The influence of job burnout on quiet quitting among nurses: the mediating effect of job satisfaction

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Abstract

Introduction: Quiet quitting seems to be a new threat for healthcare workers and organizations. Individuals now tend to stay at their jobs covering only the bare requirements. High levels of burnout among nurses especially after the COVID-19 pandemic could further increase their levels of quiet quitting.

Objective: To investigate the impact of nurses' job burnout on their quiet quitting. Moreover, we assessed the mediating effect of job satisfaction on the relationship between burnout and quiet quitting.

Methods: We conducted a cross-sectional study in Greece. We collected data during June 2023. A convenience sample of 946 nurses was obtained. We used the "Quiet Quitting" Scale (QQS) to measure levels of quiet quitting within nurses, the "Copenhagen Burnout Inventory" to measure job burnout, and "Job Satisfaction Survey" (JSS) to measure job satisfaction. In mediation analysis, we controlled for the effects of demographic and job characteristics.

Results: Mean score on QQS was 2.36, while on JSS was 101.23. Also, mean scores on work-related burnout, personal burnout, and client-related burnout were 62.25, 64.53, and 64.45 respectively. Job burnout was a positive predictor of quiet quitting (beta = 0.009, 95% confidence interval = 0.007 to 0.012, $p < 0.001$), while job satisfaction was a negative predictor of quiet quitting (beta = -0.004, 95% confidence interval = -0.006 to -0.003, $p < 0.001$). Job satisfaction partially mediated the positive relationship between burnout and quiet quitting (indirect effect = 0.0035, 95% confidence interval = 0.0021 to 0.0051, $p < 0.001$).

Conclusion: Job burnout affected quiet quitting within nurses through the mediating effect of job satisfaction. It is essential to reduce burnout and improve satisfaction to decrease level of quiet quitting among nurses. Effective measures should be taken to decrease nurses' job burnout in order to improve their job satisfaction and thereby reduce their quiet quitting.

Introduction

During the COVID-19 pandemic a work-related phenomenon called "quiet quitting" has emerged among employees [1]. Quiet quitting is developing as a much-publicized trend driven largely by social media. Workers decide now not to leave their positions but to complete just the bare minimum of their regular work. COVID-19 pandemic has affected workers' mindset and has caused important changes in working conditions. Thus, quiet quitters accomplish the minimum requirements of their job, but they do not go above and beyond [2]. A recent survey in the USA revealed that the prevalence of quiet quitters was about 50% [3].

Especially nurses experienced highly stressful conditions during the pandemic since they were the front-line healthcare workers. Among others, nurses experienced high levels of burnout, depression, anxiety, and post-traumatic stress during the pandemic [4–8]. Thus, nurses were more intend to leave their job compared to other healthcare workers in the context of pandemic [9]. According to the National Council of

State Boards of Nursing, approximately 100,000 nurses left their job in the USA during the pandemic due to burnout, stress and retirement [10]. Additionally, almost one-fifth of nurses in the USA intend to leave their work by 2027.

Several systematic reviews confirm that nurses experience high levels of job burnout [11–13]. Moreover, it is well known that job burnout is associated with negative outcomes in nurses. In particular, there is a negative relationship between job burnout and quality of life among nurses [14]. Also, the higher the levels of burnout, the greater the presence of depressive symptoms in studies with nursing samples [15]. Additionally, literature suggests a significant burnout-sleep disorders correlation [16]. In this context, job burnout could also affect the levels of quiet quitting among nurses. However, the relationship between job burnout and quiet quitting is unknown in nursing samples. Thus, we hypothesized the following:

Hypothesis 1

Nurses' job burnout would be positively associated to their quiet quitting.

Job satisfaction refers to a positive emotional reaction by individuals towards their work [17]. In this context, satisfaction could be defined as a worker's psychological and physiological satisfaction with her/his job [18]. Since there is a negative association between job satisfaction and turnover intention among nurses [17, 19], it is also probable that satisfaction could affect quiet quitting in a positive way. Moreover, it is well known that job burnout has a negative association with job satisfaction [20–22]. Several studies including nurses confirm the mediating role of job satisfaction between work-related variables, such as career identity, turnover intention, workload, quality of care, job performance, and professional identity [23–27]. Since the mediating role of nurses' job satisfaction in the relationship between job burnout and quiet quitting is unknown, we hypothesized the following:

Hypothesis 2

Nurses' job satisfaction would mediate the relationship between job burnout and their quiet quitting.

Figure 1 shows the hypothetical model that we developed in our study.

Methods

Study design

We conducted a cross-sectional study in Greece. We collected our data during June 2023. Our inclusion criteria were the following: adults, understanding of Greek language since the study questionnaire was in Greek, and nurses working in healthcare settings. We recruited our study population through social media, e-mail campaigns, and self-report questionnaire. Thus, we obtained a convenience sample.

Hair et al. suggests at least 10 observations for each study variable to perform a valid mediation analysis [28]. Since our analysis included one independent variable, one mediator variable, and eight covariates,

our sample size should be at least 100 nurses. We increased our sample size in order to decrease random error.

Measurements

We measured demographic and job characteristics of nurses, including gender (females or males), age (continuous variable), educational level (university degree or MSc/PhD diploma), shift work (no or yes), job sector (public or private), self-estimation of understaffed workplace (no or yes), and clinical experience (continuous variable).

We used the "Quiet Quitting" Scale (QQS) to measure levels of quiet quitting within nurses [29]. The QQS comprises nine items, and takes values from 1 to 5. Higher values in the scale indicate higher levels of quiet quitting. In our study, Cronbach's alpha for the QQS was 0.778 indicating good reliability.

Nurses' job burnout was measured with the "Copenhagen Burnout Inventory" (CBI) [30]. The CBI is a three-factor model with 19 items; work-related burnout, personal burnout, and client-related burnout. Score on each factor ranges from 0 to 100 with higher values indicative of higher levels of job burnout. We used the valid Greek version of the CBI [31]. In our study, Cronbach's alpha for the factor "work-related burnout" was 0.787, for the factor "personal burnout" was 0.812, and for the factor "client-related burnout" was 0.832.

We measured nurses' job satisfaction with "Job Satisfaction Survey" (JSS) [32]. Score on JSS ranges from 36 to 216, and higher values indicate higher levels of job satisfaction. We used the Greek valid version of the JSS [33]. In our study, Cronbach's alpha for the JSS was 0.814.

Ethical considerations

Our study protocol was approved by the Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens (approval number; 451, June 2023). We did not collect personal data of nurses. Moreover, we informed nurses about the aim and design of our study. Nurses who gave their informed consent could participate in our study. Additionally, we followed the guidelines by the Declaration of Helsinki [34].

Statistical analysis

We use numbers and percentages to present categorical variables. Also, we use mean, standard deviation, median, minimum value, and maximum value to present continuous variables. We used Kolmogorov-Smirnov test and Q-Q plots to assess the normality distribution of continuous variables. We found that score on study scales and age followed normal distribution, while clinical experience did not follow normal distribution.

Pearson's correlation coefficients between work-related burnout, personal burnout, and client-related burnout were very high with a range from 0.842 to 0.924 and statistically significant ($p < 0.001$). Thus, we

chose one of these job burnout measurements to use in analysis. In particularly, we used the work-related burnout.

We performed a multivariable linear regression analysis to identify the independent effect of job burnout on quiet quitting after the elimination of confounders, such as gender, age, educational level, shift work, job sector, understaffed workplace, clinical experience, and job satisfaction. We did not include age in the analysis since age and years of clinical experience were highly correlated (Spearman's correlation coefficient = 0.94, p < 0.001).

We used the PROCESS macro (Model 4) to test the mediating effect of job satisfaction in the relationship between job burnout and quiet quitting [35]. Moreover, we used the 95% confidence intervals (CI) to examine the significance of effects on the basis of 5,000 bootstrap samples [36]. We considered an effect as statistically significant if the CI did not contain zero. Additionally, we estimated regression coefficients (β) and standard errors. In mediation analysis, we controlled for the effects of gender, age, educational level, shift work, job sector, understaffed workplace, and clinical experience.

We considered results as statistically significant when p < 0.05. IBM SPSS 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) was used for statistical analysis.

Results

Demographic and job characteristics

Study population included 946 nurses. Mean age of those was 39.5 years, with a median value of 39, and a range from 23 to 63. Most of nurses were females (86.3%) in public sector (82.0%). A high percentage (67.2%) of nurses possessed a MSc/PhD diploma. Among our sample, 61.1% were shift-working nurses, while 86.3% considered their workplace as understaffed. Mean years of clinical experience was 15.6, with a median value of 15, and a range from 3 to 40 years. Detailed demographic and job characteristics of our sample are shown in Table 1.

Study scales

Descriptive statistics for the study scales are shown in Table 2. Mean QQS score was 2.36, while minimum and maximum values were 1 and 4.78 respectively. Levels of work-related burnout, personal burnout, and client-related burnout were similar with mean values of 62.25, 64.53, and 64.45 respectively. Mean job satisfaction score was 101.23 with a median value of 98.

Regression analysis

Our multivariable linear regression model showed that job burnout had an independent positive effect on quiet quitting (beta = 0.009, 95% CI = 0.007 to 0.012, p < 0.001). Gender, understaffed workplace, clinical experience, and job satisfaction were also associated with quiet quitting. Job burnout explained 15.6% of

the variance of quiet quitting, while the other independent variables explained 6.3% of the variance. ANOVA was statistically significant (p < 0.001). Thus, Hypothesis 1 was proved. Detailed results from the multivariable linear regression analysis are shown in Table 3.

Mediation analysis

Table 4 shows the indirect impact of job burnout on quiet quitting through job satisfaction. In mediation analysis, we controlled for the effects of demographic and job characteristics, such as gender, age, shift work, job sector, etc. We found that the indirect mediated effect of burnout on quiet quitting through satisfaction was significant (β = 0.0035, 95% CI = 0.0021 to 0.0051). Burnout was a significantly positive predictor of quiet quitting (β = 0.0119, 95% CI = 0.0102 to 0.0137). Burnout was a significantly negative predictor of satisfaction (β = -0.8224, 95% CI = -0.8943 to -0.7506), while satisfaction was a significantly negative predictor of quiet quitting (β = -0.0043, 95% CI = -0.0059 to -0.0027). Additionally, the direct effect of burnout on quiet quitting was still significant (β = 0.0084, 95% CI = 0.0062 to 0.0106) even after the mediating effect of satisfaction. Satisfaction partially mediated the relationship between burnout and quiet quitting since the direct and indirect effect of burnout was significant. Thus, Hypothesis 2 was validated. The final mediation model is shown in Fig. 2.

Discussion

To the best of our knowledge, this is the first study that evaluates the relationship between nurses' job burnout and their quiet quitting and the mediating role of job satisfaction on this relationship. We conducted a study with a sample of nurses in Greece and our mediation analysis revealed that job burnout affects quiet quitting through the mediating impact of job satisfaction. Moreover, multivariable analysis showed a positive relationship between burnout and quiet quitting, and a negative relationship between satisfaction and quiet quitting.

We found that the higher the levels of burnout, the higher the levels of quiet quitting within nurses. This finding confirms our first hypothesis that there is a positive relationship between job burnout and quiet quitting. Job burnout refers to physical or emotional exhaustion and it is characterized by feelings of cynicism or negativism to one's job [37]. Moreover, burnt out workers have a sense of loss of personal identity and reduced accomplishment. Job burnout is a challenge for nursing staff since nurses have high burnout prevalence due to adverse working conditions, such as rotating shifts, very long duties, scarcity of resources, low salaries, overload, and little autonomy [38]. Levels of burnout among nurses are high and COVID-19 pandemic has made clear that burnout is a critical issue for healthcare workers [11–13]. Also, studies after the pandemic reveal that nurses' turnover intention has increased significantly [39]. Additionally, daily interaction and emotional engagement between nurses and patients increase nurses' burnout [40]. Thus, nurses are among workers that experience the highest levels of burnout. In this context, literature suggests our finding that job burnout has a negative effect on a work-related variable such as quiet quitting, since burnout is also associated in a negative way with other work-related variables such as turnover intention, workplace commitment, meaning of work, and satisfaction [38, 41]. Therefore, burnout is a critical issue for nursing staff and psychological measures and strategies should

be developed and implemented to provide nurses with more support. Policy makers, organizations, and managers should help nurses to find a better work-life balance in order to improve nurses' quality of life and provide high quality care for patients.

Furthermore, our results showed that job satisfaction had a partially mediating effect on the association between nurses' job burnout and quiet quitting. In other words, our mediation analysis is a significant way to connect job burnout with quiet quitting. This finding is consistent with previous studies including nursing samples where job satisfaction acted as a mediator variable in the relationship between work-related variables. In particular, job satisfaction partially mediated the positive association between nurses' grit and job performance [26]. Moreover, satisfaction mediated the association of professional identity and nurses' intention to stay [25]. Hu et al. revealed that the indirect effect of satisfaction was significant in that nurses' career identity influenced turnover intention [23]. Other studies also proved the mediating effect of job satisfaction on outcomes such as work engagement and quality of nursing care [24, 27]. Job satisfaction is a determinant of nurses' productivity and therefore quality of healthcare since it is the state of favorable feelings and well-being of workers in their workspace [42]. Thus, improvement of job satisfaction could reduce negative outcomes such as quiet quitting. In this context, stakeholders and organizations should apply effective interventions to improve work conditions and enhance nurses' satisfaction, e.g. higher salaries, more resources, deeper communication between nurses and managers, and better management.

Our study had several limitations. First, we conducted a cross-sectional sample with a nursing sample in Greece. Although, our sample covered the minimum requirements of sample size it was not a representative and random sample of nurses in the country. Further studies with bigger and more representative samples not only in Greece but also in other countries would add valuable information. Second, our study assessed for first time the mediating role of job satisfaction on the relationship between nurses' job burnout and their quiet quitting. Thus, it is necessary to perform further research including nurses and other healthcare workers from different cultures and work environments to improve our knowledge. Third, we used self-reported questionnaires to measure burnout, quiet quitting, and satisfaction. Therefore, information bias could be arisen in our study due to invalid nurses' answers. Fourth, in mediation analysis, we controlled for the effects of several demographic and job characteristics of nurses. However, several other variables could also influence the relationship between our study variables. Fifth, we explored the mediating effect of one variable (i.e. job satisfaction), while other mediators may also contribute to the relationship between job burnout and quiet quitting. For instance, resilience and social support could act as mediator variables. Finally, our cross-sectional data cannot verify the mediating effect of job satisfaction. Thus, cohort studies should be conducted to further explore our mediation model.

Conclusions

Our findings support the relationship among job burnout, job satisfaction, and quiet quitting. Quiet quitting diminish nurses' productivity and thus quality of healthcare, while could be also a precursor of

nurses' turnover. In this context, stakeholders and organizations should develop and implement effective interventions to enhance nurses' job satisfaction in order to decrease their quiet quitting. Moreover, we should understand the deeper mechanism of how burnout, satisfaction, and quiet quitting are related to provide nurses with more support. A clear understanding of the factors that affect levels of quiet quitting within nurses could help policy makers to find the strategies that nurses should adopt in order to improve their work-life balance and quality of life.

Declarations

Consent to participate: Informed consent was obtained from all individual participants included in the study.

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Tables

Table 1. Demographic and job characteristics of nurses.

Characteristics	N	%
Gender		
Males	816	13.7
Females	130	86.3
Age[a]	39.5	9.8
Educational level		
University degree	310	32.8
MSc/PhD diploma	636	67.2
Shift work		
No	368	38.9
Yes	578	61.1
Employment in		
Private sector	170	18.0
Public sector	776	82.0
Understaffed workplace		
No	130	13.7
Yes	816	86.3
Years of clinical experience[a]	15.6	9.7

[a] mean, standard deviation

Table 2. Descriptive statistics for the "Quiet Quitting" Scale, Job Satisfaction Survey, and Copenhagen Burnout Inventory.

Scales	Mean	Standard deviation	Median	Minimum value	Maximum value
"Quiet Quitting" Scale	2.36	0.66	2.33	1.00	4.78
Job Satisfaction Survey	101.23	30.28	98.00	36.00	201.00
Copenhagen Burnout Inventory					
Work-related burnout	62.25	21.74	64.29	0	100.00
Personal burnout	64.53	19.46	66.67	12.50	100.00
Client-related burnout	64.45	20.67	67.86	0	100.00

Table 3. Multivariable linear regression analysis with "Quiet Quitting" Scale score as the dependent variable.

Independent variables	Coefficient beta	95% confidence interval	P-value
Males vs. females	0.254	0.146 to 0.363	<0.001
MSc/PhD diploma vs. University degree	0.011	0.070 to 0.092	0.789
Shift work	0.015	-0.070 to 0.100	0.729
Job in public sector	0.072	-0.032 to 0.177	0.174
Understaffed workplace	0.128	0.009 to 0.247	0.036
Years of clinical experience	-0.010	-0.014 to -0.006	<0.001
Job burnout score	0.009	0.007 to 0.012	<0.001
Satisfaction score	-0.004	-0.006 to -0.003	<0.001

Table 4. Mediation effect of job satisfaction on the relationship between job burnout and quiet quitting.

Outcome	Mediation analysis paths	Regression coefficient	SE	95% bias-corrected CI		P-value
				LLCI	ULCI	
Quiet quitting	Total effect	0.0119	0.0009	0.0102	0.0137	<0.001
	Direct effect	0.0084	0.0084	0.0062	0.0106	<0.001
	Indirect effect	0.0035	0.0008	0.0021	0.0051	<0.001
	Job burnout → Job satisfaction	-0.8224	0.0366	-0.8943	-0.7506	<0.001
	Job satisfaction → Quiet quitting	-0.0043	0.0008	-0.0059	-0.0027	<0.001

Gender, age, educational level, shift work, job sector, understaffed workplace, and clinical experience were used as control variables.

LLCI: lower limit of confidence interval; ULCI: upper limit of confidence interval
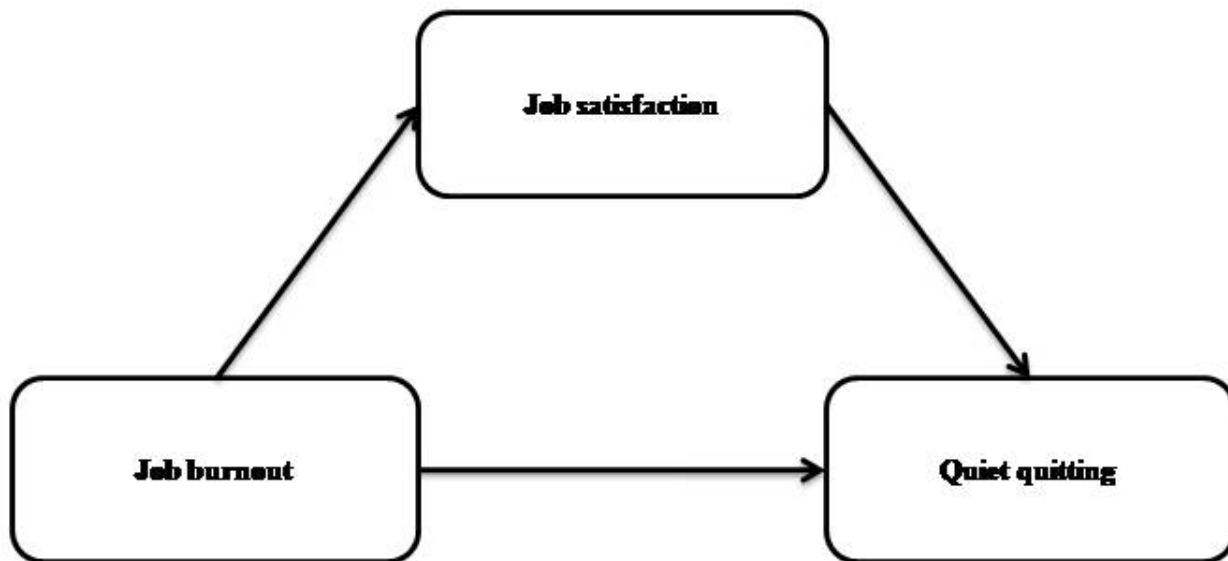
Figures

Figure 1

Hypothesized model of the mediation effect of job satisfaction on the relationship between job burnout and quiet quitting
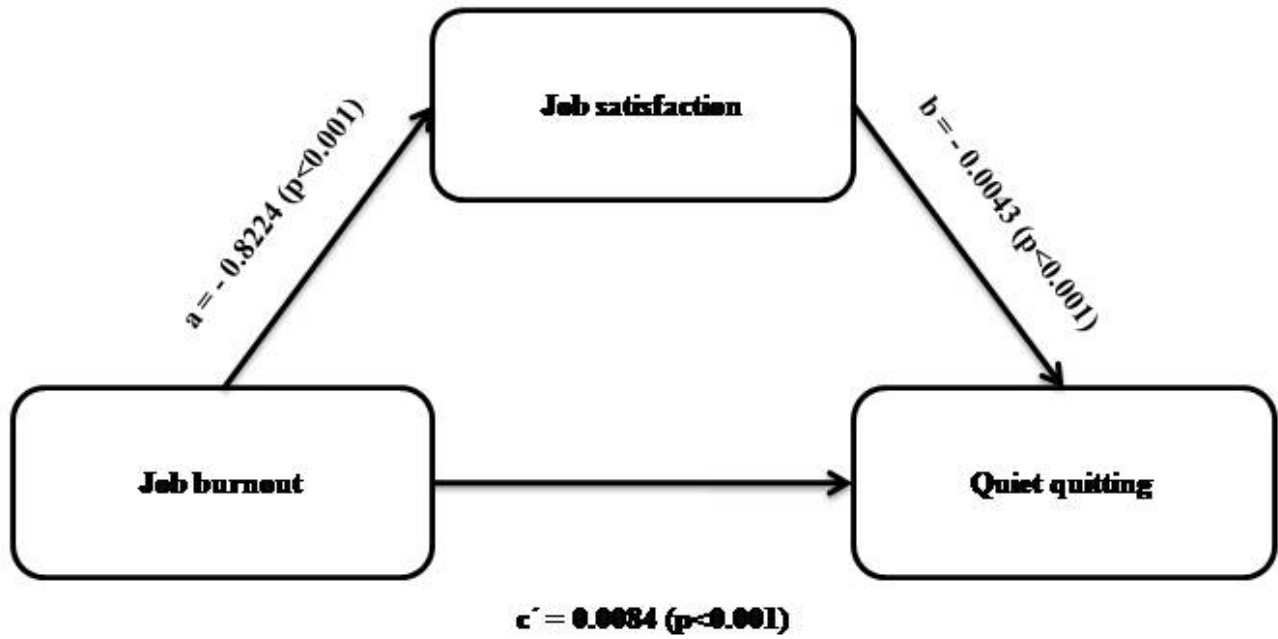
Figure 2

Mediation model of job satisfaction on the relationship between job burnout and quiet quitting with path coefficients and p-values