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Araştırma Makalesi / Research Article

Mediating Roles of Role Ambiguity and Depression in the Relationship Between Perceived Heavy Workload and Quiet Quitting Behaviors of Healthcare Workers

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Abstract

The purpose of this study is to examine the effect of heavy workload perceptions of healthcare workers on their quiet quitting behaviours and to reveal the possible mediating roles of role ambiguity and depression in this relationship. To this end, the study focuses on employees in the health sector and examines the multidirectional interactions among these variables within the framework of the parallel mediation model. Data were collected from 553 healthcare workers at a large-scale training and research hospital in the Eastern region of Türkiye. The results of the study showed that the perception of heavy workload had a positive and significant relationship with quiet quitting behaviours and that role ambiguity and depression mediated this relationship. In parallel mediation analyses, role ambiguity and depression variables were found to have significant parallel mediation roles in the effect of heavy workload on quiet quitting.

Keywords: *Heavy Workload, Quiet Quitting, Role Ambiguity, Depression, Health Workers.*

Sağlık Çalışanlarının Ağır İş Yükü Algıları ile Sessiz İstifa Tutumları Arasındaki İlişkide Rol Belirsizliğinin ve Depresyonun Aracı Rolleri

Öz

Bu araştırmanın amacı, sağlık çalışanlarının ağır iş yükü algılarının sessiz istifa tutumları üzerindeki etkisini incelemek ve bu ilişkide rol belirsizliği ile depresyonun olası aracılık rollerini ortaya koymaktır. Bu amaç doğrultusunda çalışma; sağlık sektöründe görev yapan çalışanlara odaklanarak, söz konusu değişkenler arasındaki çok yönlü etkileşimi paralel aracılık modeli çerçevesinde incelemektedir. Araştırma Türkiye'nin Doğu bölgesinde yer alan büyük ölçekli bir eğitim ve araştırma hastanesinde görev yapan toplam 553 sağlık çalışanından veri elde edilerek yapılmıştır. Araştırma sonuçları değerlendirildiğinde ise ağır iş yükü algısının sessiz istifa tutumları ile pozitif ve anlamlı bir ilişkiye sahip olduğu ayrıca rol belirsizliği ve depresyonun bu ilişkiyi aracılık ettiğini göstermiştir. Paralel aracılık analizlerinde ise rol belirsizliği ve depresyon değişkenlerinin ağır iş yükünün sessiz istifa üzerindeki etkisinde anlamlı paralel aracılık rolleri olduğu tespit edilmiştir.

Anahtar Kelimeler: *Ağır İş Yükü, Sessiz İstifa, Rol Belirsizliği, Depresyon, Sağlık Çalışanları.*

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INTRODUCTION

COVID-19 has turned the modern world upside down and brought the concept of quiet quitting back to the agenda. This concept was introduced by economist Mark Boldger in 2009; however, it became popular in 2022 (Gözlü, 2023). Uncertainty and heavy workload caused by the pandemic brought role ambiguity, stress, depression, burnout, and quiet quitting. Quiet quitting refers to a situation where an employee remains in their job but only fulfills the basic responsibilities of their role, refraining from taking on any extra duties beyond what is required (Rossi et al., 2024). It is known that quiet quitting is more common among individuals aged 21-35. This age group is more prone to quiet quitting because they face a heavy workload (Shah & Parekh, 2023). Heavy workload is when the tasks, responsibilities or jobs that the employee has to undertake in a certain period are above normal standards (Altaş, 2022). Therefore, healthcare workers who are faced with a heavy workload may experience role ambiguity and depression after a certain point and enter into a quiet quitting behaviour.

Role ambiguity refers to situations that are unclear or ambiguous during the performance of behaviors expected of employees in a given task or position within an organization (Basım et al., 2010). During the COVID-19 pandemic, the increasing number of patients and prolonged working hours increased the workload of employees, and this situation caused role ambiguity, stress, depression, and burnout in employees. The fact that healthcare workers had to take care of more patients than they could take care of, that is, the increase in workload, caused the employee to experience role ambiguity (Bowling et al., 2015). This situation led the employee to quiet quitting after a certain point (Van Den Boogaard & Zegers, 2022). Within the scope of this study, it is thought that role ambiguity experienced by healthcare workers may mediate the relationship between heavy workload and quiet quitting. In other words, the heavy workload that employees are exposed to may increase their quiet quitting behaviours, and role ambiguity may further the effect of heavy workload on quiet quitting.

Depression refers to the negative emotional state experienced by the individual. Exposure of employees to heavy workload in the workplace may lead them to depression, and quiet quitting behaviours may increase with the effect of heavy workload and depression. Studies have shown that a heavy workload increases depression (Mahudin & Zaabar, 2021), and depression causes quiet quitting (Akın & Çiçek, 2024). Within the scope of this study, it is hypothesized that heavy workload perceived by healthcare workers will cause depression, and quiet quitting behaviours will increase with depression. In other words, it is thought that depression will play a mediating role in the relationship between heavy workload and quiet quitting.

As a result, quiet quitting in the health sector negatively affects both employees and health services. Healthcare workers reduce their efforts to benefit the organisation and patients through quiet quitting. In fact, if healthcare workers work selflessly and efficiently, they can improve the health of the country's population and reduce the per capita cost of healthcare (Galanis et al., 2023). In this context, in order to reduce quiet quitting behaviours, it is important to determine the reasons first. In this context, what needs to be done to reduce quiet quitting in the health sector? This is the basic question of this research. As a result of the literature study conducted within the scope of the research, it is aimed to reveal the relationships between the variables of heavy workload, role ambiguity and depression that are effective on quiet quitting. Therefore, the aim of this study is to determine whether role ambiguity and depression have mediating roles in the effect of heavy workload experienced by employees in the health sector on quiet quitting behaviours. In line with this purpose, firstly, a literature review was conducted, and concepts were

introduced, and conceptual relationships were written. According to the findings, suggestions were made to the relevant people and authorities. In addition, this comprehensive study, which analyzed healthcare workers, emphasized that heavy workload causes quiet quitting behaviours and made various contributions to the literature. This study contributed to a better understanding of the organizational dynamics in the health sector by emphasizing heavy workload, role ambiguity, and depression that quiet quitting behaviours. By examining related studies in the literature, the relationships among these concepts were highlighted, and the concepts were presented in a model, and their effects were identified and contributed to the literature through the results. No research in the current literature examines these four variables together. This research on the reasons for healthcare professionals' quiet quitting behaviors provides more information by filling the gap in the current literature. Taking these findings into account when creating healthcare policies can increase the motivation of healthcare professionals and make a practical contribution to policy development by improving service quality.

1. THEORETICAL FRAMEWORK

According to the job description, quiet quitting is the deliberate absence of the employee from work activities. The employees who exhibit quiet quitting behavior do his/her work in order to maintain his/her status at work; however, he/she does not perform additional responsibilities and does not make voluntary contributions at the workplace. Quiet quitting does not indicate that the employee intends to leave the job. However, it shows that the employee focuses on actions to limit work activities (Kurniawan et al., 2024). Economic dissatisfaction, lack of career opportunities, not being valued in the workplace and heavy workload can be counted among the factors that push employees to quiet quitting (Oğan & Çetiner, 2024). In this study, heavy workload is emphasized among the factors that push employees to quiet quitting behavior. Heavy workload is defined as challenging tasks that exceed employees' abilities, cause pressure, frustration, and anxiety, and negatively affect a person's physical and mental behavior (Naamneh & Bodas, 2024). Employees who think that they have excessive workloads may experience mental and physical health problems (Kurniawan et al., 2024). Kurniawan et al. (2024) found that excessive workload increases quiet quitting, and burnout plays a mediating role in the relationship between excessive workload and quiet quitting. Burnout is a state of depression that negatively affects the mental health of the employee (Gözlü, 2023). Previous studies have shown that burnout experienced by employees increases quiet quitting (Thu Trang & Thi Thu Trang, 2024; Zhang, 2024). In this study, it is hypothesized that role ambiguity and depression will play a mediating role in the relationship between a heavy workload and quiet quitting.

Excessive workload can make it difficult for employees to clearly understand their roles and responsibilities, which can lead to role ambiguity. Balancing workload is important to manage this situation. Employees who work long hours and overtime, such as healthcare workers, have difficulty in balancing work and family. In addition, excessive workload causes employees to experience role ambiguity (Özcan & Yaltagil, 2024). Bowling et al. (2015) meta-analyzed the workload literature and found that there is a positive relationship between workload and role ambiguity. Wu and Wei (2024) showed that role ambiguity increased deviant behaviors due to their study on hotel employees. Therefore, role ambiguity may also increase quiet quitting, which can be considered a type of deviant behavior. When these studies are evaluated as a whole, excessive workload increases quiet quitting, and role ambiguity may play a mediating role in the relationship between excessive workload and quiet quitting.

Heavy workloads can directly cause employees to become depressed, which can affect employee performance. Mahudin and Zaabar (2021) revealed that a heavy workload increases depression as a result of their study. Özkan et al. (2015) showed that mental workload increases depression as a result of their research on accounting professionals. Luo et al. (2024) conducted a study on radiology assistants in China and found a positive relationship between workload and depression symptoms. In addition, Akın and Çiçek (2024) stated that depression experienced by the employee causes quiet quitting. Therefore, a heavy workload may increase depression, and depression may lead to quiet quitting. In other words, there is a positive relationship between heavy workload perception and quiet quitting, and depression may play a mediating role in this relationship.

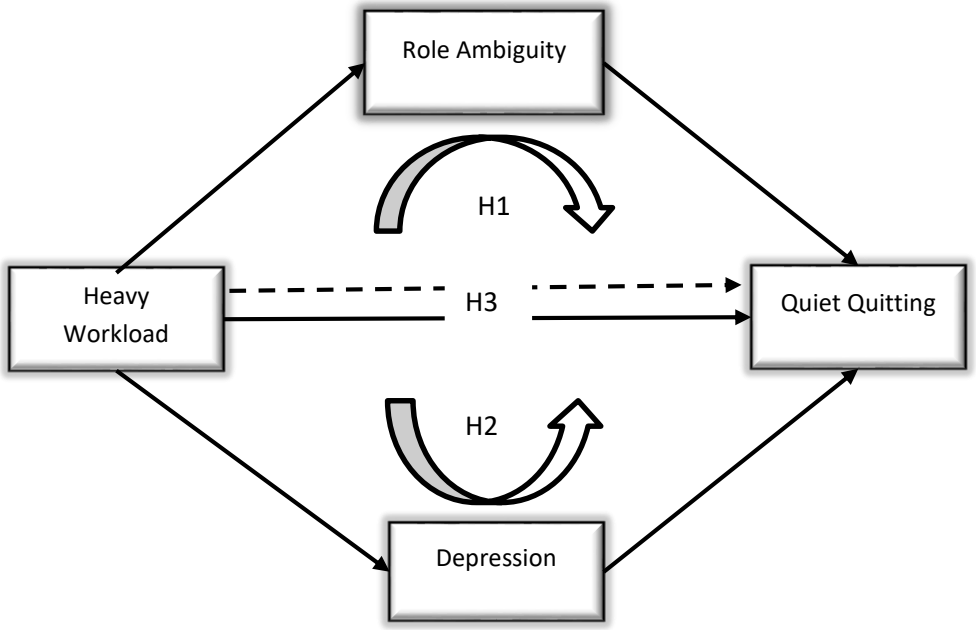
The purpose of this study is to examine the relationship between heavy workload perceptions and quiet quitting behaviours of healthcare workers and to reveal whether role ambiguity and depression have parallel mediating roles in this relationship. In order to understand the effect of a heavy workload on quiet quitting more clearly and multidimensionally, it was hypothesized that depression and role ambiguity might also have parallel mediating roles. After examining the mediating role of these variables individually, it was thought necessary to examine the parallel mediating role as a whole. For this reason, a hypothesis claiming that role ambiguity and depression have a parallel mediating role in the relationship between heavy workloads and quiet quitting behaviours of healthcare workers was developed. As a result, the following hypotheses were developed based on the relationships in the above literature.

H1: Role ambiguity mediates the relationship between perceptions of heavy workload and quiet quitting behaviours among healthcare workers.

H2: Depression mediates the relationship between perceptions of heavy workload and quiet quitting behaviors among healthcare workers.

H3: Role ambiguity and depression play a mediating role in the relationship between healthcare workers' perceptions of a heavy workload and their quiet quitting behaviors.

Figure 1: Research Model



2. METHOD

In this part of the study, the design and purpose of the study are discussed, and information about the population, sample, and ethical approval processes is given. In addition, the methodological framework of the study is presented in detail by expressing the data collection tools and data analysis processes.

2.1. Research Design

Based on the theoretical framework, this study aims to examine in detail the relationship between heavy workload perceptions and quiet quitting behaviours of healthcare workers within the framework of the model presented in Figure 1. In this direction, the heavy workload is positioned as an independent variable, quiet quitting behaviours as a dependent variable, and role ambiguity and depression are considered parallel mediating variables in this relationship. The study adopted a cross-sectional design and was conducted with a descriptive-relational approach. The effect of heavy workload perceptions of healthcare workers on their quiet quitting behaviours was tested with statistical analyses through the possible mediating effects of role ambiguity and depression. In this way, it is aimed to explain the multifaceted interactions between the relevant variables in a holistic framework and to contribute to a better understanding of organizational dynamics in the health sector.

2.2. Research Purpose and Problem

This study aims to examine in depth the effects of heavy workload perceptions of employees working in the health sector on their "quiet quitting" behaviours, which can be defined as the process of psychological withdrawal from work. In addition, it is also aimed to reveal the mediating roles of role ambiguity and depression.

The heavy workload that healthcare workers are exposed to may weaken their organizational commitment and motivation and lead to the emergence of emotional and behavioral detachment attitudes that can be described as "quiet quitting". However, the exact mechanisms through which this process is shaped due to heavy workload have not been sufficiently elucidated in the literature. Especially the lack of information on how psychological factors such as role ambiguity and depression mediate this relationship constitutes an important research problem in terms of protecting the well-being of individuals working in health organizations and developing effective human resources policies. Ultimately, the current study focuses on the problem of explaining the effect of heavy workload perceptions of healthcare workers on their quiet quitting behaviours while revealing the mediating roles of role ambiguity and depression both separately and in parallel in this relationship.

2.3. Population and Sample of the Research

The study population consisted of healthcare professionals working at a large-scale (750-bed) training and research hospital in the Eastern region of Türkiye. The population size was determined in line with the information obtained from the personnel department of the hospital and it was determined that 1368 employees were working in the institution. The sample size was calculated utilizing G*Power software (version 3.1.7, Heinrich-Heine University, Germany). As a result of calculations based on an effect size of 0.15, a significance level of 0.001 (α), a statistical power of 0.99 (1-β) and four predictor variables (heavy workload, quiet quitting, role ambiguity, depression) for regression analysis, the minimum sample size was determined as 216. A simple random sampling method was preferred. During the data collection process, both online and face-to-face questionnaires were distributed. Between September and October 2024, a total of 500 questionnaire forms were distributed to the hospital as physical printouts. Then, the online version of the questionnaire and the electronic informed consent form were sent to a large proportion of the employees through the corporate e-mail addresses and social media platforms of all healthcare professionals. Accessibility was increased by asking the participants to share the questionnaire with their colleagues within the framework of the snowball sampling technique, and all employees were tried to reach. Only health workers who voluntarily participated in the study were included and participants were given the right to leave the study at any time. At the end of the process, responses were obtained from a total of 579 healthcare professionals, 362 face-to-face and 217 online. When these forms were analyzed, it was determined that 18 questionnaires had incomplete answers to the scale questions, and 8 questionnaires had extremely low standard deviation values due to the same answer to all questions (for example, 1 to all). For this reason, these 26 questionnaire forms were excluded from the analysis, and 553 questionnaire forms that were completely answered were included in the analysis. Finally, it was determined that the participation rate was approximately 40.4% when the entire population was taken into consideration.

2.4. Data Collection Tools

The data collection tool developed within the scope of this research consists of five main sections. In the first part, there are five questions to determine the demographic characteristics of healthcare workers, such as age, gender, marital status, working time in the profession, and education level. In the second part, scales measuring heavy workload; in the third part, quiet quitting; in the fourth part, role ambiguity; and in the fifth part, depression was used. In all these scales, five-point Likert-type ratings ranging from "1: strongly disagree" to "5: strongly agree" were used.

Heavy workload scale: The "Excessive Workload Scale," developed by Peterson et al. (1995) and adapted into Turkish by Derya (2008), was used to determine employees' perceptions of heavy workload. This scale has a unidimensional structure and consists of eleven items. In the adaptation form of the scale, Cronbach's alpha coefficient was found to be 0.86

Quiet quitting scale: In order to determine the quiet quitting behaviours of employees, the "Quiet quitting" scale developed by Avcı (2023) was used. This scale, which exhibits a two-dimensional structure, has a total of eight items. The first three items represent the work dimension and the last five items represent the life dimension. Higher scores obtained from the scale indicate a higher level of quiet quitting behavior in employees. In the original form of the scale, Cronbach's alpha coefficient was 0.81

Role ambiguity scale: The “Role Ambiguity” measure developed by Rizzo et al. (1970) to assess the level of role ambiguity and adapted into Turkish by Basım et al. (2010) was used. The scale has a unidimensional structure and consists of six items. The Cronbach's alpha coefficient of this scale, which was validated in the Turkish literature, was found to be 0.81

Depression scale: In this study, the general depression scale developed by Salokangas et al. (1995) was used to determine the depression levels of individuals. In the original form of this scale, which consists of five items and has a unidimensional structure, Cronbach's alpha coefficient was found to be 0.88.

2.5. Ethical Aspects of The Research

Ethical approval (Date/No: 25.04.2024/04-04) was obtained from Erzincan Binali Yıldırım University Human Research Ethics Committee for this study. In addition, author permission was obtained for the scales used and participant consent was obtained through the informed consent form. Finally, written permission was obtained from the provincial health directorate of the hospital where the research data were collected.

2.6. Methods of Analysis

In this study, SPSS 27, AMOS 24, and SPSS PROCESS Macro software were used to analyze the descriptive, correlative, and multivariate relationships of the data. Firstly, statistical information about the demographic characteristics of health workers was obtained by frequency analyses. In the second stage, bivariate correlation, mean, standard deviation, and reliability analyses were performed through SPSS 27 to determine the relationships between the scales subject to the research. In the third stage, Confirmatory Factor Analysis (CFA) was conducted for the measurement model of the research using AMOS 24 software. In the last stage, the mediating effects of role ambiguity and depression variables were tested separately using the SPSS PROCESS Macro tool developed by Hayes (2013). Then, within the framework of the approach suggested by Hayes (2018), parallel mediation analysis was applied by marking Model 4 and 5000 samples on SPSS PROCESS Macro; it was evaluated how role ambiguity and depression together mediate the direct effect of heavy workload on quiet quitting. In this direction, the analysis process was completed with three different models. In Model 1, "Heavy Workload, Role Ambiguity, Quiet Quitting"; in Model 2, "Heavy Workload, Depression, Quiet Resignation" relationships were examined, and the results were presented in tables. Finally, within the scope of Model 3, the relationship between "Heavy Workload, Role Uncertainty, Depression, Quiet Resignation" was evaluated, and thus, the parallel mediation effect was analyzed, and the findings were tabulated.

3. FINDINGS

In this section, demographic characteristics of the participants, reliability and validity analyses of the measurement tools, correlation values between the variables, and results of mediation and parallel mediation analyses are presented.

3.1. Demographic Results of Health Workers

In this section, demographic data (age, gender, marital status, experience in the profession and education level) of the healthcare professionals were analysed and interpreted through frequency analyses.

Table 1: Statistical Results For Demographic Information

n: 553	n	%	$\bar{x}$	S.D.
Gender			1.42	.49
Male	237	42,9		
Woman	316	57,1		
Age			2,37	1.09
18-28 years old	243	44		
29-39 years old	177	32		
40-50 years old	88	15,9		
51 years and over	45	8,1		
Marital status			1.45	.50
Single	270	48,8		
Married	283	51,2		
Experience			1.08	.53
1-5 years	287	51,8		
6-10 years	231	41,7		
11 years and over	35	6,3		
Education level			3.12	1.35
Associate degree	76	13,7		
Licence	418	75,6		
Postgraduate	59	10,7		

%: Percentage; S.D: Standard deviation; $\bar{x}$*: Mean*

It was found that most of the health workers participating in the study were female (57%), between the ages of 18-28 (44%), bachelor's degree graduates (76%), with 1-5 years of professional experience (52%) and the majority were married (51%).

3.2. Measurement Models

In this phase of the research, confirmatory factor analysis (CFA) was conducted to confirm the validity of the relational structure of the variables used in the research model, which has been used in previous studies and has a theoretical basis. The main purpose of confirmatory factor analysis is to verify whether the hypothesized factor structure is supported by the observed variables (Kline, 2016). In the CFA analysis, Harman's single-factor test method was used to detect and control the common method variance. This test evaluates how much of the variance obtained from different measures can be explained by a single factor. If a single factor explains more than 50% of the variance, this is considered an indicator of common method bias and poses a threat to the validity of the measurements. However, if a single factor explains less than 50% of the variance, the risk of method bias is considered low, which indicates the validity of the measurements (Podsakoff & Organ, 1986). As a result of the analysis, it was determined that the single factor variance of the scales in the study was 47%. According to this result, it was revealed that the risk of method bias in the study was low and the measurements used were valid (Byrne, 2016; Kline, 2016). The composite reliability (CR) and average variance explained (AVE) values of the scales were also analyzed. CR measures the internal consistency of a construct and values above 0.70 are considered acceptable (Bagozzi & Yi, 1988). CR values of the variables of the study: Heavy workload perception (HWP) (0.83), depression (D) (0.90), role ambiguity (RA) (0.78) and quiet quitting (QQ) (0.80) all exceeded the 0.70 limit, indicating a high level of reliability. AVE determines the proportion of variance that a construct can explain and it is considered sufficient to be above 0.50 (Fornell & Larcker, 1981). AVE values of the scales of the study: Heavy workload (0.61), depression (0.63), role ambiguity (0.58) and quiet quitting (0.56). This result reveals that all constructs have sufficient validity. Confirmatory factor analysis (CFA) was conducted in Table 2 to test the construct validity of the variables and the fit of the model with the data. The goodness of fit values for the four-factor measurement model, including all variables in the study and other alternative models (Model 1, Model 2, Model 3, and Model 4), are shown.

Table 2: CFA Analysis Results of The Scales of The Research

Model	X^2/df	RMSEA	CFI	TLI	GFI	SRMR
Measurement model, 4-factor model	3.41	0.07	0.93	0,90	0.92	0.08
Model 1, 3-factor model	6.75	0.09	0.86	0.83	0.76	0.10
Model 2, 3-factor model	8.49	0.12	0.83	0.78	0.74	0.12
Model 3, 2-factor model	9.50	0.12	0.82	0.71	0.72	0.12
Model 4, one-factor model	11.86	0.14	0.77	0.66	0.69	0.14

N=553

Table 2 shows that the four-factor model created for the research scales provides the best fit (X^2/df = 4.97, RMSEA = 0.06, CFI = 0.90, TLI = 0.90, GFI = 0.90, SRMR = 0.06). This model is at acceptable levels in terms of both RMSEA, CFI, TLI, GFI and SRMR values and the X^2/df ratio is also within acceptable limits. The other models (three-factor, two-factor and one-factor) show poor fit. Especially RMSEA, CFI, TLI, GFI and SRMR values reveal that these models are incompatible with the data. Therefore, this four-factor model provides a better fit with the data compared to alternative models (Byrne, 2016; Gürbüz, 2019).

3.3. Correlation Analysis

In Table 3, Cronbach's alpha values of the variables were analysed to determine the reliability coefficients of the scales. The results obtained show α=0.80 for heavy workload perception (HWP), α=0.78 for role ambiguity (RA), α=0.79 for depression (D) and α=0.86 for quiet quitting (QQ). These values reveal that the related scales are sufficient in terms of reliability (Tavakol & Dennick, 2011). The mean, standard deviation, reliability coefficients (Cronbach's alpha) and correlation coefficients between the scales are presented in detail in Table 3.

Table 3: Mean, Standard Deviation, Correlation And Reliability Results of The Scales

Variables	$\bar{x}$	S.S.	HWP	RA	D	QQ	A
Heavy workload perception	2.83	1.101	-				0.80
Role ambiguity	2.87	1.026	0.875**	-			0.78
Depression	2.97	1.095	0.772**	0.880**	-		0.79
Quiet quitting	2.95	1.055	0.790**	0.798**	0.889**	-	0.86

N=553; HWP=Heavy workload perception; RA=Role ambiguity; D=Depression; QQ=Quiet quitting

According to the correlation analysis given in Table 3, positive and significant relationships were found between a heavy workload and role ambiguity (r = 0.875), depression (r = 0.772), and quiet quitting (r = 0.790). In the second finding of the correlation analysis, significant relationships were found between role ambiguity and depression (r = 0.880) and quiet quitting (r = 0.798), while strong correlations were found between depression and quiet quitting (r = 0.889). The results reveal that there are strong relationships between the perception of heavy workload, role ambiguity, depression, and quiet quitting variables. This indicates that work environment factors such as workload perception and role ambiguity may have significant effects on employees' psychological and behavioral responses.

3.4. Testing Hypotheses

After the verification of the measurement model and correlation analyses, the research hypotheses were analysed. In order to test the hypotheses of the research, SPSS 27 Process Macro package analysis programme developed by Preacher and Hayes (2004) was used. Process Macro analysis programme was used to test the hypotheses and 5000 re-samples and Model 4 were marked with Bootstrap technique. The results of Model 1 of the research (Heavy Workload Perception, Role Ambiguity, Quiet Quitting) are shown in Table 4 and Figure 3.

Model 1 results [Heavy Workload Perception→ Role Ambiguity→ Quiet Quitting]

Figure 2: Mediation Test For Model 1

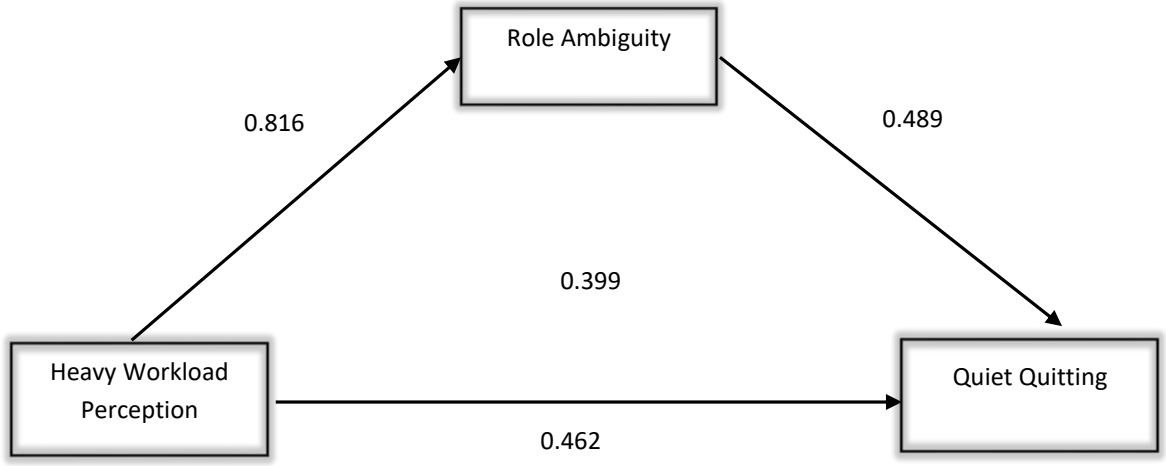


Table 4: Regression Results For The Mediation Effect of Model 1

Role ambiguity						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Heavy workload perception	0.816	0.019	42.499	0.000	0.778	0.853
Quiet quitting						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Role ambiguity	0.489	0.034	14.415	0.000	0.422	0.556
Heavy workload perception (Direct Effect)	0.462	0.032	14.628	0.000	0.400	0.524
Heavy workload perception (Total Impact)	0.861	0.018	48.053	0.000	0.826	0.896
			β	***SE***	**LLCI**	**ULCI**
Indirect impact			0.399	0.039	0.321	0.475

N=553; LLCI = Lower Limit; ULCI = Upper Limit

Table 4 shows the effects of heavy workload perception, role ambiguity and quiet quitting scales on each other. The results of the regression analysis in the table show that heavy workload perception has a significant and positive effect on quiet quitting (β = 0.462, 95% CI [.400, .524]). Another finding in Table 4 is that heavy workload perception has a significant and positive effect on role ambiguity (β =0.816, 95% CI [.778, .853]). The third finding in Table 4 is that role ambiguity has a significant and positive effect on quiet quitting (β =0.816, 95% CI [.778, .853]). The significant interaction between the scales in Table 4 provided the opportunity to analyze the mediation effect. Therefore, regression analysis based on the Bootstrap method was applied to determine whether role ambiguity has a mediating role in the effect of heavy workload perception on quiet quitting.

As a result of the analyses, role ambiguity was found to have a mediating role in the effect of heavy workload perception on quiet quitting (β = 0.399, 95% CI [.321, .475]). The fact that the confidence intervals (CI) obtained as a result of the analyses do not include the zero (0) value confirms that the indirect effect (mediating effect) obtained is significant (MacKinnon, 2012). According to this result, hypothesis H1 is accepted.

Model 2 results [Heavy Workload Perception→ Depression→Quiet Quitting]

Figure 3: Mediation Test For Model 2

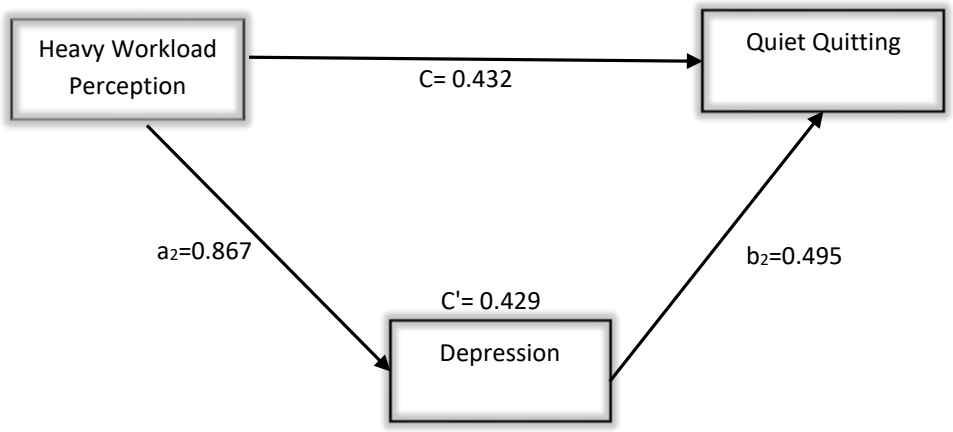


Table 5: Regression Results For The Mediation Effect of Model 2

Depression						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Heavy Workload Perception	0.867	0.021	41.765	0.000	0.827	0.908
Quiet Quitting						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Depression	0.495	0.030	16.428	0.000	0.436	0.554
Heavy Workload Perception (Direct Effect)	0.432	0.030	14.399	0.000	0.373	0.491
Heavy Workload Perception (Total Impact)	0.861	0.018	48.053	0.000	0.826	0.896
			β	***SE***	**LLCI**	**ULCI**
Indirect Impact			0.429	0.051	0.325	0.526

N=553; LLCI = Lower Limit; ULCI = Upper Limit

When the regression analysis results of Model 2 (Heavy Workload Perception- Depression-Quiet Quitting), which is the second model of the research, are examined in Table 5, it is seen that heavy workload perception significantly and positively affects quiet quitting (β =0.432 95% CI [.373, .491]). The second finding in Table 5 shows that heavy workload perception significantly and positively affects depression (β =0.867 95% CI [.827, .908]). The third finding in the table shows that depression has a significant and positive effect on quiet quitting (β =0.495 95% CI [.436, .554]).

These results enabled us to question the mediating effect. In the mediating effect analysis, the Bootstrap technique from the Process Macro analysis developed by Hayes (2018) was used. With the Bootstrap technique, 5000 resampling options and Model 4 were selected and mediation effect analysis results were obtained. Looking at the results in Table 5, it is concluded that depression has a mediating role in the effect of heavy workload on quiet quitting (β =0.429 95% CI [.325, .526]). According to this result, hypothesis H2 was accepted.

Table 6: Regression Analysis Results For Model 3 Parallel Mediation Test

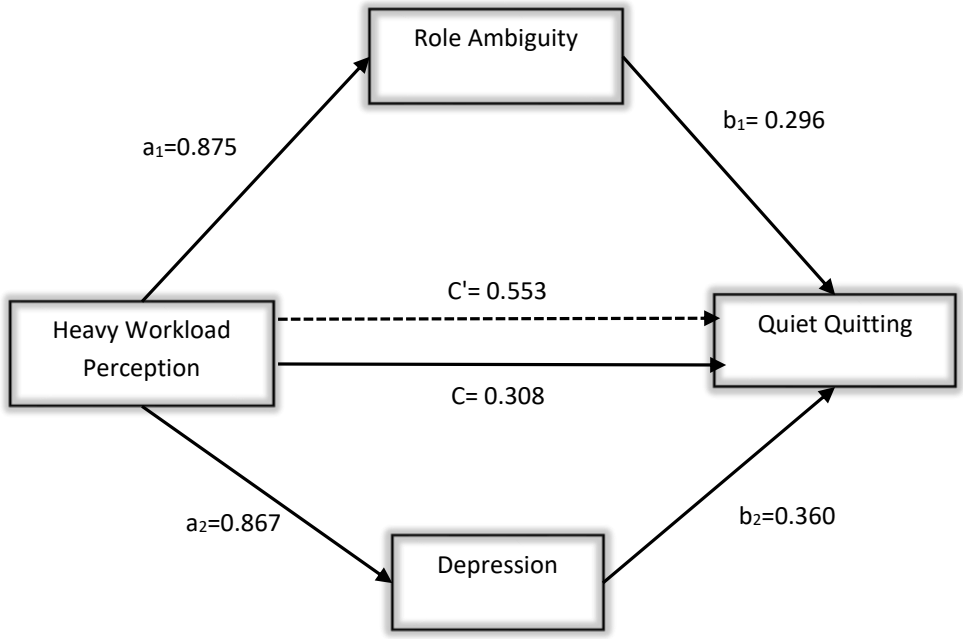
Role Ambiguity						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Heavy Workload Perception	0.816	0.19	42.499	0.000	0.778	0.853
Depression						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Heavy Workload Perception	0.867	0.021	41.765	0.000	0.827	0.908
Quiet Quitting						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Role Ambiguity	0.296	0.035	8.371	0.000	0.227	0.366
Depression	0.360	0.033	10.991	0.000	0.295	0.424
Heavy Workload Perception (Direct Effect)	0.308	0.032	9.646	0.000	0.245	0.370
Heavy Workload Perception (Total Impact)	0.861	0.018	48.553	0.000	0.826	0.896
	β	**BootSE**	**Boot LLCI**	**Boot ULCI**		
Mediating Effect	0.553	0.040	0.475	0.632		

N=553; LLCI = Lower Limit; ULCI = Upper

The results of the parallel mediation analysis in Table 6 provide important findings about the mediating roles of role ambiguity and depression in explaining the effect of heavy workload perception on quiet quitting. Heavy workload perception has a strong and significant positive effect on both role ambiguity (β = 0.816, 95% CI [.778, .853], p < 0.001) and depression (β = 0.867, 95% CI [.827, .908], p < 0.001). This finding indicates that the perception of heavy workload increases role ambiguity and depression in individuals. It can be said that the 95% confidence interval (LLCI-ULCI) effects for both variables are positive and statistically significant. In the analysis of the quiet quitting variable, role ambiguity (β = 0.296, 95% CI [.227, .366], p < 0.001) and depression (β = 0.360, 95% CI [.295, .424], p < 0.001) variables have significant positive effects on quiet quitting. This finding reveals that the increase in uncertainty and depression levels of employees may lead individuals to quiet quitting. The direct effect of heavy workload perception on quiet quitting is also significant (β = 0.308, 95% CI [.245, .370], p < 0.001). However, the total effect (β = 0.861, 95% CI [.826, .896], p < 0.001) shows that indirect effects rather than direct effects strengthen this relationship. The fact that the effects in the table are significant allows us to question the parallel mediation role. The results in Table 6 are also shown in Figure 4.

Model 3 results [Heavy Workload Perception→ Role Ambiguity + Depression→ Quiet Quitting]

Figure 4: Parallel Mediation Effect Analysis Of Model 3



In order to determine whether there is a parallel mediation role in the last hypothesis of the study, H_3, the two mediating variables were subjected to mediation effect analysis at the same time by selecting 5000 resampling options and Model 4 with the Bootstrap technique from the Process Macro analysis developed by Hayes (2013). In the test of mediation effects, it was determined that both role ambiguity and depression played a mediating role together. As a result of the analysis, it was determined that role ambiguity (β =0.242 95% CI [.149, .331) and depression (β =0.312 95% CI [.218, .413) mediated the effect of heavy workload on quiet quit.

Table 7: Direct And Indirect Effect Analysis Results For Mediation Analysis

Direct Effect of X on Y	**Effect**	**SE**	**t**	**LLCI**	**ULCI**
Model 1 HWP→ QQ	0.462	0.032	14.628	0.400	0.524
Model 2 HWP→ QQ	0.432	0.030	14.399	0.373	0.491
Model 3 HWP→ QQ	0.308	0.032	9.646	0.245	0.370
Indirect Effect of X on Y	**Effect**	**BootSE**	**BootLLCI**		**BootULCI**
Model 1 HWP→ RA→ QQ	0.399	0.039	0.321		0.475
Model 2 HWP→ RA→ QQ	0.429	0.051	0.325		0.526
Model 3 HWP RA→+ D→ QQ	0.553	0.039	0.478		0.630

HWP: Heavy workload perception; QQ: Quiet quitting; RA: Role ambiguity; D: Depression

Table 7 shows the direct and indirect effects of the independent variable of the study, heavy workload perception, on the outcome variable, quiet quitting. As a result of the analyses, it was determined that role ambiguity and depression had a parallel mediating role (β =0.553 95% CI [.478, .630) in the effect of heavy workload perception on quiet quitting. According to this result, hypothesis H_3 was accepted.

4. DISCUSSION

In this study, the results showed that role ambiguity and depression played parallel mediating roles in the relationship between heavy workload perceptions and quiet quitting behaviours of healthcare workers. The results show that heavy workload perception may increase quiet quitting behaviours by creating negative effects on healthcare workers. Especially role ambiguity and depression were found to mediate this relationship in parallel. Therefore, we can say that a heavy workload causes quiet quitting by increasing both role ambiguity and depression. With these results, all three hypotheses determined in the study were supported. In addition, these results are similar to those of similar studies in the literature.

According to the first hypothesis of the study, role ambiguity has a mediating role in the relationship between the heavy workload perceptions of healthcare workers and their quiet quitting behaviours. In short, it was found that the effects of heavy workload perceptions of healthcare workers on their quiet quitting behaviours emerged through role ambiguity. According to this result, although the perception of a heavy workload experienced by healthcare workers causes quiet quitting, the perception of a heavy workload further increases quiet quitting through role ambiguity. These findings are supported by some studies in the literature. For example, Oğan and Çetiner (2024) stated that one of the reasons that push employees to quiet quitting is the heavy workload. In addition, Bowling et al. (2015) meta-analyzed the workload literature and found that there is a positive relationship between workload and role ambiguity. When these studies are evaluated as a whole, it has been shown that role ambiguity may play a mediating role in the relationship between heavy workload and quiet quitting, and these research results are similar to our results. As a result, it can be said that the heavy workload that healthcare workers are exposed to increases quiet quitting and role ambiguity increases this effect even more. Therefore, a more balanced workload should be distributed in the health sector, and quiet quitting behaviours should be prevented by reducing role ambiguity caused by workload.

According to the second hypothesis of the study, it was determined that depression has a mediating role in the relationship between heavy workload perceptions and quiet quitting behaviours of healthcare workers. In short, it was found that the effects of heavy workload perceptions of healthcare workers on their quiet quitting behaviours emerged through depression. According to this result, the perception of a heavy workload experienced by healthcare workers causes quiet quitting behaviours, but the perception of a heavy workload further increases quiet quitting behaviours through depression. These findings are also supported by some studies in the literature. For example, Kurniawan et al. (2024) found that excessive workload increases quiet quitting behaviours, and burnout plays a mediating role in the relationship between excessive workload and quiet quitting. Luo et al. (2024) found a positive relationship between workload and depression symptoms as a result of a study conducted on radiology assistants in China. When these studies are evaluated as a whole, it can be said that a heavy workload may increase depression, and a heavy workload through depression will further increase quiet quitting behaviours. As a result, it is obvious that the heavy workload that healthcare workers are exposed to increases quiet quitting and depression, and depression further increases the relationship between heavy

workload and quiet quitting. Therefore, more balanced workload distribution should be made in the health sector and quiet quitting behaviours should be prevented by offering solutions to employees who are exposed to depression caused by workload.

According to the third and final hypothesis of the study, it was determined that role ambiguity and depression have a parallel mediating role in the effect of heavy workload perceptions of healthcare workers on quiet quitting behaviours. In short, when healthcare workers are exposed to heavy workloads, they will show quiet quitting more frequently through role ambiguity and depression. Therefore, healthcare workers will stop working selflessly. When factors such as role ambiguity and depression occur, the negative effects of heavy workload and quiet quitting will increase more. It was determined from the results of the research that the heavy workload experienced by healthcare workers causes quiet quitting behaviours and that role ambiguity and depression worsen this situation. In order for managers to reduce quiet quitting behaviours, they should first distribute work in a fair and balanced way. In addition, situations that depress employees should be avoided, and their roles should be clearly defined. In conclusion, the findings showed that the perception of heavy workload increases the quiet quitting behaviours of healthcare workers in direct and indirect ways. In particular, it was determined that role ambiguity and depression experienced by employees have significant and positive mediating roles in the relationship between heavy workload and quiet quitting.

5. RECOMMENDATIONS FOR HEALTH WORKERS

This study revealed the effect of heavy workload perceptions of healthcare workers on their "quiet quitting" behaviours and the mediating roles of role ambiguity and depression in this relationship. In line with the findings, the following suggestions can be made for healthcare organizations:

Firstly, it is of great importance to implement effective work management strategies to balance the workload of healthcare workers. Optimizing workload and distributing tasks fairly will reduce the pressure on employees and increase job satisfaction (Inegbedion et al., 2020). In addition, job descriptions should be clarified, and communication channels should be strengthened to eliminate role ambiguity (Johlke & Duhan, 2000; Mohamed & Hossny, 2020). Clearly defining the duties and responsibilities of employees will reduce role ambiguity and thus positively affect job performance. Healthcare organizations should support this process by regularly reviewing role definitions and establishing open communication with employees.

Secondly, comprehensive mental health programs should be implemented to support the psychological well-being of healthcare workers. In order to prevent depression and other psychological problems, it would be beneficial to provide regular psychological support services, stress management training, and counseling services for employees (Arthur, 2005; Joyce et al., 2015). Healthcare institutions can reduce quiet quitting tendencies and increase organizational commitment by developing policies that support employees' psychological health. In addition, regular monitoring of employees' mental health status and making interventions when necessary will contribute to the creation of a healthy and productive workforce in the long term.

6. CONCLUSION

This study examined in detail the effect of heavy workload perceptions of healthcare workers on their quiet quitting behaviours and the mediating roles of role ambiguity and depression in this relationship. The findings reveal that heavy workload perception increases quiet

quitting behaviours in direct and indirect ways. In particular, role ambiguity and depression were found to have significant and positive mediating roles in the relationship between heavy workload and quiet quitting. Analyses conducted within the scope of the parallel mediation model concluded that both mediators significantly mediate the effect of heavy workload perception on quiet quitting. These results suggest that increasing workload not only triggers employees' direct disengagement behaviors, i.e., quiet quitting, but also reinforces these processes through factors such as role ambiguity and depression.

The findings of the study provide important implications for the development of human resource management and employee support programs in healthcare organizations. Strategic interventions should be implemented to reduce heavy workload, eliminate role ambiguity and prevent psychological problems such as depression. In this context, clarifying job descriptions, optimizing work processes, and providing psychological support services will contribute to reducing quiet quitting tendencies. In addition, supporting the psychological well-being of employees is critical in terms of increasing their organizational commitment and increasing their overall job satisfaction.

7. LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE STUDIES

This study examined the effect of heavy workload perceptions of employees working in the health sector on their quiet quitting behaviours and the mediating roles of role ambiguity and depression in this relationship, and it is thought that the findings obtained will make important contributions to the field. However, the study also has certain limitations. Firstly, the inadequacy of the cross-sectional design of the study in determining the cause-effect relationships precisely stands out as a limitation. Although cross-sectional studies are useful in revealing the existence of relationships between variables, it is not possible to evaluate the dynamics and causal orientations of these relationships over time. For this reason, longitudinal designs should be adopted in future studies to reveal the causal relationships between variables more clearly. Secondly, the fact that the sample was taken from a single large-scale training and research hospital limits the generalisability of the findings. Working conditions, organizational structures, and cultural dynamics of different institutions in the health sector may differ. Therefore, the generalisability of the findings can be ensured by collecting samples from various geographical regions and health institutions of different sizes and structures in future studies. Thirdly, the fact that most of the healthcare workers who constitute the population of the study are young and undergraduate graduates limits the validity of the findings for groups with certain demographic characteristics. The use of sampling structures that include larger age groups and employees with different levels of education can make the findings of the study more inclusive. Finally, the study focused on the mediating roles of role ambiguity and depression and other potential mediating or moderating variables were ignored. For example, factors such as job satisfaction, job stress, or organizational support may also influence the relationship between a heavy workload and quiet quitting. Examining such additional variables in future studies will contribute to a more comprehensive understanding of the relationships.

AUTHOR STATEMENTS

Statement of Research and Publication Ethics

This study has been prepared in accordance with the principles of scientific research and publication ethics.

Ethics Committee Approval

Ethics committee approval was obtained for this study with the decision of Erzincan Binali Yıldırım University Human Research Ethics Committee dated 25.04.2024 and numbered 04-04.

Author Contributions

This article has three authors. All phases of the article were equally designed and written by the authors.

Conflict of Interest

There is no conflict of interest for the authors or third parties arising from the study.

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