

ORIGINAL RESEARCH

The Influence of Job Burnout on Quiet Quitting Among Nurses: The Mediating Effect of Job Satisfaction

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ABSTRACT

Aim: To investigate the impact of nurses' job burnout on their quiet quitting and the mediating effect of job satisfaction on this relationship.

Methods: A cross-sectional study was conducted in Greece. The Quiet Quitting Scale was used to measure levels of quiet quitting. Levels of job burnout were measured with the Copenhagen Burnout Inventory. The Job Satisfaction Survey was used to measure job satisfaction. Multivariable linear regression analysis was employed to control for confounders. The PROCESS macro was used to test the mediating effect of job satisfaction in the relationship between job burnout and quiet quitting.

Results: Study sample included 946 nurses. Job burnout was a positive predictor of quiet quitting, while job satisfaction was a negative predictor of quiet quitting. Job satisfaction partially mediated the positive relationship between burnout and quiet quitting.

Conclusion: Job burnout affected quiet quitting within nurses through the mediating effect of job satisfaction. Effective measures should be taken to decrease nurses' job burnout in order to improve their job satisfaction and thereby reduce their quiet quitting.

1 | Introduction

During the COVID-19 pandemic, a work-related phenomenon called 'quiet quitting' has emerged among employees (Scheyett 2022). Quiet quitting is developing as a much-publicized trend driven largely by social media. Workers decide now not to leave their positions but to complete just the bare minimum of their regular work. The COVID-19 pandemic has affected workers' mindset and has caused important changes in working conditions. Thus, quiet quitters accomplish the minimum requirements of their job, but they

do not go above and beyond (Zuzelo 2023). A recent survey in the USA revealed that the prevalence of quiet quitters was about 50% (Constantz 2022). Studies report that quiet quitting is related to employee disengagement, and conditions conducive to the development of employee disengagement include a stressful work environment, a hostile atmosphere, being marginalized and favouritism of older generational groups. Furthermore, determining factors contributing to disengagement were identified as low wages, little decision-making power and lack of support (Ochis 2024). Hungerford and associates also assert that the quiet quitting of nurses constitutes

Summary

What is already known about this topic?

- Quiet quitting seems to be a new threat for healthcare workers and organizations.
- High levels of burnout among nurses, especially after the COVID-19 pandemic, could further increase their levels of quiet quitting.

What this paper adds:

- A positive relationship between job burnout and nurses' quiet quitting was found.
- Job satisfaction mediated the relationship between burnout and quiet quitting.

The implications of this paper:

- Nursing managers and nursing services should give attention to job burnout and satisfaction among nurses.
- There is an urgent need to reduce burnout and improve satisfaction in order to decrease quiet quitting.

a sort of disengagement, mostly influenced by factors inside their work environment (Hungerford et al. 2024). Despite the existence of multiple theoretical perspectives on quiet quitting, the lack of a measurement tool has hindered the assessment of this phenomenon in prior years. The development of a valid and reliable instrument has enabled the documentation of both the incidence of the phenomena among nursing personnel and the elements that contribute to its emergence (Galanis, Katsiroumpa, Vraha, et al. 2023). Recent research indicates that over 60% of nursing personnel choose quiet quitting, primarily due to bullying, burnout and dissatisfaction with their work (Galanis, Katsiroumpa, Vraha, Siskou, et al. 2024; Galanis, Moisoglou, Katsiroumpa, Malliarou, et al. 2024). Furthermore, innovation support, resilience and emotional intelligence have been identified as protective variables against the emergence of quiet quitting (Galanis, Katsiroumpa, Moisoglou, Kalogeropoulou, et al. 2024; Galanis, Moisoglou, Katsiroumpa, Vraha, et al. 2024; Moisoglou et al. 2024).

Especially nurses experienced stressful conditions during the pandemic since they were the front-line healthcare workers. Among others, nurses experienced high levels of burnout, depression, anxiety and post-traumatic stress during the pandemic (Adeeb et al. 2020; Galanis et al. 2021; Y. Li et al. 2021; Lima et al. 2023; Sikaras et al. 2021). Thus, nurses experienced higher levels of turnover intention compared to other healthcare workers in the context of the pandemic (Poon et al. 2022). According to the National Council of State Boards of Nursing, approximately 100 000 nurses left their jobs in the United States of America during the pandemic due to burnout, stress and retirement (National Council of State Boards of Nursing 2023). Additionally, almost one-fifth of nurses in the United States of America intend to leave their work by 2027.

Several systematic reviews confirm that nurses experience high levels of job burnout (Papazian et al. 2023; Sohrabi et al. 2022; Zareei et al. 2022). Moreover, it is well known that

job burnout is associated with negative outcomes in nurses. In particular, there is a negative relationship between job burnout and quality of life among nurses (Khatatbeh et al. 2022). Also, the higher the levels of burnout, the greater the presence of depressive symptoms in studies with nursing samples (C. Chen and Meier 2021). Additionally, literature suggests a significant burnout-sleep disorders correlation (Membrive-Jiménez et al. 2022). Burnout also influences nurses' professional conduct. Nurses experiencing burnout are more inclined to express their turnover intention, exhibit increased absenteeism, have diminished professional commitment and display subpar work performance (Chang et al. 2017; Dyrbye et al. 2019; Labrague et al. 2020). Also, nurse burnout degrades the quality of healthcare services and the safety climate, as patients hospitalized in wards where nurses are burnt-out are more likely to experience an adverse event and report dissatisfaction with the care provided (L. Li et al. 2024). According to the job demands-resources model of burnout, the physical or mental effort made by the employee to meet the demands of the job may lead to burnout. These demands, which are present in the work environment of nurses (Van Der Heijden et al. 2019), may be related to workload, time pressure or working on a rotating schedule. These demands may lead to the occurrence of exhaustion, one of the three dimensions of burnout (Demerouti et al. 2001). When the employee is not provided with the appropriate resources to meet the demands of the position, such as support from the supervisor and participation in decision-making, the employee is led to disengagement (Demerouti et al. 2001). As, according to the literature, quiet quitting is a form of disengagement, burnout is a potential factor in the occurrence of quiet quitting (Hungerford et al. 2024). In this context, job burnout could also affect the levels of quiet quitting among nurses.

Job satisfaction refers to a positive emotional reaction by individuals towards their work (Fasbender et al. 2019). In this context, satisfaction could be defined as a worker's psychological and physiological satisfaction with her/his job (Hoppock 1935). Since there is a negative association between job satisfaction and turnover intention among nurses (Alsaraireh et al. 2014; Fasbender et al. 2019), it is also probable that satisfaction could affect quiet quitting in a positive way. Moreover, it is well known that job burnout has a negative association with job satisfaction (Ershad Sarabi et al. 2020; Ren et al. 2022). Several studies including nurses confirm the mediating role of job satisfaction between work-related variables, such as career identity, turnover intention, workload, quality of care, job performance and professional identity (Cho and Kim 2022; Hanum et al. 2023; Hu et al. 2022; Maghsoud et al. 2022; Zhang et al. 2023). In short, (1) Cho and Kim (2022) considered nurses' grit as the independent variable and job performance as the dependent variable, (2) Hanum et al. (2023) considered professional identity as the independent variable and turnover intention as the dependent variable, (3) Hu et al. (2022) considered hope and career identity as the independent variables and turnover intention as the dependent variable, (4) Maghsoud et al. (2022) considered workload as the independent variable and quality of nursing care as the dependent variable and (5) Zhang et al. (2023) considered psychological capital as the independent variable and work engagement as the dependent variable. Although burnout has a high prevalence among

nurses and a significant impact on work-related outcomes, there is a gap in the literature regarding the investigation of the mediating role of job satisfaction between burnout and quiet quitting.

Therefore, the relationship between job burnout and quiet quitting has been little explored in nursing samples. Moreover, the mediating role of nurses' job satisfaction in the relationship between job burnout and quiet quitting is unknown. Thus, the hypotheses of this study were the following:

Hypothesis 1. *Nurses' job burnout would be positively associated to their quiet quitting.*

Hypothesis 2. *Nurses' job satisfaction would mediate the relationship between job burnout and their quiet quitting.*

2 | Methods

2.1 | Participants

Inclusion criteria of this study were the following: understanding of Greek language since the study questionnaire was in Greek, and nurses working in healthcare settings. Nurses' recruitment was performed through social media, e-mail campaigns and a paper-and-pencil self-administered questionnaire. As researchers of this study were nurses, there was a frequent communication by e-mail with other nurses. So there was a pool of nurses to approach in order to participate in the study. First, an e-mail was sent to nurses informing them about the purpose and methodology of the study. Then a second e-mail with the questionnaire of the study was sent only to the nurses who agreed to participate in this study. Moreover, an online version of the study questionnaire was created with Google Forms and was disseminated in nursing groups on Facebook. In the case of the paper-and-pencil self-administered questionnaire, scholars of this study were present in the filling of the questionnaire by nurses to provide any additional information they wanted. To avoid potential bias in the additional information that was provided, there was one scholar that provided this information. Moreover, only two nurses asked for more information regarding the aim of the study. Thus, a convenience sample was obtained. Estimated time to complete the study questionnaire was about 10 min.

2.2 | Study Design

A cross-sectional study was conducted in Greece. Data collection was performed from 05 June to 28 June 2023. Prior to starting the online survey, participants were provided with an introductory page that included crucial details. This page described the study's aim and design, gave a brief overview of the questions they would need to answer, estimated the time needed to complete the questionnaire, highlighted that participation was voluntary and informed them that they could leave the survey by closing their web browser. Following this, nurses were asked if they were willing to take part in this study. Those who agreed could then proceed to fill out the study questionnaire. To maintain data accuracy, participants were asked if they had

previously completed the survey, and any positive responses were removed from the dataset.

2.3 | Sample Size Estimation

Hair et al. suggests at least 10 observations for each study variable to perform a valid mediation analysis (Hair et al. 2017). Since the analysis included one independent variable, one mediator variable and eight covariates, the sample size should be at least 100 nurses. Moreover, considering a low effect size ($f^2=0.02$) of job burnout on quiet quitting, the number of independent variables (eight predictors), a confidence level of 95% and a power of 95%, the sample size was estimated at 652 nurses. G*Power v.3.1.9.2 was used to calculate the sample size. A bigger sample size was achieved in order to decrease random error.

2.4 | Demographic and Job Characteristics

Demographic and job characteristics of nurses were measured. In particular, these characteristics included gender (females or males), age (continuous variable), educational level (university degree or MSc/PhD diploma), shift work (no or yes), job sector (public or private), self-estimation of understaffed workplace (no or yes) and clinical experience (continuous variable). Clinical experience was measured with a single item; 'How many years do you work in a clinical setting such as a hospital?'

2.5 | Study Scales

The 'Quiet Quitting' Scale (QQS) was used to measure levels of quiet quitting within nurses (Galanis, Katsiroumpa, Vraha, et al. 2023). The QQS comprises nine items, and each item takes values from 1 (*strongly disagree*) to 5 (*strongly agree*). Total score on the QQS is calculated as the mean score of answers on the nine items, and, thus, range from 1 (*low level of quiet quitting*) to 5 (*high level of quit quitting*). The QQS measures detachment (example item; 'I do the basic or minimum amount of work without going above and beyond'), lack of initiative (example item; 'I don't express opinions and ideas about my work because I am afraid that the manager assigns me more tasks') and lack of motivation (example item; 'I find motives in my job'). Higher values in the scale indicate higher levels of quiet quitting. Developers of the QQS suggested a cut-off point of 2.06 to distinguish quiet quitters from non-quiet quitters (Galanis, Katsiroumpa, Vraha, Konstantakopoulou, et al. 2024). The valid Greek version of the QQS was used (Galanis, Katsiroumpa, Vraha, Siskou, et al. 2024). The Greek version of the QQS has also three factors (i.e., detachment, lack of initiative and lack of motivation) as the original version after employment of confirmatory factor analysis. Moreover, the Greek version of the QQS showed very good reliability since intraclass correlation coefficients for the QQS and the three factors range from 0.972 to 0.988. Similarly, Cohen's kappa for the nine items in the test-retest study ranged from 0.840 to 0.947. Cronbach's alpha and McDonald's Omega values for the QQS and the three factors were higher than 0.70

(Galanis, Katsiroumpa, Vraka, Siskou, et al. 2024). In this study, Cronbach's alpha for the QQS was 0.778 indicating good reliability.

Nurses' job burnout was measured with the 'Copenhagen Burnout Inventory' (CBI) (Kristensen et al. 2005). The CBI is a three-factor model with 19 items; work-related burnout, personal burnout and client-related burnout. Scores on each factor range from 0 to 100 with higher values indicative of higher levels of job burnout. Scores on the CBI from 50 to 74 indicate moderate burnout, while scores from 75 to 100 indicate high burnout. The valid Greek version of the CBI was used (Papaefstathiou et al. 2019). Confirmatory factor analysis confirmed the three-factor model for the Greek version of the CBI. Moreover, Cronbach's alphas for the CBI and the three factors were higher than 0.844. Face validity of the Greek version of the CBI was above 0.8. Convergent and discriminant validity was high as estimated through the size of factor loading, average variance extracted and composite reliability (Papaefstathiou et al. 2019). In this study, Cronbach's alpha for the factor 'work-related burnout' was 0.787, for the factor 'personal burnout' was 0.812 and for the factor 'client-related burnout' was 0.832.

Nurses' job satisfaction was measured with the 'Job Satisfaction Survey' (JSS) (Spector 1985). Score on JSS range from 36 to 216, and higher values indicate higher levels of job satisfaction. Scores on the JSS from 36 to 108 denote dissatisfaction, scores from 108 to 144 denote neutrality and scores from 145 to 216 denote satisfaction. The Greek valid version of the JSS was used (Tsounis and Sarafis 2018). According to the developers of the Greek version of the JSS, the translated Greek version is an accurate translation of the original. Moreover, Cronbach's alpha for the scale was 0.87 and the Gutman Split-Half Coefficient was 0.88 (Tsounis and Sarafis 2018). In this study, Cronbach's alpha for the JSS was 0.814.

2.6 | Ethical Considerations

The study protocol was approved by the Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens (approval number; 451, June 2023). Personal data of nurses, such as their names and the health services they worked in, were not collected. Moreover, Google Forms were used to create an online version of the study questionnaire. Information about the aim and the design of this study was presented by providing an information sheet at the start of the online survey. Nurses who gave their informed consent to participate in this study could then fill out the questionnaire. Additionally, the guidelines of the Declaration of Helsinki were followed (World Medical Association 2001).

2.7 | Statistical Analysis

Absolute frequencies and percentages were used to present categorical variables. Also, mean, standard deviation (SD), median, minimum value and maximum value were used to present continuous variables. Kolmogorov–Smirnov test and Q-Q plots were used to assess the normality distribution of continuous

variables. Score on study scales and age followed normal distribution, while clinical experience did not follow normal distribution. The CBI was used to measure nurses' burnout. Since the aim of this study was to assess job burnout, the work-related burnout subscale from the CBI was used. Work-related burnout was chosen to be included in this analysis since work-related burnout is more related to the burnout caused by the job itself than by personal burnout or client-related burnout. In this study, the relationship between work-related variables, i.e., job burnout, quiet quitting and job satisfaction was considered. A multi-variable linear regression analysis was performed to identify the independent effect of job burnout on quiet quitting by controlling for confounders, such as gender, age, educational level, shift work, job sector, understaffed workplace, clinical experience and job satisfaction. All the predictor variables were included in the regression model at the same time, and multivariable linear regression was performed. In particular, the predictor (job burnout) and confounders were included in one multivariable model. Age was not included in the analysis since age and years of clinical experience were highly correlated (Spearman's correlation coefficient = 0.94, $p < 0.001$). The PROCESS macro version 4.1 (Model 4) was used to test the mediating effect of job satisfaction in the relationship between job burnout and quiet quitting (Hayes 2013). Moreover, the 95% confidence intervals (CI) were used to examine the significance of effects on the basis of 5000 bootstrap samples (Preacher and Hayes 2008). If the CI did not contain zero, the effect was considered statistically significant. Additionally, regression coefficients (β) and standard errors (SE) were estimated. Results with p -value less than 0.05 were considered statistically significant. IBM SPSS 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) was used for statistical analysis.

3 | Results

3.1 | Demographic and Job Characteristics

Study population included 946 nurses. Mean age of those was 39.5 years (SD 9.8), with a median value of 39 and a range from 23 to 63. Most of the nurses were females (86.3%), and had been working in the public sector (82.0%). A high percentage (67.2%) of nurses possessed an MSc/PhD diploma. Among the study sample, 61.1% were shift-working nurses, while 86.3% considered their workplace as understaffed. Mean years of clinical experience was 15.6 (SD 9.7), with a median value of 15 and a range from 3 to 40 years. Five nurses completed the survey two times, and, thus, their second responses were removed from analysis. In the study sample, 914 nurses completed the online questionnaire, while 32 completed the paper-and-pencil questionnaire. Detailed demographic and job characteristics of the study sample are shown in Table 1.

3.2 | Study Scales

Descriptive statistics for the study scales are shown in Table 2. Mean QQS score was 2.36 (SD 0.66), while minimum and maximum values were 1 and 4.78 respectively. Levels of work-related burnout, personal burnout and client-related burnout were similar with mean values of 62.25 (SD 21.74), 64.53 (SD 19.46) and

64.45 (SD 20.67) respectively. Mean job satisfaction score was 101.23 (SD 30.28) with a median value of 98.

3.3 | Correlation Analysis

The relationships between job burnout, quiet quitting and job satisfaction were examined with Pearson's correlation coefficient. Results showed a positive correlation between QQS score and work-related burnout ($r=0.394$, p -value <0.001), personal burnout ($r=0.284$, p -value <0.001) and client-related burnout ($r=0.316$, p -value <0.001). Also, a negative correlation between QQS score and job satisfaction was found ($r=-0.362$, p -value <0.001). Similarly, lower levels of job satisfaction were associated with higher levels of work-related burnout ($r=-0.590$, p -value <0.001), personal burnout ($r=-0.485$, p -value <0.001) and client-related burnout ($r=-0.536$, p -value <0.001).

TABLE 1 | Demographic and job characteristics of nurses.

Characteristics	N	%
Gender		
Males	816	13.7
Females	130	86.3
Age ^a	39.5	9.8
Educational level		
University degree	310	32.8
MSc/PhD diploma	636	67.2
Shift work		
No	368	38.9
Yes	578	61.1
Employment in		
Private sector	170	18.0
Public sector	776	82.0
Understaffed workplace		
No	130	13.7
Yes	816	86.3
Years of clinical experience ^a	15.6	9.7

^aMean, standard deviation.

TABLE 2 | Descriptive statistics for the 'Quiet Quitting' scale, job satisfaction survey and Copenhagen burnout inventory.

Scales	Mean	Standard deviation	Median	Minimum value	Maximum value
'Quiet Quitting' scale ($n=946$)	2.36	0.66	2.33	1.00	4.78
Job satisfaction survey ($n=946$)	101.23	30.28	98.00	36.00	201.00
Copenhagen burnout inventory ($n=946$)					
Work-related burnout	62.25	21.74	64.29	0	100.00
Personal burnout	64.53	19.46	66.67	12.50	100.00
Client-related burnout	64.45	20.67	67.86	0	100.00

3.4 | Regression Analysis

Multivariable linear regression model showed that job burnout had an independent positive effect on quiet quitting ($\beta=0.009$, 95% CI=0.007 to 0.012, $p<0.001$). Gender, understaffed workplace, clinical experience and job satisfaction were also associated with quiet quitting. Most of the variance of quiet quitting was explained by job burnout (15.5%) followed by job satisfaction (2.4%) and clinical experience (2.1%). Gender and understaffed workplace explained only 1.6% and 0.3% of the variance of quiet quitting, respectively. ANOVA was statistically significant ($p<0.001$). Thus, Hypothesis 1 was supported. Detailed results from the multivariable linear regression analysis are shown in Table 3.

3.5 | Mediation Analysis

Table 4 shows the indirect impact of job burnout on quiet quitting through job satisfaction. The indirect mediated effect of burnout on quiet quitting through satisfaction was significant although the effect size was very small ($\beta=0.0035$, SE=0.0008, 95% CI=0.0021 to 0.0051). Burnout was a significantly positive predictor of quiet quitting ($\beta=0.0119$, SE=0.0009, 95% CI=0.0102 to 0.0137). Burnout was a significantly negative predictor of satisfaction ($\beta=-0.8224$, SE=0.0366, 95% CI=-0.8943 to -0.7506), while satisfaction was a significantly negative predictor of quiet quitting ($\beta=-0.0043$, SE=0.0008, 95% CI=-0.0059 to -0.0027). Additionally, the direct effect of burnout on quiet quitting was still significant although the effect size was very small ($\beta=0.0084$, SE=0.0084, 95% CI=0.0062 to 0.0106) even after the mediating effect of satisfaction. Satisfaction partially mediated the relationship between burnout and quiet quitting since the direct and indirect effects of burnout were significant. Thus, Hypothesis 2 was validated. The final mediation model is shown in Figure 1.

4 | Discussion

To the best of my knowledge, this is one of the first studies that evaluate the relationship between nurses' job burnout and their quiet quitting and the mediating role of job satisfaction on this relationship. Mediation analysis revealed that job burnout affects quiet quitting through the mediating impact of job satisfaction. Regarding quiet quitting, the mean value was found to be higher than the cut-off value, meaning that participants can be considered quiet quitters (Galanis, Moisoglou, Katsiroumpa, Vraka, et al. 2024). Concerning burnout, the mean values

TABLE 3 | Multivariable linear regression analysis with 'Quiet Quitting' scale score as the dependent variable ($n = 946$).

Independent variables	Unstandardized coefficient beta	95% Confidence interval	Standardized coefficient beta	Semi-partial correlation coefficient	R^2 Explained by the predictor (%)	p -value
Males vs. females (reference category: females)	0.254	0.146 to 0.363	0.133	0.132	1.6	<0.001
MSc/PhD diploma vs. University degree (reference category: University degree)	0.011	0.070 to 0.092	0.008	0.008	0	0.789
Shift work	0.015	-0.070 to 0.100	0.011	0.010	0	0.729
Job in public sector	0.072	-0.032 to 0.177	0.042	0.039	0	0.174
Understaffed workplace	0.128	0.009 to 0.247	0.067	0.061	0.3	0.036
Years of clinical experience	-0.010	-0.014 to -0.006	-0.149	-0.138	2.1	<0.001
Job burnout score	0.009	0.007 to 0.012	0.313	0.237	15.5	<0.001
Satisfaction score	-0.004	-0.006 to -0.003	-0.205	-0.161	2.4	<0.001

Note: $R^2 = 21.9\%$; $F = 33.89$; p -value for ANOVA <0.001; df for the regression = 8; df for the residual = 937.

TABLE 4 | Mediation effect of job satisfaction on the relationship between job burnout and quiet quitting.

Outcome	Mediation analysis paths	Regression coefficient	SE	95% Bias-corrected CI		p -value
				LLCI	ULCI	
Quiet quitting	Total effect	0.0119	0.0009	0.0102	0.0137	<0.001
	Direct effect	0.0084	0.0084	0.0062	0.0106	<0.001
	Indirect effect	0.0035	0.0008	0.0021	0.0051	<0.001
	Job burnout → Job satisfaction	-0.8224	0.0366	-0.8943	-0.7506	<0.001
	Job satisfaction → Quiet quitting	-0.0043	0.0008	-0.0059	-0.0027	<0.001

Abbreviations: LLCI: lower limit of confidence interval; SE: standard error; ULCI: upper limit of confidence interval.

**FIGURE 1** | Mediation model of job satisfaction on the relationship between job burnout and quiet quitting with path coefficients and p -values.

indicate moderate burnout (Sok et al. 2020) and regarding job satisfaction, the mean value indicates that the participants reported dissatisfaction (Far et al. 2022).

Study findings showed that the higher the levels of burnout, the higher the levels of quiet quitting within nurses. This finding confirms the first hypothesis that there is a positive relationship

between job burnout and quiet quitting. This finding aligns with two studies indicating that burnout positively influences the quiet quitting behaviour of nurses, where nurses were found to opt for quiet quitting in a higher proportion than other health professionals (Galanis, Katsiroumpa, Vraika, Siskou, et al. 2024; Gün et al. 2024). Job burnout refers to physical or emotional exhaustion and it is characterized by feelings of cynicism or negativism to one's job (Maslach and Leiter 2016). Moreover, burnt-out workers have a sense of loss of personal identity and reduced accomplishment. Job burnout is a challenge for nursing staff since nurses have high burnout prevalence due to adverse working conditions, such as rotating shifts, very long duties, scarcity of resources, low salaries, overload and little autonomy (Gómez-Urquiza et al. 2020). Before the pandemic period of COVID-19, the overall pooled prevalence of burnout symptoms among global nurses was 11.23%, which ranged from 0.09% to 48% (Woo et al. 2020). During the pandemic, healthcare services faced immense strain due to the substantial influx of individuals necessitating medical attention, particularly hospitalization. Nurses, as frontline healthcare workers, provided their services in arduous working conditions, characterized by insufficient resources and a deficiency of social and organizational support (Galanis et al. 2021). Levels of burnout among nurses are high and the COVID-19 pandemic has made clear that burnout is a critical issue for healthcare workers (Papazian et al. 2023; Sohrabi et al. 2022; Zareei et al. 2022). Despite the subsidence of the pandemic and the normalization of health system operations, a considerable number of nurses continue to experience burnout, perhaps due to the residual effects of the challenging conditions during the COVID-19 pandemic (Galanis, Moisoglou, Katsiroumpa, et al. 2023; Wang et al. 2024).

Also, studies after the pandemic reveal that nurses' turnover intention has increased significantly (Falatah 2021). Additionally, daily interaction and emotional engagement between nurses and patients increase nurses' burnout (Parola et al. 2022). Thus, nurses are among workers that experience the highest levels of burnout. In this context, literature supports the study finding that job burnout has a negative effect on a work-related variable such as quiet quitting, since burnout is also associated in a negative way with other work-related variables such as turnover intention, workplace commitment, meaning of work and satisfaction (Gómez-Urquiza et al. 2020; Karakachian and Colbert 2019). An extensive study in the United States revealed that one in three nurses who exit the field do so due to burnout (Shah et al. 2021). Consequently, burnout is a factor influencing nursing staffing and the effective operation of health services. Nevertheless, individuals who choose quiet quitting still express their turnover intention (Galanis, Moisoglou, Malliarou, et al. 2023).

This study showed that the indirect mediated effect of burnout on quiet quitting through job satisfaction was significant, and that burnout was a significantly positive predictor of quiet quitting and a significantly negative predictor of job satisfaction, while job satisfaction was a significantly negative predictor of quiet quitting. The study by Ren et al. investigated the mediating role of burnout in the relationship between job satisfaction and psychological distress and reported that the relationship between job satisfaction and psychological distress may be partially mediated by burnout (Ren et al. 2022). The results of both

studies underscore the significant influence of burnout and job satisfaction on work-related outcomes, illustrating that nurses are ensnared in a detrimental loop where one variable exacerbates the other, resulting in an unfavourable work environment.

Furthermore, results from the present study showed that job satisfaction had a partially mediating effect on the association between nurses' job burnout and quiet quitting. In other words, mediation analysis is a significant way to connect job burnout with quiet quitting. In this study, the magnitude of the direct and the indirect effect was small probably due to the limited range of the outcome variable, i.e., score on the Quiet Quitting Scale. Small coefficient values from the mediation analysis may be attributed to the fact that the score on the QQS range from 1 to 5. On the other hand, scores on the JSS range from 36 to 216, and scores on the CBI range from 0 to 100. The wide range in these two instruments may explain the larger regression coefficient between job burnout and job satisfaction (-0.8224) in the mediation analysis than the regression coefficient between job satisfaction and quiet quitting (-0.0043). This finding is consistent with previous studies including nursing samples and healthcare professionals, where job satisfaction acted as a mediator variable in the relationship between work-related variables. In particular, job satisfaction partially mediated the positive association between nurses' grit and job performance (Cho and Kim 2022), and between burnout and turnover intention (X. Chen et al. 2019). Moreover, satisfaction mediated the association of professional identity and nurses' intention to stay (Hanum et al. 2023). Hu et al. revealed that the indirect effect of satisfaction was significant in that nurses' career identity influenced turnover intention (Hu et al. 2022). Other studies also supported the mediating effect of job satisfaction on outcomes such as work engagement and quality of nursing care (Maghsoud et al. 2022; Zhang et al. 2023).

4.1 | Study Limitations

This study had several limitations. First, a cross-sectional study with a nursing sample was conducted in Greece. Although the study sample covered the minimum requirements of sample size, it was not a representative and random sample of nurses in the country. Further studies with larger and more representative samples not only in Greece but also in other countries would add valuable information. Second, this study assessed the mediating role of job satisfaction on the relationship between nurses' job burnout and their quiet quitting. Thus, it is necessary to perform further research including nurses and other healthcare workers from different cultures and work environments to improve knowledge. Third, self-reported questionnaires were used to measure burnout, quiet quitting and satisfaction. Therefore, information bias could be arisen in this study due to invalid nurses' answers. For instance, a newly developed instrument was used to measure levels of quiet quitting in this sample, i.e., the Quiet Quitting Scale. Although developers of the QQS evaluated the validity and reliability of the scale, further studies should examine psychometric properties of the scale. For example, the question 'I don't express opinions and ideas about my work because I am afraid that the manager assigns me more tasks' is ambiguous in the sense that a person that answers not agreeing with it, may mean that he/she is not 'afraid that the manager assigns him/

her more tasks' or that they do express opinions. In any case, evaluation of psychometric properties of the QQS in different countries, cultures and work settings is essential to further establish the validity of the scale. Fourth, in mediation analysis, adjustment for the effects of several demographic and job characteristics of nurses was employed. However, several other variables could also influence the relationship between the study variables. Fifth, since data of this study were collected through an online and a paper-and-pencil form of the study questionnaire it is probably the occurrence of bias. However, since the number of nurses that filled the paper-and-pencil questionnaire is limited the impact of a potential bias is considered to be very small. Finally, cross-sectional data cannot verify the mediating effect of job satisfaction. Thus, cohort studies should be conducted to further explore the mediation model.

5 | Conclusions

Study findings showed that job burnout is a significantly positive predictor of quiet quitting. Moreover, study findings showed that job satisfaction partially mediated the relationship between job burnout and quiet quitting. In this context, stakeholders and organizations should develop and implement effective interventions to reduce job burnout and enhance nurses' job satisfaction to decrease their quiet quitting. Moreover, managers, policy makers and stakeholders should understand the deeper mechanism of how burnout, satisfaction and quiet quitting are related to provide nurses with more support. A clear understanding of the factors that affect levels of quiet quitting within nurses could help policy makers to find the strategies that nurses should adopt to improve their work performance.

Burnt-out nurses choose quiet quitting, as indicated by the findings of this study. This may be construed as a self-protective measure by the nurses. Nurses, facing a stagnant working environment and little organizational support from health service administrations, coupled with a persistent high workload, resort to quiet quitting to alleviate the pressures of their responsibilities.

As satisfaction was a significantly negative predictor of quiet quitting and partially mediated the relationship between burnout and quiet quitting, according to the results of the present study, improving job satisfaction becomes an important intervention to reduce burnout and quiet quitting. Factors in the nurses' work environment that are associated with their satisfaction include collaboration with medical staff, team-building skills of ward leader, supervisor support, autonomy, professional growth, psychological and structural empowerment, personnel resources and staffing, as well as pay, fringe, rewards and promotion (Dilig-Ruiz et al. 2018; Lu et al. 2019; Yasin et al. 2020). Job satisfaction is a determinant of nurses' productivity and therefore quality of healthcare since it is the state of favourable feelings and well-being of workers in their workspace (Spector 1997).

Therefore, burnout and satisfaction are critical issues for nursing staff, and psychological measures and strategies should be developed and implemented to provide nurses with more support. Policy makers, organizations, and managers should help

nurses to find a better work-life balance in order to improve nurses' quality of life and provide high-quality care for patients.

Author Contributions

Conceptualization: P.G. Data curation: P.G., A.K., I.V. and O.K. Formal analysis: P.G., A.K., I.V. and O.S. Investigation: T.K., I.M. and P.G. Methodology: P.G., A.K., I.V. and D.K. Project administration: P.G. and D.K. Resources: A.K., I.V., O.S., O.K. and T.K. Software: P.G., I.M. and P.G., Supervision: P.G. and D.K. Validation: O.K., T.K., I.M. and P.G. Visualization: P.G. and D.K. Roles/writing – original draft: P.G., A.K. and I.V. Writing – review and editing: P.G., A.K., I.V., O.S., O.K., T.K., I.M., P.G. and D.K.

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The authors have nothing to report.

Consent

Informed consent was obtained from all individual participants included in the study.

All authors have approved the manuscript and agree with its submission to 'International Journal of Nursing Practice'. Thank you for your consideration of this manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

- Adeeb, M., S. Abdo, D. Seddiq, et al. 2020. "Burnout Among Nurses Working in the Primary Health Care Centers in Saudi Arabia, a Multicenter Study." *AIMS Public Health* 7, no. 4: 844–853. <https://doi.org/10.3934/publichealth.2020065>.
- Alsaireh, F., M. T. Quinn Griffin, S. R. Ziehm, and J. J. Fitzpatrick. 2014. "Job Satisfaction and Turnover Intention Among Jordanian Nurses in Psychiatric Units." *International Journal of Mental Health Nursing* 23, no. 5: 460–467. <https://doi.org/10.1111/inm.12070>.
- Chang, H., Y. L. Shyu, M. Wong, T. Chu, Y. Lo, and C. Teng. 2017. "How Does Burnout Impact the Three Components of Nursing Professional Commitment?" *Scandinavian Journal of Caring Sciences* 31, no. 4: 1003–1011. <https://doi.org/10.1111/scs.12425>.
- Chen, C., and S. T. Meier. 2021. "Burnout and Depression in Nurses: A Systematic Review and Meta-Analysis." *International Journal of Nursing Studies* 124: 104099. <https://doi.org/10.1016/j.ijnurstu.2021.104099>.
- Chen, X., L. Ran, Y. Zhang, et al. 2019. "Moderating Role of Job Satisfaction on Turnover Intention and Burnout Among Workers in Primary Care Institutions: A Cross-Sectional Study." *BMC Public Health* 19, no. 1: 1526. <https://doi.org/10.1186/s12889-019-7894-7>.
- Cho, H.-K., and B. Kim. 2022. "Effect of Nurses' Grit on Nursing Job Performance and the Double Mediating Effect of Job Satisfaction and Organizational Commitment." *Healthcare (Basel)* 10, no. 2: 396. <https://doi.org/10.3390/healthcare10020396>.
- Constantz, J. 2022. "Quiet Quitters' Make Up Half of the US Workforce, Gallup Finds." <https://www.bloomberg.com/news/articles/2022-09-06/>

-quiet-quitters-make-up-half-of-the-us-workforce-gallup-finds#xj4y7vzkg.

Demerouti, E., A. B. Bakker, F. Nachreiner, and W. B. Schaufeli. 2001. "The Job Demands-Resources Model of Burnout." *Journal of Applied Psychology* 86, no. 3: 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>.

Dilig-Ruiz, A., I. MacDonald, M. Demery Varin, A. Vandyk, I. D. Graham, and J. E. Squires. 2018. "Job Satisfaction Among Critical Care Nurses: A Systematic Review." *International Journal of Nursing Studies* 88: 123–134. <https://doi.org/10.1016/j.ijnurstu.2018.08.014>.

Dyrbye, L. N., T. D. Shanafelt, P. O. Johnson, L. A. Johnson, D. Satele, and C. P. West. 2019. "A Cross-Sectional Study Exploring the Relationship Between Burnout, Absenteeism, and Job Performance Among American Nurses." *BMC Nursing* 18, no. 1: 57. <https://doi.org/10.1186/s12912-019-0382-7>.

Ershad Sarabi, R., R. Javanmard, and P. Mangolian Shahrabaki. 2020. "Study of Burnout Syndrome, Job Satisfaction and Related Factors Among Health Care Workers in Rural Areas of Southeastern Iran." *AIMS Public Health* 7, no. 1: 158–168. <https://doi.org/10.3934/publichealth.2020014>.

Falatah, R. 2021. "The Impact of the Coronavirus Disease (COVID-19) Pandemic on Nurses' Turnover Intention: An Integrative Review." *Nursing Reports (Pavia, Italy)* 11, no. 4: 787–810. <https://doi.org/10.3390/nursrep11040075>.

Far, F., H. Sharif Nia, and A. Assarroudi. 2022. "Correlation of the Job Turnover Intention of Iranian Nurses With Job Satisfaction and Burnout in the COVID-19 Pandemic." *Journal of Education Health Promotion* 11, no. 1: 364. https://doi.org/10.4103/jehp.jehp_1272_21.

Fasbender, U., B. I. J. M. Van der Heijden, and S. Grimshaw. 2019. "Job Satisfaction, Job Stress and Nurses' Turnover Intentions: The Moderating Roles of On-The-Job and Off-The-Job Embeddedness." *Journal of Advanced Nursing* 75, no. 2: 327–337. <https://doi.org/10.1111/jan.13842>.

Galanis, P., A. Katsiroumpa, I. Moisoglou, M. Kalogeropoulou, P. Gallos, and I. Vraaka. 2024. "Emotional Intelligence Protects Nurses Against Quiet Quitting, Turnover Intention, and Job Burnout." *AIMS Public Health* 11, no. 2: 601–613. <https://doi.org/10.3934/publichealth.2024030>.

Galanis, P., A. Katsiroumpa, I. Vraaka, et al. 2024. "Quiet Quitting Among Employees: A Proposed Cut-Off Score for the "Quiet Quitting" Scale." *Archives of Hellenic Medicine* 41, no. 3: 381–387.

Galanis, P., A. Katsiroumpa, I. Vraaka, et al. 2024. "Nurses Quietly Quit Their Job More Often Than Other Healthcare Workers: An Alarming Issue for Healthcare Services." *International Nursing Review* 71: 850–859. <https://doi.org/10.1111/inr.12931>.

Galanis, P., A. Katsiroumpa, I. Vraaka, et al. 2023. "The Quiet Quitting Scale: Development and Initial Validation." *AIMS Public Health* 10, no. 4: 828–848. <https://doi.org/10.3934/publichealth.2023055>.

Galanis, P., I. Moisoglou, A. Katsiroumpa, et al. 2024. "Impact of Workplace Bullying on Quiet Quitting in Nurses: The Mediating Effect of Coping Strategies." *Healthcare (Basel)* 12, no. 7: 797. <https://doi.org/10.3390/healthcare12070797>.

Galanis, P., I. Moisoglou, A. Katsiroumpa, et al. 2024. "Moral Resilience Reduces Levels of Quiet Quitting, Job Burnout, and Turnover Intention Among Nurses: Evidence in the Post COVID-19 Era." *Nursing Reports* 14, no. 1: 254–266. <https://doi.org/10.3390/nursrep14010020>.

Galanis, P., I. Moisoglou, A. Katsiroumpa, et al. 2023. "Increased Job Burnout and Reduced Job Satisfaction for Nurses Compared to Other Healthcare Workers After the COVID-19 Pandemic." *Nursing Reports* 13, no. 3: 1090–1100. <https://doi.org/10.3390/nursrep13030095>.

Galanis, P., I. Moisoglou, M. Malliarou, et al. 2023. "Quiet Quitting Among Nurses Increases Their Turnover Intention: Evidence From

Greece in the Post-COVID-19 Era." *Healthcare (Basel)* 12, no. 1: 79. <https://doi.org/10.3390/healthcare12010079>.

Galanis, P., I. Vraaka, D. Fragkou, A. Bilali, and D. Kaitelidou. 2021. "Nurses' Burnout and Associated Risk Factors During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis." *Journal of Advanced Nursing* 77, no. 8: 3286–3302. <https://doi.org/10.1111/jan.14839>.

Gómez-Urquiza, J. L., L. Albendin-García, A. Velando-Soriano, et al. 2020. "Burnout in Palliative Care Nurses, Prevalence and Risk Factors: A Systematic Review With Meta-Analysis." *International Journal of Environmental Research and Public Health* 17, no. 20: 7672. <https://doi.org/10.3390/ijerph17207672>.

Gün, İ., H. Balsak, and F. Ayhan. 2024. "Mediating Effect of Job Burnout on the Relationship Between Organisational Support and Quiet Quitting in Nurses." *Journal of Advanced Nursing* 81: jan.16599. <https://doi.org/10.1111/jan.16599>.

Hair, J., T. Hult, C. Ringle, and M. Sarstedt. 2017. *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)*. 2nd ed. Sage Publications Inc.

Hanum, A. L., Q. Hu, W. Wei, H. Zhou, and F. Ma. 2023. "Professional Identity, Job Satisfaction, and Intention to Stay Among Clinical Nurses During the Prolonged COVID -19 Pandemic: A Mediation Analysis." *Japan Journal of Nursing Science* 20, no. 2: e12515. <https://doi.org/10.1111/jjns.12515>.

Hayes, A. 2013. *Introduction to Mediation, Moderation, and Conditional Process Analysis*. Guilford Press.

Hoppock, R. 1935. *Job Satisfaction*. Harper & Brother Publisher.

Hu, H., C. Wang, Y. Lan, and X. Wu. 2022. "Nurses' Turnover Intention, Hope and Career Identity: The Mediating Role of Job Satisfaction." *BMC Nursing* 21, no. 1: 43. <https://doi.org/10.1186/s12912-022-00821-5>.

Hungerford, C., D. Jackson, and M. Cleary. 2024. "Quiet Quitting, Resenteeism and Other Forms of Disengagement: What Are the Answers for Nurses?" *Journal of Advanced Nursing* 81: jan.16574. <https://doi.org/10.1111/jan.16574>.

Karakachian, A., and A. Colbert. 2019. "Nurses' Moral Distress, Burnout, and Intentions to Leave: An Integrative Review." *Journal of Forensic Nursing* 15, no. 3: 133–142. <https://doi.org/10.1097/JFN.0000000000000249>.

Khatatbeh, H., A. Pakai, T. Al-Dwaikat, et al. 2022. "Nurses' Burnout and Quality of Life: A Systematic Review and Critical Analysis of Measures Used." *Nursing Open* 9, no. 3: 1564–1574. <https://doi.org/10.1002/nop2.936>.

Kristensen, T. S., M. Borritz, E. Villadsen, and K. B. Christensen. 2005. "The Copenhagen Burnout Inventory: A New Tool for the Assessment of Burnout." *Work & Stress* 19, no. 3: 192–207. <https://doi.org/10.1080/02678370500297720>.

Labrague, L. J., J. A. A. De Los Santos, C. C. Falguera, et al. 2020. "Predictors of Nurses' Turnover Intention at One and Five Years' Time." *International Nursing Review* 67, no. 2: 191–198. <https://doi.org/10.1111/inr.12581>.

Li, L., P. Yang, S. J. Singer, J. Pfeffer, M. B. Mathur, and T. Shanafelt. 2024. "Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care: A Systematic Review and Meta-Analysis." *JAMA Network Open* 7, no. 11: e2443059. <https://doi.org/10.1001/jamanetworkopen.2024.43059>.

Li, Y., N. Scherer, L. Felix, and H. Kuper. 2021. "Prevalence of Depression, Anxiety and Post-Traumatic Stress Disorder in Health Care Workers During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis." *PLoS ONE* 16, no. 3: e0246454. <https://doi.org/10.1371/journal.pone.0246454>.

Lima, A., M. T. Moreira, C. Fernandes, et al. 2023. "The Burnout of Nurses in Intensive Care Units and the Impact of the SARS-CoV-2

- Pandemic: A Scoping Review." *Nursing Reports (Pavia, Italy)* 13, no. 1: 230–242. <https://doi.org/10.3390/nursrep13010022>.
- Lu, H., Y. Zhao, and A. While. 2019. "Job Satisfaction Among Hospital Nurses: A Literature Review." *International Journal of Nursing Studies* 94: 21–31. <https://doi.org/10.1016/j.ijnurstu.2019.01.011>.
- Maghsoud, F., M. Rezaei, F. S. Asgarian, and M. Rassouli. 2022. "Workload and Quality of Nursing Care: The Mediating Role of Implicit Rationing of Nursing Care, Job Satisfaction and Emotional Exhaustion by Using Structural Equations Modeling Approach." *BMC Nursing* 21, no. 1: 273. <https://doi.org/10.1186/s12912-022-01055-1>.
- Maslach, C., and M. P. Leiter. 2016. "Understanding the Burnout Experience: Recent Research and Its Implications for Psychiatry." *World Psychiatry* 15, no. 2: 103–111. <https://doi.org/10.1002/wps.20311>.
- Membrive-Jiménez, M. J., J. L. Gómez-Urquiza, N. Suleiman-Martos, et al. 2022. "Relation Between Burnout and Sleep Problems in Nurses: A Systematic Review With Meta-Analysis." *Healthcare (Basel, Switzerland)* 10, no. 5: 954. <https://doi.org/10.3390/healthcare10050954>.
- Moisoglou, I., A. Katsiropampa, I. Prasini, P. Gallos, M. Kalogeropoulou, and P. Galanis. 2024. "Innovation Support Reduces Quiet Quitting and Improves Innovative Behavior and Innovation Outputs Among Nurses in Greece." *Nursing Reports* 14, no. 4: 2618–2628. <https://doi.org/10.3390/nursrep14040193>.
- National Council of State Boards of Nursing. 2023. "NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis." <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>.
- Ochis, K. 2024. "Generation Z and "Quiet Quitting": Rethinking Onboarding in an Era of Employee Disengagement." *Multidisciplinary Business Review* 17, no. 1: 83–97. <https://doi.org/10.35692/07183992.17.1.7>.
- Papaefstathiou, E., A. Tsounis, M. Malliarou, and P. Sarafis. 2019. "Translation and Validation of the Copenhagen Burnout Inventory Amongst Greek Doctors." *Health Psychology Research* 7, no. 1: 7678. <https://doi.org/10.4081/hpr.2019.7678>.
- Papazian, L., S. Hraiech, A. Loundou, M. S. Herridge, and L. Boyer. 2023. "High-Level Burnout in Physicians and Nurses Working in Adult ICUs: A Systematic Review and Meta-Analysis." *Intensive Care Medicine* 49, no. 4: 387–400. <https://doi.org/10.1007/s00134-023-07025-8>.
- Parola, V., A. Coelho, H. Neves, R. A. Bernardes, J. P. Sousa, and N. Catela. 2022. "Burnout and Nursing Care: A Concept Paper." *Nursing Reports (Pavia, Italy)* 12, no. 3: 464–471. <https://doi.org/10.3390/nursrep12030044>.
- Poon, Y.-S. R., Y. P. Lin, P. Griffiths, K. K. Yong, B. Seah, and S. Y. Liaw. 2022. "A Global Overview of Healthcare Workers' Turnover Intention Amid COVID-19 Pandemic: A Systematic Review With Future Directions." *Human Resources for Health* 20, no. 1: 70. <https://doi.org/10.1186/s12960-022-00764-7>.
- Preacher, K. J., and A. F. Hayes. 2008. "Asymptotic and Resampling Strategies for Assessing and Comparing Indirect Effects in Multiple Mediator Models." *Behavior Research Methods* 40, no. 3: 879–891. <https://doi.org/10.3758/BRM.40.3.879>.
- Ren, Z., H. Zhao, X. Zhang, et al. 2022. "Associations of Job Satisfaction and Burnout With Psychological Distress Among Chinese Nurses." *Current Psychology* 42, no. 33: 29161–29171. <https://doi.org/10.1007/s12144-022-04006-w>.
- Scheyett, A. 2022. "Quiet Quitting." *Social Work* 68, no. 1: 5–7. <https://doi.org/10.1093/sw/swac051>.
- Shah, M. K., N. Gandrakota, J. P. Cimiotti, N. Ghose, M. Moore, and M. K. Ali. 2021. "Prevalence of and Factors Associated With Nurse Burnout in the US." *JAMA Network Open* 4, no. 2: e2036469. <https://doi.org/10.1001/jamanetworkopen.2020.36469>.
- Sikaras, C., I. Ilias, A. Tselebis, et al. 2021. "Nursing Staff Fatigue and Burnout During the COVID-19 Pandemic in Greece." *AIMS Public Health* 9, no. 1: 94–105. <https://doi.org/10.3934/publichealth.2022008>.
- Sohrabi, Y., H. Yarmohammadi, A. B. Pouya, M. F. Arefi, S. Hassanipour, and M. Poursadeqiyan. 2022. "Prevalence of Job Burnout in Iranian Nurses: A Systematic Review and Meta-Analysis." *Work (Reading, Mass.)* 73, no. 3: 937–943. <https://doi.org/10.3233/WOR-210283>.
- Sok, S., H. Sim, B. Han, and S. J. Park. 2020. "Burnout and Related Factors of Nurses Caring for DNR Patients in Intensive Care Units, South Korea." *International Journal of Environmental Research and Public Health* 17, no. 23: 8899. <https://doi.org/10.3390/ijerph17238899>.
- Spector, P. 1985. "Measurement of Human Service Staff Satisfaction: Development of the Job Satisfaction Survey." *American Journal of Community Psychology* 13, no. 6: 693–713. <https://doi.org/10.1007/BF00929796>.
- Spector, P. 1997. *Job Satisfaction: Application, Assessment, Causes and Consequences*. Sage Publications Inc.
- Tsounis, A., and P. Sarafis. 2018. "Validity and Reliability of the Greek Translation of the Job Satisfaction Survey (JSS)." *BMC Psychology* 6, no. 1: 27. <https://doi.org/10.1186/s40359-018-0241-4>.
- Van Der Heijden, B., C. Brown Mahoney, and Y. Xu. 2019. "Impact of Job Demands and Resources on Nurses' Burnout and Occupational Turnover Intention Towards an Age-Moderated Mediation Model for the Nursing Profession." *International Journal of Environmental Research and Public Health* 16, no. 11: 2011. <https://doi.org/10.3390/ijerph16112011>.
- Wang, S., G. Luo, X. Ding, et al. 2024. "Factors Associated With Burnout Among Frontline Nurses in the Post-COVID-19 Epidemic Era: A Multicenter Cross-Sectional Study." *BMC Public Health* 24, no. 1: 688. <https://doi.org/10.1186/s12889-024-18223-4>.
- Woo, T., R. Ho, A. Tang, and W. Tam. 2020. "Global Prevalence of Burnout Symptoms Among Nurses: A Systematic Review and Meta-Analysis." *Journal of Psychiatric Research* 123: 9–20. <https://doi.org/10.1016/j.jpsychires.2019.12.015>.
- World Medical Association. 2001. "World Medical Association Declaration of Helsinki. Ethical Principles for Medical Research Involving Human Subjects." *Bulletin of the World Health Organization* 79, no. 4: 373–374.
- Yasin, Y. M., M. S. Kerr, C. A. Wong, and C. H. Bélanger. 2020. "Factors Affecting Nurses' Job Satisfaction in Rural and Urban Acute Care Settings: A PRISMA Systematic Review." *Journal of Advanced Nursing* 76, no. 4: 963–979. <https://doi.org/10.1111/jan.14293>.
- Zareei, M., Tabanejad, Z., Oskouie, F., Ebadi, A., & Mesri, M. (2022). Job Burnout Among Nurses During COVID-19 Pandemic: A Systematic Review. *Journal of Education Health Promotion*, 11(1), 107. https://doi.org/10.4103/jehp.jehp_797_21.
- Zhang, M., H. Chen, N. Wang, Y. Li, X. Li, and Y. Liu. 2023. "The Mediating Role of Job Satisfaction Between Psychological Capital and Work Engagement Among Chinese Nurses During COVID-19 Outbreak: A Comparative Study Between Nurse Specialists and General Nurses." *Frontiers in Psychiatry* 13: 990216. <https://doi.org/10.3389/fpsy.2022.990216>.
- Zuzelo, P. R. 2023. "Discouraging Quiet Quitting: Potential Strategies for Nurses." *Holistic Nursing Practice* 37, no. 3: 174–175. <https://doi.org/10.1097/HNP.0000000000000583>.