

Ada Xie

MANP (Paediatric Nursing), PGDip (Anaesthetic and Recovery Nursing), RN, MACORN, MACPAN PhD Candidate, Queensland University of Technology

Dr Grace Xu

PhD, RN, FCENA Queensland University of Technology; Nurse Practitioner, Royal Brisbane and Women's Hospital

Professor Jed Duff

PhD, RN, FACORN Queensland University of Technology; Chair of Nursing, Royal Brisbane and Women's Hospital; Editor, Journal of Perioperative Nursing journaleditor@acorn.org.au

Quiet quitting: A growing concern or just a buzzword?

Perioperative nursing relies on engaged professionals to maintain patient safety and deliver high-quality care. Staffing is more than filling quotas – it involves understanding workplace dynamics and fostering employee engagement.

'Quiet quitting' is a term used to describe employees who disengage while performing their required tasks, and has become a growing concern in health care due to its potential impact on patient outcomes and workforce stability.

The concept of quiet quitting has gained attention in recent years, raising questions about whether it represents a new trend or a longstanding response to job dissatisfaction. During the COVID-19 pandemic many workers stayed in their jobs due to financial pressures, while in the post-pandemic period many employees have prioritised personal life over career to achieve a better work-life balance¹. Research highlights the widespread nature of quiet quitting. In the United States of America (USA), about half of employees reported being quiet quitters, with younger workers showing even higher rates². Similarly, a Greek study found that 60.9 per cent of nurses exhibited quiet quitting behaviours³. While the terminology is recent, the phenomenon aligns with the job withdrawal theory, which describes how employees psychologically disengage when they feel unable to leave an unsatisfactory job⁴. This concept suggests that disengagement is not a new issue but one that has evolved alongside workplace expectations and stressors.

Perioperative nurses are particularly vulnerable to quiet quitting due to the demanding nature of their roles, which often involve long hours, high stress and rigid hierarchical structures. A study of 909 Greek nurses identified understaffing, frequent shift rotations and limited experience as key factors driving disengagement⁵. Similarly, a Portuguese study found that poor working conditions, such as excessive

workload, low compensation, limited professional growth and an unsafe psychological environment, contribute to quiet quitting⁶. Other organisational factors contributing to quiet quitting include workplace bullying, perceived injustice, poor leadership and a toxic work culture⁷, as well as a profit-focused mentality, distrust in leadership, lack of support for professional development, and staff feelings of being undervalued, having limited autonomy and being excluded from decision-making^{2,8,9}. The complexity of perioperative nursing requires sustained mental and physical effort, making burnout and withdrawal more likely when support systems are insufficient.

The consequences of quiet quitting in perioperative nursing extend beyond the individual nurse. In addition to reduced productivity and professional development among those unwilling to take on extra tasks or exceed expectations^{6,10,11}, quiet quitting fosters a broader culture of disengagement, lowers morale¹² and undermines team cohesion and trust as well as a positive work environment¹³. The disengagement of nursing staff in work can lead to unmet patient needs, inadequate care, prolonged hospitalisation, unnecessary costs and increased patient safety risks, ultimately harming organisational productivity and reputation^{10,13}.

A major barrier to addressing quiet quitting is the disconnect between management and frontline staff. Survey studies have shown that nursing managers can only partially identify the reasons for staff withdrawal behaviours¹⁴. This is because nurse managers generally perceived workplace conditions more positively than frontline staff¹⁵ and

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traditional retention methods, like exit interviews, may be unreliable as employees often withhold their true reasons to avoid conflict or secure a positive reference^{16,17}. More concerning, healthcare organisations prioritising profit have been reported to neglect employee wellbeing, with managers acting as 'bosses' rather than 'coaches' and lacking empathy, respect and care in their relationships with staff⁸. If leadership remains unaware of or dismissive toward frontline concerns, nurses may feel unheard and unsupported, leading to increased disengagement.

The prevalence of quiet quitting may be underestimated and is closely linked to turnover intention. Since quiet quitting is often concealed, it may be more widespread than reported¹⁸. Additionally, it is strongly associated with decisions to leave. Among the 60.9 per cent of nurses who engaged in quiet quitting in a Greek study, 40.9 per cent reported a high intention to leave¹⁰. While quiet quitting may be a temporary response to workplace challenges, disengaged nurses remain at a higher risk of leaving¹⁹. These findings underscore the urgent need to address quiet quitting in nursing.

Addressing quiet quitting in perioperative nursing requires proactive strategies centred on engagement. Nursing managers should identify early signs of disengagement and understand its underlying causes^{5,13,20}. Initiatives such as corporate social responsibility programs, mentoring, leadership development, childcare support and flexible work arrangements may foster a more engaged workforce². Promoting inclusive leadership and increasing job impact can also strengthen motivation and workplace connection²¹. A positive work culture – built on adequate support, sufficient resources and a motivating environment – can further prevent disengagement¹⁰. Additionally, shifting from a transactional employer–employee relationship to one rooted in gratitude, appreciation and compassionate leadership may cultivate stronger employee commitment and dedication⁸.

Fostering a culture of support, recognition and motivation within healthcare organisations can enhance workforce stability and ultimately improve patient outcomes. Identifying early signs of disengagement and implementing

targeted interventions will be essential to maintaining a resilient and motivated perioperative nursing workforce. This requires a shift from short-term workforce planning to long-term investment in job satisfaction and employee wellbeing. Strengthening organisational commitment to staff engagement can improve retention, enhance team cohesion and, most importantly, elevate the quality of patient care.

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