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### **Quiet quitting in nursing and surgical nursing**

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#### **Abstract;**

Quiet quitting is a common phenomenon among overburdened nursing personnel. Stress, responsibility, lack of motivation, and low payment may contribute to this condition. Early detection, psychological support, training, and payment motivation may solve the problem aiming at the psychological health of nurses and the best possible care for patients.

**Key word:** quiet quitting, nurses, training, motivation

#### **INTRODUCTION**

It is a well-known fact that health professionals often suffer from compassion fatigue, burnout syndrome and secondary traumatic stress. These are owed to the work overload, the high level of responsibility and stress and the contact with human pain and suffering. Another result of the above is the phenomenon of quiet quitting, common among nurses. It is defined as the silent, not directly expressed inability to perform at a high professional level, as the health professional performs only at a minimum level contacting only the absolutely necessary tasks in order to keep his job and maintain a level of safety. In the current study we perform a review of literature in regard to quiet quitting in nursing and surgical nursing, in an effort to identify the severity and extent of the problem and its possible solutions.

#### **Material and Methods**

We investigated the databases of Pubmed and Google under the search items "quiet quitting in nursing" and "quiet quitting in surgical nursing". Only articles in the English language were included.

#### **Results**

No articles were found under "quiet quitting in surgical nursing". We found a total of 18 articles under the search item "quiet quitting in nursing". We studied the articles thoroughly in regard to the characteristics, the severity and the extent of the phenomenon among nurses and surgical nurses in particular and also in concern to the possible solutions.

Quiet quitting, best detected with Quiet Quitting Scale (QQS) is common among nursing personnel, reaching the level of 60% in some studies. Turnover intention also reaches high percentages of more than 40% [1-3]. These negative aspects of quiet quitting are more common among female nurses, shift workers, nurses working in private facilities and nurses working in high work volume and understaffed departments, like the operating room, intensive care unit and emergency department [1], [4-7]. Measures against the phenomenon include better training, better payment, rotation between departments, adequate staffing in health facilities and easy access to psychological support provided by the employing foundation. Moral resilience and the development of soft skills can also protect against quiet quitting [8, 9].

## Discussion

Nurses are a vital component of every health system. Despite this fact, their role to the maintenance of high quality healthcare for the patients is often underestimated. Nursing staff often have to work under difficult conditions, as they are confronted with complex health problems and multimorbid patients. They work under stress, frequently beyond the planned schedule and are often underpaid. Cumulatively, these conditions lead to professional fatigue, quiet quitting and the desire to change their professional track.

Health providers are the most responsible party for solving the problem. By providing official psychological support to overburdened nurses, this situation may be detected and dealt with. Training and payment motivation, rotation between departments, qualitative and quantitative proper employment and psychological support stand among the measures to address the problem [10]. All these will lead to a better working environment for nurses and contribute to better health services for our patients.

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