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Quiet quitting among healthcare professionals in hospital environments: a concept analysis and scoping review protocol

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ABSTRACT

Introduction The post-COVID-19 pandemic era has seen a rise in 'quiet quitting', with employees limiting their efforts to fulfil assigned tasks without going beyond their designated responsibilities. The occurrence of quiet quitting in hospitals can have detrimental effects not only on organisational culture but also on patient safety and satisfaction. Therefore, the aim of this study is to define quiet quitting among healthcare professionals in hospitals through concept analysis, identify the associated factors and outcomes of quiet quitting, and conduct a scoping review based on this defined concept.

Methods and analysis This study will adopt Walker and Avant method for concept analysis and Aromataris and Munn methodological framework as well as the Joanna Briggs Institute Reviewer's manual for scoping reviews. The concept analysis will follow eight steps: (1) choosing the concept; (2) outlining the objectives of the analysis; (3) recognising the concept's uses; (4) selecting the concept's defining attributes; (5) constructing a model case; (6) constructing additional cases; (7) defining the consequences and antecedents of the concept; and (8) determining empirical referents. This study used databases of PubMed, Embase, PsycINFO, Scopus, ProQuest Dissertations and Theses Global for the English language, and NDSL, KCI, RISS, KISS and DBpia for the Korean language. Additionally, grey literature will be searched.

Ethics and dissemination This concept analysis and scoping review does not require ethical approval. The results of this study will be reported in peer-reviewed publications.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ We rigorously adhere to Walker and Avant's method in conducting a concept analysis to precisely define the concept of 'quiet quitting'.
⇒ Our scoping review is conducted in accordance with the guidelines of the Joanna Briggs Institute and Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews, ensuring the provision of trustworthy evidence.
⇒ We conducted a systematic literature search from 2009, when the term 'quiet quitting' was first introduced, through 2023, encompassing all electronic databases and grey literature sources, to identify all available evidence.
⇒ This review will include documents written only in English and Korean, leading to the potential omission of relevant materials written in other languages.
⇒ The study focuses on healthcare professionals in the hospital setting, which may limit the generalisability of findings to other healthcare contexts.

INTRODUCTION

Occupational perceptions evolve over time, and are influenced by changing social dynamics.[1] Recently, a phenomenon known as 'quiet quitting' has been observed to be on the rise. This behaviour entails employees limiting their dedication solely to assigned tasks, strictly adhering to the job description without engaging in any additional work.[2] It differs from the previously prevalent trend 'hustle culture', which emphasises work over personal life. In 2020, over 50% of American workers engaged in quiet quitting, with the trend being more prominent among the Millennial and Generation Z cohorts. This phenomenon indicates a psychological detachment from job-related responsibilities.[3]

The concept of 'quiet quitting was introduced by Mark Boldger in 2009.[4] However, it gained widespread recognition and renewed attention when quiet quitting went viral on social media in summer 2022.[5] The COVID-19 pandemic brought about significant changes in working conditions, particularly with a surge in remote work.[6] Following the pandemic, individuals started reassessing the costs and intensity associated with traditional jobs, leading to a notable increase in voluntary resignations, referred to as the 'Great Resignation'.[7] Consequently, the remaining employees bear heavier workloads without adequate compensation. Additionally, a low-growth environment, economic recession and inflation have made job transitions more challenging. Hence, quiet quitting has

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become a method employed by remaining employees to maintain a work–life balance.[8]

However, even if it is argued that such choices are made in pursuit of individuals' work–life balance, the phenomenon of quiet quitting within organisations has been reported to result in compromised work efficiency, diminished organisational commitment and adverse impacts on organisational culture.[9] There is also a perspective that views these occurrences as manifestations of individual deviance and work disengagement. Moreover, deliberately slowing down the completion of tasks that could be expedited, while still adhering to all work-related standards and diminishing one's effort in their own job, can be likened to the concept of an 'work to rule' or 'Italian strike'.[10] However, the context, intent and characteristics of the phenomenon of quiet quitting differ from those of work to rule or the Italian strike, requiring a multifaceted approach to understand the phenomenon fully.

Moreover, a similar phenomenon is observed in China, referred to as 'tang-ping.' Tang-ping, which literally translates to 'lying flat', reflects the idea of individuals lying down comfortably.[11] After the COVID-19 pandemic, many young people in China feel that they are not adequately rewarded for their work and experience frustration due to rising costs of living, housing prices and long working hours. As a result, they choose to lower their professional commitment and economic ambitions, simplify their goals, while still being financially productive for their essential needs, and prioritise psychological well-being over materialistic pursuits.[12] Similarly, in other countries, similar phenomena can occur due to societal changes following the COVID-19 pandemic. Therefore, comparing these phenomena can clarify quiet quitting.[11]

The phenomenon of quiet quitting has emerged following the COVID-19 pandemic, and even if COVID-19 is not the direct cause, it has certainly contributed to the emergence of this phenomenon.[13] Professions that has undergone the most significant changes due to COVID-19 is the healthcare professionals in hospitals.[14] They face a more vulnerable working environment, including higher risk of infection, personnel and equipment shortages, increased workload, exclusion from the benefits of remote work and inadequate financial compensation.[9] Therefore, it is worth noting whether the phenomenon of quiet quitting, which has been reported as a social phenomenon following the COVID-19 pandemic, is perceived differently in the context of the hospital, which has experienced the most significant changes due to COVID-19.

Despite the unique circumstances in the hospital, quiet quitting has also been reported among healthcare professionals.[15] However, the consequences of quiet quitting in hospitals may extend beyond the employees and the workplace. In hospitals, patients rely on healthcare professionals to possess the skills specified in their job descriptions. In addition to technical skills, patients also value emotional care, kindness and a genuine concern for their well-being from healthcare professionals. These aspects contribute to overall patient satisfaction and a positive patient experience.[16] These aspects are not easily quantifiable or explicitly outlined in job descriptions. As a result, the quiet quitting of healthcare professionals can potentially create issues in these qualitative aspects and significantly impact patient satisfaction.

Furthermore, hospitals consist of various professions such as doctors and nurses, who interact, communicate, exchange opinions and collaborate with each other as a multidisciplinary in-hospital team.[17] If quiet quitting occurs within one profession, it may have a cascading negative impact on collaboration among different professions.[15] Teamwork among healthcare professionals, job satisfaction, perception of stress and the working environment are closely linked to the patient safety culture.[18]

In the hospital environment, advancements in medical technology continually introduce new tasks, and the job descriptions within the hospital setting tend to be more vague and basic rather than highly detailed.[19] For instance, the characteristics of such a hospital can cause role ambiguity among nurses.[20] Therefore, due to these characteristics of the hospital setting, there is a potential for even more serious consequences when quiet quitting occurs.

Additionally, quiet quitting in the hospital can be considered a violation of work ethic.[21] In hospitals, where the connection to patients' lives is profound, ethics are treated with utmost importance.[22] As a result, quiet quitting among healthcare professionals may occur more discreetly, making it challenging to identify and address the issue effectively.[23] Moreover, due to its distinct characteristics compared with quiet quitting in other professions, it is necessary to thoroughly investigate and define the phenomenon and its outcomes specific to quiet quitting within this unique context of the hospital.

The concept of quiet quitting implies the need for systemic changes in working conditions, rather than individual acts of deviance.[9] Moreover, since quiet quitting is related to healthcare professionals' work–life balance, comprehending it can potentially provide assistance in addressing psychological problems[24] such as depression, anxiety, post traumatic stress disorder, burnout and suicide among healthcare workers, which can ultimately have a profound impact on a hospital's performance and patient safety. Considering the potential negative impacts of quiet quitting, understanding this phenomenon is essential for identifying the elements necessary to promote a desirable work culture.[25] Quiet quitting serves as an important concept in comprehending the rapidly evolving organisational culture, and developing strategies to address these issues.

In the hospital, there is also an opinion that quiet quitting has existed among healthcare professionals for a long time, and it is merely a new term for a pre-existing concept.[15] If quiet quitting is defined as when workers of an organisation, faced with undesirable working conditions, opt to stay and perform their tasks without enthusiasm rather than seeking new employment opportunities,

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it can be quite reasonable. Hospitals have chronic understaffing issues and often require tasks like supply management and mandatory training beyond regular working hours, relying on healthcare professionals for extra work.[23] Therefore, it is essential to establish a clear definition of quiet quitting specifically in the context of healthcare professionals. Subsequently, conducting a scoping review to explore existing research and gain insights becomes essential to provide a comprehensive understanding of this phenomenon.

If quiet quitting is clearly defined through concept analysis, it is anticipated that we can ascertain how long it has been prevalent and in what forms, what aspects of hospital culture are associated with quiet quitting, and what outcomes result from it. Additionally, by investigating previously used similar concepts, we can compare and gain valuable insights into the issue of quiet quitting in hospitals. Furthermore, understanding this phenomenon can contribute to fostering a more supportive and sustainable work environment.

Therefore, it is crucial to employ a research method called concept analysis,[26] which involves exploring the attributes of a phenomenon represented by a particular term, clarifying the concept, and providing a precise definition. In this study, we aim to define the concept of quiet quitting specifically within the hospital, which has experienced significant changes and challenges due to the COVID-19 pandemic. By conducting a concept analysis will help us examine and clarify any similar existing concepts, thereby contributing to a deeper understanding of the essence of quiet quitting within the hospital context. Furthermore, conducting a scoping review, we will examine the existing literature on this topic to gain a comprehensive understanding and propose future research directions. A scoping review is a research method that maps the characteristics and breadth of evidence on a specific topic, guiding the direction of further research.[27]

Therefore, the aim of this study is to define the phenomenon of quiet quitting among healthcare professionals in hospitals through a concept analysis. Additionally, through a scoping review of the defined concept, we intend to examine how this phenomenon is described and researched in existing literature. Furthermore, we aim to investigate and summarise the factors associated with quiet quitting, its consequences and research efforts aimed at mitigating and understanding this phenomenon. This examination will contribute to improved clarity and comprehension of this phenomenon, providing a wealth of information for understanding various issues within hospitals.

METHODS AND ANALYSIS

Concept analysis and scoping review

This study will combine concept analysis and a scoping review to analyse the concept of quiet quitting in a clear manner. Concept analysis involves investigating the current state of knowledge about a concept and constructing precise meanings that are useful in research applications.[28] A scoping review examines the extent and nature of available evidence for key concepts across various research areas.[29] Quiet quitting has emerged as a concept that reflects the recent social atmosphere. To understand the meaning of this concept in the context of healthcare professionals, it is essential to analyse its definition and characteristics through literature applied in hospitals. Walker and Avant[26] recommend conducting a broad and multidisciplinary literature review to gain a comprehensive understanding of concept. The concept analysis will be conducted in eight steps: (1) choosing the concept; (2) outlining the objectives of the analysis; (3) recognising the concept's uses; (4) selecting the concept's defining attributes; (5) constructing a model case; (6) constructing additional cases; (7) defining the consequences and antecedents of the concept; and (8) determining empirical referents.

After defining quiet quitting, we will conduct a scoping review following the methodology outlined by the Joanna Briggs Institute (JBI), as described by Aromataris and Munn.[30] The protocol process of this study will be reported following the (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines.[31] This quiet quitting concept analysis and scoping review has been registered in the Open Science Framework; https://osf.io/kv3p8.

Step 1: choosing the concept

In the reviewed literature, the concept of quiet quitting has been expressed using different terms. Instead of "quiet," the term "silent" has been used, and "quitting" has been replaced with "resignation," among others. Additionally, similar concepts like "tang-ping" have also been used. This phenomenon of using similar words during the translation process might arise independently in different countries, or the concept itself could be similar. In our research, we have chosen to analyse the expression "quiet quitting" coined by Mark Boldger in 2009 as the concept to investigate.

Step 2: outlining the objectives of the analysis

In this study, our primary objectives are to provide a clear definition of quiet quitting within healthcare professions in a hospital setting and to offer guidance for future research on this phenomenon. Quiet quitting is currently used without a clear definition and is often interchangeable with various terms. Some consider it a new label for an existing phenomenon. Therefore, establishing a precise definition will assist research efforts in addressing and resolving this phenomenon and will contribute to shaping the future work environment in hospital healthcare professions.

Step 3: recognising the concept's uses

The third step involves examining how the concept of quiet quitting has been used in the existing literature

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within the healthcare field. We will start by introducing the concept as initially proposed by Mark Boldger, acknowledging it as a newly coined concept. Subsequently, we will explore how this phenomenon manifests and how the concept is employed within the healthcare field.

Step 4: selecting the concept's defining attributes

The fourth step in the concept analysis process involves identifying the characteristics or attributes that are frequently mentioned in relevant literature regarding the concept being analysed.[26] In this study, the attributes are defined to ensure that each attribute independently captures the essential qualities of quiet quitting.

Step 5: constructing a model case

The fifth step, the model case, illustrates the concept clearly through examples to aid in understanding. It also states that all attributes of the previously mentioned concepts are included in the model case.

Step 6: constructing additional cases

The sixth step involves developing additional cases, including borderline, related and contrary cases, to explore concepts closely related to quiet quitting but that may not fully encompass the defining attributes. The borderline case includes most of the attributes of the concept but not all of them, while a contrast case consists of cases that do not possess any of the defined attributes. Additionally, the related case is similar to a model case but lacks some of the important attributes.

Step 7: defining the consequences and antecedents of the concept

In the seventh step, once clarity is achieved regarding the defining attributes, the antecedents and consequences of the concept will be identified. Antecedents are events or circumstances that must occur or be present before the concept of quiet quitting occurs, whereas consequences are events or circumstances that occur as a result of the concept. This step of the analysis helps establish a theoretical understanding of how concepts are interconnected and sheds light on their resolution.

Step 8: determining empirical referents

Step 8 involves identifying empirical referents, which are indicators of everyday life that represent familiarity with a concept. These studies support the development of measurement tools and indicators for attributes.

Scoping review process

Step 1: Identify the Purpose

The research question guides the review, and the review must be broad and comprehensive.[30] In the scoping review protocol, we defined the following research question, adapting the population, concept and context framework: How is the phenomenon of quiet quitting manifesting among healthcare professionals in the hospitals? What are some strategies to reduce quiet quitting?

Population

This study will consider studies involving all types of healthcare professionals engaged in a hospital. The healthcare professionals include not only nurses and

Table 1 Scoping review search strategy

Framework component	Criteria
Population	nurse OR doctor OR physician OR surgeon OR medicine OR pharmacist OR practitioner OR "healthcare professional" OR "healthcare worker" OR "healthcare personnel" OR "healthcare provider" OR "healthcare staff" OR "health worker" OR "health personnel" OR "health staff" OR "medical resident" OR "attending resident" OR "hospital technician" OR "paramedical personnel" OR "paramedical staff" OR "hospital support personnel"
Concept	"quiet quitting"; definition established in the concept analysis
Context	hospital OR clinic OR bedside OR ICU OR "general ward" OR clini* OR "Intensive care unit" OR "medical institution" OR hospice OR "medical center" OR "health center"
Other criteria	► Define or directly discuss quiet quitting as a concept ► Among healthcare professionals or take place in hospital settings ► Indicate a study result or finding on quiet quitting ► English and Korean language literature ► Studies of a qualitative and quantitative nature, of all types, whether experimental, quasi-experimental, literature reviews, meta-analyses, theses, and dissertations ► Studies published in Jan 2009–July 2023.
Exclusion criteria	► Publications that do not deliver any substantial contribution regarding the clarification of the concepts are to be excluded.
Database	► PubMed, Google Scholar, Embase, EBSCO, Scopus, RISS, DBPIA, KISSProQuest Dissertations and Theses (ProQuest)
Language	English, Korean
Time	2009–2023

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Table 2 Article information

Title	Author	Year of publication	City	Type of study	Study population	Types of data sources	Definition or description	Relevant finding
Entry 1	Data							
Entry 2	Data							

doctors, but also physicians, surgeons, medicine, pharmacists and practitioners.

Concept

This study will review research on quiet quitting among healthcare professionals. The term "quiet quitting" as used here is based on the definition established in the previously conducted concept analysis.

Context

We will exclusively focus on healthcare settings within hospitals. Healthcare environments can vary widely, ranging from hospitals to local communities, but due to their distinct characteristics, we have chosen to narrow down the scope of this concept analysis to hospitals in order to provide a clearer definition of the concept's applicability.

Step 2: search strategy

The search strategy is based on published data and includes qualitative research, quantitative research, mixed methods and a literature review. For this review, eight databases will be searched for relevant literature, including PubMed, Google Scholar, Excerpta Medica database (EMBASE), EBSCOhost Research Platform (selecting CINAHL Complete and Medline Complete databases), Scopus, Research Information Sharing Service, DataBase Periodical Information Academic and Korean studies Information Service System. Grey literature will also be included because of its status as a relatively new concept. Grey literature can provide valuable insights into topics currently under review. Both published and unpublished grey literature sources, including major reports, such as white papers, frameworks and dissertations, will be considered for inclusion in this scoping review. Grey literature will be searched using the ProQuest Dissertations and Theses (ProQuest) and Google databases. To include grey literature, we will also manually search the reference lists of the selected articles. The literature includes both English and Korean texts.

The search terms should strike a balance between specificity and breadth to capture the relevant literature for a thorough understanding while managing the volume of literature for the review.[30] The search parameters will include the term "quiet quitting" in the abstract or title and restrict the results to publications from 1 January 2009, onwards, as the concept only emerged after 2009. Since the review will commence in July 2023, it is possible that new literature will be published, and any relevant publications will be included in the scoping review. Once the protocol has been published, formal data collection for the scoping review will begin and will encompass more recent publications (table 1).

Databases filter

When running the search terms in the selected databases, the asterisk symbol will be used as an indicator for truncating the ends of word roots. The relevant literature identified will be imported into the Covidence software program to ensure the removal of duplicate records.

Step 3: selection process

The literature screening will involve two distinct reviews. The scoping review will be managed using the Covidence software, and each citation will be independently assessed for eligibility by two members of the research team. The eligibility process will consist of two stages: an initial screening of eligible titles and abstracts, followed by a thorough review of the full-text articles for eligible citations. Given the anticipated extensive body of literature, the eligibility criteria will be refined during the screening of titles and abstracts. In addition, to identify further relevant literature, the reference lists of the identified articles will be examined. This screening process aligns with the strategy proposed by Aromataris and Munn.[30] The

Table 3 Quiet quitting manifests by professions and potential solution

	Relationship with coworker	Relationship with other professions	Deliberately avoided tasks	Inappropriate reward
Doctor				
Nurse				
Technician				
Etc				
Solution				

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research team will hold regular meetings, typically every 1–2 weeks, to discuss the project, refine the eligibility criteria, and address any conflicts that arise regarding the eligibility of the articles. Disagreements will be resolved during these team meetings, with majority consensus determining eligibility. The project leader will make the final decision if a consensus cannot be reached.

Title and abstract screening

Before commencing the literature screening process, the project leader will provide education to the research team members to ensure consistency in evaluating the literature. During the initial team meeting, each member will receive detailed instructions on how to effectively use Covidence software. Furthermore, there will be a thorough discussion of the inclusion and exclusion criteria to address any questions that may arise. The team members will then conduct a preliminary review of the literature based on the established criteria, followed by an assessment of the inter-rater reliability (IRR) between each pair of team members. The target IRR achievement between each pair is set at >0.75, following the guidelines of Aromataris and Munn.[30]

Full-text screening for eligibility

Before initiating the full-text screening, the research team will upload the full-text articles into the Covidence software and hold a meeting to discuss the screening process. Once preparation is completed, each team member will independently review the articles and an IRR calculation will be conducted. The target IRR achievement for each pair of team members is set at>0.75. If the expected IRR is not met, the research team will convene for additional instructions and discussions to address any discrepancies. During the full-text screening, the team will also conduct a reference list scan. Team members will share relevant citations with project leaders. After completing the full-text screening, the project leader will present the articles identified from the reference lists to the research team for consideration. The final decision regarding eligibility will be made through a majority agreement. The project leader will intervene to resolve any unresolved disagreements. The process of selecting and managing literature for the scoping review will be presented in a PRISMA flow diagram.

Step 4: charting the data

The research team has developed a draft charting table for data extraction (table 2). Selected articles will be subjected to independent data extraction by two researchers. Any disagreements regarding the extracted data will be discussed during a full team meeting. If a consensus cannot be reached, the project leader will carefully consider all opinions and make the final decision.

Step 5: data analysis

The analysis of the collected data using the data extraction framework will showcase how quiet quitting manifests and provide insights into research findings regarding potential solutions. For instance, we will categorise the phenomenon of quiet quitting by different professions to demonstrate how it manifests in similar patterns and to explore which solutions may be more effective or worth implementing. The results will be presented in an appropriate format, such as tables and charts, to aggregate and visually represent the information (table 3).

Patient and public involvement

None.

ETHICS AND DISSEMINATION

This scoping review does not require ethical approval. The results of this scoping review will be reported in peer-reviewed publications. The process of selecting and managing literature for the scoping review will be presented as a flow chart. The findings of this study will be disseminated through conference presentations and submissions to peer-reviewed scholarly journals.

DISCUSSION

Our concept analysis and scoping review exhibit several significant strengths. First, we will systematically search multiple databases to comprehensively identify relevant studies related to quiet quitting within the hospital context. Second, our review will encompass the entire spectrum of available literature, beginning with the concept's inception in 2009 and extending up to the present year, 2023. Third, our search strategy will include both electronic databases and grey literature sources to ensure inclusivity. Lastly, our concept analysis will rigorously adhere to Walker and Avant's method, while our scoping review will strictly follow the guidelines outlined by the JBI and the PRISMA-ScR. Consequently, the findings of this study are poised to provide a robust foundation for scholarly discourse.

We anticipate several limitations in our study. First, our inclusion criteria are limited to English and Korean literature, potentially excluding documents published in other languages. Additionally, we will not conduct quality assessments or assess the risk of bias for the selected literature, as these aspects are typically not applied in scoping reviews. Finally, our study is limited by its focus on healthcare professionals within the hospital setting, which does not encompass the entirety of the healthcare environment. We recognise this limitation and suggest that future research should consider a broader scope to include various healthcare contexts.

Contributors JK: conceptualisation, methodology, investigation, writing – original draft, writing – review and editing, supervision, project administration. HK: conceptualisation, methodology, data collection, writing – original draft. O-HC: conceptualisation, methodology, data analysis, writing – original draft, writing – review and editing.

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Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

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