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Literature Review

Quiet Quitting of The Nurses: An Integrative Literature Review

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ABSTRACT

Introduction: The concept of quiet quitting (QQ) gained widespread attention following its popularization on social media's app 'TikTok' in 2022 and has since been recognized as a prevalent phenomenon among nurses and other healthcare professionals. To that effect, literature has alluded to the most concerning dire consequences. The study aimed to synthesize studies on QQ among nurses and suggest measures that can be used to alleviate this phenomenon.

Methods: The study applied five steps of the integrative literature review, guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The review encompassed research articles peer-reviewed and published between 2022 and 2025, in the following databases: Cumulative Index to Nursing and Allied Health Literature EBSCOhost, Education Resources Information Center, Google Scholar, Medline, Psych INFO, Science Direct and Pub Med. Included articles were written in English, published in 2020 to 2025, in peer-reviewed journals, and participants were nurses.

Results: Nine articles were ultimately reviewed and revealed three main themes factors contributing to QQ among nurses, including organizational and individual factors and supportive supervision; Consequences of QQ among nurses affected patient care and human resources; Measures that could be used by nurse managers to reduce QQ among nurses.

Conclusions: This study revealed interrelated factors that contribute to QQ dire impact of QQ on nurses. Nurse managers and policymakers need to be aware of this phenomenon and urgently put holistic, robust mitigating measures to ensure that working conditions are favourable and there is a balance in nurses' work lives.

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1. INTRODUCTION

The Coronavirus disease (COVID-19) pandemic had an enormous effect on the mental health of all healthcare workers, especially the nurses. Studies highlighted that nurses experienced a lot of stress related to unfavourable working conditions and dealing with highly infectious diseases such as COVID-19 (Farahani et al., 2024). Lack of job satisfaction and other myriad

factors contribute to nurses leaving their jobs (Farahani et al., 2024). On the contrary, rather than leaving, employees might choose quiet quitting (QQ) due to financial reasons (Zuzelo, 2023). The concept of QQ was highly publicized in a social media app 'TikTok' video that went viral on the 25th of July 2022 (Khan, 2022). The narrator of the video suggested that employees who have QQ behaviour tend to focus only on the scope of their work rather than going the extra

mile to overperform. The further assertion by Galanis et al. (2025) highlights that QQ employee opts not to resign from the workplace but deliberately decide to limit their job performance (Galanis et al., 2025). In this regard, the employees refrain from taking extra responsibilities, but just meet expected key performance activities as stipulated by their job description (Formica & Sfodera, 2022). Further assertion by ÖZTÜRK et al. (2023) is that the QQ decides to limit performance, avert dismissal, get the salary, and at the same time sabotage the organization.

The QQ conduct has been found to be more prevalent among workers aged 18 and older (Zuzelo, 2023). Furthermore, most of these studies explained the occurrence of QQ among remote workers due to the restrictions imposed on going to offices to work during the pandemic. Factors contributing to QQ are publicized in the literature. Burnout, work-related stress, emotional fatigue, and inadequate career advancement have been related to QQ (Galanis et al., 2025). In support, Nimmi et al., (2024) emphasized that lack of organizational policies, such as mental health and support systems for nursing mothers, can contribute to reduced work commitment and QQ. Lack of transparency in job allocations and unfair reward systems are likely to influence employees to resort to disengaging from the job (Nimmi et al., 2024). The unavailability of resources has been associated with demotivation and the inability to control the working environment. This would result in a negative attitude, reduced commitment, and increased QQ and ultimately leave the institution. In addition, the conflicting work and family life, and financial problems can lead to emotional problems, which ultimately cause employees to feel less enthusiastic (Nimmi et al., 2024). Nimmi et al., (2024), also found that the workers decided to withdraw their utmost performance due to an unhealthy toxic work environment, characterised by bullying and unresolved conflicts. Notably, managers should be aware of these factors, and mitigating strategies should be put in place to minimize the QQ.

Studies have unanimously agreed upon the dire effects of QQ on the organization, clients and the individual quitter. According to (Serenko, 2024), QQ may sabotage the individual quitter's prospect for career advancement. The quitter's disengagement might result in destroying chances for promotion and endorsement from the manager (Serenko, 2024). The negative

impact of QQ among healthcare workers includes a decline in the quality of patient care (Boy & Sürmeli, 2023; L. Kang et al., 2020). ÖZTÜRK et al., (2023) stipulate that the passiveness of the QQ contributes to sub-standard performance, which has long-term repercussions. Dire consequences of QQ on organizational learning include a decline in the transfer and sharing of crucial knowledge between seasoned and novice employees. Eventually, lack of information sharing contributes to the deterioration in the overall learning culture within the organization (ÖZTÜRK et al., 2023). The emphasis is that QQ renders the organization vulnerable to economic meltdown as it cannot benefit from its human resources, which are critical for sustainable competitive advantage. The QQ phenomenon has been found to be more prevalent among healthcare workers (J. Kang et al., 2023). According to Boy & Sürmeli, (2023), healthcare workers experienced issues related to a toxic working environment, unfavorable working conditions, work-life imbalance, and fear of infections. Ng & Stanton, (2023) emphasize that QQ is a risk to patients, other healthcare workers, and the organization. Therefore, effective strategies need to be put in place. Health organisation-led interventions are necessary to address the hierarchy of needs of its medical staff to motivate them to remain invested in a profession that is inherently meaningful.

Nurses are the backbone of the healthcare system and experience a lot of pressures and demands in their work, which was exacerbated by the COVID-19 pandemic. Nurses had to quickly adapt and learn new guidelines used for managing the highly contagious COVID-19. In addition, nurses were challenged by inadequate human resources due to colleagues' sick leaves and death. All of these negatively affected the nurses' psychological well-being (L. Kang et al., 2020). Despite that, several studies were conducted on QQ amongst nurses, it is important to establish the extend of this phenomenon. Furthermore, a more detailed all-inclusive perspective of the key factors contributing to QQ among nurses might assist nurse managers and policy-makers in developing strategies. Therefore, the study aimed to explore the QQ among the nurses. Aim and objectives:

- 1) The study aimed to synthesize research conducted between the years 2022 and 2025, and to explore QQ amongst the nurses. The specific objectives are:

- 2) To identify the factors contributing to QQ amongst nurses
- 3) To describe consequences of QQ amongst nurses
- 4) To describe measures which could be used by nurse managers to reduce QQ among nurses

2. METHODS

The study employed the five steps of the integrative literature review (Toronto & Remington, 2020). These steps are delineated as the problem formulation stage, literature search stage, data evaluation stage, data analysis stage, and presentation stage. These steps are briefly described as follows: 1) The problem formulation stage entails identifying a clearly defined problem emanating from the gaps in the literature. The background of the study provides details on studies conducted about QQ among nurses and gaps in the literature; 2) The literature search stage should be done systematically with the use of several electronic databases. In this study, the inclusion criteria and the PRISMA guideline were used to enhance the specificity of the articles search; 3) Data evaluation also known as the quality appraisal which serve as the strategy to mitigate bias regarding the articles chosen and enhanced quality and reliability of the findings; 4) Data analysis stage includes a detailed and thorough interpretation of data obtained about the research problem; 5) Data presentation is the stage whereby the data is adequately collated in order to underscore the key findings related to the research problem. The subsequent section unpacks the application of these steps.

2.1 Problem formulation stage

The first stage of integrative literature review (ILR) entails the identification of the problem and clarity of the research purpose. Although the theoretical and empirical studies highlighted the QQ of healthcare workers and nurses, few have been done to comprehensively explore and describe the QQ among nurses. The following research questions were used to navigate the study:

- 1) What are the factors contributing to QQ amongst the nurses?
- 2) What are the consequences of QQ among nurses?
- 3) Which measures could be used to reduce QQ among the nurses?

2.2 Literature search stage

This review comprised of research articles peer-reviewed and published between 2022 and 2025, searched through the following electronic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, Education Resources Information Center (ERIC), Google Scholar, Medline, Psych INFO, Science Direct and Pub Med. Search terms included: "Quite quitting"; "Nurses". The inclusion and exclusion principles were additionally utilized to enhance the relevancy and appropriateness of the articles included in the review. Articles were included if they met the following criteria written in English, published in 2020 to 2025, in peer-reviewed journals, and participants were nurses. Any research work and articles involving other healthcare workers were excluded. In order to further filter the most appropriate articles for review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was applied (Moher et al., 2009).

An intensified search of databases revealed 2670 records. Then, the researcher conducted thorough screening of titles for relevant publications. Duplications and inaccessible articles were excluded. The researcher excluded duplicated publications and studies that could not be retrieved. After a thorough application of the inclusion and exclusion criteria, 2615 were omitted from the review. The abstracts of the 55 articles were further analyzed, which resulted in the exception of 27 documents. The resultant 28 were thoroughly read to validate the study design, methodology, and population, resulting in further deduction of 19 articles. Nine research articles remained for the final critical review. The PRISMA diagram illustrates the steps followed in the selection of included articles (Figure 1). Table 1 exemplifies summary of articles included in the study.

2.3 Data evaluation stage

It is recommended that specific methodological features of primary studies should be evaluated for the overall quality (Toronto & Remington, 2020). All the articles that met the inclusion criteria were critically analyzed. The mixed method and quantitative studies were rated according to the evidence hierarchy matrix (Joanna Briggs Institute, 2017). In this aspect, eight methodology criteria were counted with the following: Yes=Y; No=N; Unclear=U; Not Applicable=NA. Majority of the quality criteria were scored a "Yes" in all the seven. An overall of

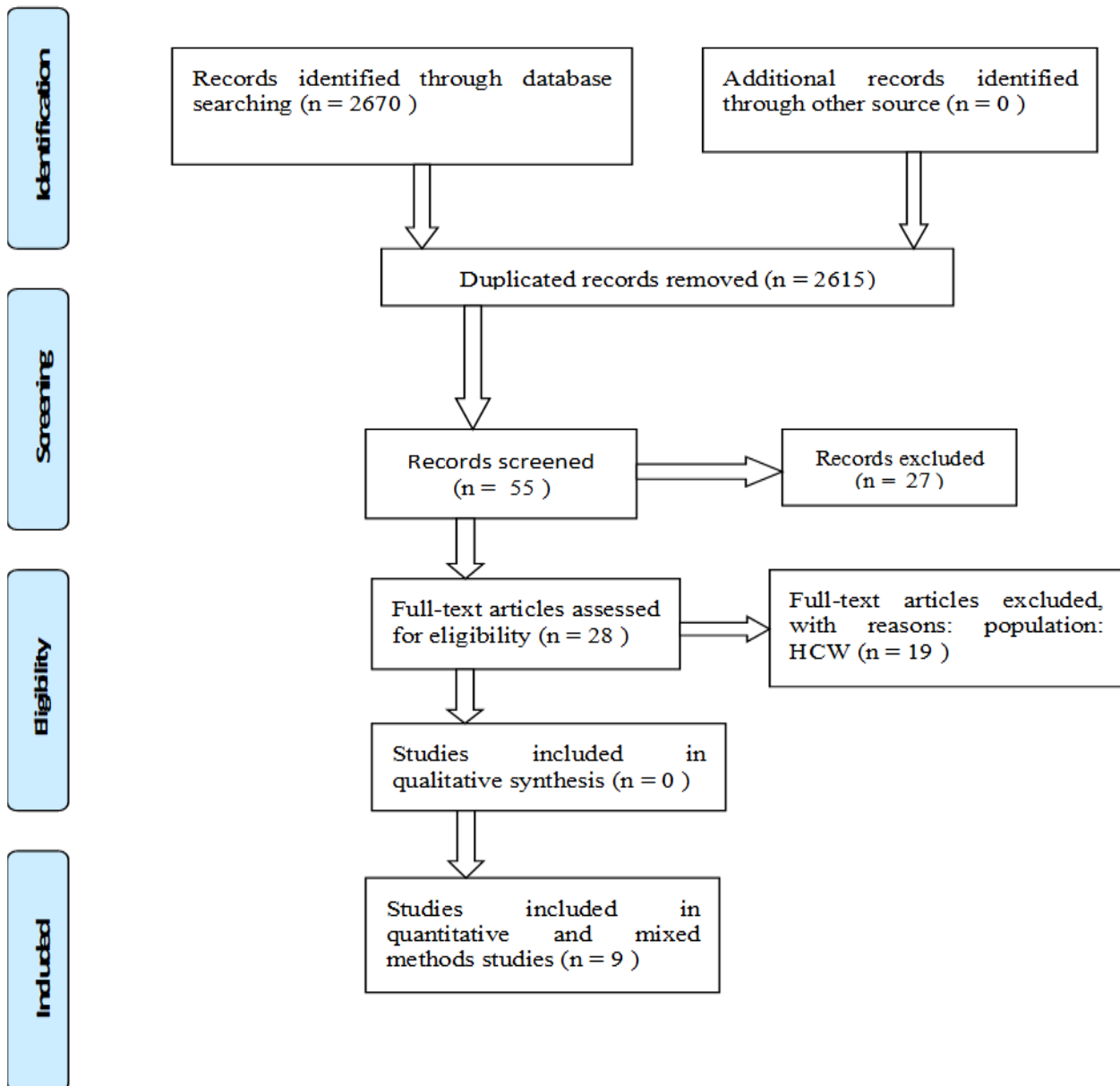


Figure 1 PRISMA Flow diagram (Moher et al., 2009)

nine studies that met the quality appraisal criteria were retained: mixed method ($n = 1$); quantitative ($n = 8$) studies. These are depicted in Table 2.

2.4 Data analysis stage

According to Toronto & Remington (2020) data analysis should be organized in an orderly coded, categorized, and summarized in line with the research problem. Interpretation of the results should be done in an unbiased approach. In this study, the researcher synthesized the included study with the utilization of thematic analysis. The researcher became immersed in

the data by reading and re-reading the sections labeled “results” or “findings” of each article, maintaining notes of possible patterns and decisions throughout the thematic analysis and synthesis (Toronto & Remington, 2020). The data analysis includes data reduction and determination of the overall classification system for managing the data from diverse methodologies (Toronto & Remington, 2020). At this stage, themes were identified to provide clearer results for discussion. Table 3 presents a summarized findings of the review in the form of three themes and subthemes that emerged after the analysis. The final stage involved the dissemination of the review findings.

Table 1. Characteristics of articles reviewed (n=9)

| No | Authors ; Year | Country | Design | Population | Results |
|----|---|-------------|-------------------------------------|--------------------|---|
| 1. | Gün et al., (2025) | TURKEY | Quantitative cross- sectional | Nurses (n=383) | 5. Burnout has a direct effect on QQ 6. Organisations development opportunities 7. Promote teamwork |
| 2 | Galanis, Katsiroumpa, et al. (2024) | GREECE | Quantitative cross- sectional | Nurses n=957 | Increased response to moral adversity and efficacy were associated with decreased detachment |
| 3 | Moisoglou et al. (2024) | GREECE | Quantitative cross- sectional | Nurses (n=262) | 1. Positive impact of innovation support on QQ 2. Organizations should establish an innovative environment |
| 4 | Galanis et al. (2025) | GREECE | Quantitative cross- sectional | Nurses (n=1092) | 1. Workload was associated with QQ, 2. Appropriate interventions to reduce nursing workloads |
| 5. | Galanis, Moisoglou, et al. (2024) | GREECE | Quantitative cross- sectional | Nurses (n=992) | Emotional intelligence reduced QQ, turnover intention |
| 6 | Gün et al., (2025) | Turkey | Quantitative cross- sectional | Nurses (n=317) | 1. Substantial impact of job burnout on QQ intention 2. Turnover intention should not be overlooked |
| 7 | Moisoglou, Katsiroumpa, Vraka, et al. (2024) | GREECE | Quantitative cross- sectional | Nurses (n=909) | 1. Nurses reported high levels of QQ. 2. Gender, shift work, experience impact on QQ |
| 8 | Galanis et al. (2023) | GREECE | Quantitative cross- sectional | Nurses (n=629) | 1. Most nurses were considered QQ. 2. Positive relationship between QQ and turnover intention. |
| 9 | Abdullah & Bangcola (2024) | PHILIPPINES | Sequential mixed methods | Nurses (n=139) | Poor management, work-life imbalance, and toxic organizational culture influenced QQ among nurses |

2.5 Data presentation stage

The study search generated nine eligible research articles. Five came from Google Scholar, two from EBSCOhost, and two from Science Direct. All articles were quality

appraised and found to meet the review consistency as specified in Tables 1 and figure 1.

3. RESULTS

The total number of articles included in the study focused on the QQ among the nurses. As

Table 2. Critical Appraisal Checklist for quantitative and mixed method studies included (n=9)

| Study/Criterion* | (Abdullah & Bangcola, 2024) | (Galani et al., 2023) | (Galanis, Katsiroumpa, et al., 2024) | (Galanis, Moisoglou, et al., 2024) | (Galani et al., 2025) | (Gün et al., 2025) | (Gün et al., 2025) | (Moisoglou, Katsiroumpa, Prasini, et al., 2024) | (Moisoglou, Katsiroumpa, Vraka, et al., 2024) |
|--|-----------------------------|-----------------------|--------------------------------------|------------------------------------|-----------------------|--------------------|--------------------|---|---|
| 1. The criteria for inclusion in the sample were clearly defined | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 2. The study subjects and the setting were described in detail | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 3. The exposure was measured in a valid and reliable way. | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 4. Objective, standard criteria were used for measurement of the condition | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 5. Confounding factors were identified? | Y | Y | Y | Y | Y | Y | U | Y | Y |
| 6. Strategies to deal with confounding factors were stated | Y | Y | Y | Y | N/A | N/A | N/A | Y | N/A |
| 7. The outcomes were measured in a valid and reliable way | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 8. Appropriate statistical analysis was used | Y | Y | Y | Y | Y | Y | Y | Y | Y |

Source: JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies (2017)

Key: Yes=Y; No=N; Unclear=U; Not Applicable=N/A

depicted by Table 3, the included articles presented empirical projects from quantitative (n=8): (Galanis et al., 2023, 2025; Galanis, Katsiroumpa, et al., 2024; Galanis, Moisoglou, et al., 2024; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024) and mixed-methods study approach (n=1): (Abdullah & Bangcola, 2024). Majority of the studies (n=6) were conducted in Greece. Two out of the nine studies were conducted in Turkey, and one study was conducted in the Philippines.

Three themes were uncovered from the nine articles: 1) Factors contributing to QQ among the nurses included organizational and individual factors and supportive supervision; 2)

Consequences of QQ among nurses affected patient care and human resources; 3) Measures that could be used by nurse managers to reduce QQ among the nurses, entailed organizational interventions. Vast number of articles (n=7), revealed the factors that influence nurses' behavior to QQ (Abdullah & Bangcola, 2024; Galanis et al., 2023, 2025; Galanis, Moisoglou, et al., 2024; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024). More than 50% (n =4) of the articles highlighted the consequences of QQ among nurses (Abdullah & Bangcola, 2024; Galanis et al., 2023; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024). Numerous articles recommended the measures that could

Table 3. Themes that emerged from the study (n=9)

| Themes | Subthemes | Categories |
|--|--|--|
| 1. Factors contributing to QQ amongst the nurses | Organisational factors | Job burnout |
| | | Poor working conditions |
| | | Limited organizational support |
| | Individual factors | Moral resilience and emotional intelligence |
| | | Socio-demographic factors. |
| 2. Consequences of nurses QQ | Effect on patient care Impact on the organization | Work-life imbalance |
| | | Compromised quality of care |
| | | Increases turnover and staff shortage |
| | | More workload on those who do not choose the QQ behaviour. |
| | | Toxic work environment |
| 3. Measures that could be used to reduce QQ among the nurses | Enhance Work Environments | Hinders professional development |
| | | Improve the working environment of nurses |
| | | Address staffing and workload issues |
| | Manage and prevent burnout | Improving organizational support |
| | | Establish policies and strategies to reduce job burnout |
| | Promote Work-Life Balance | Enhance work-life balance |

be used to reduce QQ among the nurses (Abdullah & Bangcola, 2024; Galanis et al., 2023; Galanis, Katsiroumpa, et al., 2024; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024). These themes are depicted in Table 3.

4. DISCUSSION

The primary aim of this integrative literature review was to synthesize existing studies to explore the phenomenon of quiet quitting (QQ) among nurses. Analysis of the nine reviewed studies revealed three overarching themes. First, several factors were identified as contributing to nurses' engagement in QQ, including heavy workloads, lack of managerial support, poor work-life balance, and limited opportunities for professional growth. Second, the consequences of nurses' QQ were highlighted, encompassing decreased quality of patient care, diminished team collaboration, lower job satisfaction, and an increased risk of turnover. Finally, the review identified measures that could be implemented to reduce QQ among nurses, such as fostering supportive leadership, promoting fair workload distribution, enhancing professional development opportunities, and implementing

organizational policies that prioritize nurses' well-being. These findings underscore the complexity of QQ in nursing practice and highlight the need for targeted strategies to mitigate its impact on healthcare systems.

4.1 Factors contributing to QQ amongst the nurses

The study appraised numerous factors that influenced quiet quitting (QQ) among nurses, which were broadly categorized into organizational and individual dimensions. Organizational factors included heavy workload demands, inadequate staffing, lack of managerial and peer support, limited recognition, and unsupportive institutional culture. These structural issues often created an environment where nurses felt undervalued and emotionally exhausted, thereby fostering disengagement from their roles. On the other hand, individual factors encompassed personal coping mechanisms, resilience levels, work-life balance challenges, and professional expectations, which collectively shaped how nurses perceived and responded to their work environments. The interaction between these organizational and individual factors was found to play a critical role

in precipitating QQ behaviors among nurses (Abdullah & Bangcola, 2024; Galanis et al., 2023, 2025; Galanis, Moisoglou, et al., 2024; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024).

4.2 Organizational factors

The results revealed that organizational factors contributed hugely to nurses opting for QQ (Abdullah & Bangcola, 2024; Galanis et al., 2023, 2025; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024). From this subtheme, the following sub-categories were revealed: Poor working conditions such as shortage of staff and workload; Job burnout, shift work, and limited organizational support. According to Bahlman-van Ooijen et al. (2023), poor working conditions motivate nurses to leave their jobs. Dire situations such as unbearable workload, shortage of resources, and unacceptable shifts were all cited as detrimental to nurses' well-being and thus leading to poor retention (Bahlman-van Ooijen et al., 2023). Moisoglou, Katsiroumpa, Prasini, et al. (2024) emphasized that an interplay of factors such as staff shortages, work overload and night shifts led to nurses opting for QQ in order to augment the time lost for family care and responsibilities. Workload has been linked to poor job satisfaction and a lot of stress, and ultimately making the nurse to be demotivated and withdraw from putting in more effort (ÖZTÜRK et al., 2023). Furthermore, Boy & Sürmeli (2023) revealed that in most cases, healthcare workers are faced with highly infectious diseases, work violence, and an exuberant workload with limitations to social responsibilities. It is apparent that poor working conditions also affect the personal well-being of employees, and inadequate work-life balance would ultimately result in QQ behavior.

Nurses in the reviewed studies highlighted that job burnout contributes to QQ (Galanis et al., 2023, 2025; Gün et al., 2025). Thu Trang & Thi Thu Trang (2024) revealed that in most cases, QQ is correlated to job dissatisfaction, burnout, and turnover intentions. The same sentiments are shared by several researchers (Bahlman-van Ooijen et al., 2023; Serenko, 2024). Another theory by Serenko (2024) suggests that employees use QQ as a coping mechanism to deal with work demands and pressures and avoid burnout. In contrast, Thu Trang & Thi Thu Trang (2024) found that client-related burnout is insignificantly related to QQ. This could be

related to the other myriads of factors around burnout and QQ. In addition, Chan & Ronald Batahong (2024) suggest that burnout results in a lack of work commitment and intention to leave, but the connectedness to QQ is blurry. Managers need to put more strategies in place to address job burnout as it has dire repercussions of making the nurses to be demotivated and opting for QQ.

Organizational support theory (OST) posits that workers have a perception concerning the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al., 2020). The POS might contribute to employees' commitment to the organization and to other positive employee attitudes and behaviours. Practical implications of POS include aspects such as fairness, leader support, human resources practices, and working conditions. Eisenberger et al. (2020) also stipulate that positive outcomes of favorable POS on the employees entail a high level of work commitment accompanied by increased intrinsic motivation and participation. This study highlighted that limited organizational support contributes to QQ among nurses (Abdullah & Bangcola, 2024; Galanis, Moisoglou, et al., 2024; Gün et al., 2025). Furthermore, Gün et al. (2025) vehemently revealed that organizational support has a significant effect on the impact on nurses' job burnout and the desire to opt for QQ. The study conducted by Pevec (2024) unpacked several interrelated factors that underscored the limited organizational support. These included lack of recognition, inadequate developmental opportunities and unchallenging work. The abusive supervision negatively influences employee workplace thriving. When leaders frequently exploit their employees, employees may react with negative attitude and decide to QQ (Pevec, 2024). In all, these factors significantly discouraged the employees and gave rise to QQ. Nurse managers and leaders need to be cognizance of factors that are detrimental to organizational support and develop several measures to discourage QQ among the nurses.

4.3 Individual factors

The study appraised numerous individual factors that influenced QQ among nurses (Abdullah & Bangcola, 2024; Galanis et al., 2023, 2025; Galanis, Katsiroumpa, et al., 2024; Gün et al., 2025; Moisoglou, Katsiroumpa, Prasini, et al., 2024). The individual factors that influenced QQ

among nurses involved: Emotional intelligence, Socio-demographic factors, and work-life imbalance. In addition, employees had to cope with the economic crises created by the pandemic to survive (Ng & Stanton, 2023). This study illustrated a significant correlation between emotional intelligence, turnover intention, job burnout, and QQ (Galanis, Moisoglou, et al., 2024). The results proposed that high emotional intelligence decreased QQ behaviors, turnover intention, and job burnout among nurses. Notably, nurses with high emotional intelligence had a positive attitude and ability to handle stress with the use of effective coping mechanisms. Emotional intelligence is a phenomenon that is crucial for nursing and is strongly associated with care, compassion, and empathy (Štiglic et al., 2018). According to Galanis, Katsiroumpa, et al. (2024) and Štiglic et al. (2018), a lack of emotional intelligence among nurses leads to burnout, poor patient outcomes, and reduced mental health status and increased turnover intention. To that effect, Galanis, Moisoglou, et al. (2024) suggested that nurse managers should try to enhance emotional intelligence among the nurses to avert QQ.

The current study highlighted that the nurses, as compared to other healthcare professionals demonstrated the likelihood of work detachment and QQ (Galanis et al., 2023; Moisoglou, Katsiroumpa, Prasini, et al., 2024). In addition, the study exhibits a positive association between work experience, turnover intentions and QQ. In this regard, more experienced nurses are likely to opt for QQ because of exhaustion and job burnout. This could be related to prolonged exposure to long-withstanding unresolved work-related challenges. Shift-work healthcare employees and staffs in the private sector reported higher levels of quiet quitting (Galanis, Katsiroumpa, et al., 2024). Ma et al. (2022) further cite that, staff shortages prompt the nurse managers to allocate the available few nurses to work many weekends and night duty, which might be exhausting. According to Galanis, Katsiroumpa, et al. (2024), shift work was exacerbated by staff shortage and work overload and thus QQ. This could be related to the fact that working shifts resulted in working overtime, during weekends and nightshifts, and thus having less time for personal and family activities.

The study found that the Gen Z nurses felt overwhelmed and unable to maintain a healthy work-life balance (Abdullah & Bangcola, 2024).

According to Hiltunen (2023) work-life balance and organizational culture are crucial. Work-life balance refers to the equilibrium between work-related responsibilities and personal life, encompassing the ability to effectively manage workloads while having ample time and energy to engage in hobbies and activities and maintain a clear separation between work and after-work hours. Sirgy & Lee (2018) define work-life balance as a high level of engagement in work-life as well as social responsibilities with minimal conflict between the two. There are two main reasons behind workers taking quiet quitting actions. For some workers, this action is a mechanism for achieving work-life balance and in order to prevent worker burnout (Efendi et al., 2023).

4.4 Consequences of nurses QQ

The study revealed the consequences of nurses' QQ on 1) Patient care and 2) Impact on the organization (Abdullah & Bangcola, 2024; Galanis et al., 2023; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024). The study highlighted that QQ among the nurses negatively affected patient care (Abdullah & Bangcola, 2024; Galanis et al., 2023). The sub-categories that emerged from this sub-theme included the following: 1) Compromised quality patient care; 2) Errors in nursing care. It became clear from this study that QQ among nurses compromised quality care (Abdullah & Bangcola, 2024; Galanis et al., 2023). In support, Cho et al. (2020) stipulate that QQ among nurses eventually elongates hospitalization, amounting to increased costs and risks of nosocomial infections. The impact of QQ is directly linked to patient care, as a reduction in the performance of nurses can lead to a failure to meet the patients' needs, high errors and inadequate patient care (Galanis et al., 2023; J. Kang et al., 2023). This notion is understandable as the nurses on QQ would literally perform minimal care to patients thus, a compromised care. Zuzelo (2023) emphasizes that nurses are often obligated to work overtime, particularly during emergencies. However, it will be different stand with nurses on QQ as their mandate would not allow extra effort to assist the patients, thus compromising quality patient care. Ng & Stanton (2023) also highlighted that QQ practitioners are likely to have less attention leading to medical errors, delayed diagnosis and treatment causing severe complications. Additionally, essential personal qualities such as

empathy, compassion, selflessness, and effective communication are fundamental to nursing practice. However, these attributes may be compromised or unattainable for nurses on QQ, thus affecting quality patient care. It is imperative that nurse managers mitigate QQ and ensure that the quality of patients is not compromised.

The findings indicated that QQ among nurses had a negative impact on the organization (Abdullah & Bangcola, 2024; Galanis et al., 2023; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024). This subtheme is supported by the following categories : Increases turnover and staff shortage; More workload on those who do not choose the QQ behavior; Toxic work environment. The impact of QQ in healthcare is profound, affecting employee performance, team dynamics, and the quality of patient care. The QQ reduce productivity and can disrupt team morale, leading to a decline in the overall effectiveness of healthcare services (Anand et al., 2024; Galanis, Moisoglou, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024; Serenko, 2024). It might not be surprising that the nurses on QQ might end up influencing the others to follow suite. This study revealed that QQ can make the work environment toxic among colleagues (Abdullah & Bangcola, 2024). Boy & Sürmeli (2023) also attest that the QQ phenomenon had been adopted in many countries, especially among young employees, and could adversely affect healthcare quality by triggering a toxic organizational culture. According to Formica & Sfodera (2022), it can impact the workflow given its implications for collaboration and functional support in the organisation. In agreement Scheyett (2022) position that QQ has the tendency to severe relationship ties in the workplace, impacting work interdependence and the extent of cooperation between workers and groups. This could be related to the fact that a nurse on QQ would cause conflicts by not assisting colleagues in averting the workload. Therefore, others might be expected to double up efforts in compensation for the reluctant colleague. The results indicate that QQ among nurses affects turnover intentions and, at the same time, exacerbates staff shortages. According to the statistically significant findings of the study, nurses who chose QQ also reported their turnover intention. The assertion is that, the nurses on QQ, end up leaving their job and thus sabotage the organization's effort to avert the staff shortages . The crux of the matter is that

health care organizations are caught in a vicious cycle of understaffing, the inability to fill vacancies, and reduced performance (Galanis et al., 2023). It is also important to note that while QQ may be used as a copying mechanism, it ultimately appears to be a temporary solution, and nurses who opt for QQ are still more likely to intend to leave their jobs (Galanis, Katsiroumpa, et al., 2024).

This study revealed the QQ among the nurses contributes more work to the non-quitters (Galanis et al., 2023). According to Nguyen (2024), the non-participation of an employee can negatively influence the morale of the other team members . This might also contribute to more conflicts and lack of collaboration due to resentment toward those who are on QQ. The assertion is that the non-QQ might also feel overburdened and decide to follow suite. The QQ may also hinder their opportunity to further their career (Galanis et al., 2023; Galanis, Moisoglou, et al., 2024). Suppose employees stay in this state for an extended period. In that case, they may miss career advancement opportunities because they might not be able to compete with those who continuously express their willingness to contribute extra. Furthermore, when people enter the quiet quitting phase, they often do not anticipate being promoted within the organization (ÖZTÜRK et al., 2023). Nurses on QQ might be reluctant to participate in the organization's professional development processes, hindering knowledge transfer and sharing. Ultimately, this gesture contributes to a decline in growth , development, innovation , and quality care, and a total decline in the overall learning culture within the organization (ÖZTÜRK et al., 2023).

4.5 Measures that could be used to reduce QQ among the nurses

This theme was further elaborated into three sub-themes, namely: (1) enhancing a supportive work environment through effective leadership, adequate staffing, and recognition of nurses' contributions; (2) managing and preventing burnout by implementing stress-reduction strategies, fostering resilience, and providing access to mental health resources; and (3) promoting work-life balance by ensuring flexible scheduling, respecting personal boundaries, and encouraging self-care practices. Collectively, these strategies underscore the multifaceted approaches necessary to mitigate

quiet quitting among nurses and foster their commitment to professional roles.

4.6 Enhance a supportive work environment

In order to reduce QQ among nurses, studies recommended that nurse managers should: Improve working environment of nurses; Address staffing and workload issues; Improving organizational support (Galanis et al., 2023; Moisoglou, Katsiroumpa, Prasini, et al., 2024; Moisoglou, Katsiroumpa, Vraka, et al., 2024). According to Galanis et al. (2023), workload and poor working conditions play an enormous role in discouraging and demotivating the nurses. Hence, reducing the workload may modify their work behavior from choosing QQ while motivating them to more efficient work behavior (Galanis et al., 2023). Serenko (2024) also suggested that organizations should promote quality interactional justice between managers and the employees to promote openness in decision-making and conflict management. It is also important to attract and retain high-performing employees. Attract and retain high-performing employees who will diligently do the work and alleviate the high workload (Serenko, 2024). According to Zuzelo, (2023), institutions need to effectively implement changes to enhance a sense of belonging, worth, and mutual respect. This will help to improve the employees' feeling of being worthy and important in the organization and thus reduce resentment and QQ behaviors.

4.7 Manage and prevent burnout

Galanis, Moisoglou, et al. (2024) suggested that managers should establish policies and strategies to reduce job burnout. According to Gün et al. (2025) demonstrated that job burnout diminishes positive impact of organizational support on QQ. To reduce QQ behavior, organizational support should be provided to health workers, and their job burnout should not be ignored. According to Zhang, (2024), strategies to prevent and manage job burnout should include stress alleviation, time management, and improved emotional well-being, such as employee assistance programs and stress management training, given the critical role that emotional impairment plays in motivating QQ intention. Organizations can do this by enhancing working conditions, offering chances for people to grow their skills, and recognizing their efforts. Gün et al. (2025) further emphasized the importance of upscaling

nurses' working conditions and providing social and psychological support.

4.8 Promote Work-Life Balance

According to Galanis, Katsiroumpa, et al. (2024), a clear understanding of the factors that affect levels of QQ among nurses could help policymakers find the strategies that nurses should adopt in order to improve their work-life balance and quality of life. Managers should try by all means to ensure that the workload is manageable to afford the nurses an opportunity to have adequate family time. Policymakers should prevent the depletion of national human capital, promote work-life balance as a core national value, fund support for employee mental health, and invest in innovation in employee productivity (Serenko, 2024). Sirgy & Lee (2018) further recommended managers and policy makers frequently monitor the employees' level of work-life balance and develop programs to ensure employees maintain a high level of work-life balance. Furthermore, these organizational policies should entail flexible work time, allowing leave days for family support and care in advancing work-life balance (Sirgy & Lee, 2018).

This integrative literature review has several limitations that should be acknowledged. First, the number of studies specifically addressing quiet quitting among nurses remains limited, with most available literature focusing on related constructs such as burnout, turnover intention, and work disengagement. This scarcity may restrict the comprehensiveness of the synthesis and limit the generalizability of the findings. Second, the studies included were conducted in diverse cultural and organizational contexts, which may influence the interpretation of QQ and its contributing factors. The variations in healthcare systems, work environments, and nurse-patient ratios across settings make it difficult to draw uniform conclusions. Third, most of the reviewed studies employed cross-sectional or descriptive designs, which do not establish causal relationships between contributing factors, consequences, and QQ behaviors. Lastly, potential publication bias must be considered, as studies with significant or novel findings are more likely to be published than those with null results. Future research should employ longitudinal and interventional designs across diverse settings to provide stronger evidence and more nuanced insights into QQ among nurses.

5. CONCLUSION

Quiet quitting (QQ) has become increasingly common among nurses, though it remains underexplored in many contexts. This review identified multiple factors contributing to QQ, with organizational influences such as job burnout, poor working conditions, and limited managerial support highlighted as primary drivers. Individual attributes, including moral resilience and emotional intelligence, were shown to mitigate QQ behaviors, while socio-demographic characteristics and work-life imbalance further shaped nurses' disengagement. The consequences of QQ were consistently negative, with studies reporting diminished quality of patient care, toxic work environments, increased turnover, and staff shortages. These findings demonstrate that QQ, though often underestimated, poses significant risks to patient outcomes, nurse well-being, and organizational sustainability. Prioritized measures include improving workplace conditions, ensuring adequate resources, managing and preventing burnout, and promoting work-life balance. Nurse managers play a pivotal role by fostering supportive environments, encouraging shared decision-making, and providing opportunities for professional development. Reducing QQ among nurses requires comprehensive organizational strategies that strengthen motivation, enhance satisfaction, and ultimately improve the quality of nursing care.

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8. AVAILABILITY OF DATA AND MATERIALS

All data underlying the findings are fully available.

9. AUTHORS' CONTRIBUTION

The author carried out all phases pertaining to this research study.

10. CONFLICT OF INTEREST

None.

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