

Effect of Work Stress, Job Satisfaction and Work Engagement on Quiet Quitting in Healthcare Workers*

Sağlık Çalışanlarında İş Stresi, İş Tatmini ve Çalışmaya Tutkunluğun Sessiz İstifa Üzerine Etkisi

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Abstract

Aim: The study examines the effects of work stress, job satisfaction and work engagement variables on silent resignation.

Method: The study was cross-sectional and descriptive and was conducted between January 15 and February 27, 2024, with the participation of 224 healthcare professionals working in different healthcare institutions across Turkey. Data were collected online. Sample calculations in the study were made in the G-Power program; descriptive statistics, difference analyses, Pearson correlation analysis, and multiple linear regression analyses were performed with the SPSS 27 package program.

Results: Of the participants in the study, 65.6% were female, 55.8% were married, 48.6% were undergraduate students, and 42% had less than five years of experience. A positive moderate relationship was found between quiet quitting and work stress in healthcare workers. A negative moderate relationship was found between quiet quitting and job satisfaction, and a negative weak relationship was found between work engagement. On the other hand, a negative moderate relationship was found between work stress and job satisfaction, and a negative weak relationship was found between work stress and work engagement. Finally, a significant positive and weak relationship was found between job satisfaction and work engagement. Work stress, job satisfaction, and work engagement variables significantly explain 40.6% of quiet quitting. While the job satisfaction level of healthcare workers has a negative and significant effect on silent resignation, the work stress level of healthcare workers has a positive and significant effect on silent resignation.

Conclusion: When the findings obtained in the study are evaluated in general, it is seen that job satisfaction and work stress affect quiet quitting in healthcare workers, but work engagement does not.

Keywords: Healthcare workers, job satisfaction, quiet quitting, work engagement, work stress.

Öz

Amaç: Çalışmanın amacı; iş stresi, iş tatmini ve iş bağlılığı değişkenlerinin sessiz istifa üzerindeki etkileri incelenmektedir.

Yöntem: Araştırma, kesitsel ve tanımlayıcı tipte olup 15 Ocak-27 Şubat 2024 tarihleri arasında Türkiye genelindeki farklı sağlık kurumlarında çalışan 224 sağlık çalışanının katılımıyla gerçekleştirilmiştir. Veriler, çevrim içi ortamda toplanmıştır. Çalışmada örneklem hesaplamaları G-Power programında yapılmış, tanımlayıcı istatistikler, fark analizleri, Pearson korelasyon analizi ve çoklu doğrusal regresyon analizleri SPSS 27.0 paket programı ile gerçekleştirilmiştir.

Bulgular: Araştırmaya katılanların %65,6'sı kadın, %55,8'i evli, %48,6'sı lisans mezunu %42'si beş yıldan daha az deneyime sahip bireylerden oluşmaktadır. Sağlık çalışanlarında sessiz istifa ile iş stresi arasında olumlu ve orta düzeyde ilişki belirlenmiştir. Sessiz istifa ile iş tatmini arasında olumsuz yönde orta düzeyde ilişki ve çalışmaya tutkunluk arasında olumsuz yönde zayıf düzeyde ilişki bulunmuştur. Öte yandan iş stresi ile iş tatmini arasında olumsuz yönde orta düzeyde ilişki, iş stresi ile iş bağlılığı arasında olumsuz yönde zayıf düzeyde ilişki bulunmuştur. Son olarak iş tatmini ile iş bağlılığı arasında anlamlı olumlu ve zayıf düzeyde ilişki bulunmuştur. İş stresi, iş tatmini ve çalışmaya tutkunluk değişkenleri sessiz işten ayrılmanın %40,6'sını anlamlı şekilde açıklamaktadır. Sağlık çalışanlarının iş tatmin düzeyi sessiz istifa üzerinde olumsuz ve anlamlı bir etkiye sahipken, sağlık çalışanlarının iş stresi düzeyi sessiz istifa üzerinde olumlu ve anlamlı bir etkiye sahiptir.

Sonuç: Çalışmada elde edilen bulgular genel olarak değerlendirildiğinde, iş tatmini ve iş stresinin sağlık çalışanlarında sessiz istifaya etki ettiği, ancak çalışmaya tutkunluğun etkilemediği görülmektedir.

Anahtar Sözcükler: Sağlık çalışanları, iş tatmini, sessiz istifa, çalışmaya tutkunluk, iş stresi.

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Introduction

The work tempo can be seen as an effort that encourages individuals to hold on to life. Of course, individuals' passion for work, the pleasure and satisfaction they get from work also play an important role here (Çankır, 2016). However, when these feelings are lacking, individuals can only work to live. Especially in the health sector, where work stress is quite high compared to other sectors, when employees cannot reach job satisfaction or work engagement, they may tend to show the minimum effort required by their job (Toprak, 2022). In other words, they may only act within the framework of their job descriptions and may not tend to take initiative. This situation may lead to a decrease in service quality in hospitals.

The fact that employees only want to fulfill the basic requirements of their job, do not want to work extra hours, and do not want to take the initiative is characterized as quiet quitting in the literature. The concept of quiet quitting does not mean that the employee resigns from their job; it means that the employee refuses to work in the workplace in a hurry and performs the given task at a minimum level (Scheyett, 2023). Although the person does not resign verbally or in writing, they do not show more time, effort, or enthusiasm than necessary. However, they fulfill the minimum requirements of their job because they have lost their commitment and motivation to the workplace with their behavior and attitude (Daugherty et al., 2023). Quiet quitting is defined as the reluctance of employees to produce more than the work expected of them (Zenger and Folkman, 2022).

Regarding quiet quitting, management needs to communicate clearly with employees about workplace stress, burnout, performance criteria, and role expectations (Campton et al., 2023). Workplace stress, considered one of the triggers of quiet quitting, is not only related to physical and mental health risks at the individual level but also causes financial losses to organizations and societies due to health costs, workforce losses, sick leaves, and decreased productivity. If work stress can be prevented or reduced, it will be possible to avoid the harmful consequences of stress (Havermans et al., 2018). Work stress is defined as a situation that arises due to inadequacies in the individual's abilities, physical or psychological reasons, and creates tension in the individual (Yalnız ve Karaca Saydam, 2012). The adverse effects of stress on the organization can be listed as a decrease in the productivity and quality of the work of the employee, alienation from work, an increase in absenteeism, and an increase in employee turnover rates (Söyler, 2018).

Individuals need to be satisfied with their jobs to overcome quiet quitting and work stress, which is a negative situation for businesses and individuals. Job satisfaction is an individual's positive or negative emotional reactions to their job, working environment, the behaviors they encounter, and the services they receive (Tekingündüz et al., 2015). The concept of job satisfaction can also be defined as being satisfied with different aspects of one's job (Van Ham et al., 2006). Poor job satisfaction is known to be associated with inadequate health care and poor clinical outcomes (Goetz et al., 2013). Based on all these, job satisfaction is one of the most critical factors that enable employees to be productive, efficient, successful, and happy within the organization (Söyük, 2018).

Another variable that is thought to be closely related to employees' job satisfaction is work engagement. Moreover, work engagement is an essential antecedent of turnover intention, a close concept to quiet quitting (Özdemir, 2023). Kahn defined work engagement as people's rush to work roles and physically, cognitively, and emotionally working at total capacity while fulfilling this role (Kahn, 1990). Work engagement has many positive features, such as seeking opportunities to increase organizational performance, being optimistic about work and the organization, believing in the organization, and actively working to improve things (Aslan and Güzel, 2021). Work engagement, which is the psychological presence of the employee at work, is also called the high energy level and strong identity that the employee exhibits at work (Schaufeli et al., 2002). In summary, work engagement means employees do their jobs with desire, and effort.

It is stated that quiet quitting will result in a decrease in productivity, morale, job quality and customer satisfaction within the organization and an increase in absenteeism (Yıldız, 2023). These consequences of quiet quitting will emerge as a negative situation for organizations. In addition, "quiet quitting" of employees in the health sector has a more pronounced impact compared to other sectors or organizations (Kang et al., 2023). Therefore, investigating the antecedents and causes of quiet quitting is an important issue for healthcare organizations. From this point of view, it is thought that the concepts of work stress, job satisfaction and work engagement will be effective on quiet quitting. Although these concepts are essential for all sectors, work stress, job satisfaction, work engagement, and quiet quitting become even more critical since the health sector deals with human health, which is a labor-intensive, shift work system and stress-intensive sector. In this context, the study examines the effect of work stress, job satisfaction, and work engagement variables on quiet quitting.

Methods

Purpose and Type of the Research: This study was conducted using a cross-sectional and descriptive survey model to examine the effects of work stress, job satisfaction, and work engagement variables on quiet quitting of health professionals working in the health sector.

Sample and Population of the Study: The research, which was conducted with a quantitative research design and descriptive survey model, was applied to healthcare professionals operating in the health sector in Turkey. There are approximately 1.413.921 healthcare professionals in Turkey (Ministry of Health, 2024). For the quiet quitting scale, which was also used in a previous study (Deniz, 2023) for sample size calculation, a power analysis was performed with a medium effect size ($r=0.463$), 5% margin of error and 95% confidence interval. In this direction, it was seen that it was sufficient to include 204 participants in the study. The study sample included 224 healthcare professionals who were reached using convenience sampling. 9% of the participants are health officers, 7% are doctors, 7% are managers, 38% are health technicians, 34% are nurses, and 5% are paramedics. The study was conducted with healthcare professionals, and online forms were prepared in Turkish. Survey forms were created with Google Forms and delivered to participants via social media groups (Whatsapp, Instagram, Facebook). Research data were obtained from healthcare professionals working in different healthcare institutions across Türkiye between January 15 and February 27, 2024. The criteria for inclusion in the study were; being actively working in a health institution, agreeing to participate voluntarily, and using online social media tools.

Measurement Tools: In addition to demographic variables, the study includes the dependent variable of quiet quitting and the independent variables of work stress, job satisfaction and work engagement. A questionnaire form was used as a measurement tool in the study. The questionnaire form consists of 5 sections in total. The first section includes a demographic information form consisting of 7 questions. In the other four sections, there is a work stress scale composed of 9 questions, a job satisfaction scale consisting of 6 questions, work engagement scale composed of 3 questions, and a quiet quitting scale comprising 25 questions. There are 43 items in total in the scales used in the questionnaire form, and the average completion time of the questionnaire form is 3-5 minutes.

Demographic information form: The first section asks for specific information about the participants. This section includes information about the participants' age, gender, marital status, education level, years of experience, and working units.

Quiet Quitting Scale: In the second section, the Quiet Quitting Scale developed by Boz et al. (2023) consisting of 5 dimensions and 25 statements was used. The internal consistency coefficient of the quiet quitting scale was found to be 0.96 in the original study and 0.85 in this study. The scale was created on a 7-point Likert type. The lowest score was 1 and the highest was 7. Increasing scores from the scales indicate an increase in quiet quitting.

Work Stress Scale: The General Work stress Scale developed by De Bruin (2006) was used in the second section. The general work stress scale, adapted into Turkish by Teleş (2021), consists of one dimension and nine statements. The internal consistency coefficient of the work stress scale was 0.91 in the adaptation study and 0.93 in this study. The scale was created on a 5-point Likert type. The lowest score was 1 and the highest was 5. Increasing scores from the scales indicate an increase in work stress.

Job Satisfaction Scale: The scale developed by Diener et al. (1985) to measure job satisfaction. The Turkish scale adaptation was conducted by Çavuş and Develi (2022). The scale consists of one dimension and six questions. The internal consistency coefficient of the job satisfaction scale was 0.85 in the adaptation study and 0.86 in this study. The scale was created on a 7-point Likert type. The lowest score was 1 and the highest was 7. Increasing scores from the scales indicate an increase in job satisfaction.

Work Engagement Scale: In the last section, the most widely used measurement tool for measuring work engagement is the 3-item version of the Utrecht Work Engagement Scale UWES by Schaufeli et al (2017). The scale was adapted into Turkish by Güler et al (2019). The scale consists of one dimension and three items. The internal consistency coefficient of the scale of work engagement was found to be 0.85 in the adaptation study and 0.80 in this study. The scale was created on a 5-point Likert type. The lowest score was 1 and the highest was 5. Increasing scores from the scales indicate an increase in work engagement.

Data Analysis: G Power program (Version 3.1.9.7, Düsseldorf University, Germany) was used to calculate the sample size. After collecting the data, they were entered into the SPSS package program. SPSS 27 package program (IBM version 27.0.1.0 64bit, IBM SPSS Statistics, Armonk, NY) was used for data analysis. Skewness and kurtosis values of the data were checked and normality was tested. The skewness coefficients of the scales are between -0.228 and 0.385, and the kurtosis coefficients are between -0.901 and 1.199. Plitcha and Kelvin (2014) stated that normality can be assumed when skewness and kurtosis values are within the range of ± 1.96 . According to Tabachnick and Fidell (2013) the distribution of Skewness and Kurtosis data between ± 1.5 shows that the data do not deviate from normal distribution. In this context, it was determined that the scales are suitable for normal distribution. Accordingly, parametric tests were used to analyze

the data. The reliability level of the scale was tested with Cronbach's Alpha coefficient, an internal consistency analysis. Cronbach's Alpha value makes the consistency of the propositions that make up the structure visible. For a high level of reliability, the relevant value is expected to be above 0.80. Between 0.60 and 0.80 indicates a moderate level of reliability (Gürbüz ve Şahin, 2018). Therefore, the scales used in the study were found to have a high degree of reliability. Frequency, percentage, mean, standard deviation, Pearson correlation and multiple linear regression analyses were used in the analysis phase. The results were evaluated at $p < 0.05$ and 95% confidence interval.

Ethical Aspects of the Research: The research was conducted according to scientific publication ethics and was found positive by the ethics committee of a university dated 30.01.2024 and numbered 01-65. In addition, it was stated in the questionnaire forms sent to the participants that no information eliminated privacy, such as name and surname, and that all answers would be kept confidential and the consent of the participants was obtained.

Limitations: First, since the study has a cross-sectional design, causal relationships between variables cannot be established. Additionally, the convenience sampling method used only covers one health system, which limits the generalizability of the findings. Furthermore, conducting the study online and determining participants through purposeful sampling can also be viewed as a limitation of the research.

Results

Table 1. Characteristics of participants (N:224)

	Variables	n	%
Gender	Female	147	65.6
	Male	77	34.4
Age	20-30	115	51.3
	31-40	84	37.5
	41 and over	25	11.2
Marital Status	Married	125	55.8
	Single	99	44.2
Educational Status	High School	11	4.9
	Associate Degree	63	28.1
	Bachelor's Degree	109	48.6
	Master's and Doctorate	41	18.3
Years of Experience	0-5 years	94	42.0
	6-11 years	55	24.5
	12 years and over	75	33.5
Working Unit	Medical Unit	141	62.9
	Administrative Unit	83	37.1

In this section, a comparison analysis of the participants' scale scores according to demographic variables, Pearson correlation analysis between the scales, and multiple linear regression analysis findings are presented. Among the study participants, 65.6% were female, 51.3% were between the ages of 20-30, and 55.8% were married. In addition, 48.6% had a bachelor's degree, 42% had 0-5 years of experience, and 62.9% were working in medical units.

Table 2. Comparison of scale scores according to participant characteristics (N:224)

Independent Variable	Quiet Quitting		Work Stress		Job Satisfaction		Work Engagement	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Gender								
Female	3.66	0.76	4.19	1.54	3.64	1.38	3.65	0.75
Male	4.04	0.93	3.92	1.34	3.49	1.38	3.42	0.91
t	-3.242		1.289		0.754		2.001	
p	0.001**		0.199		0.451		0.047	
Marital Status								
Married	3.95	0.73	4.22	1.43	3.48	1.32	3.54	0.77
Single	3.59	0.93	3.95	1.53	3.72	1.45	3.61	0.86
t	3.090		1.341		-1.270		-0.655	
p	0.002**		0.181		0.206		0.513	
Working Unit								
Medical unit	3.91	0.83	4.07	1.46	3.52	1.42	3.42	0.78
Administrative unit	3.58	0.82	4.15	1.51	3.70	1.31	3.83	0.81
t	2.867		-0.362		-0.957		-3.707	
p	0.005**		0.718		0.340		<0.001	
Years of Experience								
0-5 years ¹	3.63	0.92	3.92	1.56	3.72	1.52	3.72	0.91
6-11 years ²	3.78	0.92	4.29	1.40	3.28	1.36	3.54	0.79
12 years and over ³	4.00	0.62	4.19	1.43	3.64	1.18	3.41	0.66
F	4.105		1.315		1.915		3.271	
p	0.018*		0.271		0.150		0.040*	
Post Hoc	1<3 ^b		-		-		1<3 ^a	
Educational Status								
High school and associate ¹	3.70	0.96	3.97	1.64	4.06	1.50	3.70	0.91
Bachelor's ²	3.78	0.78	4.09	1.41	3.32	1.26	3.50	0.73
Postgraduate ³	3.99	0.75	4.35	1.36	3.43	1.29	3.54	0.80
F	1.576		0.897		6.895		1.480	
p	0.209		0.409		0.001**		0.230	
Post Hoc	-		-		1>2 ^a		-	

SD: Standard Deviation, a=Scheffe, b=Games-Howell

*p<0.05, **p<0.01

Table 2 shows the comparison of the participants' quiet quitting, work stress, job satisfaction, and work engagement scores according to their demographic data. According to this, the quiet quitting scores of males, married people, people working in medical units, and people with higher years of experience were found to be statistically significantly higher ($p<0.05$). No significant difference was found in the quiet quitting scores according to the level of education ($p>0.05$). There was no statistically significant difference in the work stress scores of the participants according to gender, marital status, working unit, years of experience, and educational status ($p>0.05$). It was found that there was a significant difference in the job satisfaction scores of the participants according to their educational status ($p<0.05$). This difference was found to be because job satisfaction scores of high school and associate degree graduates were significantly higher than bachelor's degree graduates. On the other hand, no statistically significant difference was found in the job satisfaction scores of the participants according to gender, marital status, working unit, and years of experience ($p>0.05$). It was found that the work engagement scores of healthcare workers working in administrative units and with low years of experience were significantly higher ($p<0.05$). On the other hand, there was no statistically significant difference in the work engagement scores of the participants according to gender, marital status, and education status ($p>0.05$).

Table 3. Mean, SD variables (N:224)

Variables	Mean	SD
1. Quiet Quitting	3.79	0.84
2. Work Stress	4.10	1.48
3. Job Satisfaction	3.58	1.38
4. Work Engagement	3.57	0.81

Table 4. Pearson correlation results of variables (N:224)

Variables	1	2	3
1. Quiet Quitting			
2. Work Stress	0.543**		
3. Job Satisfaction	-0.562**	-0.516**	
4. Work Engagement	-0.302**	-0.222**	0.343**

Table 3 shows the participants' scale score averages and standard deviations. Accordingly, it is seen that the participants' quiet quitting scores are 3.79 (SD=0.84), their work stress scores are 4.10 (SD=1.48), their job satisfaction scores are 3.58 (SD=1.38), and their work engagement scores are 3.57 (SD=0.81). In general, it is possible to say that the scale scores are at a medium level between 1.00 and 7.00.

Table 4 shows the Pearson correlation findings between the scales. When the Pearson correlation findings between the scales are examined, it is found that there is a positive moderate correlation between quiet quitting and work stress ($r=0.543$), a negative moderate correlation between quiet quitting and job satisfaction ($r=-0.562$), and a negative weak correlation between quiet quitting and work engagement ($r=-0.302$). On the other hand, there is a negative moderate relationship between work stress and job satisfaction ($r=-0.516$) and a negative weak relationship between work stress and work engagement ($r=-0.222$). Finally, a positive and weak significant relationship exists between job satisfaction and commitment variables ($r=0.343$).

Table 5. Multiple linear regression analysis results (N:224)

Independent Variables	B	S E	β	95% CI for B		t	p	VIF	R	$R^2_{Adj.}$	F	p
				Lower	Upper							
(Constant)	4.162	0.297		3.576	4.748	14.006	<0.001					
WS	0.193	0.034	0.339	0.125	0.260	5.612	<0.001	1.366	0.643	0.406	51.733	<0.001
JS	-0.213	0.038	-0.351	-0.288	-0.138	-5.603	<0.001	1.473				
WE	-0.111	0.057	-0.107	-0.223	0.002	-1.937	0.054	1.137				

Dependent Variable=Quiet Quitting, WS=Work Stress, JS=Job Satisfaction, WE=Work Engagement.

Adjusted $R^2=0.406$, Durbin-Watson=1.724, $p<0.001$

Multiple linear regression analysis was conducted to measure the effect of work stress, job satisfaction, and work engagement on quiet quitting (Table 5).

Accordingly, the multiple linear regression model in which quiet quitting is the dependent variable and work stress, job satisfaction and jobwork engagement are independent variables was found statistically significant ($F=51.733$, $p<0.001$). According to this model, the independent variables of work stress, job satisfaction and work engagement explain 40.6% of the dependent variable of quiet quitting ($R^2_{adj.}=0.406$). It was determined that the independent variable of work stress had a positive and statistically significant effect on quiet quitting ($t=5.612$, $p<0.001$). On the other hand, job satisfaction was found to have a negative and statistically significant effect on quiet quitting ($t=-5.603$, $p<0.001$). On the other hand, it was determined that the negative effect of work engagement variable, which had a negative relationship with quiet quitting in the correlation analysis, in the multiple linear regression model was not statistically significant ($t=-1.937$, $p=0.054$). From this point of view, it can be stated that the decrease in work stress and increase in job satisfaction of healthcare workers significantly reduce quiet quitting. On the other hand, when taken together with work stress and job satisfaction variables, it was found that although high work engagement has a negative effect on quiet quitting, this effect is not significant.

Discussion

The concept of quiet quitting is undesirable for businesses. It is stated that it is worse for employees who have lost their motivation and are no longer in favor of adding additional value to the company to stay in the business because their reluctance usually affects their colleagues and increases the workload (Caliskan, 2023). In this context, determining the antecedents of quiet quitting is an important issue. From this point of view, the study, which aims to examine the effect of job satisfaction, work stress, and work engagement variables on quiet quitting, was conducted on 224 healthcare workers in Turkey.

Firstly, the relationships between the variables were analyzed by Pearson correlation analysis. Accordingly, it was determined that there is a significant positive relationship between job satisfaction and work engagement and between work stress and quiet quitting. It is known that work engagement is positively related to positive organizational behaviors such as job satisfaction and commitment (Pelenk, 2018). In addition to affecting the individual in many ways, work stress can also affect the organization and cause loss of experienced personnel and related organizational problems (Yalnız ve Karaca Saydam, 2012). In addition, it was found that there is a significant negative relationship between quiet quitting and work engagement and job satisfaction and between work stress and work engagement and job satisfaction. In other words, the increase in job satisfaction and work engagement of healthcare workers decreases work stress and quiet quitting. Studies support that there is a negative relationship between positive organizational behaviors, such as work engagement, and turnover intention (Pelenk, 2018). Similarly, in studies conducted on healthcare professionals, it was stated that there is a negative relationship between stressors in the work environment and job satisfaction of healthcare professionals (Yalnız ve Karaca Saydam, 2012). Again, Pelenk (2018) revealed a significant negative relationship between work engagement and work stress.

Pevec (2023) stated that in addition to various factors, factors such as workplace stress and job satisfaction may also be among the reasons for quiet quitting. However, he also emphasized that to deal with quiet quitting, the factors affecting it should be further investigated. In this context, in line with the study's primary purpose, multiple linear regression analysis was conducted to examine the effect of job satisfaction, work engagement, and work stress on quiet quitting. The multiple linear regression model in which job satisfaction, work stress, and work engagement were included as independent variables was found to be significant. According to this model, these three independent variables significantly explain 40.6% of quiet quittings. While the effect of job satisfaction and work stress, which are included as independent variables in the model, on quiet quitting is statistically significant, it is seen that work engagement, which is included in the model, does not substantially affect quiet quitting. In the literature, in cases where the employee's job satisfaction is not achieved, increased absenteeism and an increased turnover intention can be observed (Eytmiş ve Yıldırım, 2022). Low job satisfaction negatively affects many situations within the organization. Organizational success, organizational commitment, decreased work performance and productivity, increased absenteeism, turnover, and quiet quitting behaviors can be evaluated in this context (Söyük, 2018). Hetler (2022) stated that quiet quitting is associated with decreased work engagement and job satisfaction. Formica and Sfodera (2022) emphasized the necessity of meeting the needs of employees and ensuring their satisfaction and well-being to adapt to the quiet quitting paradigms. From this point of view, it can be interpreted that quiet quitting may occur when these issues, which will be evaluated about job satisfaction, are not fulfilled. Similarly, Hamouche *et al.* (2023) suggested collecting feedback on employees' satisfaction levels, work engagement, working conditions, and perceptions of the organization's culture to deal with quiet quitting. They also emphasized that employees should be offered flexibility, learning and development opportunities. These issues can be considered to increase job satisfaction and reduce stress. Galanis *et al.* (2023) stated in their study on nurses that it is essential to reduce burnout and increase satisfaction to reduce quiet quitting. In a study conducted by Youthall (2022) in Turkey, among the factors that cause quiet quitting, issues related to work stress such as closed career paths, lack of work-life balance, unclear job description, long working hours, and high-performance expectations were listed. It is stated that employees who exhibit quiet quitting behavior have a desire to struggle with work stress. This shows that work stress triggers quiet quitting behavior.

Quiet quitting is an undesirable situation for businesses. Employees who have lost motivation and are no longer willing to add value to the company usually have more negative consequences if they remain in the business. This reluctance increases workload and negatively affects organizational efficiency, not only on the individual but also on colleagues (Caliskan, 2023). In this context, determining the factors that lead to quiet quitting is important. This study examined the effects of job satisfaction, work stress, and work engagement variables on quiet quitting on 224 healthcare workers in Türkiye.

First, the relationships between the variables were evaluated with Pearson correlation analysis. The findings revealed significant positive relationships between job satisfaction and engagement and between work stress and silent resignation. It is consistent with other studies in the literature that work engagement is positively related to job satisfaction and other positive organizational behaviors (Pelenk, 2018). On the other hand, work stress can negatively affect the organization by affecting the individual in many ways, leading to the loss of experienced personnel and related organizational problems (Yalnız ve Karaca Saydam, 2012). In addition, the findings that reinforce the relationship between job satisfaction and work engagement and reveal the adverse effects of work stress and quiet quitting are also important contributions of this study.

Another important finding is that increasing job satisfaction and commitment reduces work stress and silent resignation. It is emphasized in the literature that positive organizational behaviors, such as work engagement, are negatively related to the intention to leave (Pelenk, 2018). Similarly, studies conducted on healthcare workers show that stressors in the

work environment negatively affect job satisfaction and that the decrease in job satisfaction paves the way for quiet quitting (Yalnız ve Karaca Saydam, 2012). Pelenk's (2018) study revealed a significant negative relationship between work engagement and work stress.

Pevec (2023) stated that factors such as workplace stress and job satisfaction have an important place among the reasons for quiet quitting and emphasized that these factors should be investigated further. In this context, in line with the primary purpose of this study, multiple linear regression analysis was conducted to examine the effects of job satisfaction, work engagement, and work stress on silent resignation. The results show that these three independent variables significantly explain 40.6% of silent resignations. The regression analysis found that the effects of job satisfaction and work stress on quiet quitting were statistically significant. However, work engagement did not significantly affect silent resignation.

Literature reveals that low job satisfaction leads to a decrease in organizational success, commitment, job performance, and productivity, and as a result, an increase in absenteeism rates and increased intention to leave the job (Eyitmiş ve Yıldırım, 2022). It is emphasized that low job satisfaction triggers negative behaviors such as quiet quitting in organizations. Hetler (2022) stated that quiet quitting is associated with decreased work engagement and satisfaction. Formica and Sfodera (2022) stated that ensuring employee satisfaction and well-being is critical to preventing negative behaviors such as silent resignation. Similarly, Hamouche et al. (2023) emphasized that to combat silent resignation, employee satisfaction levels should be increased, work engagement should be strengthened, working conditions should be improved, and feedback on organizational culture should be collected. These are recommended as important strategies to increase job satisfaction and reduce stress.

In their study on nurses, Galanis et al. (2023) stated that reducing burnout and increasing job satisfaction are effective ways to prevent silent resignation. In addition, a study conducted by Youthall (2022) in Türkiye shows that closed career paths, work-life imbalance, unclear job descriptions, long working hours, and high-performance expectations play an important role among the factors that cause silent resignation. In this context, it is understood that work stress triggers quiet quitting behavior.

Conclusion

The research examined the effects of job satisfaction, work stress, and work engagement on quiet quitting. In this context, it was revealed that the job satisfaction and stress variables included in the model as independent variables had a significant effect on quiet quitting. Yet, work engagement did not significantly influence quiet quitting. According to the research results, it is necessary to reduce work stress and increase employee job satisfaction to prevent the concept of quiet quitting, which is a new concept frequently encountered today and potentially negatively affects organizational performance. Especially in the healthcare sector, which already has a stressful environment, reducing work stress and increasing employee job satisfaction can be considered necessary and challenging. However, businesses need to focus on this issue to increase or prevent the decrease in the quality of health services. In this way, it is thought that the high staff turnover rate in the health sector can be reduced.

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