Impact of Work Stress on Quiet Quitting among Nurses: The Mediating Effect of Job Satisfaction

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Abstract

By exploring the link between occupational stress and quiet quitting in Kerala's private nursing sector, this study provides an original contribution to healthcare scholarship, with particular attention to the mediating role of job satisfaction. Data collected from 304 nurses were analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM). The analysis confirms that elevated stress levels substantially increase the likelihood of disengagement, while higher job satisfaction mitigates this relationship. In practical terms, these outcomes underscore the need for healthcare leaders and policymakers to prioritise stress management and strengthen job satisfaction initiatives as strategies for reducing quiet quitting and improving nurse retention in private healthcare institutions.

Keywords: Work Stress, Quiet Quitting, Job Satisfaction, Healthcare, Nurses

1. Introduction

The healthcare sector, particularly nursing, is marked by high-intensity work environments that demand sustained physical, emotional, and psychological effort. Nurses play a critical role in ensuring not only patient care but also the overall efficiency and responsiveness of healthcare systems. However, the relentless nature of their responsibilities often results in chronic work-related stress, which can have profound implications for their well-being, engagement, and professional commitment [1,2].

Over the past few years, the issue of quiet quitting has attracted considerable interest from both researchers and organisational leaders [3]. The term describes employees' tendency to scale back their involvement in optional or extra-role activities, fulfilling only the essential job requirements without an official resignation [4,5]. Although the practice itself is not entirely new, its visibility has increased in the aftermath of the COVID-19 pandemic, largely due to heightened burnout, evolving work–life expectations, and shifts in the psychological contract between employers and staff. Harris [6] further emphasises that quiet quitting is closely linked to shortcomings in several dimensions of organisational commitment, including affective, normative, and

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continuance aspects. Rather than representing a single, uniform reaction, it embodies a spectrum of employee behaviours shaped by personal circumstances, organisational climate, and broader contextual influences.

In the healthcare context, particularly among nurses, quiet quitting is an increasingly relevant concern [7,8]. Nurses often encounter stressors such as excessive patient loads, time pressures, emotional labour, and insufficient institutional support—factors that significantly influence their levels of job satisfaction and engagement [9,10]. Job satisfaction thus emerges as a critical intervening factor, mediating how stress translates into specific patterns of workplace behaviour. When job satisfaction is compromised, the likelihood of disengagement increases, contributing to workforce instability and reduced quality of care [11,12].

Despite the growing interest in quiet quitting globally, empirical studies investigating its antecedents and mechanisms in the Indian healthcare sector remain limited. In regions such as Kerala, marked by the extensive privatisation of healthcare services and substantial migration of trained nurses to global markets, the issue of nurse disengagement warrants urgent investigation [13,14]. The current body of scholarship provides little insight into how quiet quitting unfolds in these environments or the extent to which internal dynamics, particularly job satisfaction, shape the connection between work-related stress and disengagement [15].

This research endeavours to address this gap by investigating the influence of occupational stress on quiet quitting among nursing professionals in Kerala, with specific emphasis on the mediating effect of job satisfaction. Utilising the "Job Demands–Resources (JD-R)" model, the study offers a theoretically sound framework to analyse how job demands diminish satisfaction and precipitate disengagement. Consequently, the research contributes to a more detailed understanding of nurse well-being and organisational behaviour within healthcare environments. Additionally, it provides practical insights for workforce retention and enhancements in the quality of patient care.

1.1 Theoretical Framework

A variety of theoretical perspectives—such as the "Conservation of Resources (COR) theory", "Social Exchange Theory", and "Herzberg's Two-Factor Theory"—have been applied to explain how stress at work shapes employee motivation and disengagement. For the purposes of this research, however, the Job Demands–Resources (JD-R) model [16] offers the most appropriate lens for analysing how work-related pressures contribute to behaviours like quiet quitting, particularly in demanding fields such as healthcare. The JD-R framework posits that every occupation is characterised by specific stressors, which broadly fall into two categories: "job demands and job resources" [17]. job demands—exemplified by workload intensity, time constraints, emotional requirements, and irregular schedules—are seen as stressors that consume sustained physical and cognitive effort, often leading to strain. Conversely, resources like managerial support, autonomy, and career development opportunities operate as protective elements, helping employees meet performance expectations, counterbalance stressors, and enhance engagement at work [18].

Within this framework, quiet quitting is conceptualised as a behavioural response to prolonged imbalance between demands and resources, wherein employees psychologically withdraw and limit their effort to the bare minimum. Job satisfaction functions as a key mediator in this dynamic. High job demands, when not offset by adequate resources, are likely to erode job satisfaction, thereby increasing the risk of quiet quitting. Conversely, when resources are sufficient, they can enhance satisfaction even under stressful conditions, thus lowering the likelihood of disengagement [19,20].

Through the lens of the JD-R model, this study advances the understanding of nurse disengagement by demonstrating the mechanisms through which organisational demands and resources influence quiet quitting.

1.2 Statement of the Problem

The nursing profession is inherently demanding, involving intense workloads, emotional labour, time pressure, and shift rotations—conditions that frequently lead to elevated levels of work stress [21,22]. These stressors negatively influence job satisfaction, a critical determinant of nurse engagement, well-being, and organisational commitment [10]. One emerging behavioural consequence of persistent job stress and dissatisfaction is quiet quitting, where employees confine their efforts to essential duties while withdrawing psychologically from their roles [23].

Although it has been increasingly examined in global contexts [6,24], research exploring its antecedents in the Indian healthcare sector remains limited. Remarkably, the extent to which job satisfaction explains the linkage between work stress and quiet quitting among nurses has yet to be adequately investigated, despite its recognition in wider organisational research. Moreover, within India, in particular, the use of conceptual lenses such as the JD-R perspective to understand nurse disengagement is relatively scarce.

Kerala presents a distinct and compelling case for investigation. Unlike many other Indian states, Kerala has a high concentration of private healthcare institutions and a disproportionately large share of India's nursing workforce. According to the Indian Nursing Council and the Ministry of Health and Family Welfare, Kerala accounts for a significant portion of the country's registered nurses. It continues to be a leading exporter of nursing talent [25,26]. These dynamics contribute to unique internal pressures, such as increased workload, high turnover, and job dissatisfaction—especially within the private healthcare sector. However, despite these contextual factors, limited peer-reviewed studies have systematically examined quiet quitting or the intermediary influence exerted by job satisfaction in this regional context, leaving a critical empirical and theoretical gap.

This study responds to this gap by examining how occupational stress contributes to quiet quitting, giving particular attention to the intermediary role of job satisfaction within the nursing workforce of Kerala. By applying the JD-R framework, the study offers a structured lens for understanding how imbalances between job demands and resources contribute to disengagement behaviours. The findings are expected to generate regionally relevant insights for healthcare administrators and policymakers

seeking to promote nurse retention, enhance job satisfaction, and ensure high standards of patient care.

Research Questions

(1) How does occupational stress affect the likelihood of quiet quitting among nurses?
(2) In what ways does work-related stress shape levels of job satisfaction within the nursing workforce?
(3) What is the association between nurses' job satisfaction and their tendency to engage in quiet quitting?
(4) To what extent does job satisfaction serve as a mediating mechanism in the link between work stress and quiet quitting among nurses?

2. Synthesis of Literature and Hypotheses Development

2.1 Work Stress as a Contributing Factor to Quiet Quitting in Healthcare

In the healthcare sector, particularly among nurses, work stress has emerged as a critical driver of job disengagement and the increasingly observed phenomenon of quiet quitting. Such disengagement not only impacts workforce morale but can also compromise patient care quality. Addressing work stress is, therefore, integral to sustaining both employee well-being and service delivery outcomes [27,28].

Recent studies consistently affirm this relationship. For instance, Montgomery and Lainidi [29] highlight how chronic stress and ineffective leadership can foster burnout, leading to employee silence and diminished care quality. Boy and Surmeli [30] found that deteriorating work-life balance and sustained occupational stress significantly reduce engagement, reinforcing withdrawal tendencies. Atalay and Dağıstan [31] emphasise emotional exhaustion as a key mediator between work stress and disengagement, while Madawana [32] underscores how pandemic-era burnout accelerated psychological withdrawal among healthcare professionals.

These converging findings suggest that persistent stressors—whether organisational, emotional, or contextual—undermine job satisfaction and foster a sense of detachment from core responsibilities. Informed by this evidence, the current study hypothesises:

H1: Work stress positively influences the likelihood of quiet quitting

2.2 Relationship Between Work Stress and Job Satisfaction

Extant research consistently demonstrates an inverse relationship between occupational stress and job satisfaction. Elevated stress levels in the workplace are linked to lower satisfaction, declining motivation, and reduced organisational commitment [33]. Dominique-Ferreira et al. [34] further highlight that chronic stress contributes to increased turnover intentions and emotional exhaustion among employees. In contrast, supportive work environments that reduce stressors tend to enhance employee satisfaction and overall well-being [12].

Recent findings also suggest that elevated stress levels lead employees to withdraw from additional responsibilities, reflecting early signs of disengagement, including tendencies towards quiet quitting [35]. This withdrawal not only affects

productivity but may signal deteriorating psychological connections to one's role. Based on the reviewed evidence, this study advances the following hypothesis:

H2: Work stress negatively influences job satisfaction among nurses

2.3 Impact of Job Satisfaction on Quiet Quitting

Job satisfaction plays a key role in shaping engagement levels among nurses, especially in high-stress healthcare settings. Many studies show that satisfied staff are more likely to stay committed and actively participate in their duties, while dissatisfaction can lead to disengagement and lower performance.

Marques [36] discovered that elevated job satisfaction are linked to a notable decrease in disengagement behaviours, especially in demanding care environments. Galanis et al. [37] further propose that job satisfaction serves as a mediating factor, where reductions in job burnout improve satisfaction, subsequently reducing the risk of withdrawal from work duties.

Organisational research further supports these findings. Xu et al. [38] emphasised that satisfaction in one's job fosters stronger attachment to the workplace and diminishes disengagement intentions, highlighting its protective influence. Such results echo the JD–R perspective - marked by heavy demands and inadequate resources—intensify stress, undermine satisfaction, and contribute to detachment. On the other hand, adequate support and resources help sustain job satisfaction, even in challenging work conditions.

Empirical studies in healthcare support this theoretical perspective**.** Studies have shown that satisfaction at work buffers the negative effects of stress, reducing withdrawal behaviours and turnover intentions, while also supporting psychological well-being and commitment among nurses [39-41]. Drawing from the above discussion, the study puts forward the following hypotheses:

- H3: Job satisfaction significantly influences the likelihood of quiet quitting among nurses.
- H4: Job satisfaction mediates the relationship between work stress and quiet quitting.

Fig. 1. Conceptual model
Source: Authors themselves

3. Research Methodology

This research adopted a cross-sectional design, allowing data to be gathered and examined at one specific point in time. Such a method is appropriate for identifying relationships and potential mediation effects among the variables of interest.

3.1 Population and Sampling Strategy

The target population for this study comprises registered nurses employed in private hospitals across urban areas of Kerala, India. However, to ensure uniformity in organisational structure and workload exposure, the study focuses exclusively on nurses working in private hospitals with a minimum capacity of 50 inpatient beds. This criterion is based on the assumption that such institutions have more structured management systems, standardised staffing practices, and higher patient volumes, which are likely to influence both job stress and employee engagement.

To further refine the study population, participation was limited to nurses who had at least one year of professional experience, ensuring that respondents possessed adequate exposure to workplace conditions to provide meaningful insights. Nurses were selected irrespective of their specific department or specialisation, as quiet quitting and job satisfaction are phenomena relevant across clinical roles within the hospital setting.

Given logistical and resource constraints, the study adopted a “convenience sampling” approach, a method commonly employed in applied healthcare research for targeted populations [42]. This approach enabled efficient data collection from accessible and willing participants, while still aligning with the inclusion criteria.

Estimates indicate that more than 50,000 registered nurses are employed in private hospitals across Kerala [43]. For a population of this magnitude, a minimum sample of around 255 participants is generally sufficient to achieve reliable results, corresponding to a 95% confidence threshold and an acceptable error margin of approximately 5%–7% [44]. The study ultimately comprises 304 respondents, exceeding the minimum recommended sample size, thereby strengthening the robustness and generalizability of its findings within the specified context population.

3.2 Data Collection Procedures

Both "offline and online" survey methods were used to ensure a broader reach and greater convenience for respondents. The study focused on three key constructs: work stress (independent variable), job satisfaction (mediating variable), and quiet quitting (dependent variable). Work stress was assessed through six items derived from the Brief Nursing Stress Scale (BNSS) formulated by Sansó [45].

In this study, job satisfaction was evaluated using items adapted from the Minnesota Job Satisfaction Questionnaire (MSQ), a widely recognised and validated instrument frequently employed in nursing research [46,47]. The scale offers a holistic evaluation of nurses ' contentment with their roles. This comprehensive approach ensures theoretical robustness and provides a reliable assessment of satisfaction levels within the nursing context.

The construct of quiet quitting was assessed using items drawn from Galanis [48], a scale specifically designed to capture employees' disengagement and psychological withdrawal. Responses to all constructs were captured on a five-point Likert scale, with options ranging from 1 ("Never") to 5 ("Always"), ensuring consistency throughout the survey instrument.

3.3 Data Analysis and Procedures

This study employed PLS-SEM using SmartPLS 4.0 to test the hypothesised model. It was chosen because it is well-suited for analysing complex models, non-normal data distributions, and sizable sample sizes, thereby rendering it appropriate for research within the social sciences [49].

The analysis proceeded in two stages: first, validating the measurement model for reliability and validity, and then testing the structural paths through bootstrapping with 5,000 resamples [50].

The sample size exceeded the minimum requirement suggested by the "10-times rule", confirming the suitability of PLS-SEM for this study [51]. This analytic strategy ensured robust and reliable findings aligned with established methodological standards.

4. Data Analysis

Table 1. Demographic Profile of Respondents

Variables		N	%
Gender	Male	83	27.3
	Female	221	72.7
Age	up to 25	95	31.3
	26 – 30	119	39.1
	31 – 35	55	18.1
	36-40	21	6.9
	Above 40	14	4.6
Annual income	Below 3,00,000	106	34.9
	3,00,000 – up to 4,00,000	143	47
	Above 4,00,000 - up to 5,00,000	49	16.1
	Above 5,00,000	6	2
Work Experience	1 year	77	25.3
	2 years	76	25
	3 years	90	29.6
	4 years	42	13.8
	Above 4 years	19	6.3

The analysis of the profile of the respondents (Table 1) working as nurses in the Kerala healthcare sector reveals a higher percentage of females than males: 72.7% and 27.3%, respectively. More than one-third (39.1%) of the respondents represented the category of persons aged 26-30 years, and those up to 25 years accounted for 31.3%. The annual income of most of the respondents, 47%, falls in the range between 3 lakhs and four lakhs, whereas the next largest group of people falls below three lakhs at 34.9%. Regarding work experience, 29.6% have three years of experience, 25.3% have one year of experience, and 25% have two years of work experience. A very minor percentage of individuals have more than four years of experience, which is 6.3%.

4.1 Assessment of the Measurement Model

The measurement model was assessed in line with the criteria proposed by Hair [52]. Generally, factor loadings above 0.50 are considered acceptable, with values over 0.70 being more desirable [53,54].

The study initially included 23 indicators. Following recommended guidelines [55,56], the final model retained 19 items with acceptable factor loadings (>0.70 or near the cutoff). Items below 0.40 were dropped, while those between 0.40 and 0.70 were removed only if this improved reliability or AVE.

In the second step, the reliability of the constructs was confirmed, as composite reliability (CR), Cronbach's alpha, and rho_A all reported values above 0.70, demonstrating adequate internal consistency [57-60].

Convergent validity was established as all constructs reported "Average Variance Extracted (AVE)" values of 0.50 or higher, meeting the recommended threshold. To further ensure the robustness of the model, Variance Inflation Factor (VIF) values were also examined to rule out multicollinearity among indicators. As presented in Table 2, all VIF values ranged from 1.257 to 1.568, remaining well below the accepted threshold of 5 [61], thereby indicating no serious multicollinearity issues. These low VIF values suggest that the constructs—work stress, job satisfaction, and quiet quitting—maintain sufficient independence, ensuring the reliability and stability of the structural paths in the model. This finding strengthens the validity of the model estimations and supports the robustness of the mediation framework employed in the study.

Furthermore, "Discriminant validity" was confirmed as the square root of each construct's AVE exceeded its correlations with other constructs, and all HTMT ratios remained below the recommended 0.85 cut-off [62,63]. These results collectively affirm that each construct captures a distinct aspect of the underlying theoretical model, supporting the overall measurement validity (Tables 3 and 4).

Table 2. Reliability and Validity Analysis

Construct	Item	Loading	Alpha	rho A	CR	AVE	VIF
Work Stress (WS)	WS1	0.771	**0.759**	**0.766**	**0.838**	**0.509**	1.506
	WS2	0.691					1.429
	WS3	0.707					1.400
	WS4	0.687					1.350
	WS5	0.710					1.404
Job Satisfaction (JS)	JS1	0.723	**0.804**	**0.805**	**0.860**	**0.505**	1.518
	JS2	0.697					1.456
	JS3	0.727					1.568
	JS4	0.692					1.419
	JS5	0.736					1.555
	JS6	0.689					1.448
Quiet Quitting (Q-QUIT)	Q-QUIT2	0.703	**0.751**	**0.758**	**0.832**	**0.500**	1.257
	Q-QUIT5	0.700					1.426
	Q-QUIT6	0.690					1.404
	Q-QUIT7	0.666					1.348
	Q-QUIT8	0.770					1.524

"Source: Authors themselves"

Table 3. Discriminant Validity: Fornell–Larcker Criterion

	JS	Q-QUIT	WS
JS	***0.711***		
Q-QUIT	-0.627	***0.706***	
WS	-0.661	0.624	***0.714***

"Source: Authors themselves"

Table 4. Discriminant Validity: Heterotrait - Monotrait Ratio

	JS	Q-QUIT	WS
JS			
Q-QUIT	0.786		
WS	0.838	0.808	

"Source: Authors themselves"

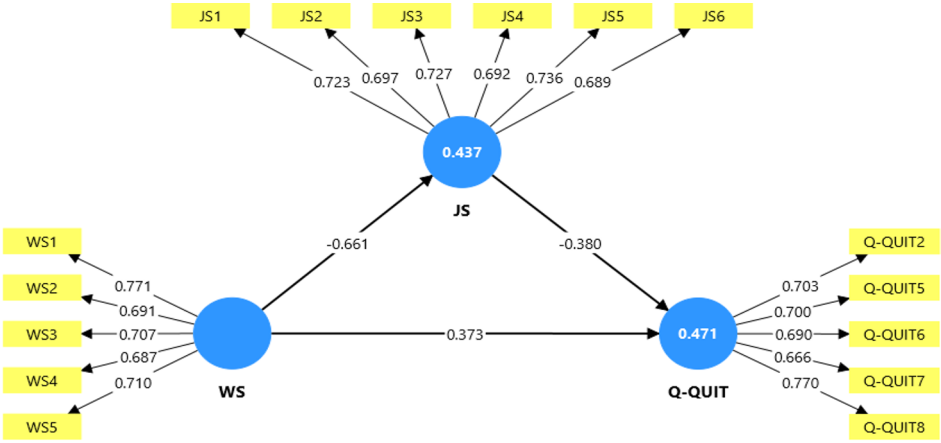

Fig. 2. Measurement Model – Graphical output
"Source: Developed using Smart PLS 4"

4.2 Structural Model Assessment

The structural model, developed using PLS-SEM, was evaluated to examine the hypothesised relationships among the latent constructs (Table 5). The model yielded an R^2 of 0.437 for Job Satisfaction (JS) and 0.471 for Quiet Quitting (Q-QUIT), indicating that the predictor variables explain 43.7% of the variance in JS and 47.1% in Q-QUIT. According to Ramayah, these values suggest moderate to substantial predictive accuracy, particularly in behavioural research contexts [64].

Hypothesis H1 tested the direct influence of Work Stress (WS) on Quiet Quitting (Q-QUIT), yielding a "positive and significant effect" ($\beta = 0.373$, $t = 6.402$, $p < 0.001$). This suggests that higher levels of perceived work stress correspond to a 0.373-unit increase in quiet quitting behaviour. In practical terms, this suggests that heightened stress directly encourages disengagement and withdrawal behaviours. This finding supports organisational concerns that prolonged or unmanaged stress may translate into behavioural symptoms of disengagement.

Hypothesis H2 posited a negative association between WS and JS. The results confirmed this hypothesis with a substantial and statistically significant path coefficient ($\beta = -0.661$, $t = 12.970$, $p < 0.001$). Practically, this implies that "for every one standard unit increase in work stress, job satisfaction decreases by approximately 0.66 units", holding all else constant. This substantial inverse relationship highlights the detrimental impact of elevated stress levels on nurses' affective attitudes toward their jobs, suggesting a critical area for managerial intervention to foster a supportive work environment.

Hypothesis H3, which examined the impact of JS on Q-QUIT, was also supported ($\beta = -0.380$, $t = 5.525$, $p < 0.001$). This moderate negative effect implies that "a one-standard-unit increase in job satisfaction leads to a 0.38-unit reduction in quiet quitting". Theoretically, this reinforces the buffering role of job satisfaction against counterproductive work behaviours and underscores its importance in employee retention and engagement strategies.

Significantly, all t-values exceeded the critical value of 1.96, and the 95% bias-corrected confidence intervals did not include "zero", strengthening the statistical robustness of the relationships. Moreover, the moderate path magnitudes (β values ranging between 0.37 and 0.66) suggest meaningful effect sizes, supporting both "practical and theoretical" relevance of the model pathways.

These findings offer strong evidence for the proposed model, emphasising work stress's key role in shaping nurses' satisfaction and disengagement in private hospitals. hospital administrators need to implement targeted programs to reduce quiet quitting by enhancing stress management and increasing satisfaction.

4.3 Mediation Analysis

The mediating role of JS in the relationship between WS and Quiet Quitting (Q-QUIT) was examined, as shown in Table 6. The results supported Hypothesis H4, indicating a statistically significant indirect effect of work stress on quiet quitting through JS ($\beta = 0.251$, $t = 4.410$, $p < 0.001$). This suggests that work stress contributes to increased quiet quitting not only directly but also indirectly by undermining job satisfaction.

To further understand the strength of this mediation, the total effect of work stress on quiet quitting was assessed ($\beta = 0.624$, $t = 10.668$, $p < 0.001$), encompassing both the direct and indirect paths. The direct effect remained significant even after including the mediator ($\beta = 0.373$, $t = 6.402$, $p < 0.001$), indicating that job satisfaction partially mediates the relationship between "work stress" and "quiet quitting".

The "Variance Accounted For (VAF)", calculated as the "ratio of the indirect effect to the total effect", was 40.2% (0.251/0.624). According to Hair, a VAF between 20% and 80% signifies partial mediation [65]. Therefore, job satisfaction serves as a complementary partial mediator, meaning it explains part of the mechanism through which work stress leads to quiet quitting but does not entirely account for it.

From a practical standpoint, the mediation results emphasise that reducing work stress alone may not be sufficient to curb quiet quitting unless organisations also invest in enhancing job satisfaction. Given the indirect pathway's moderate strength,

interventions aimed at improving recognition, interpersonal relationships, and working conditions—core dimensions influencing satisfaction—could significantly attenuate the disengagement patterns associated with stress.

This evidence advances a more refined understanding of how psychological mechanisms translate workplace stressors into behavioural withdrawal. It also reinforces the theoretical relevance of incorporating attitudinal variables like job satisfaction in explaining workforce disengagement behaviours such as quiet quitting, particularly in high-stakes environments like healthcare.

4.4 F-square

The analysis of the indirect path revealed that the "mediation effect of job satisfaction in the relationship between work stress and quiet quitting was statistically significant", with an "effect size" of $f^2 = 0.154$, indicating a moderate influence [66]. This implies that "job satisfaction" plays a meaningful role in mediating how work stress affects "quiet quitting" among nurses. The direct effect of work stress on quiet quitting also showed a moderate effect size ($f^2 = 0.148$), highlighting that work stress independently contributes to disengagement behaviours. Notably, the effect of "work stress" on "job satisfaction" was found to be strong, with a substantial effect size ($f^2 = 0.777$), suggesting that work stress is a key determinant of nurses' satisfaction levels. These findings provide support for a partial mediation, reinforcing the theoretical view that job satisfaction functions as a key mechanism through which occupational stress contributes to quiet quitting tendencies in the nursing workforce (Table 7).

4.5 Q-Square

Additionally, Q^2 values, which assess the model's "predictive relevance", were analysed. A Q^2 value over 0.15 indicates a medium effect size, while values above 0.35 denote a large effect size [67]. In this research, the Q^2 values for job satisfaction and quiet quitting surpassed 0.35, demonstrating strong predictive relevance of the model for these factors. This suggests that "work stress is a significant predictor of both job satisfaction and quiet quitting among nurses" (Table 8).

Table 5. Structural Model Path Coefficients (Direct Relationships)

Hypothesis	Relationship	β	SD	t-values	P values
H1	WS -> Q-QUIT	0.373	0.058	6.402	0.000
H2	WS -> JS	-0.661	0.051	12.970	0.000
H3	JS -> Q-QUIT	-0.380	0.069	5.525	0.000
JS	$R^2 = 0.437$				
Q-QUIT	$R^2 = 0.471$				

"Source: Authors themselves"

Table 6. Mediation Analysis

Hypothesis	Relationship	β	SD	t-values	P values
H4	WS->JS -> Q-QUIT	0.251	0.057	4.410	0.000

"Source: Authors themselves"

Table 7. F-square

	JS	Q-QUIT	WS
JS		0.154	
Q-QUIT			
WS	0.777	0.148	

"Source: Authors themselves"

Table 8. Q square

	Q^2
JS	0.428
Q-QUIT	0.382

"Source: Authors themselves"

Fig. 3. Structural Model – Graphical output
"Source: Authors themselves"

5. Discussion and Conclusions

This study offers critical insights into how work stress contributes to quiet quitting among nurses, particularly within the private healthcare sector in Kerala. The "direct positive relationship between work stress and quiet quitting" (H1) confirms that elevated stress levels correspond with increased employee disengagement—an observation aligned with Galanis, who found a similar link between burnout and quiet quitting among healthcare workers [37]. Prolonged stress leads to psychological withdrawal and emotional fatigue, pushing employees to perform only the bare minimum required—hallmarks of "quiet quitting behaviour" [68,69].

However, in the context of Kerala, unique institutional and cultural dynamics appear to intensify this relationship. The private healthcare sector in the state—especially urban hospitals with over 50 beds—is characterised by high patient loads, lean staffing patterns, and performance-oriented managerial practices. These organisational demands contribute to extended working hours, emotional exhaustion, and limited autonomy for nurses, increasing the likelihood of disengagement. Furthermore, the relatively weak presence of labour unions in private hospitals restricts nurses' ability to seek redress or improved working conditions, exacerbating their sense of helplessness and fuelling quiet quitting as a silent form of resistance.

The findings also confirmed a "significant negative correlation between WS and JS" (H2), in line with studies by Salam [70], and AL-Yaqoubi & Arulappan [71]. Abate and Mekonnen similarly emphasised that unmanageable workloads and continuous stress reduce job satisfaction, especially among healthcare professionals [72]. These findings suggest that organisational interventions aimed at reducing work-related stressors—such as through better staffing, communication, and support—can positively influence job satisfaction.

At the same time, some studies offer contrasting perspectives. For instance, Iyayi and Kadiri [73] and Jaysan [74] observed that not all stressors negatively affect job satisfaction. They found that certain types of stress, such as challenge-based stress or role ambiguity, had minimal or even positive impacts on engagement and performance in high-stakes sectors like healthcare. These findings suggest that under certain conditions, moderate stress may enhance focus and efficiency, offering a more nuanced view of the stress-satisfaction relationship.

Hypothesis H3, which identified "job satisfaction as a significant negative predictor of quiet quitting", also received empirical support. This echoes findings by Galanis [75,76], Alexander [77], and Zhang [12], who noted that diminished job satisfaction substantially raises the likelihood of employees withdrawing from discretionary work behaviours. Thus, job satisfaction operates not only as an outcome of stress but also as a direct buffer against disengagement.

However, it is essential to acknowledge that individual and contextual factors can moderate this relationship. Evidence suggests that personal resilience and strong workplace support can reduce the adverse impact of stress, thereby sustaining job satisfaction and limiting quiet quitting, even in demanding roles [78]. Gelčytė and

Mažionienė [33] also highlight the protective role of supportive leadership and collegial relationships in mitigating disengagement, even under high stress. These findings imply that organisational culture and social support can significantly shape how nurses experience and respond to work-related stress.

Hypothesis H4 confirmed that JS "partially mediates the relationship between work stress and quiet quitting", supporting prior findings that "job satisfaction" can buffer the adverse effects of stress and burnout on employee disengagement [79]. This suggests that initiatives aimed at improving satisfaction—such as recognition and empowerment—can reduce quiet quitting tendencies. However, as Gunawati [80] caution, persistent systemic challenges like staffing shortages and high workloads may undermine job satisfaction efforts, potentially sustaining burnout and disengagement despite organisational interventions.

In summary, while the dominant pattern across this study and related literature supports the view that work stress undermines job satisfaction and increases quiet quitting, it is important to adopt a nuanced interpretation. Specific stressors may not have universally adverse effects, and individual coping capacities and organisational supports play a "significant" role in shaping outcomes. In the specific context of Kerala's private healthcare system—marked by systemic pressures, high workload demands, and insufficient recognition—the risk of disengagement is amplified. Therefore, targeted strategies that reduce stress, foster satisfaction, and cultivate supportive work environments are essential to promote nurse retention and ensure sustainable patient care.

6. Implications

The findings of this study hold important implications for hospital administrators, policymakers, and healthcare leaders, particularly in the context of Kerala's private healthcare sector. The evidence that work stress significantly influences quiet quitting, with job satisfaction playing a partial mediating role, calls for context-specific, actionable strategies. In Kerala's urban private hospitals—typically characterised by high patient volumes, limited staffing, and performance-driven practices—there is an urgent need to implement practical stress reduction measures. These may include introducing rotation-based comprehensive multi-shift systems to reduce physical and emotional fatigue, minimising non-clinical administrative duties that burden nurses, and ensuring uninterrupted break schedules.

Enhancing job satisfaction should also be a strategic priority. Hospitals must institutionalise recognition programs that go beyond token acknowledgements, providing tangible rewards and public appreciation for nurses' clinical and emotional labour. Professional growth opportunities, such as access to specialised training, career progression pathways, and interdepartmental mobility, can strengthen nurses' commitment and morale. Further, involving nurses in decision-making at the ward level and patient care planning can foster a greater sense of control and engagement.

At the organisational level, support structures such as confidential mental health counselling services, peer support groups, and mentorship initiatives should be established to build resilience and provide emotional backing. Feedback mechanisms—

preferably anonymous and digital—must be made available to help identify and address workplace stressors proactively.

From a policy standpoint, the state should consider enforcing minimum nurse-to-patient ratios in large urban hospitals, offering incentives and rewards to private institutions that demonstrate improved nurse well-being and retention, and establishing a grievance redressal framework specifically for private sector nurses who often lack union representation. These targeted and practical interventions are vital not only to curb the rising trend of quiet quitting but also to protect the well-being of the nursing workforce and maintain the quality and sustainability of patient care in Kerala's evolving healthcare ecosystem.

7. Limitations and Future Directions of Research

While this study offers insights into "work stress, job satisfaction, and quiet quitting" among private sector nurses in Kerala, it is essential to recognise several aspects of limitations. Firstly, using a cross-sectional research design restricts the capacity to determine causal relationships among the key variables. Future studies employing "longitudinal or experimental" designs are needed to validate the direction and stability of these relationships over time.

Second, the study's geographic focus on nurses working in private hospitals in Kerala, though contextually relevant, may restrict the applicability of the findings to other regions or healthcare systems. Differences in organisational culture, staffing norms, regulatory frameworks, and labour relations across states or countries may produce different outcomes, warranting caution in extrapolating these results.

Third, data were gathered exclusively through self-reported measures, which may introduce response biases such as "social desirability or recall bias". Although validated scales were employed, the reliance on a single method of data collection raises the possibility of "common method variance". Additionally, while the hypothesised relationships were strongly supported, this consistency may reflect, in part, the specificity of the sample and design. Future research should consider incorporating larger, more heterogeneous samples and triangulating data sources—such as supervisor evaluations, administrative records, or objective performance metrics—to enhance the robustness and "generalizability of findings".

Further studies could also explore the underlying mechanisms of quiet quitting using longitudinal or mixed-method approaches. Comparative research between private and public healthcare sectors, or across different Indian states, would provide insight into how policy environments and institutional contexts shape work-related stress and disengagement. Expanding the scope to include psychological well-being indicators and access to mental health support services would allow for a more "comprehensive understanding" of how personal resilience factors influence job satisfaction and withdrawal behaviour. Finally, including other healthcare "professionals—such as physicians, allied health staff, and administrative personnel—would offer a more holistic view of workforce dynamics and organisational health in the healthcare sector.

Disclosure statement

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