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Araştırma Makalesi/ Research Article

Validity and Reliability of Quiet Quitting Scale Among Nurses

Hemşireler Arasında Sessiz İstifa Ölçeğinin Geçerlik ve Güvenirliği

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ABSTRACT

Objective: The purpose of this study is to test the validity and reliability of the Quiet Quitting Scale in Turkish.

Methods: This methodological study was conducted with 180 nurses working in three public hospitals. For validity analyses, the content validity index was calculated following the language adaptation study, and construct validity was examined using exploratory and confirmatory factor analyses. For reliability, the split-half method was applied and Cronbach's alpha coefficient was calculated.

Results: The content validity index calculated based on expert opinions was calculated between 08.80 and 1.00. In testing construct validity, the Kaiser-Meyer-Olkin test result was 0.744, the Bartlett Sphericity Test Chi Square value was 510.041; While $p<0.000$ was calculated, in the exploratory factor analysis, the total variance explanatory rate was found to be 60.46%, and the factor loadings of all items varied between 0.318-0.684. While the Cronbach's Alpha coefficient of the scale was found to be 0.79, the alpha values for the sub-dimensions were calculated as 0.701 and 0.803.

Conclusion: It confirmed that the Turkish version of the Quiet Quitting Scale is valid and reliable. It has been revealed that Turkish nurses can be used to evaluate silent quitting levels.

Keywords: Nursing, reliability, quiet quitting, validity

ÖZ

Amaç: Bu çalışmanın amacı Sessiz İstifa Ölçeği'nin Türkçe geçerlik ve güvenirliğini test etmektir.

Yöntem: Metodolojik tipteki bu çalışma üç farklı kamu hastanesinde görev yapan 180 hemşire ile yürütülmüştür. Geçerlik analizleri için; dil uyarlama çalışmasının ardından kapsam geçerlik indeksi hesaplanırken, yapı geçerliği için; açımlayıcı faktör analizi ve doğrulayıcı faktör analizi uygulanmıştır. Ölçeğin güvenirlik analizi için; iki yarı yöntemi kullanılmış ve Cronbach alfa katsayısı hesaplanmıştır

Bulgular: Uzman görüşlerine dayalı hesaplanan kapsam geçerlik indeksi 08.80-1.00 arasında hesaplanmıştır. Yapı geçerliğinin test edilmesinde Kaiser-Meyer-Olkin testi sonucu 0.744, Barlett Küresellik Testi Ki Kare değeri 510.041; $p<0.000$ hesaplanırken, açımlayıcı faktör analizinde toplam varyans açıklayıcılık oranı %60.46, tüm maddelerin faktör yüklerinin ise 0.318-0.684 arasında değiştiği saptanmıştır. Ölçeğin Cronbach's Alpha katsayısı 0.79 olarak bulunurken, alt boyutlara ilişkin alfa değerleri ise 0.701 ve 0.803 olarak hesaplanmıştır.

Sonuç: Bu çalışma**,** Sessiz İstifa Ölçeği'nin Türkçe versiyonunun geçerli ve güvenilir olduğunu doğrulamıştır. Türk hemşirelerinin, sessizce bırakma düzeylerini değerlendirmek amacıyla kullanılabileceğini ortaya koyulmuştur.

Anahtar Kelimeler: Hemşirelik, geçerlik, güvenirlik, sessiz istifa

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Introduction

Quiet quitting is a behavioral change in the work life and work patterns of employees as a reaction to an intense work environment. Employees who quietly quit take less responsibility at work, perform at a minimum level without neglecting their work, and avoid doing any work not included in their job descriptions. Thus, employees do not go beyond the basic requirements of the job and work at a minimum level to maintain a better work-life balance (Çalışkan, 2023; Çimen and Yılmaz, 2023; Formica and Sfodera, 2022). The new concept of "quiet quitting," first introduced by economist Mark Boldger (2009), was popularised by video content shared on a social media platform in 2022. The concept of quiet quitting has evolved over the past years with the influence of theories of employee motivation, commitment, and social change (Atalay and Dağıstan, 2023; Çimen and Yılmaz, 2023; Formica and Sfodera, 2022; Zuzelo, 2023). In particular, economic changes in the world have caused employees to postpone their intentions of leaving their jobs. Instead, many employees maintain their current positions and continue their working lives with minimal effort (Formica and Sfodera, 2022). Especially during the pandemic, some employees began working from home or in a flexible manner. This caused the boundaries between work and social life to cross each other. In the aftermath of the pandemic, employees experienced many disappointments and ruptures in reestablishing the balances that were disrupted with their return to work. While this situation led to major trends of some employees quitting their jobs, it progressed more quietly for those who could not immediately leave their jobs (Formica and Sfodera, 2022; Mariah Espada, 2022). The pandemic, which has affected the whole world, has caused healthcare workers, who have served above and beyond expectations at maximum capacity, to suffer higher personal and family costs. Nurses experienced highly stressful and challenging conditions as they were at the forefront of healthcare workers, and this situation negatively affected their work performance (Cerit and Uzun, 2022; Rizzo et al., 2023). Nurses are the most important resource in health care environments, and their contribution to the quality health care service goals of organizations is very high. In some cases, the pandemic led to changes in nurses' performance and organizational problems (Boniol et al., 2022; Formica and Sfodera, 2022; Galanis et al., 2023a; Galanis et al., 2024a; Galanis et al., 2024b; Zuzelo, 2023). Insufficient human and other resources increased working hours, and lack of organizational support are the most important organizational factors affecting the quality of nursing care. These organizational problems became even more visible during the pandemic, with the vast majority of nurses expressing intentions of quitting their jobs (Falatah, 2021; Galanis et al., 2023a). However, today's economic conditions have led many nurses to remain in their jobs but work at a minimum level, reduce their efforts and performance, and "quietly quit" instead of quitting as an explicit action. (Galanis et al., 2023b). In a study, it was reported that nurses' silent quitting levels were quite higher than other healthcare professionals (67.4%) (Galanis et al., 2023b). Nurses chose to quit quietly by reducing their work effort, not allowing the professional load to affect them further, and establishing a work-life balance. However, reducing effort can have devastating consequences on patient care, which is already plagued with a significant number of negative events, errors, and missed care. For example, nurses who quietly resign may cause their co-workers to take on more workload, create a more fragile work environment, reduce the morale motivation of the healthcare team, and may result in a decrease in the quality of patient care (Galanis et al., 2023a, Galanis et al., 2024b, Moisoglou et al., 2024). Hence, it is necessary to measure the level of quiet quitting among nurses. However, there is no valid and reliable tool that measures the level of quiet quitting among nurses in Turkey to date.

The aim of this study was to evaluate the validity and reliability of the Quiet Quitting Scale in Turkish.

Methods

Type of Research

This was a methodological study.

Population and Sample of Research

Pe This research was completed between 20.10.2023 and 20.11.2023, with n=180 nurses actively working in three different public hospitals (University Hospital, State Hospital and Physical Therapy and Rehabilitation Hospital), with 10 times the number of scale items (Esin, 2014).

Data Collection Method and Tools

The electronic data collection form created to collect research data was delivered via communication tools (phone, e-mail, etc.), and participants were asked to answer the survey. At the end of the data collection process, the minimum number of people required to be reached was 180.

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Personal information form: This form consisted of five items posing questions about personal characteristics of the participants including age, gender, marital status, educational status, and years of professional seniority (Galanis et al., 2023b; Galanis et al., 2023c; Galanis et al., 2023d; L. N. Uzun and Mayda, 2020).

Quiet Quitting Scale: The validity and reliability of this scale were originally confirmed by Galanis et al. (2023). The Cronbach alpha value of the scale was calculated as ≥0.80 (Galanis et al., 2023d). The measurement tool is a five-point Likert-type scale consisting of 8 items and two factors (F1: "Quitting," items M1, M2, M3, and M4; F2: "Lack of Initiative and Motivation," items M6, M7, M8, and M9). The Cronbach alpha values were calculated as 0.701 for Quitting and as 0.803 for Initiative and Motivation, while the Cronbach alpha of the entire scale was calculated as 0.794.

Scale Adaptation Process

The World Health Organization has refined and determined the steps to follow in the adaptation process through numerous studies. In the guide published by the International Testing Commission, the first items are the language and cultural adaptation steps which are compatible with the WHO's steps. (ITC, 2021; Younan et al., 2019). In this study, WHO's scale adaptation process was followed and is shown in Figure 1. The Turkish form of the scale was obtained through English-Turkish translation and back translation. In addition, a pilot study was conducted with 20 nurses who were not included in the study group. The scale was translated from English to Turkish by two different certified expert translation companies. For the Turkish-English linguistic compatibility of the English-Turkish translation, four academics in the field of English language were asked for their expert opinions using the Davis technique, and the content validity index (CVI) was calculated. Ten validity indexes (CVI) were calculated.

Results

In this study, according to Table ,1 the mean age of the participants was 36.05±8.5 years, 13.3% were male, 77.8% had undergraduate degrees, 38.3% had 10-19 years of professional experience, 70.6% were married, and 58.3% had income equivalent to their expenses (Table 1).

Validity Analysis

Content Validity Index

Expert opinion was obtained using the Davis technique (Davis, 1992) and the content validity index was calculated between 0.80-1.00.

Construct Validity

Exploratory factor analysis (EFA) results

The KMO test was applied for the factorization suitability of the sample size, and the sample size was found to be sufficient (KMO=0.744) (Alpar, 2010). Bartlett's test of sphericity showed that there was no correlation between scale items ($\chi2(190) = 510.041$; Bartlett's test of sphericity (p)=0.000) (Özdamar, 2017). EFA was conducted using principal component analysis and the varimax rotation method. As a result of that analysis, item 5 was not included because it was overlapping (Seçer, 2018). As a result, the scale was administered with eight items and two sub-dimensions in accordance with the theoretical structure, and the factor design was found to be acceptable. According to EFA, the scale explains 60.464% of the total variance. The first sub-dimension was named "Quitting" (items M6, M7, M8, M9), and it explained 33.463% of the total variance; the second sub-dimension was named "Initiative and Motivation" (items M1, M2, M3, M4), and it explained 27.001% of the total variance (Table 2).

Confirmatory factor analysis (CFA) results Table 3 shows the correlations among all items. The item-total test correlation values of all items varied between 0.318 and 0.684, and it was determined that all items were related to each other according to the item-total test correlations (>0.30) (Alpar, 2010). As a result of CFA, it was observed that the CR values were significant (p<0.05) (Table 3), (Seçer, 2018). Regarding the one-dimensional structure of the scale the path diagram is presented in Figure 2. According to the CFA conducted in line with the previous EFA, it was determined that the scale contained eight items and two sub-dimensions at a significance level of p=0.000 based on structural equation modelling results (Özdamar, 2017). In the model, covariance was created between errors of the same factor. According to the results of the first-level multifactor analysis, the scale showed a perfect fit based on values of GFI, CFI, IFI, TLI, and $\chi2$ (Cmin/df) (Simon et al., 2010). In this context, the single-factor structure of the scale was accepted to be compatible in Turkey (Figure 2, Table 4).

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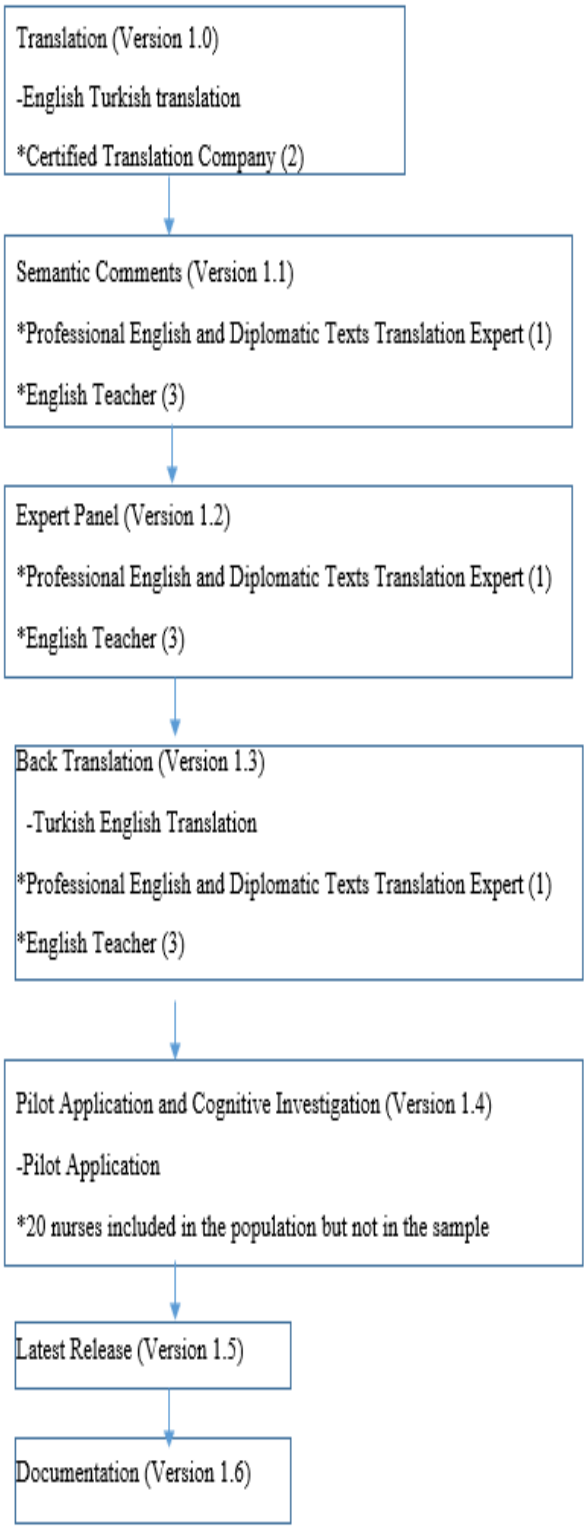

Figure 1. World Health Organization (WHO). (2017). Process of translation and adaptation of instruments (2017).

Table 1. Data on personal characteristics of the participants

Characteristics	**Mean±sd (min-max)**	
Age	36.05±8.5 (22-56) years	
Characteristics	**n**	**%**
Gender		
Female	156	86.7
Male	24	13.3
Marital status		
Married	127	70.6
Single	53	29.4
Educational status		
High school or associate degree	17	9.4
Undergraduate	140	77.8
Postgraduate	23	12.8
Years of professional seniority		
0-9	64	35.6
10-19	69	38.3
≥20 years	47	26.1

Table 2. Exploratory factor analysis results for the Quiet Quitting Scale

	Factors	
Factors	**F1**	**F2**
M8	0.900	
M9	0.834	
M7	0.798	
M6	0.565	
M3		0.824
M4		0.719
M1		0.639
M2		0.624
Scale and sub-dimensions Cronbach's alpha		
F1	0.701	
F2	0.803	
Quiet Quitting Scale	0.794	
Self value	3.419	1.418
Explained variance ratio	33.463	27.001

KMO=0.774, $\chi^2(28)=510.041$; Bartlett's test of sphericity (p)=0.000, *Total explained variance=60.464*

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Table 3. Item analysis results for the Quiet Quitting Scale (n=180)

Items		r*	Standardised factor load	S.E.	C.R.	p-value
F1: Quitting						
M6	I don't express my ideas and opinions about my job because I think that my working conditions will not change.	0.684	0.503			
M7	How often do you take initiative at work?	0.483	0.671	0.203	6.268	0.000**
M8	I am motivated when I am working at my job.	0.350	0.948	0.230	7.019	0.000**
M9	I feel inspired when I am working.	0.318	0.785	0.212	6.761	0.000**
F2: Initiative and Motivation						
M1	I work at a basic or minimal level without overdoing it.	0.661	0.413			
M2	If my colleague can do some part of my work, I let him/her do it.	0.563	0.377	0.224	3.769	0.000**
M3	I take as many breaks as I can.	0.517	0.697	0.322	5.087	0.000**
M4	How often do you pretend to be working so that you don't have another job coming up?	0.488	0.915	0.380	5.091	0.000**

**r: Item-total score correlation; **: Significance at p<0.05, S.E.: Standard error, C.R. Critical ratios*

Table 4. Confirmatory factor analysis results

Index	Criterion for perfect fit	Criterion for acceptable fit	After modification
χ^2/SD	$0 \leq \chi^2/df \leq 3$	$3 \leq \chi^2/df \leq 5$	2.204
RMSEA	$0.00 \leq RMSEA \leq 0.05$	$0.05 \leq RMSEA \leq 0.08$	0.082
SRMR	$0.00 \leq SRMR \leq 0.05$	$0.05 \leq SRMR \leq 0.08$	0.093
GFI	$0.90 \leq GFI$	$0.85 \leq GFI$	0.946
AGFI	$0.90 \leq AGFI$	$0.85 \leq AGFI$	0,898
CFI	$0.95 \leq CFI$	$0.85 \leq CFI$	0.954
IFI	$0.90 \leq IFI \leq 1.00$	$0.80 \leq IFI$	0.954
TLI	$00.90 \leq TLI$	$0.80 \leq TLI$	0.931
NFI	$00.90 \leq NFI$	$0.80 \leq NFI$	0.919

Chi-square/degrees of Freedom (χ^2/SD), Root mean square error of approximation (RMSEA), Root mean square residual (SRMR), Goodness of fit index (GFI), Comparative fit index (CFI), Incremental fit index (IFI), Tucker-Lewis index (TLI), Normed fit index (NFI)

Cronbach's alpha	First half: M1, M3, M7, M9	0.570
	Second half: M2, M4, M6, M8	0.671
Correlation between two halves		**0.750**
Spearman-Brown coefficient		0.857
Guttman split-half coefficient		0.857

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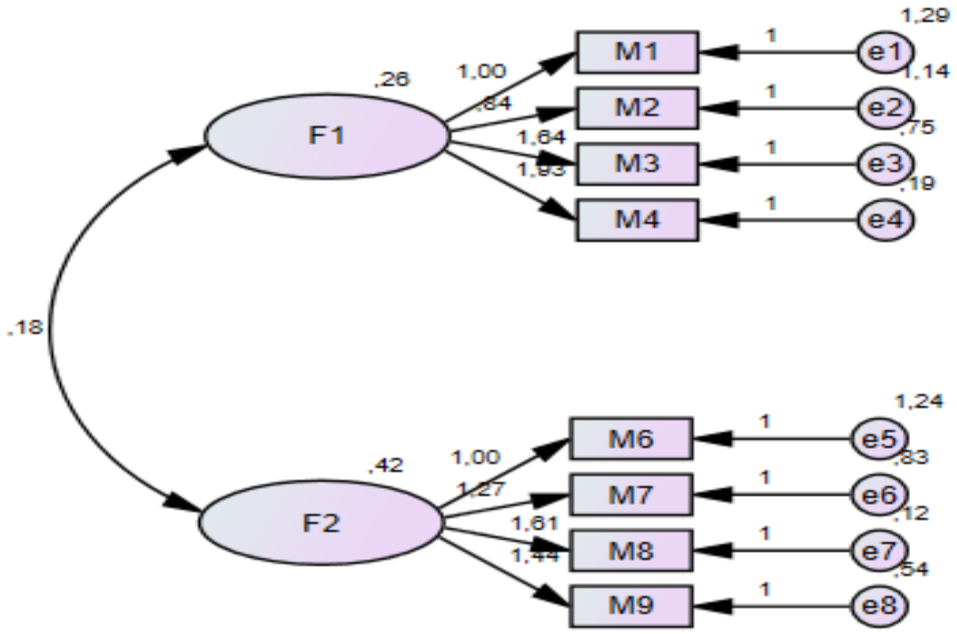

Figure 2. First-level multifactor model confirmatory factor analysis for the Quiet Quitting Scale (non-standardised)

Discussion

The COVID-19 pandemic, which has affected the whole world and Turkey and whose effects are still ongoing, has made the already difficult conditions of healthcare professionals even more difficult. Nurses, who spend the most time with patients, have tried to provide healthcare services and adapt to the processes under very difficult conditions (Cerit and Uzun, 2022; Rizzo et al., 2023). This situation has affected the intention to leave the job as a reflection of the situation, but instead of leaving the job due to the difficulty of employees finding a new job, they have silently put this into action. (Galanis 2024b). It has become important to understand the phenomenon of quiet quitting, which is a destructive change in the health sector, to determine its level, and to evaluate it with valid and reliable tools. Although there are several tools in the Turkish literature that examine work-related variables such as burnout (Çapri et al., 2011), satisfaction (Ö. Uzun, 2003), and quality of work life (Şirin, 2011), no tool has been found in Turkey that measures quiet quitting among nurses. In this context, the validity and reliability of a measurement tool specific to Turkish culture to determine quiet quitting among nurses has been verified.

As a measurement tool, the Quiet Quitting Scale was previously studied in the Greek population but not in the Turkish population. In this respect, this study has contributed to the scientific field. As a result of this study, the factor structure of the Quiet Quitting Scale was validated with a Turkish sample, and it can be used to assess the level of quiet quitting among nurses providing healthcare services in Turkey.

The World Health Organization and the International Test Commission have reported that in the scale adaptation stages, the translation stages should be completed first, opinions should be obtained from field experts, a pilot application should be carried out and then documented. (ITC, 2021; Younan et al., 2019). In this study, opinions were received from expert translators in the field and semantic and conceptual analyses were conducted. As a result of the opinions received from the experts, the CVI was calculated between 0.80-1.00. It was found to be compatible with the value reported as a criterion for content validity in the literature for each item (≥0.80), (Çapık et al., 2018).

In the cultural adaptation phase of a scale, construct validity is often the application of factor analysis (Yasir, 2016). In this study, EFA and CFA were performed to test the construct validity of the

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Quiet Quitting Scale. In order to decide whether the data obtained from the sample in which the study was conducted are suitable for factor analysis, the KMO value is expected to be close to 1 (≥0.60) and the statistical significance level in the Bartlett sphericity test is expected to be less than 0.05 (Yasir, 2016). The calculated KMO test value in this study was (0.744), and the significance level of the Bartlett sphericity test was (p: 0.000). In this context, the data were deemed suitable for factor analysis. In the process of adapting the Quiet Quitting Scale to Turkish, EFA was conducted in the first stage and CFA was conducted in the second stage (Yaşlıoğlu, 2017). It was accordingly determined that the Quiet Quitting Scale consists of two sub-dimensions (F1: 0.701, F2: 0.803) with a total Cronbach alpha score of 0.794 (Table 2). While the original scale consisted of three sub-dimensions, the Turkish version consists of two sub-dimensions. The original measurement tool was tested with n=922 individuals over 18 years of age working in the private and public sectors in Greece (Galanis et al., 2023d). The Turkish validity and reliability of the scale was tested with nurses over 18 years of age working in the public sector and providing healthcare services in Turkey (n=180).

CFA measures the underlying data structure of a measurement tool as an extension of EFA, allowing the calculation of the adequacy of the relationship between the factors and determination of whether the factors are sufficient to explain the model (Erkorkmaz et al., 2013). In the process of adapting the Quiet Quitting Scale to Turkish, CFA showed that the scale structure comprised eight items and two sub-dimensions with a perfect fit confirmed by an IFI value of 0.954 and $\chi 2$ (Cmin/df) value of 2.204 (Table 4) (Simon et al., 2010).

The alpha values of this measurement tool and its sub-dimensions were all calculated as ≥0.70. These results indicate that this scale and its sub-dimensions are highly reliable (Kline, 2000; Tavşancıl, 2005) (Table 2). The Turkish version of the Quiet Quitting Scale is similar to the original scale in that it has a perfect fit (Galanis 2023d). As a result of principal component analysis and varimax rotation, there were no items in the measurement tool that were not included in the theoretical dimension, while item 5, showing overlap, was excluded from the analysis. The overlap value was accepted as 0.10 (Seçer, 2018). The discrimination values of the items of the Quiet Quitting Scale were also calculated. In this adaptation study, the item-total correlation and CR values were calculated to be>0.30. It was concluded that the items were related to each other and that they were suitable for the structure (Table 3, Figure 2) (Seçer, 2018).

The split-half method is a procedure used when a test can be divided into two halves and a score can be obtained. This method is based on the fact that the scores obtained from both halves of the sample should be similar if the measurement tool in question is reliable. The split-half method can be applied using single items and double items (Baykul, 2015). In the present study, the split-half correlation coefficient of the Quiet Quitting Scale was calculated to be 0.75. In this respect, the measurement tool was found to be reliable (Field, 2009). (Table 4).

Conclusions

The Quiet Quitting Scale was found to be valid and reliable for nurses providing healthcare services in Turkey. This measurement tool can be used to determine the level of quiet quitting among nurses. To evaluate the validity of the tool, it is recommended to test it in private health institutions in provinces of different sizes. Appropriately measuring the level of silence among nurses can help management teams understand its impact on employees' work lives and take initiatives to reduce this phenomenon. In addition, since health care practices will be multidisciplinary teamwork, it is recommended that they be adapted to other professional groups in the field of health.

Limitations

The original version of the scale used in this study was developed by Galanis et al. (2023), a Greek researcher whose native language is Greek. Permission was obtained from the developing authors, and the owner of the scale forwarded the internationally published version of it in English. The adaptation to Turkish Culture was carried out in this form. It is thought that this situation may cause limitations in cultural adaptation.The research was conducted with 180 nurses working in public hospitals serving in the Western Black Sea Region of Turkey. It did not work with the private hospital group in this province. Therefore, it does not include data on private hospitals. Since the items in this scale have the ability to change over time and may change for any reason in the time interval between two measurements, test-retest reliability was not performed in this study.

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Ethics Committee Approval: In conducting this study, written approval was obtained from the participating nurses, the original owner of the scale, the institutions where the study was conducted, and the relevant Bolu Abant İzzet Baysal University-Human Research ethics committee (13.10.2023 Date-2023/334 Issue).
Author Contributions: Consept: LNU; Design: LNU, HHT; Supervision: LNU, HHT; Data Collection: HHT; Data Processing: LNU, HHT; Analysis and Interpretation: LNU, HHT; Literature Search: LNU Preparation of the manuscript: LNU, HHT; Critical Reviews: LNU, HHT
Conflict of interest: Both authors confirm that they meet authorship criteria and that all authors agree with the content of the article
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What did the study add to the literatüre?

- The Quiet Quitting Scale is a 2 factor, 8 item scale with sound psychometric properties. Therefore, the Quiet Quitting Scale is a brief, reliable and valid tool to measure silent quitting among nurses.
- Quiet Quitting Scale is an effective tool to measure this concept in nurses in Turkey.

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