

## Original Article

# Quiet Quitting Among Healthcare Professionals: A Bibliometric and Content Analysis

**Haydar Kerem Hosgor, PhD**

Associate Professor, Department of Medical Services and Techniques, Usak University, Turkey  
Eylgul Campus, Health Services Vocational School, 64200 Usak, Turkiye

**Ibrahim Gun, PhD**

Associate Professor, Department of Health Management, Faculty of Health Sciences, Batman University, Batman, Turkiye

**Correspondence:** Haydar Kerem Hosgor, PhD, Associate Professor, Department of Medical Services and Techniques, Usak University, Turkey Eylgul Campus, Health Services Vocational School, 64200 Usak, Turkiye e-mail: haydar.hosgor@usak.edu.tr

### Abstract

**Background:** Quiet quitting is becoming increasingly prevalent among the competent healthcare workforce, which serves as the driving force of the healthcare system, and this trend has negative implications for organizational outcomes.

**Objective:** This study aims to examine publications on quiet quitting among healthcare professionals through bibliometric and content analysis.

**Method:** The data for this qualitative study, which employs bibliometric and content analysis, were retrieved from the Web of Science database. The VOSviewer software was used for bibliometric analysis and visualization. Microsoft Excel was utilized for the categorization and graphical representation of the data obtained from the content analysis.

**Results:** Within the scope of this study, 10 publications authored by 24 researchers were analyzed. It was noted that the earliest studies on quiet quitting among healthcare professionals date back to 2024. These publications appeared in seven different journals, with an average of 6.4 citations per journal. The journal with the highest number of citations was *Healthcare*, while the journals with the highest number of publications were *Healthcare*, *Nursing Report*, and *AIMS Public Health*. The most prolific and highly cited authors were identified as “Galani,” “Katsiroumpa,” and “Moisoglou,” with Greece being the most productive country in this research area. The most frequently used keywords were “quiet quitting” and “nurses.” According to the content analysis, the most commonly examined variables alongside the quiet quitting scale were “job burnout” and “turnover intention.” Additionally, all studies were found to be cross-sectional, and 70% of them included nurse participants.

**Conclusions:** Quiet quitting is a relatively novel research topic in both national and international literature, indicating the need for more extensive empirical studies on the subject. Examining the phenomenon in relation to different variables and through international collaborations will provide new perspectives for researchers interested in this area.

**Key-words:** bibliometric analysis; content analysis; quiet quitting; healthcare sector; workload; nurse

### Introduction

The once-distinctive trait of dedicated employees “going beyond job descriptions” is becoming increasingly less common. A growing number of employees are consciously choosing to fulfill only the minimum requirements of their roles, limiting their efforts to meeting basic expectations while avoiding additional tasks (Mathushan et al., 2025). This phenomenon, known as *quiet*

*quitting*, has garnered significant attention and popularity in both media and academic circles (Uysal & Kim, 2025).

The phenomenon of quiet quitting was first introduced in 2009 by economist Mark Boldger (Formica & Sfodera, 2022). Contrary to its name, the concept gained significant attention in the summer of 2022, making a loud resurgence with widespread public interest. It rapidly spread through widely

shared and highly engaging social media posts and short TikTok videos (Harris, 2024). Quiet quitting refers to employees limiting their work efforts to the basic requirements, but it does not imply outright quitting their jobs (Boy & Surmeli, 2023). In this context, employees choose not to go beyond the minimum expectations to achieve a better work-life balance (Galanis et al., 2024). Thus, the concept of quiet quitting differs from the "hustle culture" trend, which prioritizes work over personal life and was more prevalent in the past (Kang et al., 2023).

Professional perceptions evolve over time and are influenced by changing social dynamics (Martela & Pessi, 2018). One of the sectors affected by these changes is the healthcare services industry. Modern healthcare systems face significant challenges, including the aging global population, the increasing demand for healthcare services, the rise in chronic diseases and high comorbidities among elderly individuals, and the continuous need for improvement in the quality and safety of healthcare services (Panagiotti et al., 2019). All of these factors, in combination with the growing demands of healthcare consumers, create a complex work environment that leads to increased workloads, burnout, job dissatisfaction, and higher levels of anxiety and depression among healthcare workers (Galanis et al., 2023; Hussein et al., 2025; Galanis et al., 2025), thus paving the way for new trends such as *quiet quitting*. This phenomenon, which presents significant issues for healthcare recipients, providers, and institutions, is becoming increasingly prevalent in the healthcare sector (Alami et al., 2024).

A review of the literature reveals a limited number of empirical studies that measure the quiet quitting levels of healthcare personnel and hospital employees while simultaneously examining the variables associated with these levels. For instance, in a study conducted with the participation of physicians, nurses, technicians, and medical secretaries (Gokkaya, 2024), hospital staff were reported to have a moderate level of quiet quitting intention. Additionally, the study demonstrated both direct and indirect effects of quiet quitting intention on employees' emotional exhaustion related to work. In another study focusing on patient services

employees (Altun et al., 2024), participants were found to have a high level of quiet quitting intention. The findings also indicated that as employees' burnout levels increased, their quiet quitting intention also rose.

A study conducted by Moisoglou et al. (2025) found that as nurses' work environments deteriorated, their quiet quitting intentions increased while their levels of job engagement declined. Similarly, the findings of Galanis et al. (2024) revealed that approximately 61% of nurses considered quiet quitting, and as their quiet quitting levels increased, their turnover intentions also rose. In a study conducted in Turkey (Karalinc, 2024), it was observed that as healthcare professionals' quiet quitting intentions increased, their job performance decreased. Moreover, previous studies have demonstrated that workplace bullying (Galanis et al., 2024), which is one of the determinants of a negative work environment, and excessive workload (Yisa et al., 2024) serve as triggers for nurses' quiet quitting intentions.

The findings of Gun et al. (2024) revealed that as organizational support decreased and job burnout increased, nurses' quiet quitting intentions rose. Pevec (2023) highlighted the role of upper management's lack of appreciation and limited career advancement opportunities in the emergence of quiet quitting behaviors. Similarly, Mahand and Caldwell (2023) emphasized that a decline in organizational trust leads to an increase in employees' quiet quitting intentions. From a broader perspective, quiet quitting negatively impacts patient care, compromises safety, and harms the reputation and financial stability of healthcare institutions (Arvaniti et al., 2024). Based on this, it can be concluded that quiet quitting has detrimental effects on both organizational outcomes and the quality of patient care.

This study aims to examine the topic of quiet quitting among nurses through bibliometric and content analysis, with the objective of identifying its scope, trends, and existing knowledge within the academic literature. A deeper understanding of the potential impacts of quiet quitting on healthcare services, as well as its relationship with nurses' job satisfaction, motivation, and patient care quality, will provide valuable insights.

Through bibliometric analysis, it will be possible to map the distribution of studies on the topic, analyze citation networks, and identify research gaps, thereby offering guidance for future studies in this field. Moreover, a review of the literature indicates that only one publication (Kang et al., 2023) has addressed this topic. However, this study relied solely on content analysis rather than employing bibliometric methods. Therefore, the present study offers a more robust and up-to-date contribution by utilizing the most advanced bibliometric analysis and mapping tools.

### **Research Questions**

- a) What is the distribution of publications on the topic by year, author, and country?
- b) What is the distribution of authors with the highest number of co-authored publications?
- c) What is the distribution of authors with the highest citation counts?
- d) What is the distribution of journals based on the number of articles and citations?
- e) What is the distribution of the most frequently used keywords?
- f) What is the distribution of authors based on bibliographic coupling analysis?
- g) What is the distribution of authors based on co-citation analysis?
- h) What is the distribution of institutions to which the authors are affiliated?
- i) What is the distribution of publishing organizations?
- j) What is the distribution of the most frequently used variables?

### **Materials and Methods**

**Search Strategy:** In bibliometric analysis studies, the Web of Science (WOS) database is frequently utilized due to its broad coverage of various disciplines and its inclusion of high-impact journals (Birkle et al., 2020). Accordingly, this study employs the WOS database to ensure comprehensive and high-quality data collection. Additionally, using a single database enhances the consistency and comparability of the data. The literature search was conducted in WOS using the keywords "quiet quitting" (Title) AND

(health worker OR nurse OR health staff). The study applied three inclusion criteria:

- i) The publication must be a research article.
- ii) The article must be written in English.
- iii) The study must have employed a quiet quitting scale.

The search was conducted on January 20, 2025, yielding 15 studies. After applying the inclusion criteria, 5 studies were excluded. Specifically, three were review articles, one was written in Greek, and one was not directly related to the topic. As a result, 10 studies that met the inclusion criteria were selected for bibliometric analysis. The research methodology process followed in this study is presented in Figure 1.

**Bibliometric Methodology:** This qualitative study employs bibliometric and content analysis methods. Bibliometric analysis is a method used to examine the performance of various components (such as articles, authors, countries, and keywords) within a research topic or field and to visualize intellectual relationships through mapping techniques (GungOr et al., 2025). Bibliometrics refers to the quantitative analysis of bibliographic information.

Researchers from various disciplines use bibliometric analysis to enhance access to information and gain a deeper understanding of the structure of knowledge. This method helps map the development of a field, identify key sources of knowledge, and detect emerging trends in research (Carter-Templeton et al., 2018).

The results obtained were processed and visualized using the VOSviewer (Version 1.6.20 for Microsoft Windows Systems) program to analyze trends in bibliometric form. The data were downloaded in CSV format for further processing. The use of this open-source program minimizes the risk of conflicts of interest and contributes to obtaining more transparent and effective results. Microsoft Excel 2016 was used to create Figures 2, 5, 10, and 11. The data in this study were obtained from the Web of Science database and are publicly available secondary data. Therefore, ethical approval is not required for this study.

**Content Analysis:** Bibliometric analysis identifies relationships between data points, revealing various clusters of information. In this study, content analysis was conducted using the synthetic knowledge synthesis

method. This approach allows for the integration of both quantitative and qualitative data (Gungor et al., 2025). Content analysis enables researchers to efficiently and systematically analyze large volumes of data. This approach can be advantageous in defining and expressing key focal points across various contexts, including individuals, groups, institutions, and social fields. Additionally, this strategy facilitates the derivation of results that can be validated using other data collection techniques (Mathushan et al., 2025). The main goal of content analysis is to identify concepts and relationships that can explain the collected data. At this stage, the primary task is to group similar data within specific concepts and themes, organizing and interpreting them in a manner that is understandable to the reader.

### **Findings**

In this study, 10 publications involving 24 authors were analyzed. The analysis revealed that the topic of quiet quitting among healthcare professionals first appeared in the literature in 2024. It was found that 90% of the total publications were from 2024. Upon examining the researchers publishing on quiet quitting, it was determined that the most productive author group was Galanis et al.. This group contributed 60% of the total publications in the field. Furthermore, the topic was found to have been addressed only in Greece and Turkey, with Greece being the most productive country, accounting for 70% of the publications (Figure 2).

The top five researchers with the highest number of co-authored publications were identified as “Galanis” (f: 7), “Katsiumpra” (f: 7), “Moisoglou” (f: 7), “Vraka” (f: 6), and “Gallos” (f: 5) from Greece. In contrast, the researcher with the highest number of publications from Turkey was found to be “Gun” (f: 2). Additionally, these findings indicate that there is no academic collaboration between Turkish and Greek researchers on this topic (Figure 3).

The top five researchers with the highest number of citations on the topic were identified as “Galanis” (f: 45), “Katsiumpra” (f: 45), “Moisoglou” (f: 45), “Vraka” (f: 45), and “Gallos” (f: 24) from Greece. Although there are Turkish authors who have published studies on the phenomenon of quiet quitting

among healthcare workers, their publications have not yet received any citations (Figure 4).

The journals with the highest number of publications on the topic of quiet quitting among healthcare workers were identified as Healthcare (f: 2), Nursing Report (f: 2), and AIMS Public Health (f: 2). Additionally, the journals that received the highest number of citations from related articles were found to be Healthcare (f: 17), International Nursing Review (f: 13), and Nursing Report (f: 12), respectively (Figure 5).

The bibliometric analysis revealed a total of 44 different keyword matches. Among these, the most frequently used keywords were identified as “quiet quitting” (f: 9), “nurses” (f: 8), “nursing” (f: 4), “job burnout” (f: 4), “turnover intention” (f: 4), “reliability” (f: 3), and “validity” (f: 3) (Figure 6).

The bibliographic matching analysis of authors based on the criteria of at least one publication and one citation revealed 363 units, 10 clusters, 9,702 connections, and a total connection strength of 12,866. Based on this, the authors with the highest total connection strength were identified as Galanis (f: 4149), Katsiroumpa (f: 4149), Moisoglou (f: 4149), Vraka (f: 3814), and Gallos (f: 2694) (Figure 7).

The co-citation analysis of authors was conducted based on the criterion of at least three citations. The analysis, carried out over 19 units, revealed 4 clusters, 138 connections, and a total connection strength of 784. According to the results, the top three authors with the highest number of co-citations were identified as Galanis (f: 57), Harter (f: 8), and Zuzelo (f: 7) (Figure 8).

When examining the institutions affiliated with the researchers who published articles on the subject, it is observed that the “National Kapodistrian University of Athens” (f: 7) and the “University of Thessaly” (f: 7) rank first. The institution in second place is the “Pa Kyriakou Children’s Hospital” (f: 6), followed by the “University of Piraeus” (f: 3) in third place. In fourth place is a Turkish institution, “Batman University” (f: 3) (Figure 9). It should also be noted that while interpreting these results, some researchers may be affiliated with more than one institution simultaneously.

When examining the publishing organizations of the articles on the topic, four different publishers were identified. The first of these publishers was MDPI (f: 4), followed by Wiley (f: 3), Amer Inst Mathematical Sciences-Aims (f: 2), and Springer Nature (f: 1) (Figure 10).

When examining the variables in the articles published on the topic of quiet quitting among healthcare professionals, it was found that the issue was addressed through a total of 13 different variables. The two most commonly used variables in the studies were job burnout (f: 6) and turnover intention (f: 4) (Figure 11).

Upon examining the content analysis results presented in Table 1, it was found that the number of researchers in the publications ranged from at least two to a maximum of nine, with Turkish authors having fewer co-authors compared to Greek authors. It was determined that 60% of the publications were conducted with nurses, with the minimum sample size being 328 and the maximum 1,092, resulting in an average of 697.5. In this regard, studies conducted in Turkey were found to fall below the average in terms of sample size. It was also observed that all the publications employed a cross-sectional design.

In only three studies, the levels of quiet quitting intention among participants were reported, with these rates being 60.9%, 67.4%, and 74.3%, respectively. Furthermore, 40% of the publications were indexed in international databases such as ESCI and SCOPUS.

### **Discussion and Conclusion**

In this study, which examined the issue of quiet quitting among healthcare professionals using bibliometric and content analysis methods, a total of 10 publications involving 24 authors were analyzed. According to the analysis results, it was found that the topic of quiet quitting among healthcare professionals was first published in 2024. Almost all of the publications were from 2024, which is expected given that the data collection period for the study was in January 2025. On the other hand, considering the popularity of the topic, it is anticipated that the momentum of the issue will increase by the end of 2025.

When examining the researchers publishing on quiet quitting, it was found that the most productive author group was Galanis and colleagues. The issue has been addressed only in Greek and Turkish samples, with Greece being the most productive country in this area.

It was found that the researchers with the highest number of co-authored publications, citations, and total connection strength from Greece were Galanis, Katsiumpra, and Moisoglou, while the researcher with the most publications from Turkey was Gun. Additionally, it was observed that the publications by Turkish authors have not yet received citations and that there are no international research collaborations in this area. These findings also indicate that there is no academic connection between Turkish and Greek researchers on the topic. Furthermore, it was concluded that Galanis, Harter, and Zuzelo were the researchers with the most citations.

As a result of the bibliometric analysis, it was found that the top three most frequently used keywords were “Quiet quitting,” “nurses,” and “nursing.” Indeed, the fact that the majority of sample groups in the studies on the topic consisted of nurses supports these findings. When examining the institutions affiliated with the researchers who published articles on the topic, it was found that the first place was held by the National Kapodistrian University of Athens and the University of Thessaly in Greece. Additionally, a Turkish institution, Batman University, ranked fourth.

It was concluded that the publisher with the most articles on the topic was MDPI. The most frequently used variables in the studies were job burnout and turnover intention. Content analysis results revealed that the number of researchers in the publications ranged from two to nine, with more than half of the studies being conducted with nurse participants. The average sample size was found to be approximately 698, and all studies employed a cross-sectional design. It was also noted that only a few publications reported the level of quiet quitting intention among participants.

**Recommendations:** Based on the findings, the following recommendations can be made to address the topic of quiet quitting in the

context of healthcare professionals from a broader perspective:

***International scientific collaborations should be increased.*** The study indicates that Greece and Turkey are the primary countries focusing on the topic, but international collaborations have not yet reached sufficient levels. The lack of citations for Turkish researchers and the absence of international collaborative works highlight the need to enhance interaction in this field. In the future, joint projects with healthcare institutions and universities in Europe, North America, and Asia could be developed to examine the issue on a global scale. This would allow for an exploration of the impact of different healthcare systems and geographies on quiet quitting.

***Studies targeting different healthcare professionals should be increased.*** In this study, it has been observed that the current research predominantly focuses on nurses. Other healthcare professionals, such as physicians, paramedics, physical therapists, and administrative staff, should also be examined in terms of quiet quitting. This would allow for a broader perspective on the issue and help uncover the impact of professional differences on quiet quitting.

***Methodological diversity and longitudinal research should be prioritized.*** The fact that the majority of studies are cross-sectional limits the examination of the long-term effects of quiet quitting. Longitudinal studies should be conducted to better understand the changes in healthcare professionals' quiet quitting tendencies over time and the factors influencing these tendencies. Additionally, qualitative research methods (e.g., in-depth interviews and focus group studies) can be employed to explore healthcare workers' personal experiences and motivations related to quiet quitting in more depth.

***Institutional policies and effective intervention strategies should be developed.*** To minimize the negative effects of the widespread occurrence of quiet quitting on healthcare systems, intervention strategies that can be implemented by healthcare institutions should be emphasized. For instance, programs aimed at increasing employee engagement, policies supporting work-life balance, and initiatives to prevent burnout can help mitigate quiet quitting. In this regard, greater attention should be paid to human resources management strategies.

**Table 1.** Content Analysis of Publications on the Quiet Quitting in Health Professionals

Publication Number	Authors	Author Numbers	Years	Respondents	Sample Size	Countries	Other Variables	Study Types	Journal Names	Journal Index
1	Galanis et al.	9	2024	Nurse	629	Greece	Turnover intention	Cross-sectional	Healthcare	SSCI, SCIE
<b>Results</b>	In this study, 60.9% of nurses were considered quiet quitters, while 40.9% experienced high levels of turnover intention. Multivariable regression analysis showed that higher levels of quiet quitting increased turnover intention.									
2	Galanis et al.	6	2024	Nurse	992	Greece	Emotional intelligence Turnover intention Job burnout	Cross-sectional	Public Health	ESCI, SCOPUS
<b>Results</b>	The findings of the study support the protective role of emotional intelligence against quiet quitting, turnover intention, and job burnout among nurses.									
3	Galanis et al.	8	2024	Nurse	650	Greece	Workplace Bullying Coping Strategies	Cross-sectional	Healthcare	SSCI, SCIE
<b>Results</b>	The findings of the study showed that workplace bullying and negative coping strategies were positive predictors of quiet quitting, while positive coping strategies were negative predictors of quiet quitting.									
4	Galanis et al.	7	2025	Nurse	1092	Greece	Workload Turnover intention Job burnout	Cross-sectional	Public Health	ESCI, SCOPUS
<b>Results</b>	The mean workload score was 80.7, indicating high workloads in our sample. Moreover, most of the nurses belonged to the group of quiet quitters (74.3%). We found that workload was associated with quiet quitting, turnover intention, and job burnout in nurses.									

5	Galanis et al.	7	2024	Nurse	957	Greece	Moral resilience Turnover intention Job burnout	Cross-sectional	Nursing Reports	ESCI, SCOPUS
<b>Results</b>	The multivariable analysis identified a negative relationship between moral resilience and quiet quitting, job burnout, and turnover intention.									
6	Galanis et al.	9	2024	Nurse, physician etc.	957	Greece	Job satisfaction Job burnout	A cross-sectional	International Nursing Review	SSCI, SCIE, SCOPUS
<b>Results</b>	Among our sample, 67.4% of nurses were quiet quitters, while the prevalence of quiet quitting for physicians and other HCWs was 53.8% and 40.3%, respectively. Multivariable linear regression analysis identified that the levels of quiet quitting were higher among nurses than physicians and other HCWs. Moreover, greater job burnout contributed more to quiet quitting, while less satisfaction implied more quiet quitting.									
7	Moisoglou et al.	6	2024	Nurse	328	Greece	Innovation support	A cross-sectional	Nursing Reports	ESCI, SCOPUS
<b>Results</b>	Our multivariable analysis identified a negative relationship between innovation support and quiet quitting.									
8	Gun et al.	3	2024	Nurse	383	Turkiye	Job burnout Organisational support	A cross-sectional	Journal of Advanced Nursing	SSCI, SCIE, SCOPUS
<b>Results</b>	Statistically significant associations were found between organisational support, job burnout and quiet quitting. Organisational support had a significant negative effect on quiet quitting. Additionally, job burnout had a positive effect on quietquitting behaviour.									
9	Yildiz et al.	4	2024	Nurse, physician etc.	542	Turkiye	Job burnout	A cross-sectional	BMC Psychology	SSCI, SCOPUS
<b>Results</b>	A correlation coefficient of 0.79 between Quiet Quitting Scale (QQS) and Burnout (BMS) has confirmed the convergent validity of the scale.									

<b>10</b>	Karadaş and Cevik	2	2024	Nurse, physician etc.	445	Turkiye	Perceived quiet firing Person-organisation fit Happiness at work	A cross-sectional	Journal of Evaluation in Clinical Practice	SCIE, SCOPUS
<b>Results</b>	The Quiet Quitting and Quiet Firing scales showed a strong negative correlation with the Person-Organization Fit Scale and the Job Happiness Scale.									

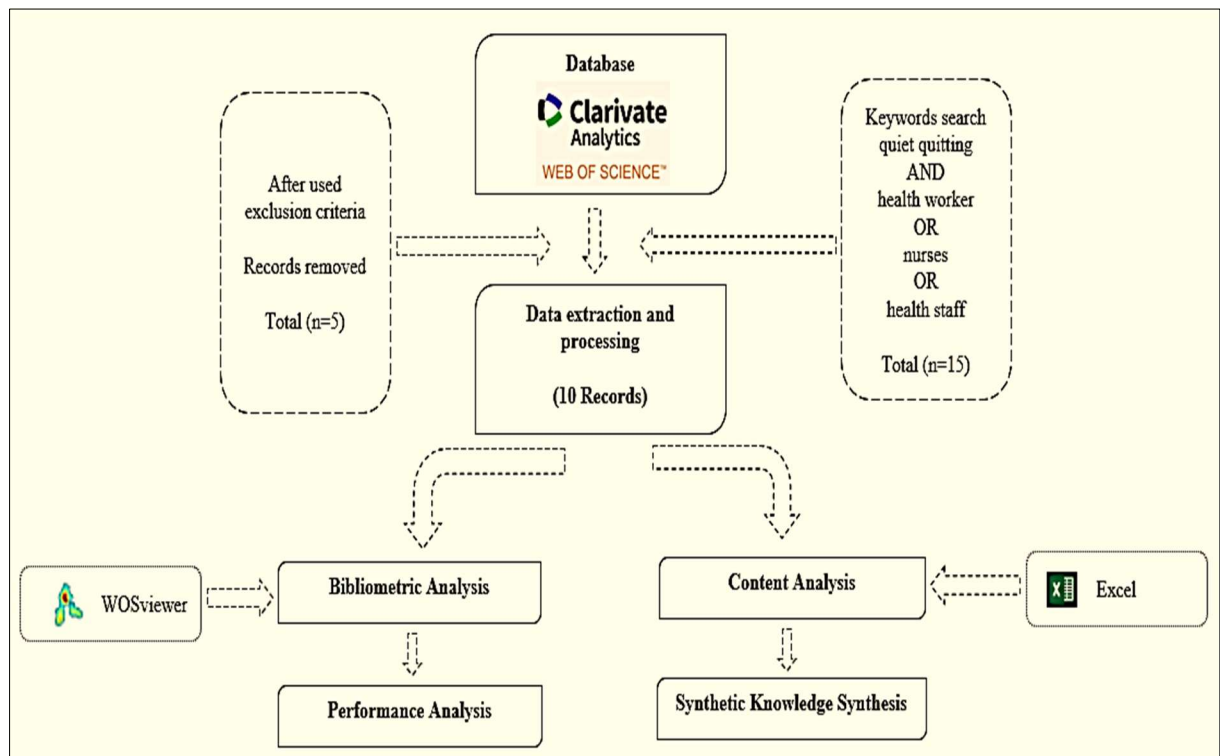


Figure 1. Research methodology

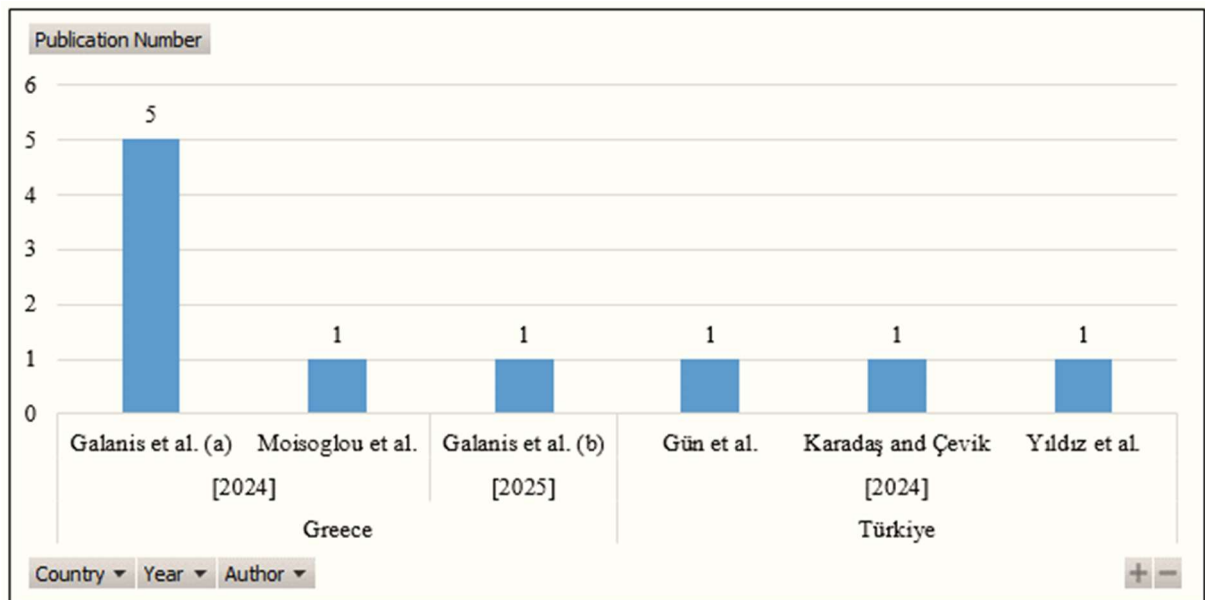


Figure 2. Distribution of publications by year, author, and country relevant to the topic

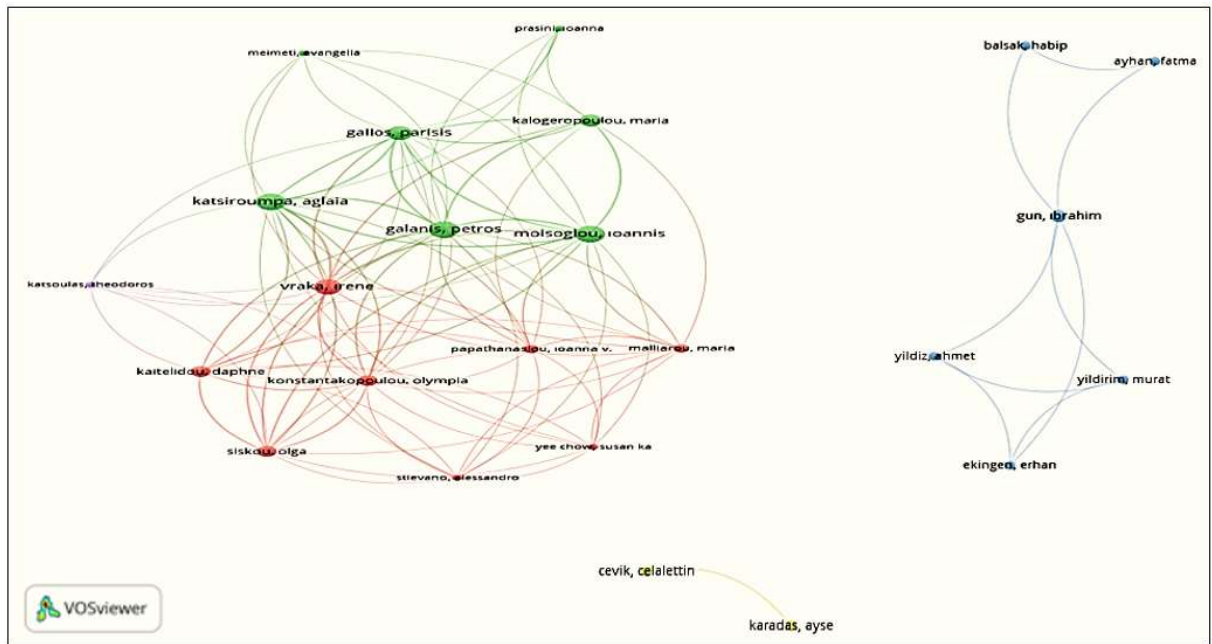


Figure 3. Distribution of authors with the highest number of co-authored publications

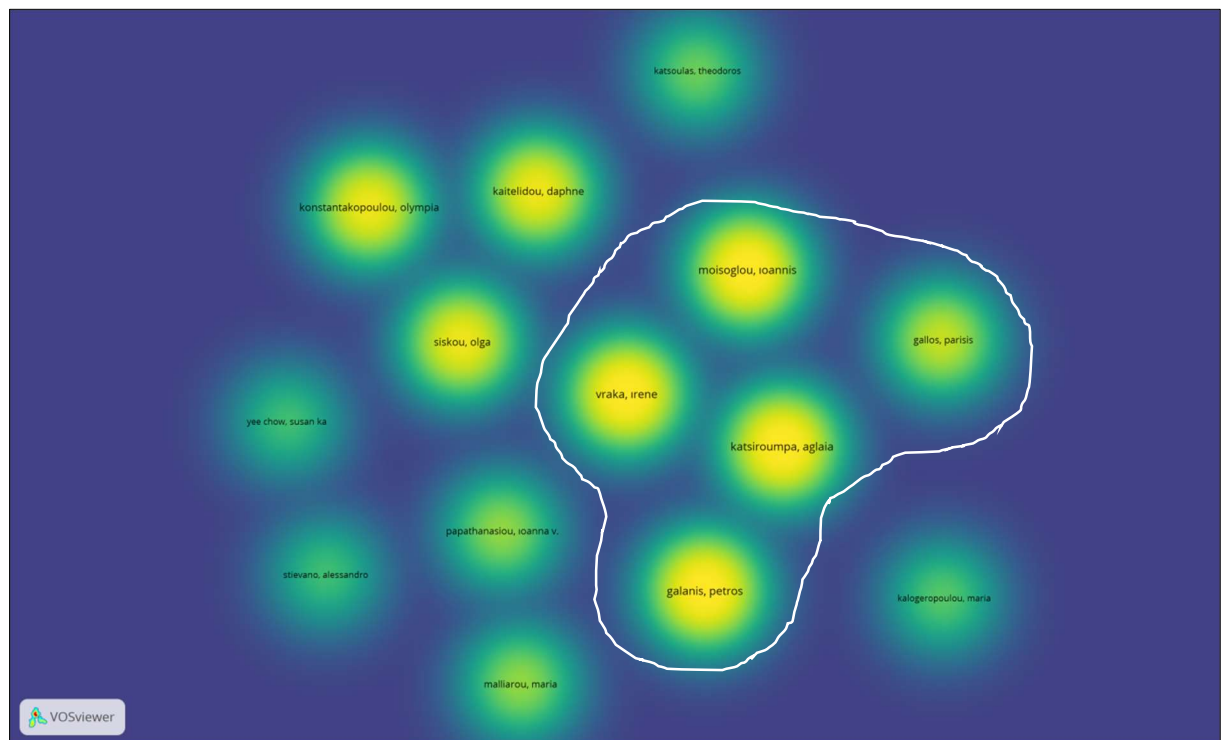


Figure 4. Distribution of authors with the highest number of citations

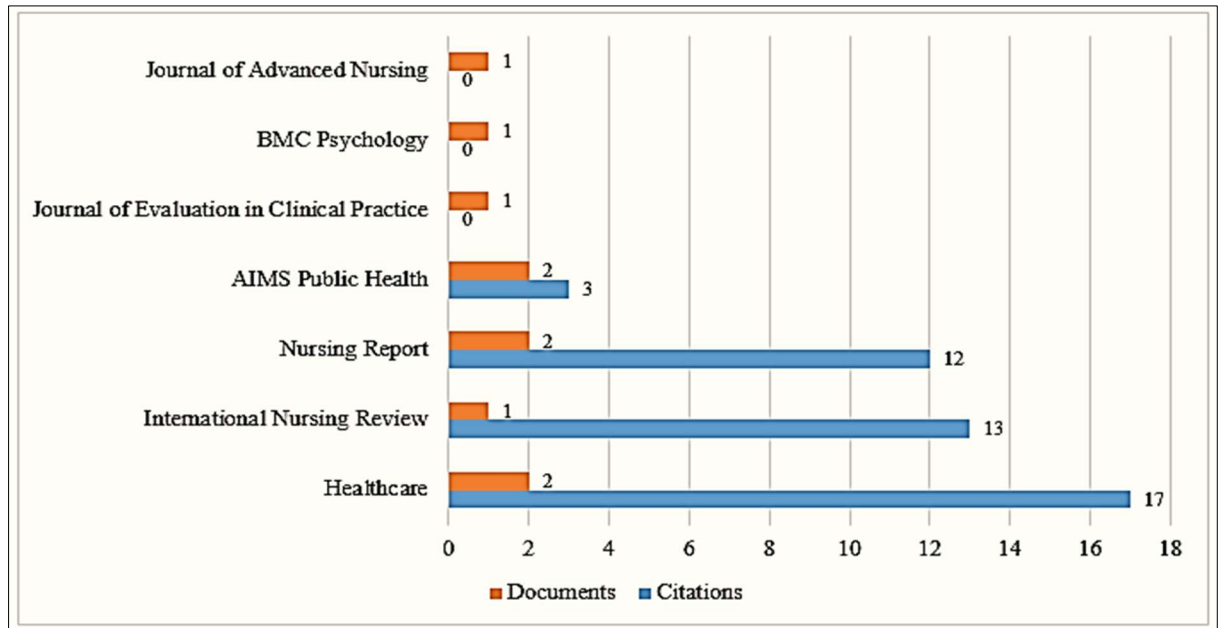


Figure 5. Distribution of journals by number of articles and citations

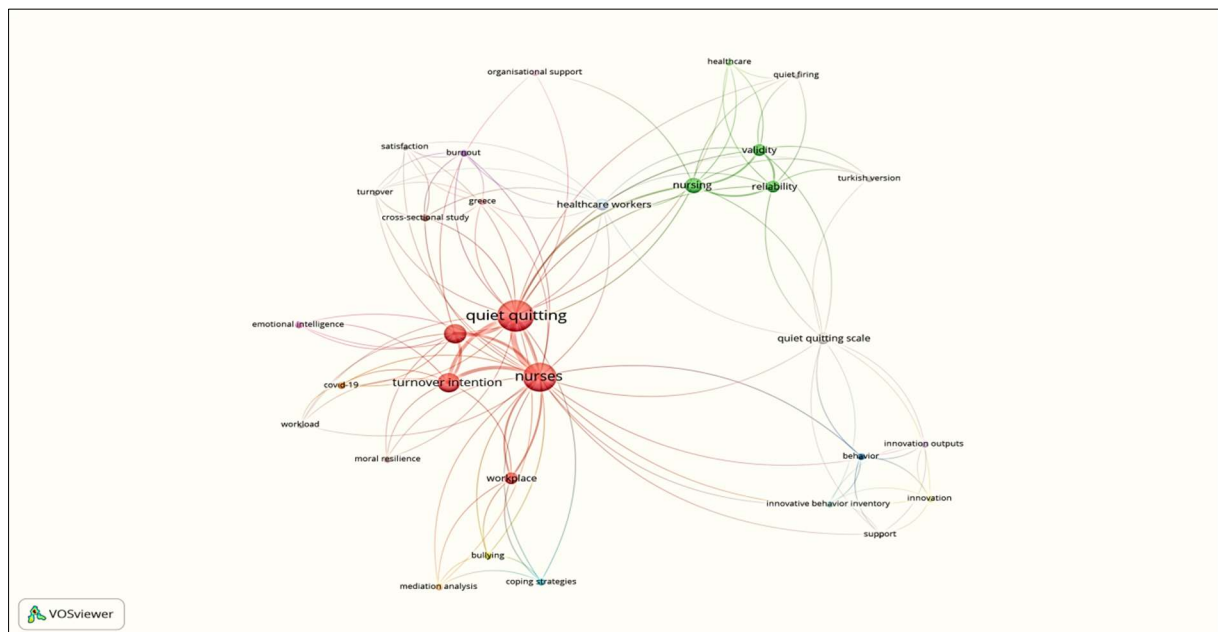


Figure 6. Distribution of the most frequently used keywords

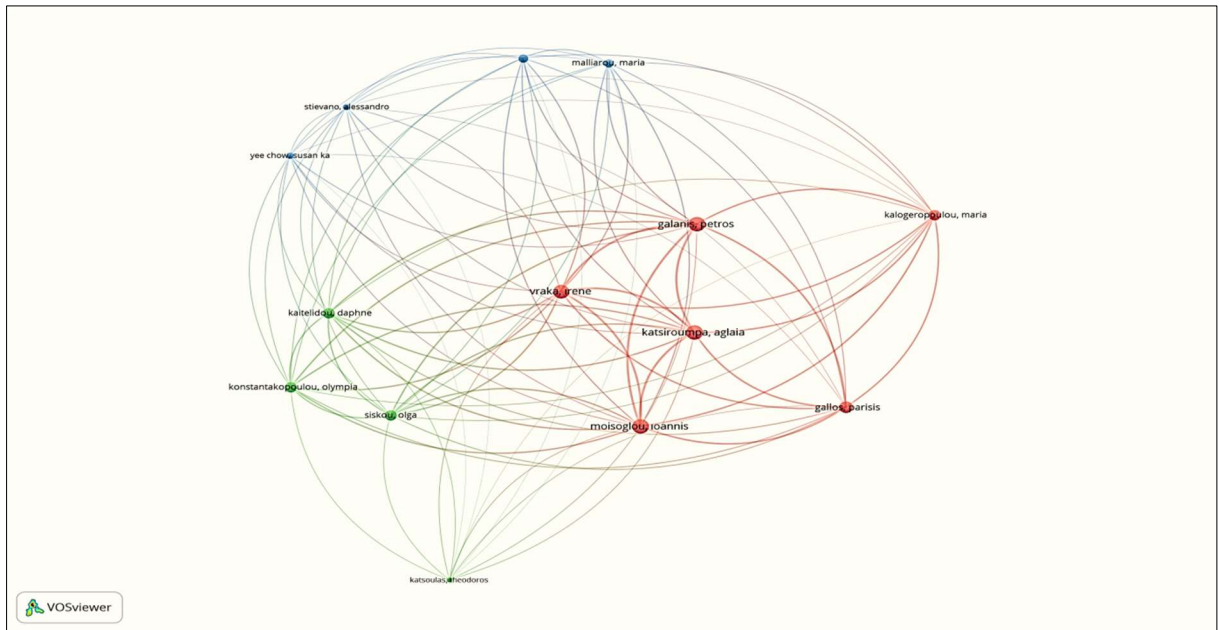


Figure 7. Bibliographic analysis of the authors

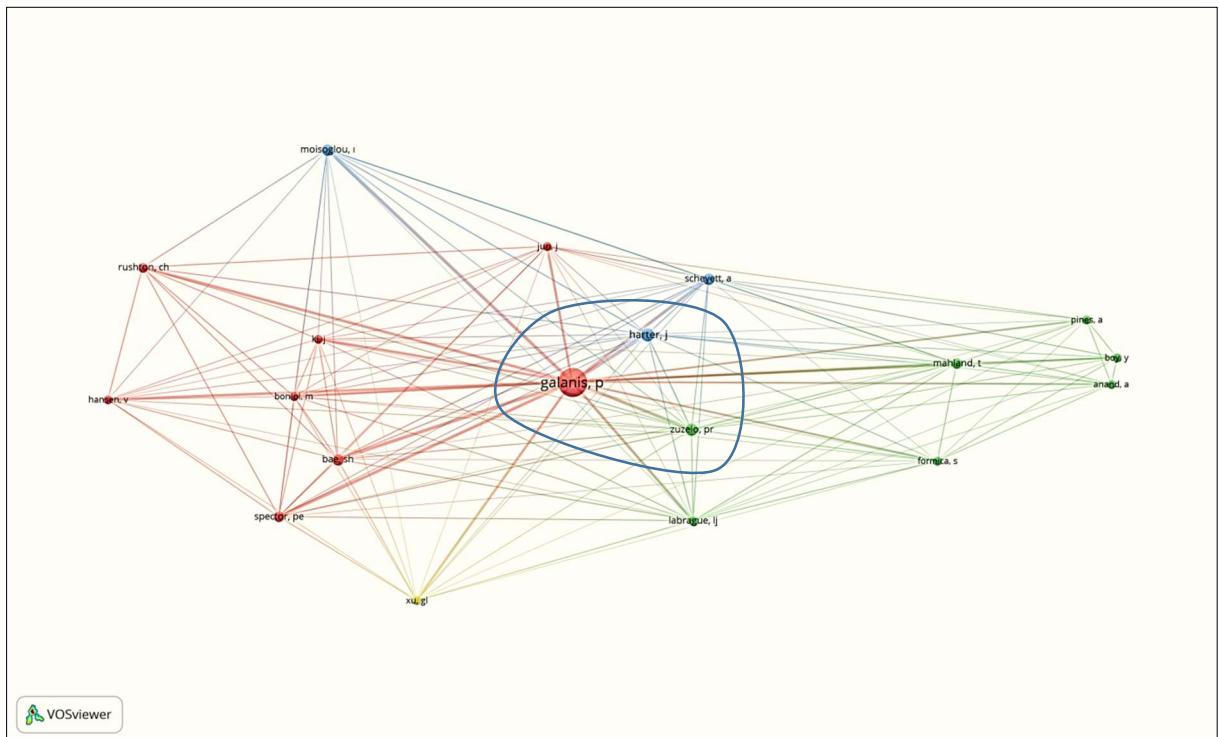


Figure 8. Co-citation analysis of the authors

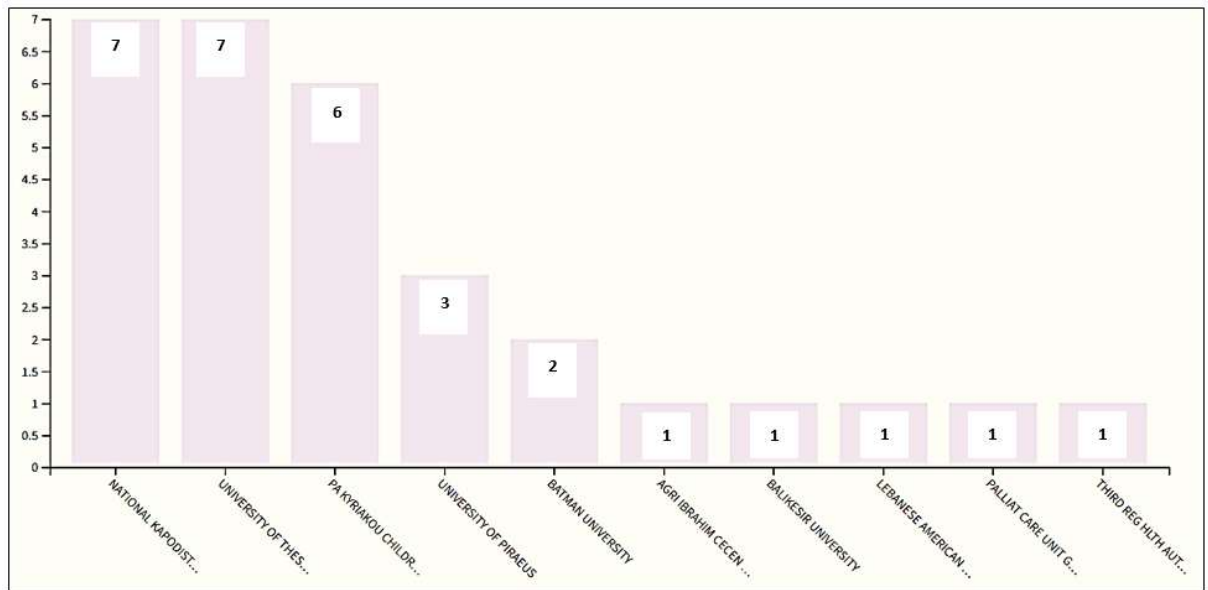


Figure 9. Distribution of the authors' affiliated institutions

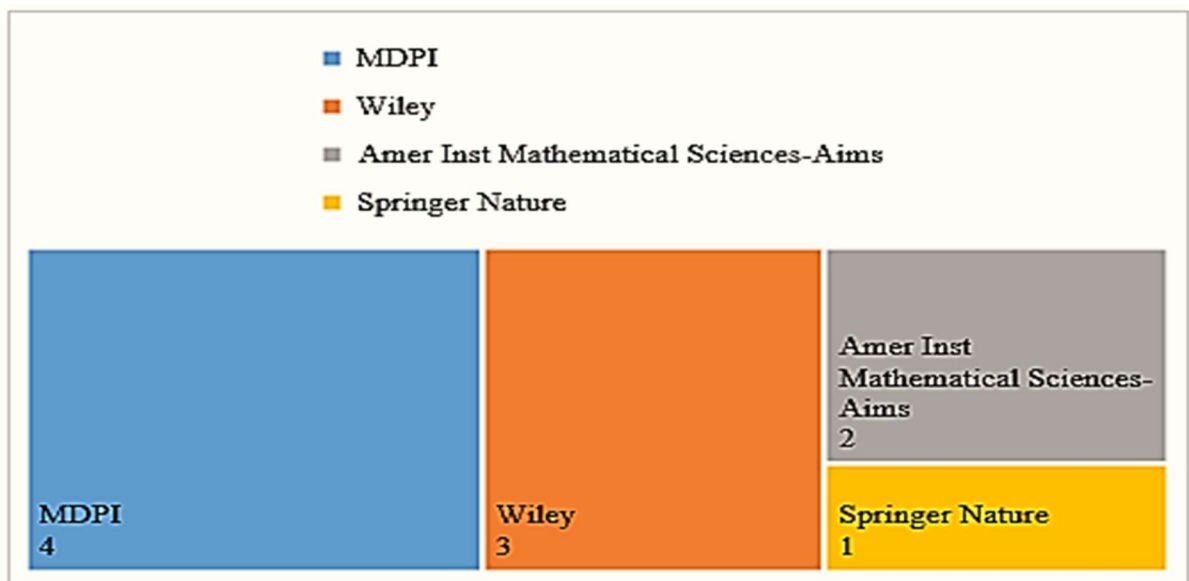


Figure 10. Distribution of publishing organizations

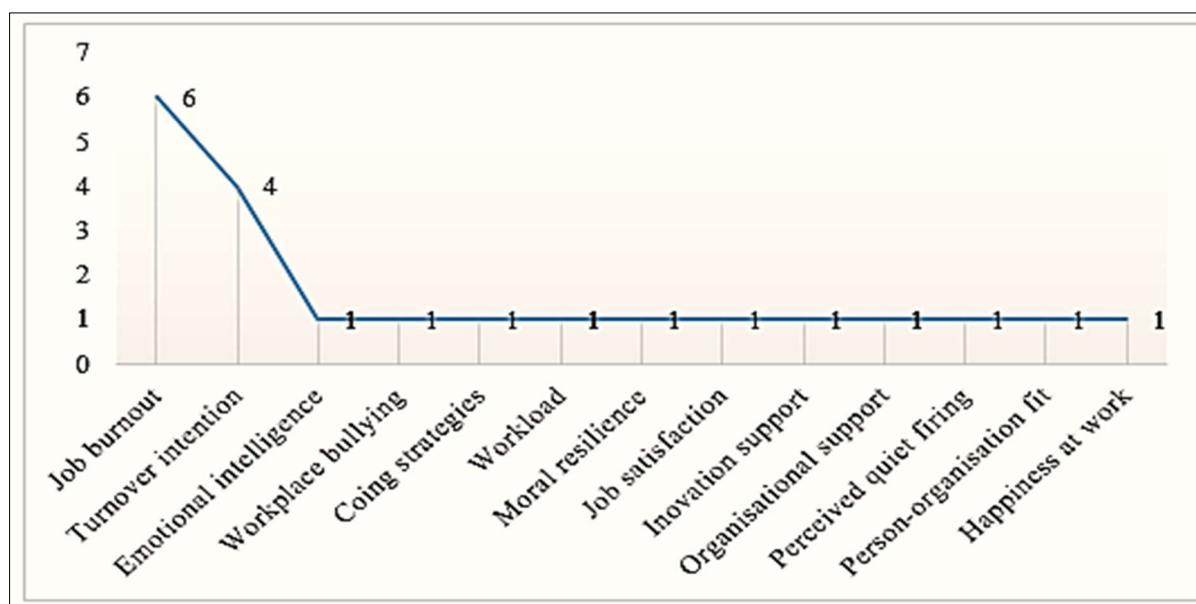


Figure 11. Distribution of the most commonly used variables

**Quiet quitting should be examined in relation to different organizational variables.** In this context, researchers interested in the topic are encouraged to consider variables such as job satisfaction, burnout, organizational commitment, job stress, leadership style, work-life balance, employee motivation, organizational justice, organizational cynicism, organizational citizenship behavior, job security, performance management, career development, organizational support, emotional exhaustion, alienation, and work ethics, depending on what they deem appropriate.

**Limitations:** This study provides a systematic depiction of the phenomenon of quiet quitting among healthcare professionals; however, it has some limitations. The first limitation is that only research articles related to the topic were included in the study. Another limitation is that the topic was examined using data from only one database (WOS).

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