

## QUIET QUITTING IN THE NIGERIAN HEALTHCARE SECTOR: INVESTIGATING UNDERLYING MOTIVES AND CONSEQUENCES ON CORPORATE PRODUCTIVITY

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**Abstract:** Quiet quitting has become one of the prevailing workers attitudes affecting the productivity in many business organizations. Considering its prevalence in the healthcare sector, the present research seeks to investigate the underlying motives for quiet quitting among health workers and its consequences on corporate productivity in the Nigerian health sector. Adopting a quantitative methodology, the research utilized a well-structured questionnaire, and data was collected from the seventy-four staff of Lagos State University Teaching Hospital in Nigeria. In analyzing the research data, descriptive and inferential statistics was used to evaluate and predict the causes and consequences of quiet quitting among healthcare workers the Nigerian business industry. The findings of the study revealed that excessive workload emerged as a primal significant factor influencing quiet quitting behaviors, impacting job satisfaction and retention. Notably, the result highlights the long-term implications of silent disengagement, accentuating its enduring consequences. Although, the correlation between compensation and quiet quitting underscored the pivotal role of fair remuneration in addressing employee disengagement. Meanwhile, the emphasis on pays and rewards underscores the critical relevance of equitable compensation structures in improving staff engagement and retention in the Nigerian healthcare sector. Recognizing the impact of compensation on silent quitting habits, Nigeria government and public administrators are advised to plan and implement initiatives to ensure fair remuneration, potentially reducing disengagement and enhancing commitment among healthcare workers.

**Keywords:** Quiet quitting, quality of care, labor administration, healthcare, public sector in Nigeria.

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## **1. Introduction**

Globally, quiet quitting has emerged a growing issue of concern in modern corporate administration. It is a prevailing human resource challenge that heralds among disengaged and unhappy employees at work. Just recently, the term became widely evident through Bryan Creely who refers to quiet quitting as an undesirable work behavior, that affect the performance of workers if not promptly controlled. Yet, many enterprises and also administrators appear unwilling, unprepared and incapable to effectively address this phenomenon (Hare, 2022). A recent Wall Street Journal article informed that nearly 50% of workers have made the choice of quietly quitting, whereby employees do not officially resign but deliberately reduce efforts and commitment on their job (Smith, 2022). Noting that commitment and motivation play crucial role to corporate success, pundits in press and various academics have expressed concern over perceived motivation resulting into quiet quitting (Terry, 2022; Crumpton, 2023).

While, quiet quitting is a global challenge, its prevalence in healthcare sector in Nigeria has garnered attention. As posited by Emmanuel (2023), unsolicited work habits among health workers are becoming intensive, meanwhile it is not farfetched from the poor system of compensation and retention for Nigerian health workers. According to Punch Newspapers (2021), an average medical doctor in Nigeria survives on N217,000 per month which is roughly \$135.6, a thousand percent decrease compared to contemporary nations in Africa, less talk of the developed economies. Specifically, an entry-level doctor currently earns roughly N1.8 million (about \$1,144) per year, compared with one in a similar role in South Africa getting more than three times that per month. Meanwhile, workers are challenged with limited resources, less-favorable work conditions, and increasing demand for healthcare services exacerbate the problem.

Consequently, the Nigeria Medical Association (NMA) has bemoaned in 2023 that, within eight months, over 1300 Nigerian trained doctors and specialists have gained authorization to operate in the UK, leaving Nigeria in health jeopardy. Today the Nigerian healthcare now suffers a prevailing shortage in availability of skilled and talented workers with significant implications for national health stability, service quality, and patient care. Unfortunately, the challenge predominates the African healthcare sector at large as the report from Hastwell (2024) showed over 40.7% of healthcare workers in Africa affirm the possession of negative attitude to work. Meanwhile, Nigerian healthcare workers have a greater intake with over 56% health workers showing significant interest in quietly quitting their jobs prior to resignation (Benayew et al., 2022).

The quality of care in any healthcare sector relies heavily on the expertise and skills of its human capital. Whereas, workers in Nigeria grapple with issue of inadequate employee work engagement and quiet quitting, largely due to the strenuous nature of the healthcare profession (Sabitova et al., 2019; Poon et al., 2022). Frogner and Dill (2022) observed that despite medical profession being one of the most revered careers, Nigerian health workers have frequently voice dissatisfaction, citing overwhelming work demands and limited time for their personal and family lives. The demanding nature of healthcare, often dealing with life-and-death situations, combined with responsibilities for patient well-being and other duties, contributes to heightened stress and consequently quiet quitting among professionals. While, quietly quitting is seen as a means of signaling unconducive work system to employee well-being, its negative implication on quality of treatments and patient care in the healthcare sector is magnitude. It not only affects the success of healthcare organizations but also poses potential risks to people's lives.

In view of the above, conducting research on the issue of quiet quitting among workers in Nigeria becomes necessary. Amidst population of over 206 million people and having the largest economy in Africa (NBS, 2020), the study centered on health care workers in Nigeria

with peculiar interest on examining if patients experience any of suboptimal treatment, medical errors or increased healthcare costs as an evident outcome of quiet quitting in the workplace. In order to address the significant implications of quiet quitting on healthcare organizations and patient care, this research focuses on the work behavior in the Lagos State University Teaching Hospital in Nigeria. The research therefore proposes to investigate the underlying factors contributing to quiet quitting, explore the behaviors and manifestations of quiet quitters, and examine the consequences of this phenomenon on the quality of health in Nigerian society at large.

#### **Research Question**

It is in the interest of this research to enquire about the following related issues in the study;

- i. What are the underlying factors influencing quiet quitting behavior among workers in the Nigerian Healthcare sector?
- ii. Is there a significant difference between the consequences of quiet quitting on quality of care in Nigeria within short and long run operation of the Nigeria healthcare sector?
- iii. What possible recommendations can be provided to enhance the condition of work and eradicate quiet quitting practices in Nigeria healthcare?

## **2. Literature Review**

The revolutionary shift from “people need work to survive” to organization needs people to survive has made the issue of quiet quitting a pronounced phenomenon (Robbins, 2004). In lieu of this, a plethora of research has emerged regarding the issue of quiet quitting among employees and its impacts on employee job performance. Although, “quiet quitting” as a concept only emerged recently, however, the notion has sparked relative debates among academics, industry experts (Campbell et al., 2020; Boy & Surmeli, 2023), and media commentators (Johar et al., 2023; Smith, 2022), with varying perspectives on its causes, consequences, and implications. First coined by Mark Bolger, the term quiet quitting is a relative modern trend of employee engagement in the workplace (Braje, 2022). It deals with the deliberate workers attitude to unofficially quit job responsibilities without formal resignation. However, since its emergence from the field of industrial psychology and organizational behavior, various scholars have provided differing opinions on the nature of quiet quitting in the workplace (Zhang & Rodrigue, 2023). While some view it as a manifestation of employee apathy and a sign of declining work ethic, others argue that quiet quitting represents a broader shift in employee expectations and a demand for a more balanced and fulfilling work-life integration.

In the wake of a recent Wall Street Journal article, claiming that 50 percent of today’s workers had chosen to lower their commitment to their jobs (Johnson, 2023), a deluge of material has presented various factors have been recognized as determinants and influencing factors of the negative trend of quiet quitting behaviors amongst employees. While, Aydi and Azizoğlu (2022) attributed this trend to a combination of organizational motivation factors, Mahand and Caldwell (2022) highlighted wellbeing challenge as prominent factors influencing quietly quitting behaviors. Although, Hunt and Duhan (2002) argued that all factors leading to the negative work behavior of employee results from low job satisfaction. Sekhar, Patwardhan and Singh (2013) supported that job satisfaction is critical as all employee stimulating factors enhancing their overall contentment with their work. Specifically, the excessive workloads, characterized by overwhelming demands and unrealistic deadlines, can lead to employee burnout and a diminished sense of motivation. As Braje (2022) suggests, employees who are constantly overworked may feel disengaged from their work and resort to quiet quitting as a

coping mechanism to protect their well-being. This aligns with Smith's (2022) observation that quiet quitting is often a response to unsustainable work-life imbalances caused by excessive workloads.

Academics and media analysts alike decry the alleged lack of motivation and low satisfaction among workforce in present day work environment (Terry, 2022; Crumpton, 2023). As argued by scholars, the lack of job satisfaction elements such as lack of recognition (Smith & Pollak, 2022), poor leadership, or limited opportunities for growth (Surma, et al., 2021), may withdraw employees from work as a form of protest. Boy and Surmeli (2023) highlights this connection, emphasizing that quiet quitting often stems from a desire for a more fulfilling and meaningful work experience.

According to Aydin and Azizoğlu (2022), the inability of a firm to maintain a healthy balance between work and personal life can lead to stress, dissatisfaction, and foster a sense of quietly quitting among workers. As Sirgy and Lee (2018) highlighted, work-life imbalance can manifest in various forms, such as excessive work hours, limited time for personal pursuits, and difficulty disconnecting from work outside of office hours. This imbalance contributes significantly to quiet quitting as employees seek to regain control over their lives and protect their personal well-being. Chronic stress and burnout on the other hand characterized by emotional exhaustion, cynicism, and reduced professional efficacy, can significantly impact employee motivation and engagement. Shbeer and Ageel (2022) emphasize the pervasive nature of stress and burnout in the workplace, particularly in demanding professions such as healthcare. When employees experience prolonged stress and burnout, they may withdraw from work as a means of self-preservation and to protect their mental health.

The research of Kumar (2023) shed light on the failure of employers to meet employees' needs, presenting alarming statistics that highlight the ineffectiveness of many contemporary leaders. As an outcome of the deficiencies and shortcomings of leaders in motivating employees, quiet quitting can be detrimental to the organizational success (Smith, 2022). Quiet quitting often results to reduced employee productivity and poses a significant risk to businesses. Studies have shown that employees who engage in quiet quitting experience lower productivity levels, which contributes to slowed work, extended delivery dates, decreased business outputs, increased operating costs, and compromised product and service quality (Pedriquez, 2022; Jefferson, Bloor & Maynard, 2015; Bubonya et al., 2017). The conclusion of Hafat and Ali (2022) is that businesses that fail to produce efficiently and effectively compared to their competitors face challenges in the market. Therefore, addressing decreased productivity resulting from quiet quitting is crucial for business success.

## **2.1. Theoretical Framework of the Study (Self-Determination Theory, SDT)**

Propounded by an American Psychologists Richard Ryan, left and Edward Deci, this Self-Determination Theory (SDT) seeks to explain the driving force of individual behavior in the workplace. The theory premised on the notion that understanding human motivation entails recognizing the inherent psychological needs for competence, autonomy, and relatedness (Stone et al., 2009). This theory posits that these basic psychological needs are innate and crucial for ongoing psychological growth, internalization, and overall well-being. Van den Broeck et al. (2016) further argue that individuals experience optimal motivation and well-being when their three fundamental psychological needs (autonomy, competence, and relatedness) are satisfied. While the theory is primarily associated with motivation, it has also been applied in studies examining job satisfaction and employee quiet quitting (Battaglio et al., 2022; Van den Broeck et al., 2016). In the context of quiet quitting, the self-determination theory remains highly relevant.

The theory established that workers who engage in quiet quitting becomes be driven by unmet psychological needs, particularly in terms of autonomy, competence, and relatedness.

These individuals often feel a lack of control over their work, limited opportunities for professional growth, and disconnected from their colleagues and patients. As a result, their motivation and engagement suffer, leading to disengagement and reduced commitment to their work. Therefore, understanding the principles of SDT can shed light on the factors contributing to quiet quitting among healthcare professionals. By addressing the underlying psychological needs for autonomy, competence, and relatedness, healthcare organizations can create a work environment that fosters motivation, engagement, and overall well-being.

## 2.2. Empirical Review

In the extant literature, scholars have established that the issue of resignation has prompted organizations to pledge a reinvention of their employee value proposition and prioritize employee well-being (Clifton & Harter, 2021). However, there is growing evidence suggesting that many organizations still struggle to fulfill these promises in a way that resonates with their employees resulting to quiet quitting (Lee et al., 2023). In the work of Shatashki (2022), it is contended that the concept of “quiet quitting” initially seem similar to resignation but has distinct implications. Unlike traditional resignation, quiet quitting involves employees continuing their job while prioritizing work-life balance and focusing solely on mandatory tasks.

A conceptual study by Yıldız (2023) argued that even though quiet quitting is a new concept in the literature, holistic studies on the potential risks for businesses and the precautions to be taken against quiet quitting have yet to be found. In similar view, the study of Mahand and Caldwell (2023) also examined the phenomenon of quiet quitting. Although, the research utilized a qualitative approach, however, the means and source of data utilized in the study was implied and not evident in the study. The result of Morrison-Beedy (2022) showed that quiet quitters are known to be employees who are not emotionally and intellectually satisfied at work and therefore attending only mandatory meetings and strictly adhering to minimum requirements.

Another survey conducted by PwC, titled “Global Workforce – Hopes and Fears,” reveals that one in five workers worldwide intends to leave their current position in 2022 (Calahan, 2022). It was further noted that the emergence of such intention is particularly evident among Gen Z, who hold distinct expectation on careers and success. The study further posited that the new generation of workers prioritize a decent work-life balance and opportunities for professional growth, as highlighted by the Deloitte Global study (Deci et al., 2017). It can therefore be asserted that quiet quitting is not just about wellbeing, rather a change in the paradigm shift of new employee attitudes towards work-life balance, as individuals strive to break free from the pervasive “hustle culture” that demands work to consume their lives.

While there is growing recognition of the phenomenon of quiet quitting among workers globally, there remains a significant research gap in understanding the specific organizational factors that contribute to this behavior specifically in the global healthcare industry. Existing literature has primarily focused on individual motivations, psychological needs and several organizational factors as drivers of quiet quitting, neglecting the crucial impacts of quiet quitting on employees themselves (Calahan, 2022; Mahand & Caldwell, 2023; Yıldız, 2023). There is however a need to incorporate theoretical perspectives that can provide a deeper understanding of the underlying phenomenon, its impacts on organization as well as understanding how it can be controlled in the workplace environment.

### 3. Methodology

The study adopted a descriptive survey research design to systematically describe the characteristics of quiet quitting and quality of care practices in the Nigerian public healthcare sector. This design effectively captures the current state of these phenomena and provides a comprehensive overview. Primary data was utilized to ensure accuracy and relevance (Alharahsheh & Pius, 2020), directly reflecting the respondents' views and experiences. The population comprised of the entire one thousand, two hundred and twenty-five (1255) staff of the Lagos State teaching Hospital (LASUTH). The data for the population was derived from the five (5) departments of the hospital as postulated in the institution official webpage (<https://www.lasuth.org.ng/>). The departments concerned includes the Obstetrics and Gynecology department, Ophthalmology section, Community and Primary unit, Surgery and Surgical Emergency Department as well as Medicine unit in the institution.

The sample size of one hundred (100) respondents was determined using the Raosoft Sample Size Calculator. This method is widely recognized for its precision in estimating samples, ensuring an accurate representation on the population (Creswell & Clark, 2017). The stratified sampling technique was used in this research to ensure that all relevant subgroups within the population are adequately represented. By using this sampling method, the study ensures the reliability and validity of its findings, providing a solid foundation for generalizing the results to the broader population. Distributing the questionnaire, a response rate of 74% was acquired as the study retrieved 74 questionnaires. This implies that the return rate is good and the result from the study stands as a true estimate of the total population which Saunders, et al. (2017) asserted as further enhancing the accuracy of research findings. Moreover, the multiple regression analysis was utilized in analyzing the hypothetical research statements.

### 4. Presentation of Result and Discussion of Findings

**H<sub>0</sub>:** Identify Factors Influencing Quiet Quitting Behavior Among Care Workers.

**Table 1.** Descriptive Analysis of the factors influencing Workers Quiet Quitting Behavior

Responses	1	2	3	4	5	M	Std. Dev
	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)		
Heavy Workloads	4 (5.4)	6 (8.1)	11 (14.9)	21 (28.4)	32 (43.2)	3.95	1.18
Low Compensation	1 (1.4)	7 (9.5)	8 (10.8)	20 (27.0)	38 (51.4)	4.17	1.05
Poor Organizational Support	18 (24.3)	18 (24.3)	10 (13.5)	14 (18.9)	14 (18.9)	2.83	1.47
Work-Life Imbalance	4 (05.4)	5 (6.8)	9 (12.2)	25 (33.8)	31 (41.9)	4.00	1.14
Perceived Job Insecurity	12 (16.2)	12 (16.2)	13 (17.6)	16 (21.6)	21 (28.4)	3.29	1.44
Ineffective Leadership Style	31 (41.9)	22 (29.7)	08 (10.8)	06 (08.1)	07 (09.5)	2.13	1.30
Communication Challenges	24 (32.4)	20 (27.0)	11 (14.9)	06 (08.1)	13 (17.6)	2.51	1.46
High Patient Load and Safety Concerns	06 (08.1)	07 (09.5)	09 (12.2)	20 (27.0)	32 (43.2)	3.87	1.29
Limited Career Development Opportunities	42 (56.8)	20 (27.0)	06 (08.1)	04 (05.4)	02 (02.7)	1.70	1.01

Ethical Dilemmas	38 (51.4)	22 (29.7)	05 (06.8)	06 (08.1)	03 (04.1)	1.83	1.12
Average Overall Mean						3.02	1.246

KEY: UC= Uncommon, R = Rare, U = Uncertain, C = Common, HC = Highly common \*\*\*Decision Rule: if mean 1 to 1.49 = UC, 1.5 to 2.49 = R, 2.5 to 3.49 = U, 3.5 to 4.49 = C, 4.5 to 5 = HC.

Source: Authors Computation

The result of the descriptive statistics in the table 1 above showed that on a 5-point Likert scale, majority of the respondents (3.95%) agreed that workload is a common challenging factor affecting health workers engagement, although, there was disparity in the assertion of respondents as the value of the std dev (1.18) showed that only few of the respondents disregarded such opinion. Also, the mean value of 4.17 showed that there is high prevalence of low pay and work incentive among workers reporting in the health sector, while the workers are uncertain about the level of support received from the organization with a low mean of 2.83. Work-life balance emerged as a significant challenge hindering social life and effective work engagement for many workers, with a substantial mean value of 4.00 and a relatively low standard deviation of 1.14. Moreover, more than half of the respondents highlighted the time demands of care work as a crucial issue requiring immediate attention.

Regarding safety concerns, some employees voiced dissatisfaction with poor risk assessment and safety management plans at various sites, reflected in mean values of 3.91 and 3.72, often resulting in unforeseen accidents and incidents on-site. Perceptions of poor organizational support were evenly distributed across the spectrum, suggesting a moderate impact. However, work-life imbalance was marked as a substantial influencing factor, with a notable 41.9% of respondents rating it as '5,' indicating a high impact on potential quiet quitting. While job insecurity was not rated as high as other factors, a significant proportion (28.4%) highlighted its influence on quiet quitting. Ineffective leadership style, communication challenges, high patient load, and safety concerns received varied responses, suggesting differing levels of influence. Limited career development opportunities and ethical dilemmas were perceived as less influential in quiet quitting behavior, with the majority of respondents (56.8% and 51.4%, respectively) concurring. Their mean scores (1.70 and 1.83) support this perception, indicating a lower impact on their inclination toward quiet quitting.

The result underscore the varying degrees of influence of identified factors on tendencies for employee quiet quitting behavior. Addressing these concerns could play a pivotal role in enhancing employee retention and satisfaction levels within the Nigerian healthcare sector.

**H<sub>02</sub>:** There is no significant difference between organizational impact of quiet quitting behavior on in the short and long run.

**Table 2.** Paired Samples T-Test Statistics

		Mean	N	Std. Deviation	Std. Error Mean	
Quiet quitting Impact	Short run	1.6216	74	.88678	.10309	
	Long run	4.7432	74	.52501	.06103	
Samples Correlations		N	Correlation	Sig.		
QQI	Short run and Long run	74	-.153	.194		
Paired Differences						
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of Difference	t	df

Sig. (2-tailed)

					Lower	Upper			
QQI	Short-Long	-3.12	1.09735	.12756	-3.3758	-2.86739	-24.4	73	.000

Source: SPSS Result

The T-Test result compares the immediate and long-term consequences of quiet quitting behavior in the Nigerian healthcare sector. A notable difference is evident in the mean value of 1.62 and 4.7 which indicate significant variation within the short run and long run impact. Even though, the correlation coefficient (-0.153) shows a negative relationship, the alpha value ( $P < 0.05$ ) reveals a significant influence of employee quiet quitting behavior among workers in the health sector. Also, the negative mean difference (-3.12) further suggests that on average, the quiet quitting impact in the long run is significantly higher than in the short run, implying an aggravating influence or increase in the organizational productivity from the short-term to the long-term period.

**H<sub>03</sub>:** There are no effective strategies to control and mitigate the impact of quiet quitting in the Nigeria healthcare sector.

**Table 3.** Correlations

		Career growth	Adequate Compensation	Work support	Work-life balance	Quiet Quitting
Career growth	Pearson Correlation	1	.341**	.098	.651**	-.031
	Sig. (2-tailed)		.003	.407	.000	.792
Adequate Compensation	Pearson Correlation	.341**	1	-.213	.452**	-.102
	Sig. (2-tailed)	.003		.069	.000	.387
Organizational support	Pearson Correlation	.098	-.213	1	.002	.246*
	Sig. (2-tailed)	.407	.069		.987	.035
Work-life balance	Pearson Correlation	.651**	.452**	.002	1	-.002
	Sig. (2-tailed)	.000	.000	.987		.987
Quiet Quitting Behavior	Pearson Correlation	-.031	-.102	.246*	-.002	1
	Sig. (2-tailed)	.792	.387	.035	.987	

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Source: SPSS Result

The correlation matrix in table 3 examines how effective are the suggested remedies in controlling quiet quitting behaviours among workers in the Nigerian healthcare sector. The result shows that initiatives of career growth, adequate compensation and work-life balance will significantly control the rate of quiet quitting behaviours among workers. The correlation coefficient ( $R = -0.031, -0.102$  and  $-0.002$ ;  $P\text{value} < 0.05$ ) exhibit significant correlations among the variables, indicating potential strategies that could impact quiet quitting behavior. However, Organizational Support shows a significant but moderate positive correlation with quiet quitting behavior, suggesting a need to further analyze its role in mitigating such behavior. Overall, these correlations hint at the existence of strategies that might influence or relate to quiet quitting behavior, challenging the hypothesis that there are no effective strategies to control it.



#### 4.1. Discussion of Findings

In identifying the relative factors influencing quiet quitting behaviors, the research utilized a multiple regression analysis. The analysis tests the influence of each factor on workers' exhibition of quiet quitting behavior in the Nigerian healthcare sector. The result of the multiple regression shows that ( $R=0.248$ ,  $R^2=0.61$  and  $P<0.05$ ) indicating that the variation in employee exhibition of quiet quitting behavior can be explained by factors of excess workload, job satisfaction and perceived support. Specifically, the  $R^2$  coefficient reveals that while other factors seek to reduce the tendency of quiet quitting, workload stands as a significant factor mostly affecting workers. Not only in One Health Centre, Dhatt et al. (2017) report further presents a general prevalence of work stress and demand of around 61% which health workers experienced in Nigeria. Okunade, Adeusi and Iluku-Ayoola (2020) findings further highlighted the retention challenges and discontent in the care profession in Nigeria owing to excess workloads and time demands which contribute to quiet quitting persistent in the care sector globally (Smith, 2022; Hunt & Duhan, 2002).

The comparative assessment of the differential impact of quiet quitting over both short and long-term periods, conducted through a paired sample T-test, yielded compelling insights. The findings, showcasing a distinct disparity between the short-term ( $M1=1.62$ ) and long-term ( $M2=4.70$ ) implications of quiet quitting, underscore a more substantial impact in the long run. This outcome aligns with Yildiz's (2023) research, emphasizing the significant disparity in the immediate versus future consequences of negative work attitudes among employees. Expanding the scope beyond the healthcare sector, Pedriquez's (2022) findings further accentuated the inescapable nature of low productivity levels in enterprises where quiet quitting prevails. Concurrently, Smith and Pollak (2022) research in the United States echoed the considerable long-term impact of labor engagement, correlating with Hafat and Ali's (2022) conclusions.

The correlation coefficients ( $R=-0.031$ ,  $-0.102$ , and  $-0.002$ ;  $\text{Alpha} < 0.05$ ) highlighted a statistically significant link between career growth and other recommended strategies. While multiple initiatives were proposed, Sekhar, Patwardhan, and Singh (2013) asserted that adequate motivation stands as the pivotal solution to combat quiet quitting. This assertion stands in contrast to approaches seen in other countries where employee recognition or intrinsic motivators take precedence. In the Nigerian context, the crux of workers' concerns predominantly revolves around pay and rewards rather than other motivational factors (Adekola, 2011). This emphasis on compensation was further corroborated by Hafat and Ali (2022), indicating that the persistent issue of quiet quitting in Nigeria could be effectively resolved by prioritizing worker welfare, especially through equitable compensation measures, particularly within the healthcare sector (Anasi, 2020; Ayodele et al., 2020).

#### 5. Conclusion and Recommendation

The research examined the underlying motives for quiet quitting among health workers in the Nigerian healthcare sector and its consequences on the quality of care in the national society at large. Findings from the study illuminate organizational support and prominent work motivations as essential factors influencing quiet quitting behaviors among Nigerian healthcare workers. While the findings of this research validated the widely held belief in Nigeria that effective solutions to combat silent quitting are absent in the Nigerian healthcare sector, it further highlights the important role of fair compensation in resolving employee disengagement and the substantial influence that salary has on silent resignations. Conclusively, the study established that factors of workload, low compensation, poor organizational support and work-life imbalance present compelling evidence regarding the

prevalence and key contributors to quiet quitting among healthcare workers in Nigeria. It advocates for proactive interventions focused on establishing a supportive workplace environment, recognizing the enduring consequences of silent disengagement, and implementing strategies to mitigate quiet quitting behaviors.

Based on the preceding findings and conclusions, notable recommendations can be presented as follows in order to mitigate the problem of quiet quitting in the healthcare sector.

- i. It is advised that the administrators and managers in Nigerian healthcare firms should implement fair compensation structures aligned with industry standards to retain and attract skilled healthcare professionals.
- ii. Workers in Lagos State University Teaching Hospital among should actively participate actively in feedback mechanisms and employee engagement surveys to voice concerns and contribute to creating a supportive work environment.
- iii. In addition, healthcare organizations in Nigeria should foster a supportive work environment by prioritizing employee well-being, encouraging open communication, and providing avenues for professional growth.
- iv. Workers are advised to advocate for better working conditions and fair compensation for healthcare workers to ensure quality patient care.
- v. Lastly, it is advised that the Nigerian government should establish and enforce policies that mandate fair compensation and reward structures within the healthcare sector.

Tailoring these recommendations to the specific needs of healthcare organizations, policymakers, healthcare professionals, patients, and the public can maximize the impact of the findings.

## References

- Alharahsheh, H.H., & Pius, A. (2020). A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), 39-43.
- Anasi, S. N. (2020). Perceived influence of work relationship, work load and physical work environment on job satisfaction of librarians in South-West, Nigeria. *Global Knowledge Memory Communication*, 69(6-7), 377-398.
- Ayodele, T. O., Ekemode, B. G., Oladokun, S., & Kajimo-Shakantu, K. (2020). The nexus between demographic correlates, career and organizational commitment: The case of real estate employees in Nigeria. *Journal of Facility Management*, 18(5), 521-545.
- Aydin, E., & Azizoğlu, O. (2022). A New Term for An Existing Concept: Quiet Quitting-A Self-Determination Perspective. *International Congress on Critical Debates in Social Science International Congress on Critical Debates in Social Science*, 7(9), 285-295
- Boy, Y., & Surmeli, M. (2023). Quiet quitting: A significant risk for global healthcare. *Journal of Global Health*, 1(1), 23-45.
- Braje, I. (2022). Can toxic organizational culture really cause the great resignation: In search of answers. *3<sup>rd</sup> International Conference on Innovative Approaches in Social Sciences, Economics and Business Management*, 2(1), 35-41.
- Bubonya, M., Cobb-Clark, D. A., & Wooden, M. (2017). Mental health and productivity at work: Does what you do matter? *Labour economics*, 46(1), 150-165.
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652-661.

- Creswell, J.W. and Clark, V.L.P. (2017). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications.
- Crumpton, S. (2023). *Unintended Consequences of Organizational Error Culture: Does the Strive for Perfection Cause Employees to Put on a Façade and Consider Leaving?* Dissertation, Georgia State University.
- Clifton, J., & Harter, J. (2021). *Wellbeing at Work*. Omaha, NE: Gallup Press.
- Deci, E.L., Olafsen, A.H., & Ryan, R.M. (2017). Self-determination theory in work organizations: The state of a science. *Annual review of organizational psychology and organizational behavior*, 4, 19-43.
- Dhatt, R., Theobald, S., Buzuzi, S., Ros, B., Vong, S., Muraya, K., Molyneux, S., Hawkins, K., González-Beiras, C., & Ronsin, K. (2017). The role of women's leadership and gender equity in leadership and health system strengthening. *Global Health, Epidemiology and Genomics*, 2(1), 1-9.
- Ellera, L., Jamali, D., & Caldwell, C. (2023). Quiet Quitting and "Quiet Thriving": Flourishing in the Modern Organization. *The Journal of Values-Based Leadership*, 147(7), 1-22
- Frogner, B., & Dill, J. (2022). Tracking turnover among health care workers during the COVID-19 Pandemic. *JAMA Health Forum*, 1(1), 127-139.
- Gharehgozli, O., & Lee, S. (2022). Money supply and inflation after COVID-19. *Economies*, 10(5), 1-14.
- Hafat, S. D., & Ali, H. (2022). Literature Review Determination of Work Quality And Work Productivity: Analysis Of Commitment And Work Culture. *Dinasti International Journal of Management Science*, 3(5), 877- 887.
- Harrison, C., & Britt, H. (2011). General practice: Workforce gaps now and in 2020. *Australian Journal of General Practice*, 40(2), 12-15.
- Hunt, S. D., & Duhan, D. F. (2002). Competition in the third millennium: efficiency or effectiveness? *Journal of Business Research*, 55(2), 97-102.
- Jefferson, L., Bloor, K., & Maynard, A. (2015). Women in medicine: Historical perspectives and recent trends. *British Medical Bulletin*, 114(1), 5–15. <https://doi.org/10.1093/bmb/ldv007>
- Johar, S., Hassan, S., & Saiyed, H. (2023). Silent Disengagement: Understanding the Consequences of Quiet Quitting, Trends, and Impacts. *International Journal of Clinical Studies and Medical Case Reports*, 28(5), 1-3
- Johnson, J. R. (2023). What's New About Quiet Quitting and What's Not. *The Transdisciplinary Journal of Management*, 1(2), 16-29.
- Kumar, S. (2023). Quiet quitting and its relevance to the medical profession. *MGM Journal of Medical Sciences*, 23(4), 113-126.
- Lee, D., Park, J., & Shin, Y. (2023). Where Are the Workers? From Great Resignation to Quiet Quitting No. w30833. National Bureau of Economic Research.
- Mahand, T., & Caldwell, C. (2022). Quiet Quitting—Causes and Opportunities. *Business and Management Research*, 12(1), 9-19
- Morrison-Beedy, D. (2022). Are We Addressing "Quiet Quitting" in Faculty, Staff, and Students in Academic Settings?. *Building Healthy Academic Communities Journal*, 6(2), 7-8.
- National Bureau of Statistics (NBS) (2020). Nigerian COVID-19 Impact Monitoring: A Baseline for Implementing the Nigeria COVID-19 through National Longitudinal Phone Survey COVID-19 NLPS. <https://www.nigerianstat.gov.ng/>
- Okunade, R. A., Adeusi, T. J., & Iluku-Ayoola, O. (2020). Awareness and Perception towards the Utilization of Primary Healthcare services in Ado-Ekiti Local Government Area, Ekiti-State, Nigeria. *Benin Journal of Social Work and Community Development*, 1(1), 23-34.
- Pedriquez, D. (2022). The Impact of Quiet Quitting on the Economy. [Online] Statistics and Infographic. Available at: <https://venngage.com/blog/quiet-quitting>

- Poon, Y., Lin, Y., Griffiths, P., Yong, K., Seah, B., & Liaw, S. (2022). A global overview of healthcare workers' turnover intention amid COVID-19 pandemic: A systematic review with future directions. *Human Resource Health*, 2(3), 1-17.
- Ryan, R.M. & Deci, E.L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, 55(1), 68.
- Saunders, M., Lewis, P., & Thornhill, A. (2017). *Research Methods for Business Students*. Pearson, New York.
- Sekhar, C., Patwardhan, M., & Singh, R. K. (2013). A literature review on motivation. *Global Business Perspectives*, 1(1), 471-487.
- Shbeer, A., & Ageel, M. (2022). Assessment of Occupational Burnout among Intensive Care Unit Staff in Jazan, Saudi Arabia, Using the Maslach Burnout Inventory. *Critical Care Research and Practice*, 2(1), 22-47.
- Sirgy, M. J., & Lee, D. J. (2018). Work-life balance: An integrative review. *Applied Research in Quality of Life*, 13(1), 229-254.
- Smith, K. E., & Pollak, S. D. (2022). Approach motivation and loneliness: Individual differences and parasympathetic activity. *Psychophysiology*, 59(8), 1-8.
- Stone, D., Bryant S., & Wier B. (2006), *Financial Attitudes and Psychological Well-Being: A Test of Self-Determination Theory*, working paper, University of Kentucky.
- Surma, M. J., Nunes, R. J., Rook, C., & Loder, A. (2021). Assessing employee engagement in a post-COVID -19 workplace ecosystem. *Sustainability*, 13(20), 11443
- Terry, M. (2022). *Quiet Quitting: A Guide for Taking a Break from the Rat Race and learning how to stop telling yourself you can't quit*. Independently published.
- Van den Broeck, A., Ferris, D., Chang, C., & Rosen, C. (2016). A Review of Self-Determination Theory's Basic Psychological Needs at Work. *Journal of Management*, 42(1), 163-181.
- Yıldız, S. (2023). Quiet Quitting: Causes, Consequences and Suggestions. *International Social Mentality and Researcher Thinkers Journal*, 9(70), 3180-3190.
- Zhang, T., & Rodrigue, C. (2023). What If Moms Quiet Quit? The Role of Maternity Leave Policy in Working Mothers' Quiet Quitting Behaviors. *Merits*, 3(1), 186-205.

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