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A Systematic Review of Quiet Quitting in the Health Sector

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Abstract

The concept of silent resignation, defined as employees performing only at a minimum level without going beyond their job descriptions, has become a critical behaviour discussed in recent work life. This systematic review was conducted to examine the studies conducted in the health field in a comprehensive and detailed manner and synthesize their findings. As a result of the search designed in accordance with the study purpose in databases [Science Direct (n=8), Scopus (n=10), Medline+TR Index (n=3), PubMed (n=115), Web of Science (n=117)], 253 studies were identified. After the systematic search based on the study criteria, twenty (20) studies were synthesized. A systematic search and review typology was used in the review process. The search process was implemented based on the "PRISMA" checklist. Studies have shown that adverse work environments, high workloads and poor management increase silent resignation rates, while innovation-supporting policies, strong leadership and organizational support stand out as factors that reduce silent resignation. It has been determined that there is a significant silent resignation demeanour among healthcare workers. Silent resignation is closely related to the burnout levels of employees at work, their intention to leave their jobs and their organizational commitment.

Keywords: *Silent resignation, health sector, working environment*

Öz

Çalışanların iş tanımlarının ötesine geçmeden, yalnızca asgari düzeyde performans sergilemesi olarak tanımlanan sessiz istifa kavramı, son dönem çalışma hayatında tartışılan önemli bir davranış biçimi haline gelmiştir. Bu sistematik derleme, sağlık alanında yapılmış olan çalışmaların kapsamlı ve detaylı bir biçimde incelenmesi ve bulgularının sentezlenmesi amacıyla yapılmıştır. Veri tabanlarında [Science Direct (n=8), Scopus (n=10), Medline+TR Dizin (n=3), PubMed (n=115), Web of Science (n=117)] çalışma amacına uygun olarak tasarlanan tarama sonucunda 253 çalışma belirlenmiştir. Çalışma kriterlerine dayalı sistematik taramanın ardından yirmi (20) çalışma sentezlenmiştir. İnceleme sürecinde sistematik bir arama ve inceleme tipolojisi kullanılmıştır. Araştırma süreci "PRISMA" kontrol listesi esas alınarak uygulanmıştır. Sessiz istifa ile ilgili çalışmalar, örgütsel destek, tükenmişlik, çalışma ortamı, liderlik, duygusal zekâ ve ahlaki dayanıklılık gibi çeşitli faktörlerle ilişkilendirilmiştir. Çalışmalarda özellikle olumsuz çalışma ortamları, yüksek iş yükü ve kötü yönetim, sessiz istifa oranlarını artırırken, inovasyon destekleyici politikalar, güçlü liderlik ve örgütsel destek gibi unsurlar sessiz istifayı azaltan faktörler olarak öne çıkmaktadır. Sağlık çalışanlarında önemli derecede sessiz istifa davranışı olduğu tespit edilmiştir. Sessiz istifa, çalışanların iş yerindeki tükenmişlik seviyeleri, işten ayrılma niyetleri ve örgütsel bağlılıklarıyla yakından ilişkilidir. Özellikle sağlık çalışanları arasında yüksek oranda gözlemlenen bu durum, olumsuz çalışma ortamları, fazla iş yükü ve yönetimsel eksikliklerden kaynaklanmaktadır.

Anahtar Kelimeler: *Sessiz istifa, sağlık sektörü, çalışma ortamı*

Introduction

The radical changes experienced in working life in recent years have significantly transformed employees' attitudes towards their jobs. The changes experienced in working styles have also changed their behaviours in the same direction. In this context, the concept of "silent resignation" draws attention as a new form of work behaviour defined as employees only fulfilling the responsibilities specified in their job descriptions and not making extra efforts on a voluntary basis (Kont, 2022; Klotz & Bolino, 2022). Particularly in periods when work-life balance is disrupted, burnout and organisational alienation increase, and silent resignation becomes widespread; it creates significant effects on organisational commitment, motivation and performance (Maslach & Leiter, 2016; Gözlü, 2023; Serenko, 2023).

Recently, several studies have been conducted on the decrease in employees' commitment to their jobs. The research results demonstrate that this decrease in commitment occurs without moving beyond the job description. When employees have difficulty establishing a balance between their work and private lives, they experience more burnout symptoms such as emotional exhaustion, depersonalisation, and low personal accomplishment. This situation not only negatively affects the psychological health of individuals but also reduces their productivity at work (Gözlü, 2023).

The healthcare sector contains many risk factors that may trigger silent resignation, such as high workload, intense stress, emotional exhaustion, and structural issues (Anand et al., 2023). Although there are various systematic reviews on silent resignation in the literature, a comprehensive analysis focusing on the healthcare field has not yet been conducted. In this context, the aim of this systematic review is to analyse the studies conducted on the healthcare sector from a holistic perspective, to classify the variables associated with silent resignation thematically, and to fill the knowledge gap in this field.

Conceptual Framework

Silent Resignation and Related Concepts

Silent resignation has become a concept that eventuated in working life during the COVID-19 Pandemic. The exact birth of the concept was used by Höhn in the German management literature in the early 1980s (Jehle & Schmitz, 2007). However, the death of a young employee in China due to overtime in 2021 and the global attention this incident received by creating a wide repercussion on social media contributed to the popularisation of the concept of silent resignation worldwide (Ulutürk, 2022). The concept became even more widespread with the video shared on TikTok by 24-year-old software engineer and musician Zaid Khan in July 2022 (Çalışkan, 2023; Çimen & Yılmaz, 2023).

Silent resignation can be defined as a work demeanour in which employees only fulfil their duties within the scope of their job descriptions and do not take on additional responsibilities in order to maintain a work-life balance (Kont, 2022). This concept refers to an approach in which employees do not endeavour beyond their job descriptions, do not endeavour beyond expectations, and solely prioritise their own well-being (Serenko, 2023). According to Formica and Sfodera (2022, p.899), silent resignation is the employee's attitude in which they only fulfil the assigned tasks and do not take on responsibilities not included in the job description. Molchan and Clore (2023, pp.203-204) associate this situation with loss of motivation, lack of communication with coworkers, and isolation from the organisation and define it as the employee "sneaking out the back door" at the end of the workday. Silent resignation can be associated with employees losing trust in their managers and becoming unwilling to make an effort in cases where employers neglect employee well-being (Caldwell et al., 2023, p.37). In this context, it is suggested that the silent resignation process can be evaluated within the framework of the theory of reasoned action, which consists of cognitive beliefs, emotional attitudes and actions.

Silent resignation is mainly associated with concepts such as organisational silence, burnout, alienation from work, and organisational cynicism.

When we consider the phenomenon of silence at the organisational level, the concept of organisational silence that we encounter has been defined by Johannesen (1974) in more than twenty different contexts; in its most general form, it is explained as employees consciously avoiding sharing information. Organisational silence can be summarised as a situation where employees avoid voicing their ideas, and this behaviour can feed silent resignation (Çalışkan, 2023). Another concept closely related to silent resignation is burnout, which is characterised by emotional exhaustion, alienation from personality, and a low sense of personal accomplishment and constitutes the basic psychological background of silent resignation (Maslach & Leiter, 2016; Gözlü, 2023).

Silent resignation is also closely related to the concept of "work alienation", which is defined as the individual's disinterest in his/her work, loss of sense of meaning and decrease in belonging (Seeman, 1959; Ørsted, 2022). Alienation is a psychosocial condition that occurs when an individual loses confidence in himself/herself and his/her surroundings and experiences feelings of loneliness and helplessness (Şimşek, Balay & Şimşek, 2012, p.54). Work alienation can be defined as the individual's feeling of reluctance and disappointment due to various reasons within the organisation. In another definition, it is expressed as the person's loss of interest in the work he/she has done and his/her inability to reflect his/her abilities in his/her work (Eryılmaz & Burgaz, 2011: p.273).

Organisational cynicism, another concept related to silent resignation, means "a negative attitude towards the organisation in which the person works." The fundamental belief is based on the principles of honesty, justice, and sincerity, which are used to advance the personal interests of the leadership and the activities based on deception (Abraham, 2000, p.269). Organisational cynicism is defined as a concept in which the employee exhibits negative attitudes as a result of the experiences he/she encounters throughout his/her working life, and it also finds a place in the literature as a forward-looking characteristic (Johnson & O'Leary-Kelly, 2003).

Reasons, Symptoms and Results of Silent Resignation Behaviour

Multiple organisational and individual factors play a role in the emergence of silent resignation. Insufficient appreciation of employees, constantly increasing workload, perception of injustice, toxic leadership styles and insensitivity to employee well-being are among the main reasons for this phenomenon (Caldwell et al., 2023). Research conducted in recent years has shown a significant increase in quantitative and qualitative data-based studies to explain the reasons and results of this behaviour, but many opinions are still shaped based on individual observations and previous research on other organisational phenomena (Arar et al., 2023; Atsan, 2023; Serenko, 2024; Boz et al., 2023).

Studies have grouped the main reasons for silent resignation into five main groups. The first of these is management-related problems such as unfair practices of incompetent managers, the invisibility of employees' labour, and lack of transparency in managers' decision-making processes (Demirkaya et al., 2023; Öztürk et al., 2023). Secondly, it is observed that devaluing organisational culture and toxic climate erode the sense of belonging in employees (Boz et al., 2023). Thirdly, economic conditions such as low wages and work without job security can be counted. (Karavelioğlu et al., 2023; Valura, 2022). While environments where open communication cannot be established and employee participation is prevented come in fourth place (Johnson, 2023; Özbucak-Albar, 2023) and finally, at the psychological level, factors such as insecurity, loss of motivation, burnout, and work-life balance are decisive (Kaplan, 2022; Yıldız, 2023a).

There are some observable behavioural and emotional symptoms of silent resignation. These can be listed as decreased communication with coworkers, lack of or little participation in teamwork, decreased generation of creative ideas or suggestions, emotional detachment from work, arriving late or leaving work early, excessive calmness or lack of motivation, and not participating in social activities (Klotz & Bolino, 2022; Molchan &

Clore, 2023). These symptoms indicate that the employee is mentally withdrawn even though he or she is physically present at work.

All these factors cause silent resignation to have multifaceted consequences at the individual, team and institutional levels. Low performance, loss of motivation and decreased communication are among the direct outcomes of this behaviour (Eflatun, 2023; Gözlü, 2023). Such behaviours can negatively affect not only individual productivity but also teamwork and organisational learning. In the long run, silent resignation can lead to high staff turnover, organisational culture erosion, and innovation capacity weakening (Karaduman, 2023; Yıldız, 2023a).

1. What is the distribution of studies on the concept of silent resignation in the health sector by year and country?
2. What methodological approaches are used in studies on the concept of silent resignation in the health sector?
3. What are the findings of the literature on the concept of silent resignation in the health sector?

Materials and Methods

This study adopted a systematic review methodology to evaluate the studies conducted on silent resignation and the social policy approach.
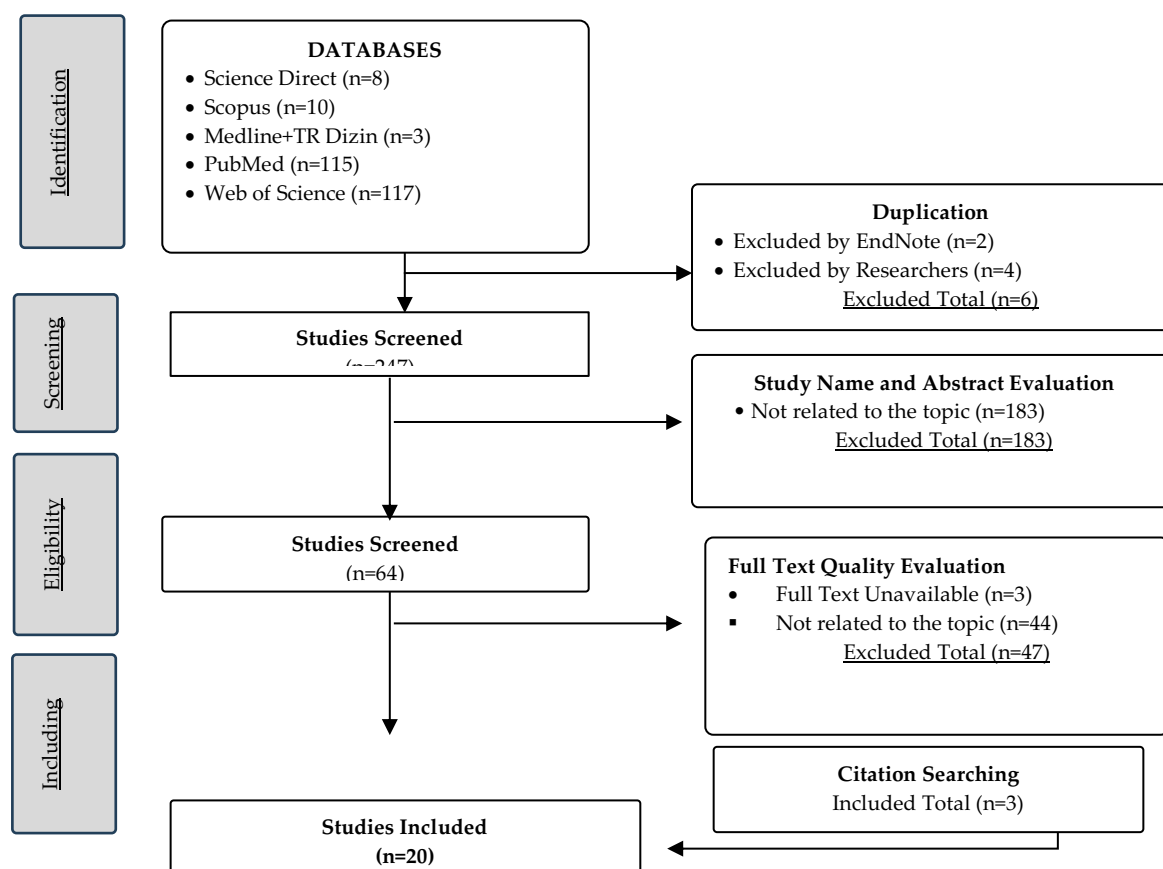

Figure 1. Systematic Screening of Studies on Quiet Quitting (Created in MS Word 365)

This study aims to reveal the concept of silent resignation in the health sector in a holistic manner. In this context, the following research questions were asked:

The systematic search and review typology was used in the systematic review process (Grant & Booth, 2009). The research process was carried out based on the "PRISMA" checklist (Page et al., 2020).

Search Strategy

To identify studies suitable for the research purpose, databases were searched in all areas using

the keywords ["Quiet Quitting" or "Disengagement" and "healthcare" and "social policy"]. The database search was conducted between February 1 and 15, 2025.

Inclusion and Exclusion Criteria

Inclusion criteria: Studies must be conducted in the field of health services, present findings, conclusions, opinions, or comments specifically related to the definition and conceptual framework of silent resignation, and be written in English.

Exclusion criteria: Studies that are unrelated to the health field or the research topic, whose full text cannot be accessed, and studies about silent resignation outside the health sector.

Included Studies

A total of 253 studies were identified as a result of the database search [Science Direct (n=8), Scopus (n=10), Medline+TR Index (n=3), PubMed (n=115), Web of Science (n=117), EndNote software (n=2) and the researcher (n=4) determined a total of 6 studies were excluded in the duplicate analysis. The remaining 247 studies were evaluated in terms of title and abstract, and 183 irrelevant to the research purpose were excluded. Of the 64 studies included in the full-text review, the full text of 3 could not be accessed, and 44 were found to be irrelevant to the research purpose. As a result of the citation scan conducted during the full-text quality control process, 3 additional studies were included, and a total of 20 studies were synthesized.

Synthesis and Presentation of Findings

A narrative and table-based approach was adopted to synthesize and present the findings of previous studies (Grant & Booth, 2009; Mcarthur et al., 2015).

Findings

Table 1. Characteristics of Studies

Characteristics		n	%
Country	USA	1	5,00
	Canada	2	10,00
	Greece	7	35,00
	Türkiye	4	20,00
	Portugal	1	5,00
	South Korea	1	5,00
	Australia	1	5,00
	United Arab Emirates	1	5,00
	Global	1	5,00
Study Types & Research Methodology	Quantitative Study - Psychometric Validation	1	5,00
	Cross-sectional Study	10	50,00
	Methodological Study - Psychometric Analysis	1	5,00
	Concept Analysis & Scoping Review	1	5,00
	Theoretical Analysis & Literature Review	4	20,00
	Editorial Analysis & Literature Review	2	10,00
	Philosophical Reflection	1	5,00
Total		**20**	**100**

When the distribution of studies by country is examined, it is detected that the vast majority of academic research on silent resignation is conducted in developed countries. Greece is the country with the most academic studies in this field, with seven publications. In contrast, studies conducted in Türkiye generally focus on healthcare professionals and are mainly scale development and validity studies. Studies conducted in Türkiye have examined the effects of silent resignation on healthcare professionals and revealed its relationship with factors such as burnout and intention to leave. In particular, the reliability and validity of the Turkish version of the silent resignation scale were tested, and the relationships between variables such as organizational support and burnout were evaluated.

When the research methods used in the study are examined, cross-sectional studies are represented with the highest rate of 50%. This is followed by theoretical analysis and a 20% literature review. Editorial analysis and literature review are 10%, psychometric validation studies 5%, methodological psychometric analysis studies 5%, concept analysis and comprehensive reviews 5%, and philosophical reflections 5% are included in lower rates.

This distribution shows that quantitative methods are predominant in the studies, and different analysis approaches are used. In particular, the high rate of cross-sectional studies shows that they have an important place in data collection and evaluation processes together with various analysis methods. Although cross-sectional designs are effective in determining the relationships between variables, they are insufficient in fully revealing the cause-effect relationship. Therefore, longitudinal studies should be increased in the future, and experimental designs should be used. In addition, the fact that a large part of the existing studies focus on health sector employees indicates that studies on how silent resignation is shaped in different sectors should be increased.

Studies on silent resignation have been associated with various factors such as burnout, work environment, leadership, emotional intelligence and moral and ethical resilience. Studies show that negativities experienced in the work environment, workload intensity, and deficiencies originating from management style significantly increase silent resignation. However, strong leadership, favourable support policies that nourish organizational culture, and innovation-supporting policies stand out as factors that reduce silent resignation. It is observed that the studies on silent resignation in the health sector are scale development and validation studies in order to measure silent resignation and create its conceptual framework.

Table 2. Summary Findings of Studies

No	Study	Aim	Place	Method	Sample	Conclusion
1	Yıldız et al., 2024	To assess the reliability and validity of the Turkish version of the Quiet Quitting Scale (QQS) among healthcare workers.	Türkiye	Quantitative Study - Psychometric Validation	542 healthcare workers from two hospitals	The Turkish version of the QQS is a valid and reliable tool for measuring quiet quitting behavior in healthcare workers. Further research with different sample groups is recommended.
2	Galanis et al., 2023	To identify an appropriate cut-off point for the Quiet Quitting Scale (QQS) to discriminate quiet quitters from those with a low level of quiet quitting.	Greece	Cross-sectional study, ROC analysis	1868 employees from various job sectors	The best cut-off point for the QQS was determined as 2.06. Employees scoring above this threshold were classified as quiet quitters. Further research is recommended to validate the findings.
3	Prentice et al., 2025	To investigate the relationships between role conflicts, employee well-being, burnout, and quiet quitting among hospitality employees.	Portugal	Cross-sectional study, Structural Equation Modeling (SEM)	175 hospitality employees from 4- and 5-star hotels	Role conflicts negatively affect well-being and increase burnout, leading to quiet quitting. Well-being and burnout mediate the relationship between role conflicts and quiet quitting. Gender and age also influence these relationships.
4	Moisoglou et al., 2025	To examine the effect of nurses' work environments on quiet quitting and work engagement among nurses.	Greece	Cross-sectional study, multivariable regression analysis	425 nurses from various hospitals	Poor work environments were associated with higher levels of quiet quitting and lower work engagement among nurses. Improving leadership, staffing, and collegial relationships can enhance engagement and reduce quiet quitting.

5	Moisoglou et al., 2024	To examine the impact of innovation support on quiet quitting, innovative behavior, and innovation outputs among nurses.	Greece	Cross-sectional study, multivariable regression analysis	328 nurses from various healthcare institutions	Innovation support was negatively associated with quiet quitting and positively associated with innovative behavior and innovation outputs. Managerial and cultural support played key roles in enhancing nurses' engagement and reducing quiet quitting.
6	Karadas & Çevik, 2024	To conduct a validity and reliability analysis of the Quiet Quitting and Quiet Firing (QQ and QF) scale among Turkish healthcare professionals.	Türkiye	Methodological study, psychometric analysis, confirmatory factor analysis	445 healthcare professionals from various hospitals across Türkiye	The QQ and QF scale demonstrated high validity and reliability for assessing quiet quitting and quiet firing among Turkish healthcare professionals. The scale negatively correlated with workplace happiness and person-organization fit.
7	Kang et al., 2023	To define quiet quitting among healthcare professionals in hospitals through concept analysis and conduct a scoping review on the phenomenon.	South Korea	Concept analysis and scoping review	Various healthcare professionals from hospital settings (no specific sample size mentioned)	Quiet quitting is a growing concern in hospital environments, impacting organizational culture, patient safety, and job satisfaction. The study emphasizes the need for further research on strategies to address quiet quitting among healthcare professionals.
8	Boy & Sürmeli, 2023	To examine quiet quitting as a significant risk for global healthcare and its impact on health professionals' work attitudes.	Global	Theoretical analysis, literature review	Not applicable (conceptual study)	Quiet quitting has become a growing concern in healthcare due to burnout, role conflicts, job dissatisfaction, and toxic organizational culture. Policymakers need to take urgent action to improve healthcare work environments and support professionals' well-being.
9	Hungerford et al., 2024	To explore quiet quitting, resenteeism, and other forms of workplace disengagement in nursing and discuss potential solutions.	Australia	Editorial analysis, literature review	Not applicable (conceptual study)	Quiet quitting and other forms of disengagement in nursing are influenced by burnout, poor management, and work-life balance issues. Strategies to address these issues include improving workplace culture, leadership support, and providing opportunities for career growth.
10	Hamouche et al., 2023	To examine the relationship between quiet quitting and existing organizational behavior and HRM concepts in tourism and hospitality.	United Arab Emirates, Greece, Dubai	Conceptual study, literature review	Not applicable (theoretical analysis)	Quiet quitting is closely related to organizational citizenship behavior, work withdrawal, employee cynicism, and silence. The study suggests that workplace conditions, leadership, and employee engagement strategies play a crucial role in addressing this phenomenon.

11	Gün et al., 2024	To examine the mediating role of job burnout in the relationship between organizational support and quiet quitting among nurses.	Türkiye	Descriptive, cross-sectional study	383 nurses from various hospitals in Türkiye	Organizational support negatively impacts quiet quitting, while job burnout positively influences quiet quitting behavior. Job burnout partially mediates the relationship between organizational support and quiet quitting. Addressing burnout is crucial in reducing quiet quitting tendencies.
12	Guen et al., 2025	To investigate the mediating role of turnover intention on the relationship between job burnout and quiet quitting among nurses.	Türkiye	Descriptive, cross-sectional study, mediation analysis	317 nurses from a training and research hospital in Istanbul, Türkiye	Turnover intention partially mediates the relationship between job burnout and quiet quitting. Addressing burnout alone may not be sufficient; turnover intention must also be considered in strategies to reduce quiet quitting among nurses.
13	Galanis et al., 2024	To examine the effect of quiet quitting on nurses' turnover intentions and analyze demographic and job-related determinants of turnover intention.	Greece	Cross-sectional study, multivariable regression analysis	629 nurses from various healthcare institutions in Greece	Higher levels of quiet quitting significantly increase turnover intention among nurses. Female nurses, shift workers, and those in understaffed workplaces showed higher turnover intention. Addressing quiet quitting can improve retention in healthcare settings.
14	Galanis et al., 2024	To assess the level of quiet quitting among healthcare workers (HCWs) and identify differences between nurses, physicians, and other HCWs.	Greece	Cross-sectional study, multivariable regression analysis	1760 healthcare workers (946 nurses, 390 physicians, 424 other HCWs)	67.4% of nurses, 53.8% of physicians, and 40.3% of other HCWs were classified as quiet quitters. Burnout and job dissatisfaction were significant predictors of quiet quitting. Nurses exhibited the highest levels of quiet quitting. Shift work and private sector employment were also associated with increased quiet quitting levels.
15	Galanis et al., 2024	To examine the impact of workplace bullying on quiet quitting in nurses and the mediating role of coping strategies.	Greece	Cross-sectional study, mediation analysis	650 nurses from various healthcare settings in Greece	Workplace bullying positively predicted quiet quitting among nurses. Negative coping strategies reinforced the relationship, whereas positive coping strategies reduced its effect. Organizational interventions are necessary to mitigate workplace bullying and promote positive coping mechanisms.
16	Galanis et al., 2024	To investigate the impact of emotional intelligence on quiet quitting, turnover intention, and job burnout among nurses.	Greece	Cross-sectional study, multivariable regression analysis	992 nurses from various healthcare institutions in Greece	Higher emotional intelligence was associated with lower levels of quiet quitting, turnover intention, and job burnout. Emotional intelligence training interventions could help improve nurse retention and workplace satisfaction.

17	Domingue et al., 2024	To provide a philosophical and ethical reflection on quiet quitting as a political resistance tool for nurses.	Canada	Theoretical analysis, philosophical reflection	Not applicable (conceptual study)	Quiet quitting, conceptualized as 'obedience a minima,' is a form of ethical resistance against the neoliberal healthcare system. Nurses can use it as a strategy to challenge systems that prioritize financial concerns over patient and worker well-being.
18	Arneja & Gilardino, 2023	To analyze the prevalence and impact of quiet quitting in the healthcare sector, focusing on physicians and hospital staff.	Canada	Editorial analysis, literature review	Not applicable (conceptual study)	Quiet quitting in healthcare is driven by burnout, lack of recognition, absence of financial incentives, and increasing administrative burdens. The study suggests leadership-driven engagement strategies, including financial incentives and recruitment of new professionals, to counteract quiet quitting.
19	Wu & Wei, 2024	To examine the internal mechanisms explaining workplace deviance and quiet quitting among front-line hospitality employees using neutralization theory.	United States	Cross-sectional study, Partial Least Squares Structural Equation Modeling (PLS-SEM)	563 front-line hospitality employees from various hotels in the U.S.	Front-line hospitality employees rationalize workplace deviance through neutralization techniques, blaming role ambiguity and role conflict for their disengagement. Stress and arousal mediate the relationship between role stressors and deviant behaviors, while grit moderates the effects. Addressing role ambiguity and providing clear job roles can help reduce workplace deviance and quiet quitting.
20	Galanis et al., 2024	To examine the impact of moral resilience on quiet quitting, job burnout, and turnover intention among nurses.	Greece	Cross-sectional study, multivariable regression analysis	957 nurses from various healthcare institutions in Greece	Higher moral resilience was associated with lower levels of quiet quitting, job burnout, and turnover intention among nurses. Organizational interventions and educational programs to improve moral resilience could help mitigate workplace disengagement.

Yıldız et al. (2024) and Karadaş & Çevik (2024) analyzed the validity and reliability of scales to measure silent resignation and silent dismissal. Thus, it provided a systematic evaluation of this behaviour among employees in the health sector.

Galanis et al. (2023) determined a cut-off point on the Quiet Quitting Scale (QQS) to detect silent resignations and classified employees above a specific score as silent resigners. In addition, theoretical studies such as Kang et al. (2023) and Boy & Sürmeli (2023) examined the cultural and managerial effects of silent resignation and addressed the emergence and consequences of the concept from a theoretical perspective.

When the publication years of the studies are evaluated, 13 out of 20 studies (65%) belong to 2024, 5 (25%) to 2023, and 2 (10%) to 2025. This distribution shows that the subject of silent resignation has attracted more attention in academic circles, particularly in the last two years, and the research on this subject has been increasing.

The sample sizes used in studies on the concept of silent resignation vary considerably. The smallest sample is the study conducted on hospitality workers with 175 people (Prentice et al., 2025). The largest sample is the study conducted on employees in various sectors, with 1868 people (Galanis et al., 2023). In general, it is observed that sample sizes in studies conducted on healthcare workers vary between 300 and 1000 people. In particular, variables such as silent resignation tendencies, burnout, and organizational support are examined in studies conducted on nurses, physicians, and other healthcare personnel. In addition, some studies are not based on a specific sample group. For example, the studies conducted by Boy & Sürmeli (2023) and Domingue et al. (2024) were conducted within the literature review framework and theoretical analysis. Such studies constitute the theoretical framework of the concept of silent resignation and evaluate how the subject is addressed in different contexts. In addition, Hamouche et al. (2023) studies examined silent resignation from the perspective of organizational behaviour and human resources management but were not based on a specific sample group. This situation reveals that the research on silent resignation shows two different trends. On the one hand, quantitative studies aim to statistically analyze the causes and effects of silent resignation, and on the other hand, conceptual and theoretical studies contribute to a deeper understanding of the concept.

Studies demonstrate that there are many factors that affect silent resignation. In particular, the work environment and the support of managers are seen to affect silent resignation rates significantly. Moisoglou et al. (2025) showed that poor working conditions increase silent resignation and reduce employees' commitment to their jobs. At the same time, Moisoglou et al. (2024) revealed that innovation support reduces silent resignation and encourages employees' creative thinking processes. However, research by Galanis et al. (2024) indicated that employees with high emotional intelligence and moral resilience are less likely to silent resign. Wu & Wei (2024) revealed that role ambiguity and job stress cause employees to resort to silent resignation.

Discussion

The multidimensional nature of the silent resignation phenomenon has been confirmed once again by the findings obtained in this study. In particular, the discordances in the work environment, excessive workload, and flaws in management style that fuel silent resignation demonstrate how organisational structures critically shape the employee experience. Burnout, leadership deficiencies, and lack of organisational support weaken individuals' emotional commitment to their jobs, leading to a seemingly ongoing but internally deteriorated working relationship. On the other hand, favourable organisational support policies and the encouragement of innovation emerge as protective factors, highlighting how proactive managerial interventions can mitigate the risk of silent resignation.

The fact that studies conducted in the healthcare field are predominantly focused on scale development and validation suggests that silent resignation remains in a theoretical maturation phase. This observation indicates an ongoing need for concept refinement and operational definition, particularly in sectors where silent resignation can have profound public health implications, such as healthcare. Studies such as Yıldız et al. (2024) and Karadaş & Çevik (2024) have contributed to the empirical advancement of the field by developing and validating measurement tools, thus enabling systematic monitoring of silent resignation behaviours among healthcare professionals. The QQS (Quiet Quitting Scale) developed by Galanis et al. (2023) provides an important empirical foundation, while theoretical explorations by Kang et al. (2023) and Boy & Sürmeli (2023) shed light on the deeper sociocultural and structural origins of the phenomenon.

The year-by-year distribution of research reveals a significant surge in academic interest after 2023. The dominance of 2024 studies, accounting for 65% of the research analysed, demonstrates that silent resignation has evolved into a contemporary research trend, likely fueled by the psychological aftereffects of the COVID-19 pandemic and the transition towards hybrid and remote working models. These shifts have reshaped employees' expectations, organisational commitment, and emotional engagement, all of which are critical antecedents to silent resignation.

Moreover, the variety of sample sizes and methodological designs employed in existing studies underscores the dual need for both micro-level (individual-focused) and macro-level (organisation-focused) analyses. Sector-specific qualitative studies, such as Prentice et al. (2025), offer detailed insights into industry-specific dynamics, while large-scale quantitative surveys like Galanis et al. (2023) enable generalisations across populations. At the same time, theoretical and conceptual works, such as those by Boy & Sürmeli (2023) and Domingue et al. (2024), contribute by framing silent resignation within broader sociological and psychological paradigms. This diversity of approaches underscores the need for interdisciplinary integration, combining insights from human resources management, organisational behaviour, sociology, psychology, and health sciences.

The findings also highlight that silent resignation should be conceptualised as a systemic issue rather than merely an individual coping mechanism. Organisational structures, leadership practices, workplace culture, and external societal dynamics intertwine to create environments where silent resignation becomes a survival strategy for employees. Addressing silent resignation, therefore, requires multi-layered interventions — not only at the individual level through personal development initiatives but also at the structural and cultural levels through organisational transformation and systemic policy reforms.

Additionally, future research could benefit from longitudinal designs that capture the evolution of silent resignation behaviours over time and across different organisational life cycles. Cross-cultural studies are also needed to explore how cultural dimensions such as collectivism, power distance, and uncertainty avoidance influence silent resignation tendencies. Integrating qualitative narratives with quantitative measurement tools will allow researchers to build a more nuanced, holistic understanding of this emerging phenomenon.

Overall, the study's findings contribute to the growing literature by reinforcing the necessity of proactive organisational strategies, psychological safety initiatives, and comprehensive human resource policies. Silent resignation is not an isolated occurrence but a mirror reflecting the quality of organisational life, the adequacy of leadership, and the broader socio-economic environment surrounding the workforce.

Conclusion

This study reveals that the phenomenon of silent resignation is not solely an individual attitude but also a reflection of organisational structures, leadership styles, and work environments. In sectors characterised by high stress and labour intensity, such as healthcare, employees silently withdrawing from their jobs can directly threaten patient safety and service quality. Therefore, organisations must primarily review their internal policies and undertake an employee-focused transformation process. Open communication channels and effective feedback mechanisms can strengthen employees' sense of belonging and enhance organisational commitment. Furthermore, training programmes aimed at developing individual coping skills are essential to prevent employees from drifting into silent resignation due to burnout.

Factors such as role ambiguity and confusion regarding job descriptions, which contribute to quiet quitting, must be effectively addressed. In this context, the clarification of job descriptions and the explicit definition of employees' specific areas of responsibility, particularly for newcomers or individuals undergoing positional changes, are considered critical for strengthening psychological safety. A clear understanding of expectations reduces stress caused by uncertainty and reinforces employees' sense of belonging. In addition, clear job definitions allow employees to evaluate their

performance more accurately and recognise their achievements more concretely, thereby playing a key role in preventing the emotional disengagement process that leads to silent resignation.

Moreover, the early detection of quiet quitting behaviours is crucial for implementing timely and effective organisational interventions. It is recommended that validated measurement tools and monitoring instruments be systematically employed within healthcare institutions. By identifying declines in employee engagement at an early stage, preventive and supportive measures can be taken before problems escalate, thereby preserving employee satisfaction and minimising organisational risks such as workforce turnover and performance losses.

Finally, from an academic perspective, establishing a balance between theoretical analyses and quantitative findings is essential. Silent resignation should not only be addressed through the lens of human resources management but also by adopting an interdisciplinary approach that includes sociology, psychology, and health policies. By doing so, inclusive and sustainable solutions can be developed at both individual and institutional levels. Hearing the silence, interpreting it correctly, and responding strategically will be among the most critical skills for organisations in the evolving landscape of today's business world.

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