Engaging Leadership Reduces Quiet Quitting and Improves Work Engagement: Evidence from Nurses in Greece

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Executive Summary

This cross-sectional study examines the relationship between engaging leadership and two nurse workforce outcomes — quiet quitting and work engagement — among a convenience sample of 404 Greek nurses surveyed in October 2024. The authors argue that engaging leadership, grounded in Self-Determination Theory, reduces quiet quitting and improves work engagement by fulfilling nurses' fundamental psychological needs for autonomy, competence, and relatedness. Using three validated instruments (Engaging Leadership Scale-12, Quiet Quitting Scale, and Utrecht Work Engagement Scale-3), and applying multivariable linear regression adjusted for sex, age, shift work, understaffing, and work experience, the study finds that the 'connecting' dimension of engaging leadership is negatively associated with detachment and lack of initiative, while the 'inspiring' dimension is negatively associated with detachment and lack of motivation, and positively associated with work engagement. Notably, 66.6% of participants were classified as quiet quitters, and mean work engagement was moderate. The authors position this as the first study to examine engaging leadership and quiet quitting in nursing, and the second to examine engaging leadership and nurse work engagement. Cross-sectional design, convenience sampling, and self-report bias are acknowledged as key limitations.

Key Insights

1. 66.6% of the 404 Greek nurses in the sample were classified as quiet quitters using the recommended cut-off score of 2.06 on the Quiet Quitting Scale, indicating a high prevalence in this population.

2. Among the four dimensions of engaging leadership, 'inspiring' was the only dimension independently associated with work engagement in multivariable analysis (adjusted beta = 0.400), while 'connecting' and 'inspiring' were the dimensions associated with reductions in specific quiet quitting factors.

3. The multivariable models explained only 13.7% to 23.4% of variance in quiet quitting factors and 16.4% of variance in work engagement, indicating that engaging leadership is one of multiple contributing factors and the majority of variance remains unexplained.

Practical Takeaways

• Organizations examining supervisor behavior in nursing contexts may find the 'inspiring' and 'connecting' dimensions of engaging leadership to be the factors most associated with reduced quiet quitting and improved work engagement in this Greek sample.

• The high proportion of nurses working in understaffed wards (82.2%) and on rotating shifts (71.8%) in this sample represents a contextual condition that co-occurs with quiet quitting, though the study's

design cannot establish causal direction.

Frameworks Mentioned

Engaging Leadership Scale-12 — A 12-item validated scale developed by Schaufeli measuring four dimensions of engaging leadership: strengthening, connecting, empowering, and inspiring

Self-Determination Theory — A motivational theory positing that individuals are driven by three fundamental psychological needs: autonomy, competence, and relatedness, which forms the theoretical basis for engaging leadership

Utrecht Work Engagement Scale-3 — A validated ultra-short 3-item measure of work engagement scored on a seven-point Likert scale, with higher values indicating greater engagement

Critical Analysis

Strengths include the use of three validated instruments with confirmed reliability (Cronbach's alphas ranging from 0.729 to 0.936), ethical approval, multivariable regression controlling for key confounders, adequate sample size based on power analysis, and positioning as the first study linking engaging leadership to quiet quitting in nursing. Limitations are substantial: the convenience sample recruited via Facebook nurse groups cannot be considered representative of Greek nurses, severely restricting generalizability. The cross-sectional design precludes causal inference. Self-reported measures introduce information bias. The R^2 values (13.7%–23.4% for quiet quitting factors; 16.4% for work engagement) indicate that engaging leadership accounts for a limited proportion of outcome variance. The study population is highly skewed — 82.2% report working in understaffed wards — which may amplify or distort associations. The near-total concentration within Greece limits cross-cultural applicability. Additionally, the conclusion that 'supervisors should adopt engaging leadership' exceeds what the cross-sectional data can support. The study is conducted by authors who appear to have previously developed and validated the Quiet Quitting Scale and the Greek versions of the measurement instruments used, which, while methodologically consistent, represents a potential conflict of interest worth noting.

Organizational Practice

Greek nurses were recruited from clinical settings and asked to rate their direct supervisor's leadership behavior using the Engaging Leadership Scale-12. The study reflects organizational conditions including widespread understaffing (82.2% of respondents working in understaffed wards) and shift work (71.8%), with supervisors evaluated on four behavioral dimensions: inspiring, connecting, empowering, and strengthening. Supervisors described as higher in inspiring and connecting behaviors were associated with lower quiet quitting and higher work engagement among staff nurses.

Strategic Implications

The findings, if replicated in larger and more representative samples, point toward the 'inspiring' and 'connecting' dimensions of supervisor behavior as potentially meaningful levers in nursing workforce retention efforts. The high quiet quitting prevalence (66.6%) documented in the Greek nursing context, alongside moderate work engagement, suggests a workforce condition where leadership behavior may be one of several addressable organizational variables. The study contributes to an emerging empirical body of work connecting specific leadership behaviors — rather than broad leadership style categories — to discrete workforce outcomes, which may inform how healthcare organizations assess and develop frontline nurse managers. The gap between understaffing conditions and leadership impact also implies

that structural resource constraints may moderate the influence of leadership behaviors on nurse engagement outcomes.

Validation Status: passed
