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Short Commentary

Silent Disengagement: Understanding the Consequences of Quiet Quitting, Trends, and Impacts

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Abstract

The term "quiet quitting" does not pertain to leaving one's employment, but rather it denotes a work behaviour adopted by employees in which they limit themselves to performing only the tasks outlined in their job description without putting in additional effort or working with extra dedication. They reject the notion of being accessible for further work outside of those hours. This has been in line with the increasing amount of burnout experienced by healthcare professionals working during the COVID-19 emergency, which already has well-documented long-term physical and psychological consequences. While the concept of quiet quitting has been viewed positively in other industries, as it can improve work-life balance and reduce stress and anxiety, it has had a dual impact on the healthcare system. This is because the healthcare system depends on strong relationships between patients and healthcare workers, and the effects of quiet quitting have a direct impact on patient care, quality, and safety. On the other hand, the COVID-19 pandemic has also led many to consider quitting as a way of coping with the emotional sequelae caused by the pandemic. It became essential for healthcare workers to take responsibility for their own mental and emotional well-being and set boundaries to prioritize their mental health, reduce stress levels, and prevent burnout, which can ultimately contribute to better patient care outcomes. To improve the quality of healthcare, policymakers must consider gender, family, profession, and age group differences while also considering advancements in technology, science, and society. Quitting not only affects the well-being of healthcare providers but also has adverse effects on patients. These include a higher risk of medical errors, compromised doctor-patient relationships, and lower-quality medical care. Therefore, it is crucial to prioritize the monitoring of healthcare workers' overall health, including their mental well-being, particularly during times of crisis.

Keywords: Quiet quitting; Healthcare professionals; COVID-19 pandemic; Quality patient care

As COVID-19 has brought a lot of challenges in every aspect of our lives, whether it be social, economic, or political, and has affected almost every industry, it has also impacted the healthcare setup, and understandably so, in a variety of ways. This is the case with quiet quitting, a phenomenon that, despite having been coined previously, was brought to light by the recent pandemic.

The term "quiet quitting" does not pertain to leaving one's employment, but rather it denotes a work behaviour adopted by employees in which they limit themselves to performing only the tasks outlined in their job description without putting in additional effort or working with extra dedication. They reject the notion of being accessible for further work outside of those hours [1]. This has been in line with the increasing amount of burnout experienced by healthcare professionals working during the COVID-19 emergency, which already has well-documented long-term physical and psychological consequences [2].

The pandemic has highlighted the stark contrast between the working conditions of healthcare workers and the general population. While the general population was protected by lockdowns, slower work, and social distancing, healthcare workers faced longer shifts, higher risks of infection, the requirement to wear personal protective equipment, limited guidelines to ensure their protection and that of their families, as well as physical and verbal violence, disparities in workload, and disparities in payment [3,4].

All these factors have led to a sense of uncertainty, isolation, fear, and decreased job satisfaction, resulting in a widespread movement towards a "quiet quitting" culture in the healthcare industry. This trend is further supported by a study which demonstrated significant positive correlation between fear of COVID-19 and psychological distress, organizational turnover intention i.e., wanted to leave this healthcare facility, and professional turnover intention i.e., wanted to leave this profession

among front line nurses [5], reflecting the negative impact of the pandemic on their working conditions and job satisfaction.

While the concept of quiet quitting has been viewed positively in other industries, as it can improve work-life balance and reduce stress and anxiety, it has had a dual impact on the healthcare system. This is because the healthcare system depends on strong relationships between patients and healthcare workers, and the effects of quiet quitting have a direct impact on patient care, quality, and safety. In addition, the sense of community and the feeling of being valued, respected, and recognized by peers and the organization are crucial factors for career satisfaction among healthcare workers. Unfortunately, there has been a decline in this sense of community in recent years, particularly during the pandemic, which has led to emotional detachment from the workplace and a trend of quiet quitting [6]. This idea was further reinforced by the study on health care professionals, which showed significant levels of emotional exhaustion and reduced personal accomplishment in more than 60% of the sample population and moderate to severe levels of depersonalization in more than 25% of the sample population during the pandemic [7]. Consequently, all of this has created a vicious cycle that leads to an increased healthcare burden, higher rates of physician turnover, elevated risk of medical errors and adverse outcomes, reduced access to care, and ultimately, a strain on healthcare resources and infrastructure **(Figure 1)**.

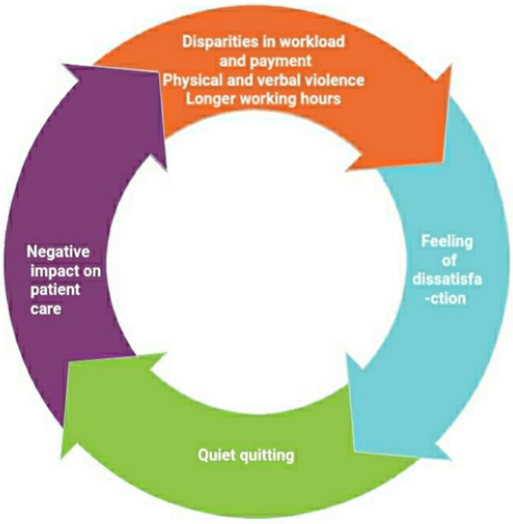

Figure 1: The vicious cycle representing the consequences of quiet quitting. From the authors' own collection.

On the other hand, in the past, individuals who valued flexibility or prioritized activities outside of work were often viewed as unreliable or uncommitted and were therefore less desirable as employees. These attitudes led to a culture in which valuing anything other than work was stigmatized and discouraged. However, in recent years, there has been a growing recognition of the importance of work-life balance and the benefits of flexible work arrangements, which has helped shift attitudes towards valuing these attributes in employees.

Therefore, the COVID-19 pandemic has also led many to consider quitting as a way of coping with the emotional sequelae caused by the pandemic. It became essential for healthcare workers to take responsibility for their own mental and emotional well-being and set boundaries to prioritize their mental health, reduce stress levels, and prevent burnout, which can ultimately contribute to better patient care outcomes. Some experts suggest that self-evaluation and the establishment of firmer boundaries signal a positive shift towards prioritizing mental health and well-being. Furthermore, it can help healthcare workers maintain a healthy work-life balance and prevent burnout.

As healthcare delivery systems move forward, it is crucial to acknowledge the importance of healthcare worker wellness, finding joy in one's work, and self-care. The COVID-19 pandemic has reinforced the significance of these factors in a profound way [8]. Shanafelt and colleagues found that providing clinicians with 20% of the time to do "what they most care about" is associated with 50% less burnout [9]. In addition, another study presents the high chances of developing burnout syndrome in female resident doctors who work more than 80 hours a week, regardless of their specialization [10].

To improve the quality of healthcare, policymakers must consider gender, family, profession, and age group differences while also considering advancements in technology, science, and society. The key focus of therapy plans should be to prevent burnout and quiet quitting by detecting them in their preliminary stages through screening and implementing interventions that encompass both general strategies and personalized approaches to ensure equitable access to high-quality healthcare [1].

Quitting not only affects the well-being of healthcare providers but also has adverse effects on patients. These include a higher risk of medical errors, compromised doctor-patient relationships, and lower-quality medical care. Therefore, it is crucial to prioritize the monitoring of healthcare workers' overall health, including their mental well-being, particularly during times of crisis [2].

Conclusion

The COVID-19 pandemic has posed numerous challenges, but it also provides an opportunity to reconsider healthcare in a new way and address issues that can lead to burnout and compromised well-being. Embracing technology, reflecting on the purpose of healthcare, and prioritizing self-care can all help maintain high standards of patient care while improving the overall system. Despite the difficulties, there is a glimmer of hope for positive change.

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