Editorial

Quiet Quitting: A Significant Threat for Healthcare Industry or an Inevitable Reaction of the Healthcare Workers?

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Quiet quitting describes the phenomenon where employees do not leave their jobs but intentionally they are doing the bare minimum at their work. Further, they work performing only their formal job description. In this context, workers set strict boundaries between their personal life and work life. Quiet quitting seems to be a defense that workers employ to avoid burnout and achieve a better work-life balance. Quiet quitters refuse to sacrifice their well-being, and health to benefit their organizations. However, this trend could also be a threat for organizations since workers reduce their productivity and passion for work. A Gallop survey during 2022 with a randomly selected sample of more than 15,000 workers found that 50% of the participants could be describes as quiet quitters (Harter, 2022).

Healthcare workers experience high levels of job burnout, job dissatisfaction, work disengagement, and turnover intention. Moreover, COVID-19 pandemic causes tremendous changes in healthcare workers physical and mental health, such as anxiety, depression, stress, insomnia, exhaustion, and post-traumatic stress disorder. In this context, a great number of healthcare workers left their jobs during the pandemic, following the "great resignation" trend that occurred worldwide during 2021-2022. For example, during the first year of the pandemic, 23.8% of a sample of more than 9,000 physicians, and 40% of a sample of 2,301 nurses planned to leave their jobs (Abbasi, 2022).

Economist Mark Boldger used for first time the term "quiet quitting" to describe workers' disassociation from jobs in China. However, explosion of quiet-quitting phenomenon has happened after a viral TikTok video on July 25, 2022. Afterwards, media and academic scholars have paid growing attention to this trend since its prevalence is increasing.

Although the phenomenon of "quiet quitting" is not new, scholars have not investigated it in depth as happens with other work-related variables, such as resignation, turnover intention, job satisfaction, job burnout, and work overload. Several valid instruments have been developed to measure these work-related variables, e.g. the Maslach Burnout Inventory, the Copenhagen Burnout Inventory, the Job Satisfaction Survey, etc. However, there is only one valid instrument measuring "quiet quitting", and it is developed very recently, during 2023. The "Quiet Quitting" Scale (Galanis et al., 2023) allows now scholars to measure quiet-quitting phenomenon in a valid way.

Thus, future studies should quantify the level of quiet quitting within healthcare workers,

and identify potential determinants of this phenomenon. For instance, nurses experience higher levels of job burnout, job dissatisfaction, and turnover intention than other healthcare workers. Therefore, studies could investigate a possible relationship between job title and quiet quitting. Several other research questions could include the potential impact of socio-demographic characteristics of healthcare workers (e.g., gender, age, clinical experience, work sector, area of residence, healthcare settings, shift work, etc.) on levels of quiet quitting. Additionally, psychological internal and external resources, such as resilience and social support, could also affect quiet quitting within healthcare workers.

Policy makers, managers, and organizations should better understand the quiet-quitting trend to meet healthcare workers' expectations and needs. This trend can be detrimental to organizations since healthcare workers seem to be disengaged in organizational citizenship behaviors, and they do not perform to their maximum capacity. Therefore, scholars should conduct studies to a) measure the levels of quiet quitting within healthcare workers, b) understand the roots of quiet-quitting phenomenon, c) explore the consequences, and d) suggest strategies to deal with quiet quitting.

References

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