

Research Article

A Descriptive Study to Assess the Prevalence of Quiet Quitting Among Nursing Students at a Selected College of Nursing, New Delhi

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A B S T R A C T

Background: With the increasing academic and professional pressures of today, keeping students motivated and engaged, especially in the demanding nursing field, is becoming more difficult. This field requires not only intellectual strength but also emotional resilience, ethical dedication, and a defined sense of purpose. However, as coursework becomes more rigorous and students encounter additional stressors—such as challenging clinical settings and high expectations—they often become emotionally exhausted and disconnected from their educational journey. One indicator of this disengagement is the phenomenon of “quiet quitting,” where students fulfill their basic responsibilities but mentally and emotionally withdraw from their education and overall academic experience. This subtle yet significant trend of disengagement has consequences for productivity, learning outcomes, professional identity, and long-term career satisfaction. This issue is particularly concerning within nursing education, as nursing students are the future caregivers at the bedside, and their empathy, attention, and initiative are critical for patient safety and quality healthcare delivery. The current study was undertaken to assess the prevalence of quiet quitting among nursing students at a selected college of nursing in New Delhi.

Method and materials: The research approach adopted for the study was a quantitative approach with a descriptive research design. The tool developed for the data collection was the Self-Structured Demographic Characteristics Questionnaire and the Quiet Quitting Scale by Petros Gelani. This tool is validated by seven experts, and reliability was also assessed. The sample consisted of 238 students from the Rufaida College of Nursing, Jamia Hamdard, New Delhi. Samples were selected by purposive sampling.

Results: Maximum 59.2% belonged to age 20–21 years, 65.5% were female, 56% belonged to DGNM 2nd year and 54.46% belonged to B.Sc. Nursing 3rd year, 49.2% had experience of patient care in a hospital other than academic clinical postings, 50.8% were self-motivated to

join nursing, 52.5% had financial responsibilities towards the family, 51.2% are satisfied with working with patients, 35.3% felt patient overload is the major reason for stress, 37.8% (90) of respondents felt fatigue is the reason for lack of ambition, 25.5% felt lack of coordination among peers is the most challenging aspect, 82.4% were connected to nursing values after joining nursing, 74.8% who were motivated to attend college, 88.7% were not detained due to poor attendance, 87.8% were not detained in any clinical subject or repeated the subject. Findings related to the level of quiet quitting shows that maximum 70.59% of the study population shows quiet quitting tendencies.

Conclusion: The study concluded that the majority of nursing students exhibited signs of quiet quitting. This reflects a significant level of disengagement that may affect academic progress and professional readiness. Early interventions, counseling, and supportive academic strategies are recommended to enhance motivation and participation among nursing students.

Keywords: Assess, Quiet quitting, Prevalence

Introduction

The concept of quiet quitting was first introduced by Mark Bolger in 2009. Quiet quitting started to gain more attention in 2022 as COVID-19 brought changes into the workplace, and overwork, coupled with a lack of recognition, control, and satisfaction, has moved concepts of burnout and job dissatisfaction to the fore in many professions, whereby quiet quitting is a significant issue to be tackled. Nursing is a profession that requires complete engagement, being empathetic, and taking the initiative to ensure patient safety and comfort. Quiet quitting represents an attitude characterized by minimum effort and psychological detachment, leading to less thoughtful care, slower responses, and less emotional support and empathy for patients. A study conducted in India by Kumar S et al. (2021) found that a high proportion of nursing students experienced moderate to severe stress, mainly due to clinical workload, academic pressure, and lack of support. The study reported that increased stress levels were associated with reduced engagement and interest in clinical work, which aligns with quiet quitting tendencies.¹

Bhatia M, Dhaliwal N, Bhogal RS, 2023, conducted an observational study at a tertiary care hospital and teaching institute in Chandigarh, India, with the objective of exploring factors influencing nurses' intention to quit their jobs. The researchers acknowledged that inadequate nursing retention can have serious repercussions on patient safety and healthcare outcomes, prompting the need to understand the determinants behind turnover intentions.

The study included 229 nurses, and data were gathered through a validated questionnaire originally developed at Mälardalens University, Sweden, with reliability established through Cronbach's alpha values ranging from 0.82 to 0.85, confirming the tool's internal consistency. The demographic analysis revealed that most participants (67.2%) were between 31 and 40 years old, and the majority (70.7%) were female nurses with an average of 5.6 years of professional experience. Notably, nearly 69% of the respondents expressed some level of intention to quit their jobs, highlighting a critical workforce stability issue. Statistical analysis indicated significant positive correlations between intention to quit and factors such as career growth opportunities, work scheduling, and perceived health status ($p < 0.05$). Meanwhile, weaker associations were observed with wages, organizational and environmental factors, and managerial support, and no significant relationship was found with overall work climate. The authors concluded that the intention to quit remains a pressing challenge within the Indian nursing sector. They emphasized that enhancing career advancement prospects, ensuring equitable and flexible scheduling, and improving occupational health support systems are key strategies for strengthening nurse retention. The study underscored the urgency of developing targeted interventions to maintain a sustainable and motivated nursing workforce in hospital settings.²

Methodology

The objective of the present study was to assess the prevalence of quiet quitting among the nursing students of a selected college of nursing in New Delhi. The quantitative research approach with a descriptive research design was used for the current study. A Purposive sampling technique was used to select the sample of 238 nursing students from B.Sc Nursing 2nd and 3rd year and DGNM 2nd and 3rd year of Rufaida college of Nursing, Jamia Hamdard, New Delhi. A formal written permission was obtained from the principal of the college prior to commencing the task of data collection. The duration of the data collection was from 1st November 2025 to 10th November 2025. The purpose of the study was explained to the students. Confidentiality was assured to all the subjects to get the cooperation, and informed consent was taken. Each participant gave their agreement once the researcher built a strong rapport with them. To assess the prevalence of quiet quitting among the nursing students, a self-structured demographic characteristics questionnaire and the Quiet Quitting Scale by Petros Gelani were used, and the data was collected using the paper-pencil method. The average time taken for completing the questionnaire by each participant was around 10-15 minutes. The data analysis was done using descriptive statistics based on the objectives of the study.

Results

SECTION I: - Finding related to the demographic data of the subjects

Table – 1 depicts the frequency and percentage distribution of nursing students according to their age, gender, course and year, work experience, reason for choosing nursing, financial responsibility, causes of stress, challenging aspects in clinics, and connection to nursing values. The study results showed that 141 (59.2%) out of 238 subjects were in the age group of 20–21 years, 50 (21%) were in the age group of 22–23 years, 31 (13.2%) were in the age group of 18–19 years, and 15 (6.4%) were aged ≥ 24 years. A total of 156 (65.5%) subjects were female, 81 (34%) were male, and 1 (0.5%) belonged to other gender category. With regard to course and year, 108 (45.53%) subjects belonged to B.Sc. Nursing 2nd year, 130 (54.46%) to B.Sc. Nursing 3rd year, 133 (56%) to DGNM 2nd year, and 106 (44.45%) to DGNM 3rd year. In terms of work experience, 117 (49.2%) subjects had experience in hospitals, 23 (9.7%) in clinics, 92 (38.7%) had no working experience, and 6 (2.5%) had experience in day-care settings. Regarding the reason for

choosing nursing, 121 (50.8%) subjects were self-motivated, 58 (24.4%) selected nursing as a second option, 45 (18.9%) chose nursing due to job security, and 14 (5.9%) were forced to join nursing. Further, 125 (52.5%) subjects had financial responsibilities for their family, whereas 113 (47.5%) did not have such responsibilities. Concerning the major causes of stress, 84 (35.3%) subjects reported patient overload, 81 (34%) reported lack of teamwork, 38 (16%) reported resource crunch, and 35 (14.7%) reported lack of role clarity. Regarding the most challenging aspects in clinics, 104 (43.7%) subjects reported more than one factor, 61 (25.5%) reported lack of coordination among peers, 40 (16.87%) reported lack of learning facilities, and 34 (14.3%) reported lack of expertise. Finally, 196 (82.4%) subjects felt connected to the values of the nursing profession after joining, whereas 42 (17.6%) reported difficulty in connecting to the role of a nurse.

SECTION II: - Findings related to the level of quiet quitting

Table – 2 reveals that out of 238 nursing students, 168 (70.59%) showed quiet quitting tendencies, whereas 70 (29.41%) did not show any signs of quiet quitting.

Table I. Frequency and percentage distribution of demographic data of subjects

n = 238

S.No	Variables	Frequency (n)	Percentage (%)
1	Age (in years)	-	-
1.1	18–19	31	13.2
1.2	20–21	141	59.2
1.3	22–23	50	21.0
1.4	≥ 24	15	6.4
2	Gender	-	-
2.1	Female	156	65.5
2.2	Male	81	34.0
2.3	Others	1	0.5
3	Course & Year	-	-
3.1	B.Sc. Nursing 2nd Year	108	45.53
3.2	B.Sc. Nursing 3rd Year	130	54.46
3.3	DGNM 2nd Year	133	56.0
3.4	DGNM 3rd Year	106	44.45
4	Work Experience	-	-
4.1	Hospital	117	49.2
4.2	Clinic	23	9.7
4.3	No Experience	92	38.7
4.4	Day-care Setting	6	2.5
5	Reason for Choosing Nursing	-	-
5.1	Self-motivated	121	50.8
5.2	Second option	58	24.4

5.3	Job security	45	18.9
5.4	Forced	14	5.9
6	Financial Responsibility	-	-
6.1	Yes	125	52.5
6.2	No	113	47.5
7	Major Cause of Stress	-	-
7.1	Patient overload	84	35.3
7.2	Lack of teamwork	81	34.0
7.3	Resource crunch	38	16.0
7.4	Lack of role clarity	35	14.7
8	Challenging Aspects in Clinics	-	-
8.1	More than one factor	104	43.7
8.2	Lack of coordination among peers	61	25.5
8.3	Lack of learning facilities	40	16.87
8.4	Lack of expertise	34	14.3
9	Connection to Nursing Values	-	-
9.1	Felt connected	196	82.4
9.2	Difficulty connecting	42	17.6

Table 2.Frequency and percentage related to the level of quiet quitting among subjects

n= 300

S.No	Variables	Frequency (n)	Percentage (%)
1	Quiet Quitting Tendencies	-	-
1.1	Present	168	70.59
1.2	Absent	70	29.41

Discussion

The major findings of the present study show that out of 238 nursing students, 168 (70.59%) showed quiet quitting tendencies, whereas 70 (29.41%) did not show any signs of quiet quitting. The finding of the present study is similar to the study by BMC Nursing (2025) titled "Investigating quiet quitting tendencies among nursing students" reported that nursing students demonstrate a moderate to high level of quiet quitting, characterized by reduced motivation and minimal engagement in academic and clinical activities. The study further found that students who chose nursing due to external factors (e.g., job security) showed significantly higher quiet quitting tendencies compared to those who were intrinsically motivated ($p < 0.05$). Additionally, a negative correlation was observed between satisfaction with nursing education and quiet quitting, indicating that students with lower satisfaction levels were more likely to disengage.³

The present study was also supported by a systematic review on burnout among nurses by Ghasemi Kooktapeh Z,

Dustmohammadloo H, Mehrdoost H, Fatehi F (2023) which highlighted that high workload, emotional exhaustion, and role stress contribute significantly to disengagement and reduced professional commitment. These factors are closely related to behaviors similar to quiet quitting, where individuals perform only minimum required duties due to psychological withdrawal.⁴

Conclusion

The study concluded that the majority of nursing students exhibited signs of quiet quitting. This reflects a significant level of disengagement that may affect academic progress and professional readiness. Early interventions, counseling, and supportive academic strategies are recommended to enhance motivation and participation among nursing students.

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