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Research Article

The relationship between quiet quitting and turnover intention in nurses: A systematic review and meta-analysis

Hemşirelerde sessiz istifa ve işten ayrılma niyeti arasındaki ilişki: Sistematik bir inceleme ve meta-analiz

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Abstract

Although some recent research has shown a positive association between quiet quitting and turnover intention among nurses, a thorough systematic review on this topic has yet to be conducted. Addressing the gaps in this area will provide a clearer understanding of the dynamics influencing nurses' turnover intentions and shed light on the development of future preventive strategies. This meta-analytic review aimed to integrate and critically assess the relationship between quiet quitting and turnover intention among nurses. All studies had a cross-sectional design and were conducted from 2023 onwards. A comprehensive search of six databases, including ScienceDirect, Medline, JSTOR, ProQuest, Scopus, and Web of Science, was conducted to gather empirical studies for this meta-analytic research. The results indicated a moderate, positive relationship between quiet quitting and turnover intention ($r = 0.40$, $p < 0.0001$). Furthermore, the overall effect size showed consistency, and the heterogeneity level ($I^2 = 94.7\%$) was considered within acceptable thresholds. Further in-depth research is required to gain a clearer understanding of how quiet quitting influences turnover intention. To prevent quiet quitting, nursing managers should establish clinical guidelines and support programs that promote nurses' professional development and enhance their job satisfaction and commitment to the profession. In this way, nurses can achieve more satisfaction and motivation in their workplaces, and thus their turnover intentions can be reduced.

Keywords: Quiet Quitting, Turnover Intention, Nurses, Systematic Review, Meta-Analysis

Jel Codes: M10, D23, L20

Öz

Son zamanlarda yapılan bazı araştırmalar, hemşireler arasında sessiz istifa ile işten ayrılma niyeti arasında olumlu bir ilişki olduğunu göstermiş olsa da bu konuda kapsamlı bir sistematik inceleme henüz yapılmamıştır. Bu alandaki eksikliklerin giderilmesi, hemşirelerin işten ayrılma niyetlerini etkileyen dinamiklerin daha net bir şekilde anlaşılmasını sağlayacak ve gelecekteki önleyici stratejilerin geliştirilmesine ışık tutacaktır. Bu meta-analitik inceleme, hemşireler arasında sessiz istifa ve işten ayrılma niyeti arasındaki ilişkiyi bütünleştirmeyi ve eleştirel bir şekilde değerlendirmeyi amaçlamıştır. Tüm çalışmalar kesitsel bir tasarıma sahip olup, 2023 yılından itibaren gerçekleştirilmiştir. Bu meta-analitik araştırma için ampirik çalışmaları toplamak üzere ScienceDirect, Medline, JSTOR, ProQuest, Scopus ve Web of Science dahil olmak üzere altı veri tabanında kapsamlı bir arama yapılmıştır. Sonuçlar, sessiz istifa ile işten ayrılma niyeti arasında orta düzeyde pozitif bir ilişki olduğunu göstermiştir ($r = 0.40$, $p < 0.0001$). Ayrıca, genel etki büyüklüğü tutarlılık göstermiş ve heterojenlik düzeyi ($I^2 = \%94,7$) kabul edilebilir sınırlar içinde değerlendirilmiştir. Sessiz istifanın işten ayrılma niyetini nasıl etkilediğinin daha net bir şekilde anlaşılabilmesi için daha derinlemesine araştırmalar yapılması gerekmektedir. Hemşirelik yöneticileri, sessiz istifayı engellemek için hemşirelerin profesyonel gelişimlerini teşvik edici, işlerine olan bağlılıklarını artıran klinik rehberler ve destek programları oluşturmalıdır. Böylelikle, hemşirelerin işyerlerinde daha fazla tatmin ve motivasyon elde etmeleri sağlanabilir, dolayısıyla işten ayrılma niyetleri de azaltılabilir.

Anahtar Kelimeler: Sessiz İstifa, İşten Ayrılma Niyeti, Hemşireler, Sistematik İnceleme, Meta Analiz

JEL Kodları: M10, D23, L20

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Introduction

Nurses are the cornerstone of service delivery in healthcare organisations and constitute the largest professional group (Moisoglou, Katsiroumpa, Katsapi, Konstantakopoulou & Galanis, 2025). Nurses assume critical responsibilities in improving the health level of individuals and society, preventing diseases, providing patient care, and monitoring and rehabilitation processes (Selçuk & Seren, 2024). In line with increasing life expectancy, population ageing, and the need for high-quality healthcare services, the demand for nurses is rising significantly (Chen et al., 2024). However, the World Health Organisation's 2020 World Nursing Report revealed a severe global shortage of nurses, with the shortage projected to reach 5.7 million by 2030 (WHO, 2020). This shortage poses a significant challenge to healthcare systems, as nurses are crucial to the effective delivery of patient care and equity in healthcare (Mafula et al., 2025). Many factors contribute to nursing staff shortages, and turnover intentions (TI) are considered one of the most important (Lo, Chien, Hwang, Huang & Chiou, 2018; Ren et al., 2024a). According to reports published by the International Council of Nurses, turnover intentions among nurses have reached 20% or higher (ICN, 2023). Nurses are at a higher risk and more likely to express turnover intentions compared to other health professionals (Wang et al., 2024).

Turnover intentions among nurses have become a significant issue that can impact both the functioning of healthcare institutions and public health (Galanis et al., 2023). TI refers to an employee's plan or desire to leave their current job soon (Mobley, 1982). TI for nurses is defined as the process of considering leaving a health institution voluntarily or involuntarily, or transferring to another health institution (as cited in Bayrakci, 2022). In their meta-analysis, Ren et al. (2024b) reported that the turnover rate of nurses globally was 16%, but this rate increased to 19% in Asia and 23% in intensive care units. The prevalence of turnover behaviour can negatively affect organisational productivity, create emotional instability among other employees, and lead to increased hospital investment in nurse education (Chu, Zhang & Li, 2022). Moreover, frequent turnover behaviours not only impose financial costs but also disrupt team dynamics, increase work demands, and have adverse effects on nursing staff and patient outcomes (Bae, 2022). As a result, nurses' turnover intentions pose a significant barrier to achieving critical healthcare goals, such as enhancing patient safety, delivering high-quality care, and ensuring the sustainability of healthcare systems (Nam, Wong, & Fong, 2025).

In the challenging and intensive working conditions of healthcare services, one of the key factors influencing nurses' turnover intentions is quiet quitting (QQ) (Gün, Çetinkaya Kutun & Söyük, 2025; Kim & Sohn, 2024). QQ is a workplace phenomenon that has reached alarming proportions, particularly following the devastating effects of the COVID-19 pandemic (Anand, Doll & Ray, 2023; Toska et al., 2025). Quiet quitting is defined as employees' preference to remain in their current jobs and perform their duties in a disengaged manner, rather than seeking new job opportunities when faced with undesirable working conditions (Kang, Kim, & Cho, 2023). In other words, quiet quitting reflects an attitude in which employees perform their duties only to the minimum extent necessary and consciously refrain from making voluntary contributions, taking extra responsibility, or initiative to improve the business (Rossi, Beccia, Gualano & Moscato, 2024). The Gallup 2023 Global Workplace Report revealed that 59% of the global workforce tends to quiet quitting; this rate is expected to increase to 62% by 2024, and 15% actively quit their jobs (Gallup, 2023). Galanis et al. (2023) explored the relationship between QQ and turnover intention among nurses. According to their study, 60.9% of nurses classified themselves as QQ, and 40.9% indicated a high level of TI. The study revealed a positive correlation between the increase in quiet quitting rates and turnover intention, highlighting the potential consequences of this increasingly prevalent phenomenon in the nursing profession. Given the negative impacts of quiet quitting, an in-depth understanding of this concept is crucial for identifying the dynamics necessary to build a sustainable, motivating, and participatory work culture (Kang et al., 2023). Especially in the aftermath of the pandemic, the phenomenon of quiet quitting has begun to seriously threaten the effectiveness and continuity of healthcare services, causing employees to show only minimal commitment to their work (Zuzelo, 2023). Recent studies have shown that quiet quitting behaviour has become remarkably widespread among nurses, and this trend is more pronounced among nurses compared to other healthcare professional groups (Galanis et al., 2024a). In this context, quiet quitting has emerged as an alternative solution for individuals who want to leave their jobs but are unable to do so (Anand et al., 2023). Therefore, understanding the relationship between TI and QQ will provide a critical foundation for developing effective intervention strategies to overcome the challenges nurses face in their professional lives.

Buchan and Catton (2023) argue that the nurse shortage should be recognised as a global healthcare emergency and emphasise the importance of making investments to retain and support nurses. This study emphasises that it is critical to develop proactive prevention and intervention strategies to

address the phenomenon of QQ among nurses. These strategies are vital to support the individual well-being of nurses, as well as to ensure the sustainability of the overall quality of healthcare services provided. Karrani, Bani-Melhem & Mohd-Shamsudin (2024) emphasised the need for a more in-depth examination of this issue in light of the increasing prevalence and potential negative consequences of quiet quitting behaviours in organisational structures. Similarly, Barrett (2024) and Yikilmaz (2022) pointed out that the concept of QQ is still a new phenomenon. In their research, they noted that the results of different studies varied significantly and suggested that a future meta-analysis in this field would make significant contributions to the literature.

Conducting a meta-analysis study examining the link between QQ and TI in nurses is a critical need in terms of managing the human resources crisis in the health sector. This is because quiet quitting damages the individual's psychological attachment to their job, preparing the ground for a tendency to leave the job over time (Yikilmaz, 2022). However, research on the link between QQ and TI among nurses is quite limited, and the existing studies in this field reveal conflicting results, especially regarding the level of relationship between the variables (Galanis et al., 2023; Galanis et al., 2024b; Gün et al., 2025). The differences in the strength of the correlation between QQ and TI among nurses may be primarily due to the diversity in the demographic composition of the samples used in the studies and the differences in the methodological measurement tools applied. In this context, it is crucial to systematically examine the data in the existing literature and subject it to a comprehensive evaluation with a broad analytical perspective, to reliably and validly understand the link between QQ and TI. So far, there is no systematic review study on the link between QQ and TI. Thus, this systematic review and meta-analysis aim to provide a comprehensive evaluation of the relationship between these two variables among nurses.

Methodology

Search methods

ScienceDirect, Medline, JSTOR, ProQuest, Scopus, and Web of Science were searched from baseline to March 20, 2025. All domains were searched by selecting the following keywords: ((nurse OR nursing) AND (quiet quitting) AND ("turnover intention" OR "intent to leave")). The literature review was conducted from March 10 to 20, 2025.

Selection process

Within the scope of the study, the inclusion criteria were determined as follows:

- Research involving nurses working in hospitals,
- Academic articles written in English,
- Research investigating the relationship between QQ and TI in nurses and
- Research using valid and reliable instruments to measure QQ and TI.

In this study, meeting and conference abstracts, qualitative studies, reviews, meta-analyses, etc., were excluded. Additionally, research that examined nurses and other healthcare professionals simultaneously was also excluded.

Synthesis

In this study, a meta-analysis was conducted to reveal the link between QQ and TI. The correlation coefficients obtained from different studies were combined, and the strength of this relationship was calculated with a 95% confidence interval. The degree of correlation was interpreted according to Cohen's (2013) classification: a correlation of -0.1 to -0.29 indicates a weak relationship, a correlation of -0.3 to -0.49 indicates a moderate level, and a correlation of -0.5 or below indicates a strong relationship.

The agreement between the studies, i.e. consistency, was evaluated with I^2 and Hedges Q tests. If the I^2 value is above 75%, this means that there are considerable differences between the results. Likewise, a p-value less than 0.1 in the Hedges Q test indicates that these differences are significant (Higgins, Thompson, Deeks & Altman, 2003). Due to the considerable differences between the researches, the random effects model was preferred in the analyses. All statistical analyses were performed with the meta-analysis package called "metaphor" running in version 3.6.3 of the R program.

Since this study was conducted within the scope of a meta-analysis, a quantitative research method, and no data were collected directly from individuals, it does not require ethics committee permission. Since only open-access and publicly available theses were examined in the study, there is no violation of ethical principles.

Results

Determination and selection of research

The study adhered to the principles of meta-analytic review, guided by the PRISMA framework (Moher, Liberati, Tetzlaff, Altman & PRISMA Group, 2009).

The literature review was performed in compliance with PRISMA guidelines. A total of 333 records were obtained during the initial identification process (ScienceDirect, Medline, JSTOR, ProQuest, Scopus, Web of Science). After removing duplicate records, a total of 118 records remained. A comprehensive review of the 12 records was then conducted, covering relevant titles and abstracts. As a result, the available review and meta-analysis included a total of five original research studies (Galanis et al., 2023; Galanis et al., 2024a; Gün et al., 2025; Galanis et al., 2024b; Galanis et al., 2025).

Essential features of the research

Table 1 outlines the essential features of the five studies included in this systematic review and meta-analysis. A total of 3,987 nurses participated in the included studies, with sample sizes ranging from 317 to 1,092. Four of the studies were conducted in Greece (Galanis et al., 2023, Galanis et al., 2024a, Galanis et al., 2024b, Galanis et al., 2025), while one study was conducted in Turkey (Gün et al., 2025). All studies employed a cross-sectional design and were published between 2023 and 2025, reflecting current interest in the post-pandemic landscape of nursing workforce research.

The proportion of female participants in the research ranged from 79.5% to 90.5%, confirming that the samples were predominantly composed of women, a finding consistent with the gender distribution commonly observed in the nursing profession. It is noteworthy that all studies employed convenience sampling methods and were conducted in hospital-based clinical settings, thereby ensuring consistency in the occupational context across study samples.

Regarding the measurement instruments employed, two studies utilised standardised tools to assess quiet quitting. The quiet quitting scale (QQS) developed by Galanis et al. (2023) was used in the studies. Different turnover intention scales were used to measure turnover intentions (Nadiri & Tanova, 2010; Spector, Dwyer & Jex, 1988).

A general observation of the studies included in this review is that they were methodologically aligned in terms of design and population. However, there was also notable variation in measurement tools and geographic contexts, which may contribute to heterogeneity in the observed effect sizes.

Table 1: Essential Features of the Studies Considered in This Review

Reference	Country	Females (%)	Age, Mean (SD)	Sampling (n)	Assessment Tool for QQ	Assessment Tool for TI	Response Rate (%)	Correlation Coefficient (p-value)
Galanis et al. (2025)	Greece	90.3%	42.2 (9.7)	1092	Nine-item scale	Six-item scale	100%	0.009 ($p < 0.001$)
Galanis et al. (2023)	Greece	83.2%	39.7 (9.8)	629	Nine-item scale	Six-item scale	100%	2.69 ($p < 0.001$)
Gün et al. (2025)	Turkey	79.5%	36.2 (9.6)	317	Nine-item scale	Three-item scale	NR	0.245 ($p < 0.01$)
Galanis et al. (2024a)	Greece	90.5%	42.2 (9.7)	992	Nine-item scale	Six-item scale	100%	–0.16 ($p < 0.001$)
Galanis et al. (2024b)	Greece	88.2%	36.0 (10.3)	957	Nine-item scale	Six-item scale	NR	–0.38 ($p < 0.001$)
Study Design: Cross-sectional; **Sampling Method:** Convenience; **Clinical Settings:** Hospitals.								

The essential details of the five studies included in this systematic review and meta-analysis are presented in Table 1. The covered researches were conducted between 2023 and 2025, and all of them employed a cross-sectional design. The geographical distribution of the studies is confined mainly to Greece (four studies) and Turkey (one study). While this may constrain the generalisability of the findings, it ensures methodological consistency across studies due to the similarity of the cultural context. All samples were obtained from hospital-based clinical settings, and convenience sampling was the dominant sampling method.

The sample sizes reported across studies vary considerably, with the smallest sample size being 317 (Gün et al., 2025) and the largest being 1092 (Galanis et al., 2025). This diversity should be considered as an essential methodological difference that may contribute to the variance of studies on effect size.

When the gender distribution of the participants is analysed, it is seen that the proportion of women in the nurse samples varies between 79.5% and 90.5%. This ratio is consistent with the occupational distribution, indicating that the samples are representative in terms of sectoral representation.

The response rate was reported as 100% in several studies. However, this information was not provided in more than one study (NR). This raises the possibility of respondent bias and is another methodological limitation that may affect the reliability of the findings.

Assessment of heterogeneity

The heterogeneity between the included research was evaluated using the R software platform (Viechtbauer, 2010). To assess the extent and significance of statistical inconsistency among the effect sizes reported in different studies, the I^2 statistic was applied. This measure determines the extent to which variation in observed effects is due to heterogeneity rather than chance.

The level of heterogeneity was interpreted according to the value of I^2 as follows (Higgins & Thompson, 2002; Higgins et al, 2003):

- $I^2 < 25\%$ reflects minimal heterogeneity,
- I^2 between 25% and 50% suggests moderate heterogeneity,
- $I^2 > 75\%$ represents considerable heterogeneity.

In this study, a high level of heterogeneity was observed among the five involved studies. This heterogeneity may stem from differences in research design, measurement tools, participant characteristics, settings, and methodological quality.

The potential sources of heterogeneity were further explored based on factors such as study design (e.g., cross-sectional vs. experimental), risk of bias, clinical or demographic characteristics of the study populations (e.g., age, years of experience), type of outcome variables measured (e.g., burnout, job satisfaction, organisational support), and the degree to which potential confounding factors were controlled.

Quality assessment and risk of bias

The methodological reliability and potential risks of bias of the five academic studies in this study were evaluated using the ROBVIS (Risk-Of-Bias Visualisation) tool. The graphical analysis was created using the "robvis" package in the R program, with the ROB2-Cluster tool template employed (McGuinness & Higgins, 2020). During the evaluation process, each study was examined in terms of six bias domains and overall bias level. The results of this examination are summarised in Figure 1.

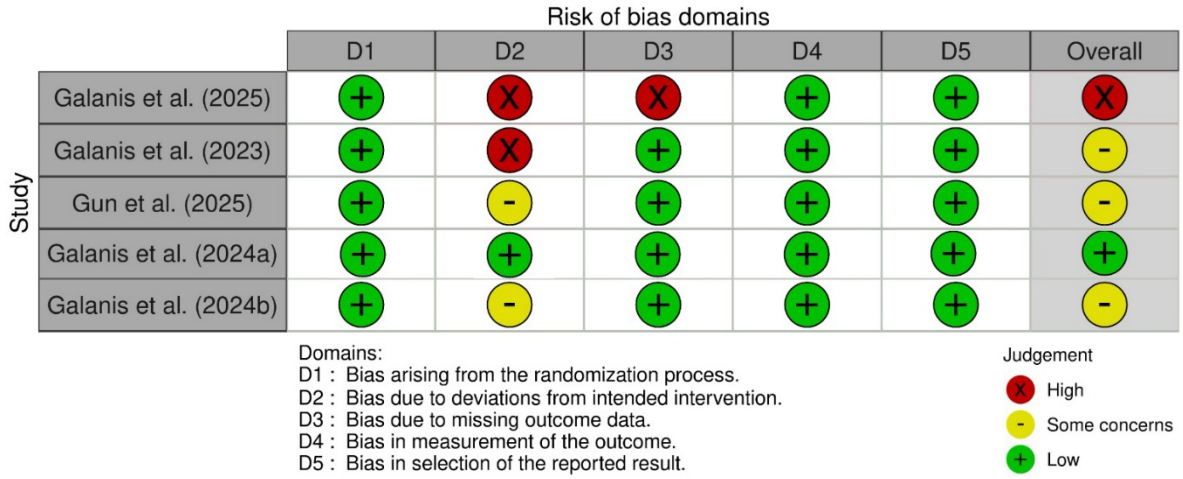

Figure 1: Bias Risk Analysis

Bias related to the randomisation process (D1) was assessed as "low risk" in all studies, and it was concluded that there was no systematic bias in the sampling process. In terms of bias due to intervention bias (D2), Galanis et al. (2023) and Galanis et al. (2025) reported "high risk", while the other three studies reported "some concern" or "low risk". This suggests that the implementation was not carried out as planned, particularly in some studies. Bias related to missing outcome data (D3) was only assessed as "high risk" in the Galanis et al. (2025) study, while this risk factor was not observed in the other four studies. This finding suggests that data integrity is generally preserved, but caution should be exercised

in individual cases. Across all studies, the risk of bias concerning outcome measurement (D4) and the selection of reported outcomes (D5) was classified as "low risk". This indicates that the measurement tools are reliable and that there is no selectivity in the reporting of results.

In the overall risk of bias assessment, only one study (Galanis et al., 2025) was categorised as "high risk", while three studies were classified as "some concern" and one as "low risk". While this result indicates a generally acceptable level of methodological quality in the studies, it highlights the importance of careful interpretation, especially regarding intervention bias and missing data.

Meta-analysis

This meta-analysis synthesised data from five independent studies examining the relationship between QQ and TI among nurses. Effect sizes and standard errors were obtained from each survey and analysed with a random-effects model.

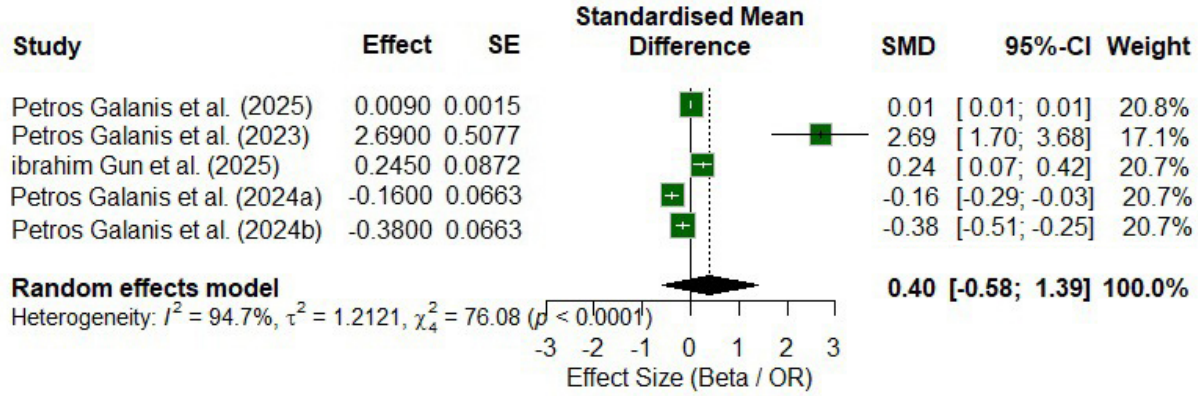

Figure 2: Forest Plot of the Five Researches Involved in This Meta-Analysis

Figure 2 shows the forest plot summarising the standardised mean differences (SMD) with corresponding 95% credible bands for each of the included studies. According to the results of the meta-analysis, the standardised mean difference (SMD) value calculated using the random effects model, which included five different studies, was 0.40, with a 95% confidence interval ranging from -0.58 to 1.39. The fact that the confidence interval contains zero indicates that the total effect obtained is not statistically significant. When the individual effect sizes of the studies included in the meta-analysis are analysed, a positive and substantial effect was observed in the study by Galanis et al. (2023) (SMD = 2.69; 95% CI: 1.70-3.68), which significantly increases the overall effect. On the other hand, two separate studies for 2024 reported adverse and significant impact (SMD = -0.16 and -0.38). This suggests that there are substantial differences in direction and magnitude between the included studies.

The results of the heterogeneity analysis also confirm this situation. The I^2 value is 94.7%, which indicates a very high level of heterogeneity. Likewise, $\chi^2 = 76.08$; $p < 0.0001$, and $\tau^2 = 1.2121$ values suggest that the effect sizes in the studies differ significantly from one another. This level of heterogeneity warrants caution in interpreting the overall effect and highlights the potential influence of moderating variables or methodological diversity across studies.

In conclusion, while the pooled effect suggests a modest association between the examined variables and quiet quitting among nurses, the high level of heterogeneity indicates that the genuine relationship may vary depending on study-specific factors. Further moderator analysis or subgroup exploration may provide a more nuanced understanding of these relationships.

Figure 3 presents the funnel plot constructed based on the standard errors and effect sizes (SMD) of the five included studies. The plot displays a relatively asymmetrical distribution of data points, with one outlier observed on the far right side, indicating a larger effect size and potentially greater precision. However, the majority of studies are clustered near the top of the plot, reflecting smaller standard errors and greater statistical power.

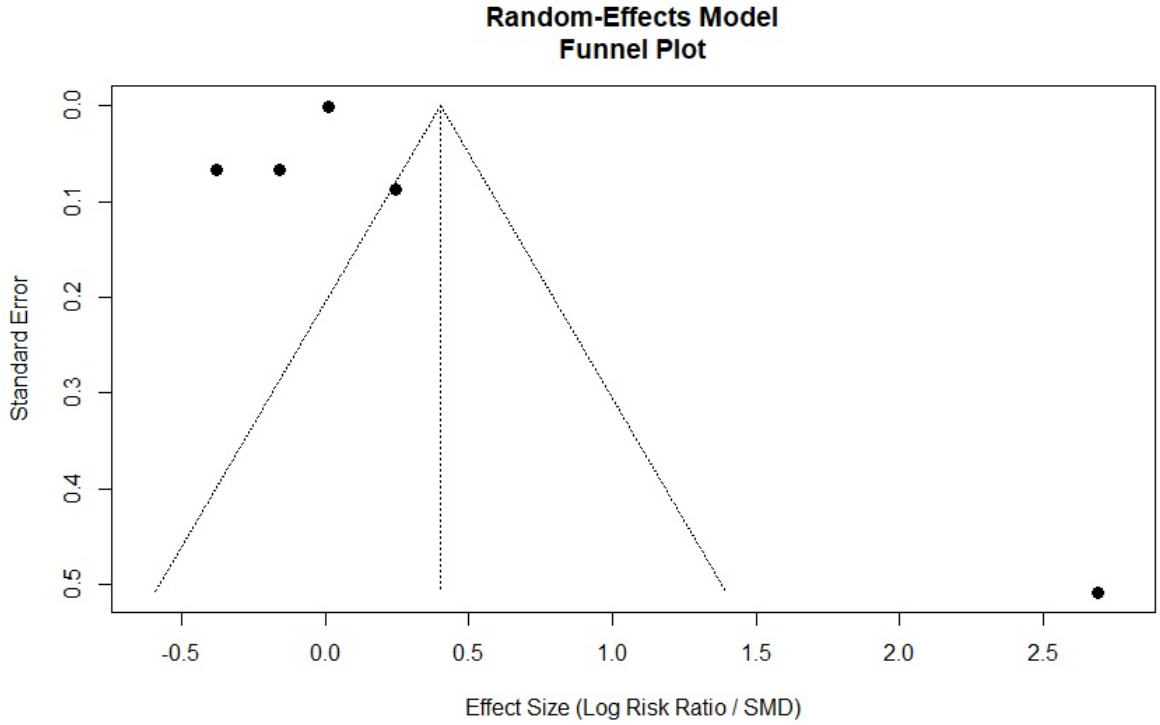

Figure 3: Funnel Plot of the Standardised Mean Difference (SMD) For The Relationship Between Quiet Quitting and Its Psychosocial Predictors Among Nurses

Figure 3 presents a funnel plot showing the relationship between the standardised mean differences (SMD) and standard errors of the five researches involved in the meta-analysis. This plot, used to assess publication bias, should ideally resemble an inverted funnel with data points symmetrically distributed around the combined effect size.

Upon examining the distribution of points, a degree of asymmetry is observable. In particular, the study by Galanis et al. (2023) appears as an outlier positioned far to the right of the plot, reflecting a substantially large effect size combined with a relatively low standard error. This positioning suggests a result that strongly favours a positive association, greater than what is reported in the other studies. Its deviation from the vertical axis may indicate a potential small-study effect or unique methodological or contextual factors that enhanced its effect size. In contrast, the remaining four studies are clustered more tightly near the centre of the plot, indicating smaller effect sizes and higher variance. The relatively symmetric distribution of these central studies supports the overall balance of findings.

To formally test for asymmetry, Egger's regression test was conducted. The test yielded a coefficient of bias of -1.43 at a 95% confidence level, with a range of -6.56 to 3.70 ($p = 0.63$), indicating that the funnel plot asymmetry is not statistically significant. Thus, while one study (Galanis et al., 2023) may show visual bias, the overall statistical evidence does not support the existence of systematic publishing bias.

These results show that the regression intercept did not deviate meaningfully from zero and that no publication bias was statistically significant. The high p-value confirms the visual interpretation of the funnel plot. It suggests that minor study effects or selective reporting did not have a substantial impact on the general findings of this meta-analysis. The results of the funnel plot and Egger's test demonstrate methodological consistency across the studies and reveal no significant evidence of publication bias in this meta-analysis.

Discussion and conclusion

This research is the first correlation-based systematic review and meta-analysis examining the relationship between quiet quitting and intention to leave in the nursing field. Within the scope of this meta-analysis, a total of 5 original studies were evaluated, and the relationship between QQ and TI among nurses was analysed. As a result of the analysis, a positive and moderate correlation was found between QQ and TI ($r = 0.40$, $p < 0.0001$). The results indicate that as the level of quiet quitting increases, nurses' intentions to turnover also increase significantly. Although the sample sizes of the studies differed, the overall effect size was consistent, and the level of heterogeneity was within acceptable limits ($I^2 = 94.7\%$). These findings indicate that nurses' QQ behaviours in the workplace may constitute a critical risk factor for employment continuity. These findings align with the results of several studies

in the literature. Notably, the findings of earlier studies, which highlighted a positive association between levels of QQ and TI, align with the results of this meta-analysis. For instance, Gün et al. (2025) reported a moderate positive correlation between QQ and TI in their study involving 317 nurses at a training and research hospital in Turkey. Similarly, Galanis et al. (2023), in a cross-sectional study with a sample of 629 nurses in Greece, also identified a moderate positive relationship between QQ and TI. These findings suggest that QQ may be a universal tendency that increases turnover intention among nurses, emphasising the importance of developing in-house intervention programs in this regard.

Nurses' decision to leave the profession usually does not occur suddenly, but through a three-stage process. In the initial phase, nurses begin to experience dissatisfaction with their work, leading to a decline in their organisational commitment. In the second stage, the idea of leaving the job becomes mentally clear. In the third stage, nurses exhibit behaviours such as being late for work, absenteeism, or expressing their desire to quit (Galanis et al., 2024c). In a recent study conducted in Greece, it was revealed that 60.9% of 629 nurses chose the quiet quitting route at work (Galanis et al., 2023). This finding suggests that quiet quitting has become a prevalent attitude among nurses and can significantly impact their turnover intentions within their work environment.

In summary, QQ emerges as a significant factor that influences nurses' turnover intentions, both directly and indirectly. Making employees' labour visible, providing the necessary resources for care services, implementing performance-based reward systems, and offering opportunities that support career development are effective strategies to reduce nurses' tendency to quit their jobs. Indeed, the findings of Geng, Geng and Geng (2025) indicate that QQ increases burnout levels, while the study by Galanis et al. (2024a) reveals that it negatively affects nurses' satisfaction. In this context, as nurses' burnout levels decrease and their job satisfaction increases, a significant decrease in the proportion of nurses reporting an intention to quit is expected. Therefore, it has become an inevitable necessity for healthcare organisations to develop holistic and sustainable policies that cover all risk factors, including QQ, that affect turnover intention and prevent the loss of the workforce.

This meta-analysis revealed a moderate positive relationship between QQ and TI among nurses. That is, nurses with a high tendency to QQ are more likely to quit their jobs. Today, the nurse shortage is a significant problem in many healthcare organisations and threatens the sustainability of healthcare services. Therefore, an increase in nurses' intention to quit may exacerbate human resource problems. Our study revealed the relationship between QQ and TI and emphasised that healthcare organisations should focus on the factors affecting this process. The findings strongly suggest that there is an urgent need for healthcare organisations, policy makers and nursing managers to develop holistic and proactive strategies to reduce QQ behaviour.

Theoretical and practical implications

The shortage of nurses is one of the key issues that global health systems have long faced, significantly constraining the development of the nursing profession. Buchan and Catton (2023) describe this situation as a worldwide healthcare emergency and emphasise the need for significant investments to ensure the retention and support of nurses. In this context, it is of great importance for health managers to carefully monitor the impact of the increase in the tendency of QQ on nurses' turnover intention and manage it with effective interventions. However, studies examining the relationship between QQ and TI are pretty limited in the literature, and there is no meta-analysis study focusing specifically on the health sector. This study aims to fill this literature gap and makes an essential contribution to the literature. The findings obtained can serve as a reference source for future studies and form the basis for new research. In addition, this meta-analysis provides opportunities for comparative analysis across different sectors and enables future researchers to address the relationship between QQ and TI more comprehensively in various contexts.

Limitations and future research

Among the limitations of this study, a key concern is the limited number of studies incorporated into the meta-analysis. For example, four studies included in our analysis were conducted in Greece, and one study was conducted in Turkey. This situation limits the generalizability of the results. To reach more reliable and valid conclusions, larger data sets from diverse countries, cultural contexts, and working environments are necessary. Secondly, all of the studies included in the study have a cross-sectional design. This does not establish a direct causal relationship between QQ and TI. In future research, longitudinal and experimental studies should be conducted to gain a clearer understanding of this relationship in the context of cause and effect. Third, the current meta-analysis only examined the relationship between QQ and TI. Therefore, it is suggested that future studies also examine the effects of QQ on other work outcomes, such as perceived workplace support, burnout, stress, job

satisfaction, and overall well-being. Finally, although our study is based on a comprehensive search of six major databases, it is worth noting that some crucial studies may have been missed due to the inclusion of only articles published in English and the exclusion of grey literature.

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Externally peer-reviewed

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