Unveiling the Effect of Job Burnout on Quiet Quitting Intention and the Role of Job Satisfaction among Nurses in Lipa City

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Abstract

As workplace dynamics continues to evolve, the mantra "working to live, not living to work" is gaining momentum around the world. This has led individuals to question the conventional notion of work as the central focus of life, giving rise to the quiet quitting phenomenon. The study explores the effect of job burnout and each of its four core components – exhaustion, mental distance, cognitive impairment, and emotional impairment – on quiet quitting intention and the role of job satisfaction on their relationship. This research involved 113 staff nurses from Level 1 and Level 2 private and government hospitals in the city of Lipa. The study employed descriptive statistics, simple linear regression, multiple regression, as well as mediation analysis to meet its objectives. Results of this cross-sectional study showed that job burnout significantly affects quiet quitting intention and job satisfaction. While simple linear regression showed that all four components of job burnout have a significant effect on quiet quitting intention, multiple regression analysis revealed that, in a collective model, mental distance is the only component that significantly affects the intention to quietly quit. Furthermore, job satisfaction was not supported to play a mediating role in this relationship between job burnout and quiet quitting intention. With the impact of quiet quitting to organizations and society at large, understanding its complexity can help address its underlying factors, ultimately leading to a more engaged workforce and overall organizational success.

Keywords: quiet quitting intention; job burnout; exhaustion; mental distance; cognitive impairment; emotional impairment; job satisfaction

1. Introduction

1.1. Background of the Study

The quiet quitting phenomenon has gained traction globally after a viral TikTok video in 2022 with the hashtag #quietquitting (Serenko, 2024). While the exact origin of the term "quiet quitting" remains inconclusive, some sources suggest that an economist named Mark Boldger may have introduced the phrase around 2009 (Rossi et al., 2024). On the other hand, others report that career coach Bryan Creely from Nashville first used it on his social media in 2022 (Bhatt et al., 2024).

Quiet quitting refers to employee disengagement, characterized by reduced level of commitment and performing only the minimum required by the job (Zhang, 2024). Initial indicators of quiet quitting may include behaviors like leaving work on time, reluctance to work or working without devotion, and avoiding tasks outside of regular hours (Boy & Sürmeli, 2023). A Gallup report in 2022 revealed that at least 50% of the workforce in the United States are quiet quitters. This sets the record of the lowest engagement level in the

last decade with the ratio of actively engaged to actively disengaged employees at 1.8 to 1 (Galanis et al., 2023*b*). In a separate study conducted among 1,002 employees, 24% stated that they were already quietly quitting while 46.6% expressed inclination to engage in this behavior (Öztürk et al., 2023). Interestingly, a 2025 article revealed that 45% of surveyed workers in Japan reported they are doing only the bare minimum, with the majority belonging to Generation Z. In a country historically known for its strong work ethic and unwavering loyalty to employers, this trend underscores the growing concern about quiet quitting among today's workforce (Welle, 2025).

Since the COVID-19 pandemic, many individuals developed greater awareness on the importance of physical health, as well as mental health, prompting them to reevaluate their priorities and question the conventional notion of work as the central focus of life (Arar et al., 2023). This shift in perspective has led people to consider the idea of quiet quitting as an approach to self-care and work-life balance (Aydin, 2022; Yikilmaz, 2022; Konovalova, 2023; Dominique-Ferreira et al., 2024). Conversely, some perceive quiet quitting in a negative light. This behavior is often regarded as a typical sign of low motivation and engagement, where employees disengage from their work and adopt a passive stance when they perceive a lack of control over their tasks (Pevec, 2023). Similarly, it is perceived by the older generation as a lack of motivation or laziness among younger workers, while employers see it as a work-related issue and occasionally use it to suggest that an individual is not meeting their job obligations (Richardson, 2023). In hospital settings, quiet quitting can be viewed as a violation of work (Kang et al., 2023). Similarly, it can be perceived as a threat to self-realization and sense of purpose in private higher education institutions (Hong et al., 2023).

Majority of the existing literature on quiet quitting has associated this concept with job burnout. Based on a recent study, burnout affects 62.91% of employees in Southeast Asia, primarily due to high work demands, excessive workloads, poor work-life balance, and stagnant wages (Aziz & Ong, 2024). Notably, the highest rate of burnout in this region was observed among employees in the Philippines at 70.71%. According to Bazmi et al. (2019), employees in the health care sector experience higher rates of burnout among other occupational groups primarily due to the nature of their job (Manidlangan et al., 2024). Specifically, job burnout among nurses in the Philippines have been linked to several factors such as exhaustion, high workload, insufficient staffing, long working hours, and limited control over their work environment (De Tablan & Polinar, 2024). Job burnout among Filipino nurses may prompt them to resign, switch careers, or ultimately migrate to other countries. This contributes to a shortage of an average of 127,000 nurses in the Philippines as of 2023 (Alibudbud, 2023), despite being the world's primary exporter of nurses worldwide for several decades (Pressley et al., 2022; Abella, 2022). On a larger scale, the State of the World's Nursing 2020 report projects a shortage of 5.7 million nurses by 2030 unless significant efforts are made to recruit and retain nurses, as well as to increase the population of nurses by an average of 8% annually (World Health Organization, 2020).

Efforts to increase awareness about job burnout and promote effective solutions have been initiated through various local and global campaigns. One notable example is the CDC's National Institute for Occupational Safety and Health's Impact Wellbeing™ Campaign in 2024, which addresses the mental health crisis within the healthcare industry (Center for Disease Control and Prevention, 2024). In the Philippines, labor groups have actively pushed for updated labor laws to protect workers from burnout. In response, the Department of Labor and Employment's Bureau of Working Conditions has suggested revising the Occupational Safety and Health (OSH) standards to include mental health concerns like burnout. Additionally, the Department of Health (DOH) has promoted the "12S" stress management strategies to help individuals prevent and manage burnout (Jaymalin, 2019). These campaigns and policy proposals highlight the growing recognition, both globally and locally, of job burnout as a significant issue.

With quiet quitting being linked to exhaustion and stressful organizational demands (Bazmi et al., 2019), majority of recent studies on quiet quitting have focused on healthcare workers, particularly nurses (e.g. Galanis et al., 2023c; Gün et al., 2024; Domingue et al., 2024; Kang et al., 2023). Among all healthcare

professions, nurses comprise the largest segment of the workforce, outnumbering physicians by nearly four to one (National Academies of Sciences, Engineering, and Medicine, 2021). The demanding nature of patient care, along with other factors, makes nurses more susceptible to workplace-related illnesses, stress, and burnout (Domingue et al., 2024). While this has been a long-standing problem in the healthcare industry, not all nurses have the option to leave their job (Boy & Sürmeli, 2023). As a result, they are more likely to adopt personal strategies to mitigate the pervasive impact of their jobs on their personal lives, such as engaging in quiet quitting behavior (Domingue et al., 2024).

As of 2023, the city of Lipa houses the highest concentration of hospitals in the province of Batangas, with 10 out of 59 hospitals located within its boundaries. These hospitals vary in service capabilities, ranging from Level 1 to 3, and have 25 to 120-bed capacity (National Health Facility Registry, 2023). Depending on the service capability, these hospitals offer a wide range of medical and ancillary services, including specialized and complex procedures (Department of Health, 2017). Working in hospitals with significant number of patients is likely to expose nurses to increased workload. Additionally, supporting diverse specialized areas require different levels of expertise and pressure that may contribute to higher levels of job burnout among nurses in these hospitals.

Employees are regarded as the organization's most valuable asset, and their attitudes and behavior are key drivers affecting company success (Imamoglu et al., 2019). Accordingly, many organizations recognize the value of having a workforce that is willing to exceed expectations, as it provides a significant competitive advantage (Klotz & Bolino, 2022). Consequently, the quiet quitting of key employees in a company negatively affects the organization's ability to compete globally (Arar et al., 2023). Ultimately, when employees' contribution to the company declines, it negatively affects the economy and society at large (Pevec, 2023). In the context of healthcare industry, negative employee behaviors lead to treatment delay and increase in patient falls, medication errors, and mortality (Layne et al., 2023). Accordingly, high levels of quiet quitting can lead to decreased productivity, which in turn poses risk to patients' quality of care and safety (Karadas & Çevik, 2024). Moreover, given the nurses' collaborative role with other healthcare professionals, engaging in quiet quitting could have a ripple effect, particularly harming teamwork and collaboration among employees (Kang et al., 2023). Additionally, by limiting creativity and effort, quiet quitting undermines the professional development of healthcare workers, which is essential for overall organizational development (Galanis et al., 2023*d*). Furthermore, it influences turnover intention, as quiet quitters may consider leaving their job for a better opportunity (Hong et al., 2023). Each percentage increase in nurse turnover rate incurs substantial costs to organizations, estimated at around $379,000. This translates to an estimated annual loss of $5 million to $8 million for hospitals (Bolado et al., 2023). Therefore, it becomes important for organizations to closely observe and analyze the attitudes and behaviors exhibited by their employees, such as quiet quitting intention, to foster a more engaged and motivated workforce, minimize turnover-related costs, and deliver quality healthcare to their patients.

Managers play an important role in guiding teams towards success. However, they, like anyone else, have limited resources, particularly when it comes to time. In the latter part of the twentieth century, there was a growing demand for the time of those in leadership positions (Bright et al., 2019). This underscores their difficulties in juggling multiple responsibilities and job demands. In terms of employee management, recognizing the signs of quiet quitting is crucial for managers to identify disengaged employees. This awareness enables them to focus their time and efforts where they are most needed. By strategically allocating their time and resources, managers can proactively address employee needs and offer support, cultivating a healthy work environment. Therefore, understanding the dynamics of quiet quitting goes beyond simply identifying disengagement; it helps organizations foster a culture of engagement and support, contributing to its overall success.

1.2. Literature Review

Understanding Quiet Quitting. Quiet quitting, as described in literature, refers to the behavior wherein employees deliberately decrease their efforts and restrict their work to the bare minimum requirement, without officially resigning from their positions (Zhang, 2024). Quiet quitters lack the motivation to identify problems of the organization, feel no fear of losing their jobs and are continuously seeking employers that offer better working conditions (Öztürk et al., 2023). Furthermore, they typically refuse to take on extra tasks that are not compensated or recognized (Aydin, 2022). This behavior has been particularly linked to Generation Z and millennials, with studies indicating a notable decline in engagement and job satisfaction among individuals under the age of 35 (Pratiwi et al., 2023). This aligns with a local study on Gen Z and millennial nurses in a public hospital in Marawi City, Lanao del Sur, which showed a high level of quiet quitting among these professionals (Abdullah & Bangcola, 2024).

An integrative literature review of quiet quitting revealed some factors that significantly impact the employees' decision to quietly quit. These include burnout, poor motivation, employee satisfaction, and work-life balance, among others (Pevec, 2023). This is supported by the study of Hamouche et al. (2023), which explored the psychological dimension of quiet quitting, focusing on the concepts of silence, cynicism, and work withdrawal. Their study suggests the similarity of quiet quitting to a lack of job satisfaction and low employee engagement. Particularly in the Philippines, Abdullah and Bangcola (2024) revealed that quiet quitting is strongly influenced by a toxic organizational culture, disruptions in work-life balance, and poor management practices. Their study also identified additional contributing factors, including financial pressures, disparities in workload and compensation, and threats to both physical and mental health – particularly among Gen Z and millennial nurses. Interestingly, a local study conducted by Hong et al. (2023) on millennial and Gen Z professors in private higher education institutions in Metro Manila challenges the common belief that quiet quitting is only caused by a desire for better work-life balance. Instead, it highlights that a lack of purpose in work is a key trigger for quiet quitting.

To better understand the concerning phenomenon of quiet quitting among employees, several researchers have dedicated their research to developing various quiet quitting scales that can effectively evaluate employees' involvement in quiet quitting (e.g. Galanis et al., 2023*a*; Anand et al., 2023; Karrani et al., 2023). Among these, the Quiet Quitting Scale (QQS) developed by Galanis and his research team stands out as a multidimensional instrument comprising nine items categorized into three key factors: detachment, lack of initiative, and lack of motivation.

Majority of the existing empirical studies on quiet quitting has concentrated on teachers, hospitality workers, and nurses across different parts of the world. However, to the author's knowledge, there has been limited empirical studies on quiet quitting in the Philippines, particularly among nurses, thus far. The current study aims to fill this gap by conducting a quantitative analysis of the quiet quitting intention among nurses within the local context.

Job Burnout. For decades, most of the research on job burnout has relied on Maslach's definition and the Maslach Burnout Inventory (MBI), which has become the gold standard for measuring burnout. However, the usefulness of the MBI in practical settings is restricted by its design, as it generates three distinct scores, which should be interpreted separately, rather than one overall burnout score. However, this approach creates some confusion since the MBI manual also describes burnout as a "syndrome," suggesting that the three dimensions are linked and represent a single psychological condition (Schaufeli et al., 2020*b*). Due to the limitations of the MBI, specifically its psychometric shortcomings, conceptualization, and practical applicability, Schaufeli et al. (2020*a*) introduced the Burnout Assessment Tool (BAT)-23 in 2020 and proposed clinical cutoff scores for this tool (Schaufeli & De Witte, 2023). Along with these, they redefined job burnout as "a work-related state of exhaustion that occurs among employees, which is characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing" (Schaufeli et al., 2020*a*). Accordingly, Zhang (2024) described job burnout as a multifaceted psychological

syndrome that involves (1) emotional exhaustion, characterized by deep mental and physical fatigue due to prolonged exposure to work-related stressors; (2) mental distance, a growing feeling of disconnection from one's job and coworkers, manifested by indifference, cyanism, and lack of excitement for one's work and social interactions; (3) cognitive impairment, characterized by problems with sustained attention, clarity of thought, and focus on work duties; and (4) emotional impairment, encompassing a range of emotional disturbances, including impatience, uncontrollable emotional reactions, and sad sentiments that deviate from an individual's typical emotional state.

Job Burnout and Quiet Quitting Intention. While the role of job burnout in predicting quiet quitting intention has been established in several studies (e.g. Zhang, 2024; Galanis et al., 2023*b*; Trang & Trang, 2024; Gün et al., 2024; Xueyun et al., 2023), the dynamics of job burnout and quiet quitting intention may vary significantly in different contexts, thus further research is warranted (Zhang, 2024). To the author's knowledge, there has been limited empirical research that has investigated the effect of job burnout on quiet quitting intention in the Philippine context thus far. The current study aims to fill this gap by providing insights on the effect of job burnout on quiet quitting intention among nurses locally.

Job Satisfaction. Job satisfaction, as defined in literature, refers to an individual's general feeling towards their job (Zhang, 2024), specifically in relation to work conditions, tasks, rewards, and relationships (Shojaei et al., 2024). In the context of hospital setting, it indicates the level of fulfillment, sense of purpose, and pleasure that healthcare professionals gain from doing their work (Alami, 2024). For nurses, several factors may contribute to the level of their job satisfaction. These include, but are not limited to, autonomy, enjoyment, salary, career growth, work atmosphere, workload, supervisor support, relationship with co-workers, as well as work shifts, rewards and recognition, and performance appraisal system (Bolado et al., 2023). Additionally, professional commitment, patient satisfaction, patient-nurse ratios, as well as company commitment have been identified to promote job satisfaction among nurses (De Tablan & Polinar, 2024). Consequently, low levels of job satisfaction can negatively affect their motivation and commitment, ultimately impacting the quality of patient care and safety, service, and overall healthcare performance (Indriyati & Syarif, 2020).

The Mediating Role of Job Satisfaction. While existing literature has examined the mediating role of job satisfaction in the relationship between job burnout and quiet quitting intention (e.g., Zhang, 2024; Galanis et al., 2023*c*), these studies highlight the need for further research across diverse contexts to gain a deeper and more comprehensive understanding of this dynamic. The present study aims to address this gap by offering context-specific insights that contribute to the ongoing discourse in the existing literature.

Theoretical Foundation. While several other theories have been proposed in the literature to help understand quiet quitting behavior, such as Social Loafing Theory (Sitorus & Rachmawati, 2024; Bell & Kennebrew, 2023) and Theory of Reasoned Action (Caldwell et al.,2023), three theories provide the strongest foundation to support this study – the Job Demands-Resources (JD-R) Theory, Conservation of Resources (COR) Theory, and Self-Determination Theory (SDT).

Job demands refer to the elements of a job that require physical and psychological effort. On the other hand, job resources are the aspects of a job that help employees meet job demands and promote learning and development (Mazzetti et al., 2022). According to this theory, job burnout is a result of exhausting job demands and insufficient job resources, which leads to employee disengagement and low motivation (Radic et al., 2020). Nurses face a range of challenges, including heavy workload, multiple work responsibilities, emotional strain, and stressful work conditions, among others, all of which contribute to job demands that negatively affect their life satisfaction and risk of burnout (Zborowska et al., 2021). As a response, they may opt to reduce their engagement and do only the bare minimum required by their job to regain a sense of balance in their professional and personal lives. This reinforces the link between quiet quitting intention and job burnout through the JD-R Theory.

Conversely, the Conservation of Resources (COR) Theory is based on the premise that humans naturally focus more on resource losses than on gains. It highlights an individual's instinctive drive to acquire and

preserve resources crucial for survival (Hobfoll et al., 2018) and their inclination to cut back on resource use to prevent further losses (Ye et al., 2022). When employees believe that their efforts outweigh the returns, they may opt to disengage rather than risk further loss of their resources (Arar et al., 2023). In the context of the healthcare industry, this suggests that when nurses feel that the effort they invest in their work no longer yields adequate returns, they are more likely to conserve their resources from their roles, rather than risk further burnout or resource loss. They may tend to exert minimal efforts and assume lesser responsibilities to conserve their energy, a behavior that is observed in employees with quiet quitting attitude (Ozturk et al., 2023).

Lastly, quiet quitting has been viewed by some local researchers through the Self-Determination Theory (SDT) of motivation, specifically in the studies of Abdullah and Bangcola (2024) and Hong et al. (2023). This theory posits that individuals are inherently in need of competence, autonomy, and relatedness (Zhang, 2024). The fulfillment of these three psychological needs motivates employees to perform well and achieve better outcomes (Abdullah & Bangcola, 2024). Accordingly, Hong et al. (2023) revealed that the feeling of incompetence results to quiet quitting intention among millennial and Gen Z professors in Metro Manila. Notably, Zhang (2024) also applied Self-Determination Theory (SDT) to explain why emotional impairment has the greatest effect on quiet quitting intention among employees in the micro hospitality sector in China. Zhang argues that emotionally impaired employees may find it difficult to manage their emotions at work, feel isolated, and struggle with efficiency. Essentially, when the psychological needs for autonomy, relatedness, and competence are unmet, employees' engagement, motivation, and overall well-being suffer, thereby increasing the likelihood of quiet quitting (Zhang, 2024).

On the other hand, the understanding of job satisfaction in the study is founded on Herzberg's Two-Factor Theory. This theory posits that job satisfaction is influenced by intrinsic factors, also referred to as "motivators" (e.g. job meaningfulness, sense of importance in the organization, challenging work, etc.) and external factors or hygiene factors (e.g. salary, work conditions, fringe benefits, etc. (Leskovic et al., 2020). It is important to note, however, that intrinsic motivators can enhance satisfaction, but their absence does not lead to dissatisfaction. Conversely, extrinsic motivators may not increase satisfaction, but their absence can result in dissatisfaction (Legaspi, 2019).

1.3. Research Frameworks

This study was anchored on the conceptual framework used in the study of (Zhang, 2024), as shown in Figure 1.

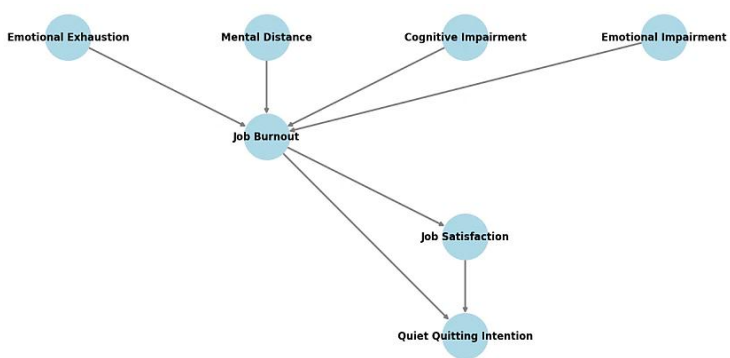

Figure 1. Conceptual Framework
Source: Illuminating the Complex Associations Between Job Burnout, Quiet Quitting Intention, and Job Satisfaction in China's Micro Hospitality Sector (Zhang, 2024)

In this conceptual framework, job burnout, along with its four core components, were used as the independent variables while quiet quitting intention served as the dependent variable. On the other hand, job satisfaction was used as the mediating variable between job burnout and quiet quitting intention (Zhang, 2024). Accordingly, the author used the operational framework (Figure 2) below as the foundation of how the study was carried out.

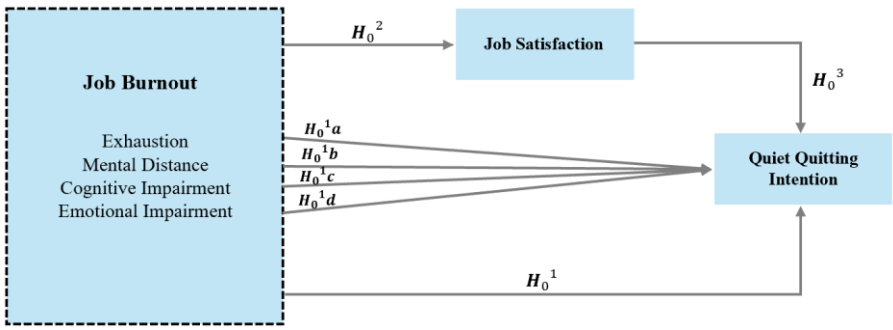

Figure 2. Operational Framework

Looking at this operational framework, job burnout was used as the independent variable, with its four core components – exhaustion, mental distance, cognitive impairment, and emotional impairment – already integrated into this variable. Notably, the term "exhaustion", characterized by severe loss of both the physical and mental energy (Schaufeli et al., 2020*a*), was used instead of "emotional exhaustion", which specifically describes "a state of emotional depletion at work" (Li-Sauerwine et al., 2020). Using "exhaustion" clarifies that this study addresses both the physical and mental aspects of burnout, rather than focusing solely on the emotional dimension, which is critical for a more comprehensive understanding of job burnout and its effect on quiet quitting intention. This terminology is consistent with other studies on job burnout that have utilized either the short or long version of BAT (e.g. Mazzetti et al., 2022; Schaufeli et al., 2020*;* Schaufeli et al., 2023*a;* Vinueza-Solórzano et al., 2021; Seršić & Režić, 2024; Baqai et al., 2024). On the other hand, quiet quitting intention served as the dependent variable, while job satisfaction was used as the mediating variable.

1.4. Objectives of the Study

On a broader scale, this study aims to foster a more engaged and committed workforce, drive organizational success, and ultimately support economic development. This research aligns with the United Nations Sustainable Development Goal (UN SDG) 8, which focuses on promoting work and economic growth outcomes

Specifically, this study aims to examine whether job burnout has a significant effect on quiet quitting intention and job satisfaction. It also seeks to determine whether each of the four core components of job burnout – exhaustion, mental distance, cognitive impairment, and emotional impairment – significantly affects quiet quitting intention, and to identify which among these four core components has the greatest significant effect on quiet quitting intention. Furthermore, this study investigates the potential mediating role of job satisfaction in the relationship between job burnout and quiet quitting intention. Lastly, it aims to offer recommendations to organizations on how to address or mitigate quiet quitting intention among employees.

1.5. Hypotheses

The following null hypotheses were tested in the study:

$H_0{}^1$: Job burnout does not have a significant effect on quiet quitting intention.
$H_0{}^1a$: Exhaustion does not have a significant effect on quiet quitting intention.
$H_0{}^1b$: Mental distance does not have a significant effect on quiet quitting intention.
$H_0{}^1c$: Cognitive impairment does not have a significant effect on quiet quitting intention.
$H_0{}^1d$: Emotional impairment does not have a significant effect on quiet quitting intention.
$H_0{}^2$: Job burnout does not have a significant effect on job satisfaction.
$H_0{}^3$: Job satisfaction does not mediate the relationship between job burnout and quiet quitting intention.

2. Methodology

2.1. Research Design

This study used a descriptive, causal, quantitative research design, which emphasizes the collection of numerical data collection and facilitates making a generalization across a larger population (Ahmad et al., 2019). This design allows scientific measurements of job burnout, job satisfaction, and quiet quitting intention, which were statistically analyzed to draw conclusions and establish trends. Additionally, this approach focuses on documenting the current conditions, experiences, and behaviors related to the phenomenon as they naturally occur, providing an objective snapshot of the situation (Siedlecki, 2019).

2.2. Locale of the Study

This study was conducted in six different hospitals (Level 1 and 2) in the city of Lipa, which hosts the greatest number of hospitals in the city of Batangas. Lipa City features a diverse range of hospital service capabilities, where nurses are likely to experience varying levels of workload and work pressure from specialized areas. This diversity ensures a well-rounded representation of nursing professionals, making the findings more reflective of the broader healthcare environment.

2.3. Respondents of the Study

This research involved full-time staff nurses with at least one year of work experience, assigned to general wards, special areas, or both. Using G*Power for the F test family, considering two independent variables and a medium effect size of 0.15 with a power of 0.95, at least 107 participants were needed to represent the population. Notably, based on the nursing population of hospitals who participated in the study, a total of 113 respondents were identified for equal representation of the population.

2.4. Sampling Design

Proportionate sampling technique was applied to determine the target number of respondents required from each participating hospital. The number of nurses in each hospital was divided by the total nursing population across all six hospitals to calculate the percentage distribution. This percentage was then multiplied by the target sample size to determine the minimum number of respondents per hospital. This approach ensured equal representation from participating hospitals in this study, thus avoiding sampling bias

and improving generalizability of its findings.

2.5. Data Gathering Procedures

The data collection process was carried out over the course of three weeks – from February 24 to March 13, 2025. Prior to this, ethical clearance was obtained from the Research Ethics Review Council of De La Salle Lipa. For government hospitals, additional approval was secured from the City Mayor. Subsequently, approvals from the participating hospitals were obtained and hard copies of the survey forms were distributed accordingly. In four out of six hospitals, the questionnaires prepared by the researcher were disseminated by the chief nurse or hospital staff internally. In the remaining two hospitals, the researcher personally handed out the forms to each participant and left endorsements for those who were unavailable at the time of the visit. Responses were collected after a week and manually encoded for analysis.

2.6. Research Tools and Instruments

This study utilized a structured questionnaire consisting of 55 items, divided into four sections. It included the same items used to assess quiet quitting intention, job burnout, and job satisfaction, adapted from the study of Zhang (2024). It began with a letter to the participants explaining the purpose of the study and the types of questions that they would have to answer. This section also assured participants that their answers would remain confidential and be utilized exclusively for research purposes. Additionally, it included a consent form, where participants were asked to indicate their agreement or disagreement by selecting the appropriate response option. Furthermore, the second section asked the participants to provide their demographic information (gender, age, hospital classification, hospital level, years of work experience, number of years at the current company, marital status, workload, shift work, and nurse to patient ratio). From this section forward, participants were asked to tick the column or button that best reflects their views on each statement. Furthermore, the third section assessed quiet quitting intention, job burnout, and job satisfaction. The quiet quitting intention survey consist of nine items on a five-point Likert scale ranging from 1 (NEVER) to 5 (ALWAYS). Furthermore, job burnout assessment consist of a total of 23 items, also on a five-point Likert scale from 1 (NEVER) to 5 (ALWAYS). Specifically, these items were divided into its four core components – exhaustion, with eight items; and mental distance, cognitive impairment, and emotional impairment, with five items each. Additionally, job satisfaction, consisting of 10 items, was measured on a five-point Likert scale ranging from 1 (STRONGLY DISAGREE) to 5 (STRONGLY AGREE). Lastly, the fourth section contained three open-ended questions to better align recommendations. To ensure that the questions were presented consistently and clearly understood in the Philippine setting, a pilot study was conducted among 44 individuals who were not part of the study's target participants. An overall Cronbach's alpha of 0.950 ensured reliability of the survey items.

2.7. Data Analysis and Interpretation

The result of the quiet quitting intention survey was interpreted according to the Quiet Quitting Scale (QQS) clinical cutoff score developed by Galanis et al. (2023*a*). Accordingly, a QQS score of 2.06 or higher means individuals are positive to quiet quitting. On the other hand, results of job burnout assessment, along with its core components, were interpreted using Schaufeli & De Witte's (2023) clinical cutoff scores for BAT-23. Lastly, job satisfaction scores were interpreted using a mean interpretation guide. Specifically, these scores were interpreted as "Highly Dissatisfied" (1.00-1.79), "Dissatisfied" (1.80-2.59), "Neutral" (2.60-3.39), "Satisfied" (3.40-4.19), or "Highly Satisfied" (4.20-5.00).

2.8. Statistical Treatment of Data

This study used SPSS for data analysis. Accordingly, this employed descriptive statistics to present the data summary and provide an overview of the respondents' demographic information. Simple linear regression was employed to examine the effect of job burnout on quiet quitting intention and job burnout on job satisfaction. Furthermore, multiple regression analysis was employed to identify which among the core components of job burnout has the greatest significant effect on quiet quitting intention. Lastly, mediation analysis, using Baron & Kenny's approach was used to examine if job satisfaction mediates the relationship between job burnout and quiet quitting intention.

2.9. Ethical Considerations

To ensure the rights and privacy of participants were protected, ethical considerations were rigorously upheld throughout the research process. Before conducting the survey, the researcher secured approval from the Research Ethics Review Council of De La Salle Lipa. Additionally, participants were informed of the purpose of the study before they take part in the survey. They were also asked to confirm that they were above 18 years old. Furthermore, their identity remained anonymous in all reports or publications stemming from this research. Participation was completely voluntary, and participants had the right to withdraw from the study at any point in time without any repercussions. For those participants who withdrew before data collection was completed, the data that they provided was destroyed. The commitment to ethical considerations ensured that the study was conducted with integrity, transparency, and full respect for all stakeholder involved.

3. Results and Discussion

3.1. Descriptive Analysis

The levels of exhaustion, mental distance, cognitive impairment, emotional impairment, job burnout, quiet quitting intention, and job satisfaction of the respondents were summarized in the table below.

Table 1.Respondents' Levels of Exhaustion, Mental Distance, Cognitive Impairment, Emotional Impairment, Job Burnout, Quiet Quitting Intention, and Job Satisfaction

	N	Mode	Mean	Std. Deviation	Interpretation
Exhaustion	113	2.5	2.61	0.77	Average
Mental Distance	113	1	1.64	0.68	Low
Cognitive Impairment	113	1	1.65	0.67	Low
Emotional Impairment	113	1	1.74	0.76	Average
Job Burnout (Overall)	113	1.48	1.91	0.60	Average
Quiet Quitting Intention	113	1.33	1.74	0.66	Negative
Job Satisfaction	113	4	4.02	0.56	Satisfied

As shown in the table, the respondents reported average levels of job burnout (M = 1.91, SD = 0.60), while a closer look at the four core dimensions of job burnout revealed varying sentiments. Results showed average levels of exhaustion (M = 2.61, SD = 0.77), which implies that respondents are experiencing

moderate levels of physical and emotional exhaustion. Similarly, respondents expressed average levels of emotional impairment (M = 1.74, SD = 0.76), suggesting they are showing signs of emotional strain but are still able to control their emotions in the workplace. Moreover, respondents reported low levels of mental distance (M = 1.64, SD = 0.68), suggesting they are mentally engaged with their work. Likewise, the results showed low levels of cognitive impairment (M = 1.65, SD = 0.67), meaning they were generally able to focus and think clearly at work. Furthermore, they reported high levels of job satisfaction (M = 4.02, SD = 0.56), suggesting their positive feelings towards their job. Lastly, the respondents were negative on quiet quitting intention (M = 1.74, SD = 0.66), an indication of high levels of engagement to their roles and the will to go above and beyond the basic requirements of their job.

These findings show both consistency and divergence with existing literature. For instance, a recent study of Kalalo (2024) revealed moderate levels of job burnout among nurses in selected hospitals in Batangas. Conversely, Cornito and Cunanan (2019) reported very high levels of job burnout among nurses working in government and private secondary and tertiary hospitals in Northern Mindanao. In terms of job satisfaction, Legaspi's (2019) study, revealed average level of general job satisfaction among nurses employed locally. In contrast, Sapar and Oducado (2021) found that majority of nurses from secondary and tertiary hospitals in Western Visayas reported a neutral level of job satisfaction, indicating they were neither satisfied nor dissatisfied with their job. As for quiet quitting intention, the study of Galanis et al. (2023*c*) found that nurses in Greece were positive to quiet quitting intention. This only implies that levels of job burnout, job satisfaction, and quiet quitting intention among nurses may vary based on geographical location and even on the levels of healthcare facility. More importantly, this highlights the potential influence of these context-specific differences that may not be fully captured in existing literature.

The respondents' reported levels of moderate job burnout, high job satisfaction, and low inclination toward quiet quitting may be attributed to several interrelated factors. One possible explanation is the respondents' psychological capacity. Kalalo (2024) found that most nurses in selected hospitals in Batangas exhibit high levels of psychological capital, which is characterized by self-efficacy, resilience, hope, and optimism. These positive psychological resources enable individuals to effectively manage work-related challenges, reduce the likelihood of burnout, enhance overall well-being, and reduces negative behaviors.

A second contributing factor may be the cultural characteristics of Batangueños. According to An and Garcia (2013), "Endurance and Industry are among the most notable qualities of the Batangueños. Children are trained by parents to be industrious and to endure the hardship where proverbs telling of promptness and endurance and hard work / industry are emphasized".

Lastly, the demographic profile of the respondents may have also influenced the findings. A significant portion of the nurses (49.56%) were between 24 and 35 years old, and 43.36% had been with their current organization for 1–2 years. As a relatively young and early-career group, these nurses are likely to exhibit greater enthusiasm, motivation, and energy in their roles (De Leon et al., 2020), which can contribute to higher job satisfaction and lower levels of burnout. Moreover, most of the nurses (33.63%) reported an ideal nurse-to-patient ratio of 1:10, which is within the Department of Health's standard of 1:12 (Tamayo et al., 2022), potentially reducing the risk of job burnout.

3.2. Effect of Job Burnout on Quiet Quitting Intention

A simple linear regression was performed to examine the direct effect of job burnout on quiet quitting intention (QQI). The results of this analysis are presented in Table 2.

Table 2. Simple Linear Regression Results for the Effect of Job Burnout on Quiet Quitting Intention

Quiet Quitting Intention								
Model	**R**	**R^2**	**Unstandardized Coefficients (β)**	**Std. Error**	**Beta**	**t-value**	**p-value**	**Interpretation**
(Constant)	.667	0.444	0.335	0.156		2.151	0.034	Significant
Job Burnout			0.733	0.078	0.667	9.421	0.000	Significant

a Dependent Variable: Quiet Quitting Intention
b Predictors: (Constant), Job Burnout

As shown in the table above, job burnout emerged as a significant predictor of quiet quitting intention (B = 0.733, SE = 0.078, t (111) = 9.421, $p < .001$). The positive regression coefficient implies that high levels of physical and emotional exhaustion increase the intention to engage in quiet quitting. Furthermore, the correlation coefficient (R) of 0.667 and F-statistic value of 88.75 ($p < .001$) suggest a strong model fit, accounting for 44.4% of the changes on quiet quitting intention ($R^2 = 0.444$).

These results align with several recent studies across various industries, including healthcare, manufacturing, and hospitality (Gun et al, 2025; Paranamana & Kaluarachchige, 2025; Zhang, 2024; Galanis et al., 2023*c;* Trang & Trang, 2023). This consistent trend across different sectors highlights the pervasive nature of quiet quitting as a response to unaddressed employee burnout.

These findings can be better understood through the lens of the Job Demands-Resources (JD-R) Theory and the Conservation of Resources (COR) Theory. Overwhelming job demands, such as heavy workload, coupled with insufficient resources may result in job burnout (Radic et al., 2020), which in turn drives individuals to conserve their resources to protect themselves from further exhaustion (Hobfoll et al., 2018). For organizations, not just in healthcare but also in other sectors, this calls for a need to assess several aspects in the workplace in developing strategies that can help create a sense of balance between job demands and resources, thereby improving employee engagement and reducing the likelihood of quiet quitting.

3.3. Effect of each Component of Job Burnout on Quiet Quitting Intention

Simple linear regression analyses were conducted to determine the direct effect of exhaustion, mental distance, cognitive impairment, and emotional impairment on quiet quitting intention. Results of these analyses are summarized in the table below.

Table 3. Simple Linear Regression Results for the Effect of each Component of Job Burnout on Quiet Quitting Intention

			Quiet Quitting Intention					
Model	**R**	**R^2**	**Unstandardized Coefficients (Beta)**	**Std. Error**	**Beta**	**t- value**	**p- value**	**Interpretation**
(Constant)	.484a	0.235	0.648	0.194		3.331	0.001	Significant
Exhaustion			0.417	0.071	0.484	5.831	0.000	Significant
a Predictors: (Constant), Exhaustion								
(Constant)	.715a	0.512	0.601	0.114		5.272	0.000	Significant
Mental Distance			0.693	0.064	0.715	10.786	0.000	Significant
a Predictors: (Constant), Mental Distance								
(Constant)	.479a	0.23	0.955	0.146		6.526	0.000	Significant
Cognitive Impairment			0.473	0.082	0.479	5.750	0.000	Significant
a Predictors: (Constant), Cognitive Impairment								
(Constant)	.553a	0.306	0.9	0.13		6.901	0.000	Significant
Emotional Impairment			0.481	0.069	0.553	6.993	0.000	Significant
a Predictors: (Constant), Emotional Impairment								

As shown in Table 3, all components of job burnout have a significant effect on quiet quitting intention, each with p-value < 0.05. Comparing strengths of relationship on quiet quitting intention, mental distance appeared to have the strongest effect on QQI ($R = 0.715$, $R^2 = 0.512$, $p < 0.001$). Following mental distance, emotional impairment showed a strong correlation with QQI ($R = 0.553$, $R^2 = 0.306$, $p < 0.001$), which implies that uncontrollable emotional reactions, emotional disturbances, and sad sentiments strongly affect the intention to quietly quit. On the other hand, exhaustion ($R = 0.484$, $R^2 = 0.235$, $p < 0.001$), and cognitive impairment ($R = 0.479$, $R^2 = 0.23$, $p < 0.001$) were found to have moderate effects on QQI. These results imply that while physical and mental exhaustion, as well as difficulties with attention and cognitive clarity affects quiet quitting intention, their effect is comparatively less pronounced than that of mental distance and emotional impairment.

The nursing profession is widely regarded as a vocation rooted in compassion and ethical duty (Perez-Vega & Cibanal-Juan, 2020). This closely aligns with Self-Determination Theory, as nurses are driven by an intrinsic desire to feel competent in their care, autonomous in their decision-making, and deeply connected to the patients and communities they serve. As healthcare professionals, nurses swore an oath to uphold high standards of practice and dedicate their lives to the welfare of patients and society. However, in addition to their primary care responsibilities, nurses are also tasked with administrative duties, including updating charts and forms, handling phone inquiries, and scheduling appointments (Grosso et al., 2021). Yet, like all professionals, nurses have their limits – they too are susceptible to emotional, physical, and psychological exhaustion. As a response, they may see quiet quitting as a coping mechanism to reduce their effort and level

of engagement to safeguard their well-being. Moreover, rotating shifts can negatively impact nurses' alertness and performance by disrupting their circadian rhythms and causing sleep deprivation (Ganesan et al., 2019). In situations where their cognitive functions are impaired, such as difficulties with concentration or decision-making, nurses may feel incapable of maintaining optimal performance. Consequently, they may limit their involvement to core responsibilities to minimize the risk of errors. Furthermore, nurses are expected to maintain complete engagement to their patients as well as their families (Kwame & Petrucka, 2021) and deliver care with compassion (Perez-Garcia et al., 2020). Persistent emotional strain from demanding patient interactions can hinder emotional regulation. When emotional reserves are exhausted, nurses may begin to emotionally withdraw as a self-protective response. In essence, job burnout may drive nurses' intention toward quiet quitting – not out of disinterest or lack of professionalism but as a survival strategy in response to unfavorable working conditions, allowing them to preserve their remaining physical, mental, and emotional resources.

After conducting a series of simple linear regression analyses, a multiple regression analysis was employed to determine which among the four core components of job burnout had the greatest significant effect on quiet quitting intention. The table below presents the results of the multiple regression analysis.

Table 4. Multiple Regression Results for the Effect of each Component of Job Burnout on Quiet Quitting Intention

Quiet Quitting Intention								
Model	**R**	**R^2**	**Unstandardized Coefficients (β)**	**Std. Error**	**Beta**	**t-value**	**p-value**	**Interpretation**
(Constant)	.730a	0.533	0.359	0.165		2.176	0.032	Significant
Exhaustion			0.129	0.073	0.15	1.782	0.078	Not significant
Mental Distance			0.587	0.91	0.606	6.43	0	Significant
Cognitive Impairment			0.012	0.096	0.012	0.128	0.898	Not significant
Emotional Impairment			0.033	0.099	0.038	0.332	0.741	Not significant

a Dependent Variable: Quiet Quitting Intention
b Predictors: (Constant), Exhaustion, Mental Distance, Cognitive Impairment, Emotional Impairment

Results showed that collectively, the overall model presented a strong positive correlation of all the four components of job burnout with quiet quitting intention ($R = 0.73$, $R^2 = 0.533$, $F(4, 108) = 30.851$, $p < .001$). Additionally, this model suggests that 53.3% of the differences in quiet quitting intention can be explained by these components put together. Notably, of these four dimensions, only mental distance was found to have a significant effect on quiet quitting intention ($B = 0.587$, $SE = 0.091$, $t = 6.43$, $p < .001$). This implies that employees who psychologically detach from their job are more likely to have higher levels of quiet quitting intention. The other core components of job burnout – exhaustion ($B = 0.129$, $SE = 0.073$, $t = 1.782$, $p = .078$), cognitive impairment ($B = 0.012$, $SE = 0.096$, $t = 0.128$, $p = 0.898$), and emotional impairment ($B = 0.033$, $SE = 0.099$, $t = 0.332$, $p = 0.741$) – did not have a significant effect on quiet quitting intention, suggesting their limited predictive value in this context.

These findings do not align with the study of Zhang (2024), which revealed that aside from mental distance, cognitive impairment, and emotional impairment also significantly predict quiet quitting intention among employees in the micro-hospitality sector in China. Accordingly, in Zhang's research, emotional impairment was identified to have the greatest significant effect on quiet quitting intention, highlighting that employees who could not control their emotions at work are more likely to engage in quiet quitting.

The results of the study suggest that when nurses experience multiple facets of job burnout simultaneously, mental distance emerges as their primary coping mechanism without overtly compromising task execution. Job burnout – primarily characterized by physical and mental exhaustion – often leads to cognitive and emotional impairment, making it difficult to concentrate, increasing the likelihood of errors, and reducing emotional regulation. As a result, nurses may become more irritable and struggle to manage their emotions at work. As a response, they engage in psychological detachment, commonly referred to as mental distancing. This is characterized by a lack of motivation, performing duties on autopilot, a noticeable decline in engagement with daily tasks and workplace interactions, and growing negative feelings toward their work (Zhang, 2024). Individuals experiencing mental distance may also exhibit cynicism and indifference, showing minimal enthusiasm or interest in their roles (Schaufeli et al., 2020b). By emotionally withdrawing while still meeting basic job expectations, mental distancing closely mirrors the core concept of quiet quitting. It is important to note, however, that compared to other dimensions, the subscale for mental distance has low sensitivity and specificity, making it less effective at distinguishing individuals with burnout, particularly when burnout is primarily defined by exhaustion. Additionally, mental distancing might vary culturally or individually, making it a less reliable measure across different populations (Schaufeli et al., 2023).

3.4. Effect of Job Burnout on Job Satisfaction

A simple linear regression analysis was conducted to examine the effect of job burnout on job satisfaction, as shown below.

Table 5. Simple Linear Regression Results for the Effect of Job Burnout on Job Satisfaction

Job Satisfaction								
Model	**R**	**R^2**	**Unstandardized Coefficients (β)**	**Std. Error**	**Beta**	**t- value**	**p-value**	**Interpretation**
(Constant)	.396a	0.157	4.725	0.162		29.182	0	Significant
Job Burnout			-0.368	0.081	-0.396	-4.547	0.000	Significant

a Dependent Variable: Job Satisfaction
b Predictors: (Constant), Job Burnout

Based on the results, job burnout has a significant negative effect on job satisfaction (B = -0.368, SE = 0.081, t(111) = -4.547, $p < .001$), accounting for 15.7% of its variance. The negative regression coefficient suggests that higher levels of job burnout are associated with lower levels of job satisfaction. The significance of this model is further supported by the F-statistic value of 20.677 ($p < .001$).

These findings align with the study of Paranamana & Kaluarachchige (2025), conducted among employees in a manufacturing company in Sri Lanka, as well as the study of Zanabazar et al (2023) involving healthcare workers in a public clinic in Mongolia. However, some studies suggest that job burnout does not significantly affect job satisfaction, such as the study of De Tablan and Polinar (2024) among nurses in a public hospital in Bohol, Hameli et al.'s (2024) study among accounting professionals in Kosovo, as well as the study of Shojaei et al. (2024) among health information management staff in two hospitals in Iran. Interestingly, the results of Madigan and Kim's (2021) meta-analysis among teachers revealed a negative correlation between job burnout and job satisfaction but emphasized the importance of viewing these as separate constructs.

The findings of this study can be more clearly interpreted through Herzberg's Two-Factor Theory of motivation, which distinguishes between intrinsic factors, also referred to as "motivators" (e.g. job meaningfulness, sense of importance in the organization, challenging work, etc.) and external factors or "hygiene" factors (e.g. salary, work conditions, fringe benefits, etc.) (Leskovic et al., 2020). Even with the presence of intrinsic motivators, their positive effects may be overpowered by emotional and physical

exhaustion, leading to a decline in overall job satisfaction. This therefore highlights the importance of proactively addressing job burnout to improve nurses' level of job satisfaction.

3.5. Role of Job Satisfaction in the Relationship between Job Burnout and Quiet Quitting Intention

To examine whether job satisfaction mediates the relationship between job burnout and quiet quitting intention, a mediation analysis was performed. The results of the mediation analysis are shown in the table below.

Table 6. Mediation Analysis Results for the Effect of Job Satisfaction on the Relationship between Job Burnout and Quiet Quitting Intention

Quiet Quitting Intention								
	Model	**R^2**	**Unstandardized Coefficients (β)**	**Std. Error**	**Beta**	**t- value**	**p- value**	**Interpretation**
1	(Constant)	0.444	0.335	0.156		2.151	0.0340	Significant
	Job Burnout		0.733	0.078	0.667	9.421	0.0000	Significant
2	(Constant)	0.448	0.706	0.459		1.537	0.1270	Not Significant
	Job Burnout		0.704	0.085	0.64	8.299	0.0000	Significant
	Job Satisfaction		-0.079	0.091	-0.066	-0.859	0.3920	Not Significant

R2 change = 0.004 Sig F change = 0.392 not significant

Table 6 shows that despite the R2 difference of 0.004 and B-value difference of 0.029 between the two models, job satisfaction, while controlling for job burnout, did not significantly affect quiet quitting intention, (B = -0.079, SE = 0.091, t = -0.859, p = 0.392). This therefore suggests that there is no mediation and further mediation analysis (step 4) was deemed unnecessary.

Contrary to these findings, the study of Paranamana & Kaluarachchige (2025), Zhang (2024), and Galanis et al. (2023c) showed that job satisfaction partially mediates the relationship between job burnout and quiet quitting intention. These studies suggest that improving job satisfaction may help reduce the intention to quietly quit but only to a certain extent.

A review of the job satisfaction survey responses in the study revealed two primary factors contributing to the participants' overall job satisfaction – teamwork and workplace relationships, as reflected in survey item #6 ("*I feel close to the people at work"*) and the job itself, as reflected in survey item #3 ("*I feel good about my job"*). These findings were supported by qualitative responses from the participants.

When asked about the aspects of their job they found most satisfying, Participant #60 shared, *"I feel satisfied with my co-workers and colleagues as well as the resident doctor on duty, including patients, because building relationship with these people creates a sense of camaraderie and connection".* Similarly, Participant #11 noted, *"About my colleagues and our professional relationship though it's more likely family ties to one another."* Notably, this aspect also appeared as one of the key reasons why the participants choose to stay in their current company. This aligns with the study of Abella (2022), which reported that workplace relationships and interactions provide moderate satisfaction among nurses.

In terms of the job itself, participants expressed a strong sense of purpose and fulfilment in their roles. For instance, Participant #108 stated, *"It's the impact I've done to my patients and their family as well. Providing comfort in difficult times knowing that my care has made a difference."* Likewise, Participant #47 answered, *"As a ward nurse, I feel satisfied helping patients recover, providing comfort and seeing improvements in their condition can be fulfilling."* These findings are congruent with the study of Legaspi (2019), which identified "being able to provide care to patients" and "relationship with their coworkers" as some of the

aspects that give local nurses satisfaction at work. The results also support a study which highlighted that personal accomplishment – characterized by the ability to empathize with patients, address with their problems effectively, and feel a positive influence on people's lives through work – has the largest total effect on job satisfaction (Matthews et al., 2021).

On the other hand, salary emerged as the top source of dissatisfaction among participants, as reflected in survey item #10 ("My wages are good"). This concern was particularly evident among nurses working in private hospitals. For example, Participant #71 shared, *"The wages. The work difficulties did not match with the actual salaries as the health is put into a line of both communicable and non-communicable diseases."* Similarly, Participant #73 remarked, *"Wages they pay that is not equal to the workload."* These responses underscore a perceived imbalance between job demands and compensation. This finding is consistent with the study of Legaspi (2019), which identified low salary as a major contributor to job dissatisfaction among local nurses.

In addition to salary, the aspects of management concern and recognition contributed to their dissatisfaction, as reflected in survey item #2 ("I believe management is concerned about me") and item #3 ("I receive recognition for a job well done"). For instance, Participant #20 shared, *"Not being appreciated for the hardwork",* while Participant #54 stated, *"Unappreciation to a task done".* Likewise, Participant #108 remarked, *"Whenever my superiors fail to recognize my efforts and the things I do beyond ordinary or routine care".* These insights suggest that feeling undervalued and unrecognized significantly contributes to employee dissatisfaction in the workplace.

These findings are supported by Herzberg's Two-Factor Theory, highlighting the role of intrinsic and external factors in the satisfaction and dissatisfaction of individuals. This provides valuable insight into how addressing both sets of factors can help reduce the likelihood of job dissatisfaction, thereby improving the level of engagement among employees, particularly nurses.

Essentially, the findings of this study suggest that job burnout and job satisfaction, while related, should be analyzed as separate constructs when developing strategies to mitigate quiet quitting intention. This distinction can be explained by the fact that job burnout and job satisfaction stem from different sources. According to the Job Demands-Resources (JD-R) Theory, job burnout arises from overwhelming job demands (Radic et al., 2020), whereas job satisfaction is influenced by the availability of job resources to perform the job (Skaalvik & Skaalvik, 2018). From a practical standpoint, focusing solely on the aspects that promote job satisfaction may fall short of improving employee engagement when levels of job burnout are high. Nurses who are burdened with overwhelming workloads, for example, despite having positive relationships with their peers – contributing to their level of job satisfaction – may still consider disengaging from their job and do only the bare minimum required from them. In essence, while job satisfaction and burnout can coexist, their sources are fundamentally different, highlighting the value of tailored strategies to mitigate or address quiet quitting behavior in the workplace.

4. Conclusion and Recommendation

The concept of quiet quitting has gained widespread attention since its popularity in 2022, yet it remains an underexplored concept globally, especially in the Philippines. This study contributes to the growing body of literature as one of the first few local studies conducted that examines quiet quitting intention in relation to job burnout and job satisfaction, particularly within the local healthcare sector. Notably, another key contribution of this research is it advances the current understanding of job burnout with its use of a more comprehensive measure – the Burnout Assessment Tool (BAT) -23 – that captures the four key dimensions of job burnout. Overall, this study offers fresh and valuable insights into the dynamics between job burnout, job satisfaction, and quiet quitting intention in the Philippine healthcare setting.

The study provided substantial evidence suggesting that job burnout significantly affects quiet quitting intention and job satisfaction hence, rejecting $H_0{}^1$ and $H_0{}^2$. Additionally, it revealed that all four components

of job burnout have a significant effect on quiet quitting intention, thus rejecting $H_0{}^1a$, $H_0{}^1b$, $H_0{}^1c$, and $H_0{}^1d$. Notably, when measured in a collective model, only mental distance showed a significant effect on quiet quitting intention. Furthermore, results showed that the mediation between job burnout and quiet quitting intention was not supported, thus accepting $H_0{}^3$.

The study underscores that addressing job dissatisfaction alone may not be sufficient to mitigate quiet quitting intention among nurses, particularly when job burnout remains prevalent in the workplace. While dissatisfaction contributes to disengagement, it is the deeper issue of job burnout – especially the dimension of mental distance – that appears to have a more profound effect on quiet quitting intention. Therefore, prioritizing strategies that directly target job burnout, particularly mental distance, may prove to be a more effective approach in mitigating quiet quitting intention among nurses.

Rooted in the findings of the study, human resource interventions can help build a hospital culture that values psychological well-being to keep employees engaged in the workplace. Hospitals can look into enhancing their onboarding programs to foster early engagement among employees. Additionally, they can implement routine debriefing sessions after high-stress events such as emergencies or patient deaths. These sessions should be facilitated by trained staff and promote open dialogue, reducing mental detachment. Additionally, they can conduct mental health check-ins to monitor early signs of mental distance. Furthermore, hospitals are recommended to conduct burnout prevention and recovery trainings to promote self-awareness, emotional resilience, and team-based stress reduction. These proactive strategies can reduce mental distance or psychological detachment among employees thus, reducing quiet quitting intention.

While the mediating role of job satisfaction on quiet quitting intention was not supported in the study, addressing factors that contribute to employee dissatisfaction remains essential to fostering employee engagement. Hospitals, particularly those in the private sectors, are encouraged to examine salary-related concerns. Although increasing salaries may not always be an immediate or feasible solution for these organizations, the management can explore sustainable non-monetary strategies instead. For instance, they can start or continue to provide in-house career development and training programs or partner with external parties to provide relevant training. Additionally, both government and private hospitals are encouraged to strengthen their rewards and recognition initiatives, a proven strategy that can increase levels of employee engagement. Implementing programs such as “Nurse of the Month” or “Nurse of the Year” can make them feel valued and seen. Furthermore, maintaining a positive working environment can increase levels of job satisfaction and boost employee engagement in both government and private hospitals. This can be achieved by promoting teamwork and collaboration, fostering open communication, and maintaining safe work facilities for employees.

In conclusion, investing in employee well-being through comprehensive job burnout prevention initiatives and sustained engagement strategies is essential for cultivating a resilient nursing workforce capable of meeting the evolving demands of the healthcare sector while minimizing quiet quitting intention. These efforts not only strengthen workforce engagement but also contribute to improved organizational performance and high-quality healthcare services.

5. Limitations of the Study

Despite the valuable insights gained from this research, it is not without its limitations. Firstly, reliance on self-reported responses may have introduced bias due to subjective perceptions and social desirability. The use of more objective measures in future research may reduce potential bias and enhance the validity of the findings. Secondly, while the minimum required sample size was met, the study was limited to 113 staff nurses from six out of nine operational hospitals in Lipa City. As such, the findings of this research may not fully represent the broader local healthcare system in the region or in the country. Thirdly, the study focused exclusively on registered nurses working in Level 1 and Level 2 private and government hospitals hence, the findings may not apply to other nursing staff positions and other healthcare facilities. Expanding future

studies to include a larger and more diverse sample across various regions and healthcare facilities would enhance the generalizability of findings. Additionally, as a cross-sectional study, the research captures data at a single point in time, restricting the ability to determine how these variables influence each other over time. Future research may benefit from using a longitudinal approach to fully support the relationship between these variables. Furthermore, the study employed the BAT-23, which is a newly introduced tool for measuring burnout. While found to be a valid tool in the study, BAT-23, as well as its clinical cut-off scores, were originally used and mostly employed in studies in the European region. Cultural differences could have affected the applicability of this tool and its cut-off scores locally. Future research may explore how local hospitals' management style or culture, and organizational dynamics might affect the findings. Future studies may also consider employing alternative job burnout assessment tools and comparing their results with those obtained using the BAT-23. Moreover, future research may deep dive into the dynamics of burnout as assessed by this tool. Furthermore, the study only focused on the four dimensions of job burnout. Exploring other possible components of job burnout could offer a more comprehensive understanding of job burnout and how it affects quiet quitting intention.

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