	1. Share: "Three Questions of Security" to guide members to think positively about life. (Who are you? Where do you come from? (Where are you going?) 2. Theme exercise: What is the meaning of life? (Love, courage, optimism, hard work, living in the moment ......) 3. Seligman's five elements of happiness: positive emotions, engagement, relationships, meaning, and achievement. 4. Members share their insights and feedback.	Psychiatrist, Psychologists, Health Counselor, nurses	A greater sense of subjective well-being. Having a sense of meaning in life

The intervention program used in this study is based on positive psychology, which is defined as system of study concerned with human strengths and well-being and optimal functioning and not the study of problems and weaknesses.

This theory has developed to Positive Psychological Interventions (PPIs), which can be defined as positive emotions, behaviors, and cognitions, which are to increase individual 'positive resources' and abate 'positive variables.' PPIs include unit level activities (such as 'Gratitude Journal' and 'Acts of Kindness') as well as group level processes (e.g. combination of 'Best Self' exercise and 'Three Good Things' practice). Positive Psychology Theories, such as "Labeling Strengths" and "Gratitude Visits" are the basis for these interventions, which seek to improve overall well-being.

In this study, psychological intervention program is designed to provide structured group counseling to strengthen the social support and psychological resilience of newly employed nurses. The six targeted activities in the psychological intervention program are:

- Gratitude: It helps people to notice and appreciate existing objective and subjective supports, and brings awareness and appreciation for being recognized and supported in society.
- Proactive and Effective Communication: It is more focused in improving communication skills of using social support systems.
- Spread Love: It aims to build a better, better network of social support to weather future challenges.
- Discovering Strengths: Participants will learn to improve self-awareness, to foster positive self-perception and identify their own strengths to build resilience and optimism.
- Coping with Stress: Contains strategies to help build resilience and better manage stress.
- Meaningful and Happy Life: It helps life to take a meaningful tack, enhancing the sense of purpose and the subject of subjective well-being.

5. Conclusion

Based on the research study conducted by the researcher, the following findings were observed:

- *Demographic Characteristics of Respondents*

Majority are female (59.1%) married (81.3%) above 40 (50.2%). On the other hand, these demographics imply an experienced, stable workforce that might influence both how their support structures might interact and their resilience levels.

- *Levels of Social Support, Psychological Resilience, and Subjective Well-being*

It was found that social support and psychological resilience were at a level of moderate (M=33.86, SD=8.69, M=90.56 (SD=15.94), respectively) and toughness had been the top one among the five dimensions of resilience. Moderate (M=77.58, SD=14.10) subjective well-being, still room for improvement on using social support and increasing optimism.

- *Differences by Demographic Factors*

Older and married nurses had higher social support and psychological resilience, while gender, age, and marital status influenced other subjects in predicting subjective well-being: female, older, and married nurses indicated higher well-being. These findings echo the need for patient tailored interventions across differing demographic groups.

- *Relationships Among Variables*

There are found significant positive correlations between social support, psychological resilience and subjective well-being. Resilience (r=0.558, p<0.01), well-being (r=0.321, p<0.01) and social support were correlated (r=0.558, p<0.01), emphasizing the interdependence of these factors and the implication of integrated support programs.

- *Program Development*

The researcher proposed that social support networks can be improved through mentoring and team building, increased resilience through training and mindfulness practice; work-life balance with flexible hours and rest periods; and regular assessments of the programs to ensure they match individual's particular needs.

Recommendations

Based on the stated findings of the study, the following recommendations are being proposed:

- Hospital Management: Implement peer mentoring, counseling services, and team-building activities to foster support networks among nurses. Offer resilience training, stress management workshops, and mindfulness practices. Encourage flexible working hours and provide professional development opportunities. Regularly assess well-being and provide tailored feedback and resources.
- Nurses: Actively engage with support systems, seek help when needed, and participate in team-building activities. Utilize resilience training and stress management workshops to build coping skills. Prioritize work-life balance by taking advantage of flexible working hours and engaging in leisure and professional development activities.
- Family and Support Systems: Offer emotional and practical support to nurses by encouraging open communication and being available during challenging times. Encourage participation in social support programs and resilience training offered by the hospital to build stronger support networks and coping skills.
- Government and Policy Makers: Improve working conditions and benefits for nurses by ensuring adequate rest periods, competitive salaries, and professional development opportunities. Support mental health initiatives in hospitals by funding mental health programs and training to create a supportive work environment.
- Future Researchers: Continue researching the relationship between social support, psychological resilience, and subjective well-being among nurses, focusing on the impact of demographic factors. Evaluate the effectiveness of support programs and resilience training to identify best practices and areas for improvement, ensuring continuous assessment and feedback for better outcomes.

Compliance with ethical standards

Disclosure of conflict of interest

The author declare that they have no conflicts of interest or competing interests related to the publication of this manuscript. The study is unique and has not been influenced by any institution, organization, or product mentioned in the manuscript, nor is it associated with any competing products or interests. The findings and conclusions presented are the sole work of the author and are free from any bias or external influence.

Statement of ethical approval

The present research work does not involve any studies performed on animals or human subjects. Data were collected solely through a self-structured survey questionnaire, and no experimental treatment or intervention was conducted. The study adhered to ethical research standards, ensuring the confidentiality and voluntary participation of all respondents.

Statement of informed consent

A letter of informed consent was obtained from all respondents prior to their participation in the study. Respondents were fully informed about the purpose of the research, the voluntary nature of their participation, and the measures taken to ensure confidentiality and anonymity of their responses.

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