



Navigating Workplace Mental Health Stigma and Quiet Quitting: A Review of Organizational and Employee-Level Dynamics

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Abstract

The two concerns affecting rapidly on employee well-being and organizational performance in today's era are workplace mental health stigma and quiet quitting. While exclusion, discrimination, and silence are fostered by stigma around mental health issues, quiet quitting reflects a workforce that disengaged and contributes only the bare minimum in the job. The interconnection of stigma and quiet quitting is examined in the review by synthesizing evidence from organizational culture, different leadership styles, human resource policies of the organization, and employee coping strategies. A systematic literature review of studies done from the time range of 2002 to 2024 (n = 52) highlights how stigma relates to disengagement and burnout, ultimately manifesting in quiet quitting. The paper also examines interventions at organizational-level, employee coping mechanisms, and theoretical underpinnings (Stigma Theory, JD-R Model, COR Theory) to align with the study and conceptualize these dynamics. According to the findings workplace mental health stigma contributes significantly to disengagement and quiet quitting, forcing the need to study for multi-level strategies for building an inclusive and psychologically safe workplace.

Keywords: Workplace stigma, Quiet quitting, Mental health, Burnout, Organizational culture, Employee engagement

1. Introduction:

In the current professional landscape, the aspects of employees' mental health and employee engagement have emerged as an important part of the workplace, its productivity, and its sustainability. With the growing awareness related to psychological well-being, the workplace has become a key social environment that plays a key role in influencing employees' mental health. Now the emergent trend known as quiet quitting, which seems to be different than the context of mental health issues and stigma but in depth, it can be a coping strategy by the employees.

Workplace mental health stigma refers to the negative labelling of an individual due to their certain characteristics and traits, which is mainly in the organization due to the mental health issues that cause an individual to face exclusion, discrimination, and even loss of opportunities. As a consequence, employees try to hide their issues and seek support and exposure, which, from the organizational point of view, causes loss of productivity and efficiency of the employees.

Similarly, quiet quitting, as it has recently attracted various attention, mainly after the COVID-19 pandemic, refers to the tendency of employees to disengage from their work and only fulfil the bare minimum responsibility, which causes them to fail to meet the expectations for career growth. It is not merely an act of resistance, rather it can be interpreted as the response of the employees towards the toxic work culture and burnout.

Both workplace stigma and quiet quitting represent concerns for any organization. It can be interpreted that employees who feel stigmatized in the workplace and choose to disengage themselves as a coping strategy and finally lead to quiet quitting.

This review-based paper aims to explore the interconnectedness between the workplace mental health stigma and quiet quitting by examining organization culture, leadership style, organizational policies, and also individual perspectives. Finally, by exploring existing literature, the study aims to find that Workplace mental health stigma can be one of the causes of quiet quitting by employees.

2. Literature Review

2.1 Workplace Mental Health Stigma: Roots and Manifestations

Stigma originates from stereotypes portraying individuals with mental illness as incapable or violent (Corrigan & Watson, 2002). Such perceptions manifest in discriminatory practices, biased hiring, limited promotions, and a lack of peer support (Borhan et al., 2012; Henderson et al., 2013). Stigma can be public (social stereotypes), self-stigma (internalized inferiority), or structural (policies that disadvantage individuals) (Rüsch et al., 2005). Cultural contexts influence further to shape these experiences, plays a key role—collectivist societies tend to see mental illness as family disgrace (Lauber & Rössler, 2007), while individualistic societies still perpetuate bias in performance evaluation (Brouwers, 2020).

2.2 The Rise of Quiet Quitting

Quiet quitting refers to disengagement without actual resignation, where employees fulfill only important duties. The term popularized on social media (Hater, 2022), it is often misunderstood in place of laziness, it reflects deeper underlying issues such as burnout, lack of recognition, and absence of psychological safety (Klotz, 2022; Liu et al., 2023). Proven studies imply that nearly 50% of U.S. employees are quiet quitters due to unsupportive supervisors (Harter, 2022). In high-stress professions like healthcare industry, stigma and exclusion increase quiet quitting maximizing the need of using it as a coping strategy (Karadas & Cevik, 2024).

2.3 Organizational Dynamics: Leadership, Culture, and Policies

Leadership styles significantly has an impact on engagement. Authentic and transformational leadership promotes trust and openness (Avolio & Gardner, 2005; Khan et al., 2022), while authoritarian approach of leadership increase stress and burnout. A positive space which has psychologically safe climate reduces stigma and disengagement (Dollard & Bakker, 2010). HR practices, for example, fair hiring, flexible work policies, and employee assistance programs foster inclusion among employees and reduce quiet quitting (Goldman & Park, 2023).

2.4 Employee-Level Responses: Coping and Adaptation

There are several ways through which employees cope stigma and use it as strategy. Some of the positive strategies of coping are resilience building, seeking support from peer, and boundary setting; while negative strategies include concealment and avoidance, which increase burnout and disengagement (Montgomery & Patrician, 2022). Emotional intelligence and self-efficacy act as a hurdle against the amount of employee stress, while low emotional intelligence may lead to quiet quitting (Maslach & Leiter, 2016).

2.5 Integrated Perspectives and Interventions

Organizational reforms and cultural change are the elements of addressing both stigma and quiet quitting. Effective interventions that can support the employees to prevent both the concerns, these include education on anti-stigma, arrangements of flexible work facility, contact-based strategies, recognition systems, and leadership training (Clement et al., 2015). These strategies work best when the root cause is found out and targeted—such as inequality in workplace and lack of support for employees—rather than surface-level symptoms (Zacher & Rudolph, 2022).

3. Conceptual Framework

Workplace mental health stigma and quiet quitting, though historically studied independently, are interconnected phenomena that can be explained through multiple theoretical and organizational perspectives. This framework integrates the types of stigma, employee-level coping strategies, and organizational dynamics to conceptualize how stigma contributes to disengagement and eventually manifests as quiet quitting.

3.1 Dimensions of Workplace Mental Health Stigma

- It refers to the stereotypes and discriminatory behaviour from the managers, peers and supervisors due to certain characteristics which leads to exclusion (Corrigan & Watson, 2002).
- It refers to the belief of inferiority towards oneself due to certain conditions that lower self-confidence and reluctance to seek help due to the fear of judgement and ultimately stress and burnout (Rusch et al., 2005).
- It includes stigma in the workplace due to the certain biased organizational policies and unfair practices that normalise discriminatory behaviour in the workplace (Henderson et al., 2013).

Above dimensions create a work environment where employees face exclusion, discrimination and also diminished psychological safety.

3.2 Quiet Quitting as a Behavioural Response

Quiet quitting is not only about an act of laziness but can also be a self-protective coping process against stigma, burnout, and unhealthy organizational cultures. Employees maintain minimum job performance while excluding themselves, thereby conserving psychological resources (Zieba, 2023; Hobfoll, 1989). Related constructs such as disengagement (Kahn, 1990), withdrawal (Hanisch & Hulin, 1991), and job neglect (Lee & Varon, 2020) help position quiet quitting as part of a continuum of workplace disengagement behaviors.

3.3 Theoretical Underpinnings

Stigma Theory (Goffman, 1963): The theory suggests that individuals who perceive stigma may conceal their struggles or withdraw to avoid discrimination. This shows that due to stigma, an individual restricts himself or herself in the workplace and doesn't engage in their work. Social stigma influences the behaviour through fear of discrimination, thus they avoid getting involved socially and discussing their struggles. This, in turn makes them feel restricted towards the work environment and organisation.

Job Demands–Resources (JD-R) Model (Bakker & Demerouti, 2007): This theory explains how a lack of organizational resources (e.g., psychological safety, support) amidst high demands leads to burnout and disengagement. JD-R Model contemplates that, when there is high demand for jobs with fewer available resources, burnout arises. This can lead to emotional exhaustion, triggering quiet quitting as a self-protective strategy in the workplace for employees.

Conservation of Resources (COR) Theory (Hobfoll, 1989): This theory proposes that individuals withdraw and seek to conserve the limited emotional and psychological resources. They use quiet quitting as a strategy and limit themselves from giving their contribution to their full potential. When under stress or threat, such as stigma, they tend to limit their resources and do not go above and beyond.

Together, these theories explain why stigma and disengagement reinforce each other.

3.4 Organizational and Employee-Level Dynamics

- Leadership: Authentic, transformational and supportive leadership helps to reduce stigma and foster inclusion and cooperation whereas authoritarian leadership causes an increase in disengagement (Avolio & Gardner, 2005; Khan et al., 2022).
- Organizational culture: Supportive culture in the workplace improves the inclusivity and psychological safety which in turn helps to reduce stigma and enhance engagement (Edmondson, 1999; Rugiubei & Cruceanu, 2024).
- Employee coping: Adaptive strategies such as peer support, resilience and boundary setting helps to reduce burnout while maladaptive strategies such as avoidance rather increases disengagement and quite-quitting (Montgomery & Patrician, 2022).

3.5 Integrated Model

The conceptual framework proposes the following pathway:

Workplace Mental Health Stigma (Public, Self, Structural) → Reduced Psychological Safety & Engagement → Burnout & Stress → Quiet Quitting (Disengagement, Withdrawal, Boundary Setting).

Organizational factors (leadership, culture, HR policies) and employee coping strategies act as moderators that either strengthen or weaken this relationship.

4. Methodology

In this study systematic literature review design has been used due to the dynamic nature of the concept of stigma and quiet quitting. It will allow for a holistic understanding of mental health stigma and its intersection with quiet quitting. As review design is a qualitative methodology, it helps in thematic analysis of the scholarly literature in order to interpret it.

4.1 Objectives of the study:

1. To explore the emergence of quitting as a behavioural and psychological response to the workplace.
2. To analyze the organizational and employee-level factors that influence both stigma and employee disengagement.
3. To identify coping strategies and behavioural adaptations employed by employees.

4.2 Data sources and search strategy:

For the literature review, various databases have been used to search for scholarly research that is relevant to the topic. The databases include Scopus, Web of Science, Google Scholar, PubMed, and Springer. For conducting searches, various combinations of keywords have been used, which include “workplace mental health stigma and quiet quitting”, “employee well-being and stigma”, “workplace burnout and quiet quitting”, etc. However, the searches were limited to English language publications only, and the time frame for selecting the studies ranges from 2002 to 2024, as the concept of “quit quitting” has gained popularity in the 2000s.

The inclusion and exclusion criteria of the literature are mentioned below:

Inclusion criteria:

- Peer-reviewed reports, books, and journals have been taken into account.
- Studies specifically related to the mental health stigma in the workplace.
- Studies addressing the coping strategies of employees for workplace burnout.
- And finally, the studies published between the years 2002 and 2024.

Exclusion criteria:

Articles that are not available in full text have been excluded.

Studies that focus only on the medical menu illness and are not related to the workplace mental health problems are excluded.

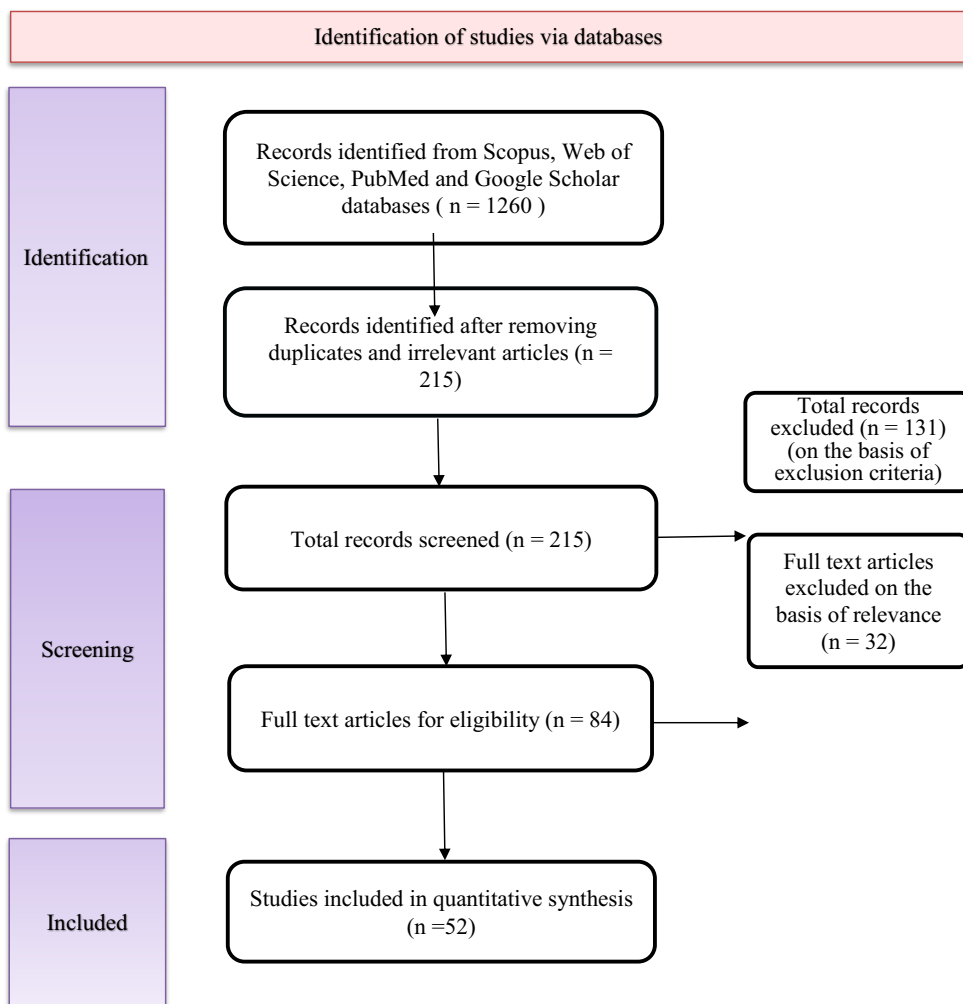
4.3 Study screening and selection process:

The review was conducted in accordance with "PRISMA" guidelines, which stand for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It refers to a set of guidelines to improve the reporting quality of reviews.

Identification: Initially, from the various databases like Scopus, Web of Science, PubMed, Google Scholar (peer-reviewed only), around 1260 articles can be found based on the titles and abstracts of the articles.

Screening: After removing all the duplicates and irrelevant studies, 215 articles remained. Then, according to the inclusion and exclusion criteria, a total of 84 articles remained.

Inclusion: Therefore 52 articles have been selected based on the relevance of the thematic analysis and also the objective of the study.



5. Findings

From the findings of the study it can be understood how workplace stigma contributes to the disengagement and quite-quitting, due to stress, exclusion and the fear of judgement. The study has been organised under three main insights which includes (1) quiet quitting as a behavioral and psychological adaptation, (2) organizational and employee-level dynamics influencing stigma and disengagement, and (3) coping strategies and behavioral adaptations.

5.1 Quiet Quitting as a Behavioural and Psychological Adaptation

From the study it can be understood that quite-quitting should not be only perceived as employees laziness but rather their is chances of the action of self protective response towards the workplace stigma. It can be seen that employees excludes themselves from the work efforts when their psychological needs are unmet. This also relates with the (JD-R) model which emphasizes that excessive job demands and insufficient resources increases the chances of employees burnout and ultimately disengagement (Bakker & Demerouti, 2007).

The study also shows that quite-quitting is not only the consequence of the unhealthy work environment, but also act as an signal of organizational disfunction. Moreover, employee disengagement and quite-quitting reflects workplace issues such as toxic culture, lack of supportive leadership etc (Harter, 2022; Ramchandran et al, 2023). Therefore quite-quitting is not only about employee laziness but rather it is a warning machanism that alerts organizations related to their lack of support, healthy work culture and leadership.

5.2 Organizational and Employee-Level Dynamics Influencing Stigma and Disengagement

The study highlights that both organizational structure and individual perceptions and beliefs plays equal role in influencing the relationship between stigma and disengagement.

At the organisational level, leadership plays the key role such as transformational and supportive leadership cultivate openness, trust and psychological safety by reducing stigma and disengagement (Avolio & Gardner 2005; Khan et al., 2002). However, authoritarian leadership increases stress and discrimination. Similarly an organizational culture that promotes psychological well-being openness and fairness helps in reducing workplace stigma and foster higher engagement (Rugiebei & Cruceanu, 2024). In contrast the organisational culture lacking fairness and psychological safety foster disengagement leading to quite-quitting (Edmondson, 1999).

At employee level, stigma operates mainly in three dimensions thatus public stigma, structural stigma and self stigma. Public stigma leads to the discrimination and disengagement whereas self stigma undermines the self confidence of an individual and further it prevents from seeking helps due to the fear of judgement (Rusch et al., 2025). Moreover structural stigma has implanted biased organizational policies and unsupportive behaviour of the peers and superiors, which further normalised inequality and exclusion which ultimately leads to the employee disengagement and quiet-quitting.

Overall from the various theories such as stigma theory (Goffman,1963), JD-R Model and conservation of Resources (COR) Theory (Hobfoll,1989) provides an explanation that Workplace stigma act as an hindrance between the social and professional participation of the employees and fosters resources conserving behaviours among the employees such as quiet-quitting.

5.3 Coping Strategies and Behavioural Adaptations

The third key finding is that employees adopt diverse coping strategies to manage stigma and stress, which in turn influence whether they remain engaged or disengage. Adaptive strategies—such as seeking peer support, counselling, and boundary-setting—help employees maintain resilience and engagement. These strategies are effective only in supportive organizational contexts where employees feel safe to share their struggles. Conversely, maladaptive strategies—including avoidance, concealment of mental health challenges, and social withdrawal—amplify stress and burnout, ultimately culminating in quiet quitting.

This suggests that stigma not only affects how employees are perceived by others but also shapes how they perceive and manage themselves. The interplay of self-stigma and maladaptive coping creates a cycle of concealment, stress accumulation, and disengagement. Breaking this cycle requires organizational interventions that normalize mental health conversations, provide peer and managerial support, and recognize employee contributions fairly.

6. Conclusion

The review highlights that mental health stigma in the workplace and the rapid increase of quite-quitting are interconnected which is influenced by the organizational culture, structural policies etc.

The study focused on the various organizational and employee level dynamics that influence the workplace mental stigma which further causes quitting. The study provides understanding on the disengagement behavior of employees in their workplace as a coping strategy toward the stigma.

Finally, the study highlights the strong connection between the mental health stigma in the workplace and quiet-quitting. It also explains that quiet-quitting is not only about the laziness of the employees but also can be a response towards the burnout, lack of support in the organization, replaces the sense of belonging in the organization with the disengagement.

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