

We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

6,900

Open access books available

185,000

International authors and editors

200M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.
For more information visit www.intechopen.com



Quality of Life in Employee with Workaholism

Ozlem Koseoglu Ornek and Nurcan Kolac

Abstract

Workaholism has been a growing issue among the labour force worldwide. However, there is no consensus between scholars about its definition yet. It might be described as “being overly concerned about work, driven by a strong and uncontrollable desire to work, and spending so much energy and effort on work that it impairs private relationships, personal hobbies/activities, and/or health”. Generally, people with specific personality traits may have an increased chance of developing workaholism. In addition, there are other factors, such as sociocultural characteristics, relationships with colleagues and significant others, and organizational culture might also play an important influence on developing workaholism. It causes many physical and psychological health problems, such as high blood pressure, anxiety, depression, and family and lifestyle dissatisfaction, and a reduction in job satisfaction, presenteeism, and motivation. Putting all of this together, it is clear that workaholism has a negative influence on employees’ quality of life and overall well-being. Therefore, this study aimed at examining a variety of approaches to define “workaholism” in related literature, defining its etiology, related factors, outcomes, prevention, and treatment. The PubMed/Medline database was also used for related studies that were published in English. “Workaholism”, “obsessive–compulsive behavior”, and “quality of health” were used as keywords. It is crucial to take action to prevent people from becoming workaholics. Early diagnoses of workaholism, using predictive factors by occupational healthcare professionals in the workplace, would help decrease its impact on workers’ health, and an effective treatment of workaholism should be applied.

Keywords: workaholism, job productivity, obsessive–compulsive behavior, quality of health, and prevention

1. Introduction

The majority of the world’s population works. Therefore, work plays an important role in their lives. For personal development and economic needs, it is the most important factor for people. However, working conditions and the way people approach their work life have a great impact on their quality of life and well-being. According to the literature review, workaholism is increasing rapidly compared to previous years, and thus, it seems that there is an increased interest in workaholism-related issues among researchers% [1–3]. In Norway, the recent study by Andreassen et al. [1] showed that the prevalence of workaholism was at 7.3%, but it may be that the rate of self-workaholism is much higher among the working

population than it was estimated [2, 3]. Therefore, the amount of research associated with workaholism has been increasing in recent years, and the terms “work addiction”, “workaholism”, “excessively overwork” have been prevalent throughout [4–7]. However, it seems that there is no common consensus about its meaning, which may very well be considered an important public issue in the future; this is because it gradually deteriorates people’s health, causing mental and physical health problems, such as coronary heart disease, anxiety, and work-related stress. For a long time now, it has also had a negative influence on people’s social lives, including family relationships and work performance—resulting in the decreasing of quality of life and well-being. Workaholics tend to spend most of their time working, leaving aside their social life, which leads to having more family conflicts and a lack of recreational activities [3, 4]. These results can be explained by the fact that they constantly feel stressed and pressured to succeed, physically harming themselves due to their work hours. Beyond that, it has been stated that workaholics are more likely to have obsessive–compulsive disorder, attention-deficit disorder, and hyperactivity disorder, showing that workaholism may be a sign of deeper psychological or emotional problems.

Although much is known about the consequences of workaholism, there is very little information about the source of workaholism [3–5].

Therefore, this review was aimed to examine definitions of “workaholism”, the factors affecting the occurrence of workaholism, and the consequences of workaholism.

2. Method

It was aimed to examine a variety of approaches to define workaholism in related literature; it also seeks to define, and discuss its etiology, related factors, outcomes, prevention, and its treatment subsequently. The PubMed/Medline database was used for reviewing related studies published in English. “Workaholism”, “obsessive–compulsive behavior”, and “quality of health” were used as keywords. There were no restrictions in place regarding setting, study design, or timeline.

3. Workaholism

The term “workaholism” originally derived from the word “alcoholism”. It is seen as type of addiction, similar to gambling and sex. According to written literature, it was first coined and used in 1971 by Wayne E. Oates. It was initially described as “addiction to work, the compulsive and uncontrollable need to work incessantly”, asserting that workaholism is an addiction to work and has many common connections to alcoholism. At this time, workaholism was simply defined by Oates [3] as “*a person whose need for work has become so excessive that it creates noticeable disturbance or interference with his bodily health, personal happiness, and interpersonal relationships, and with his smooth social functioning*” [3]. However, compared to other common addictions, such as gambling or drug use, the definition of work addiction is still being developed through a variety of discussion, thought, or confusion [4–6]. In last half century, workaholism, as a term, has been widely used in related literature. For example, it was defined workaholism according to working hours per week. Nevertheless, this approach can easily meet resistance, particularly in developing and undeveloped countries where people commonly work more than what the definition states. At this point, some writers argue that simply focusing on the criteria of time is not enough to define people as “workaholics” [8]. Machlowitz

defined “workaholism” as an approach or attitude toward working instead of explaining it with just the amount of time put in at work, since it is well known that “workaholics” keep thinking about work even when they are not there. A qualitative study was conducted with more than 100 workaholics, and the results showed that these workers were happy and satisfied with their life [9]. However, as it has been stated, there are a variety of different approaches for defining “workaholism”, with no consensus regarding the term. Some scientists present workaholism in positive terms and images by stressing the benefits from a high work investment, including extra work effort [9, 10], but others present it in negative terms and have emphasized the riskier sides, including health and “work-life conflicts” [3–7, 10, 11]. The writers who view workaholism negatively term interpreted “workaholism” as being equal to other addictions. Thus, they have focused on its detrimental effects. For example, Cherrington views workaholism as a preposterous dedication to extreme work [12]. On the other hand, some writers see “workaholism” as a decisive individual characteristic [13–15]. It is also possible, through the literature [16], to define “workaholism” using four distinguished aspects:

- Robinson and Scott define workaholism behaviourally [13, 17], and Machlowitz, Spence, and Robinson define it attitudinally [9, 14].
- Killinger, Oates, and Robinson view workaholism as an addiction [3, 18, 19].
- It is considered positive [9, 10] or negative [3, 17, 20].
- It is acknowledged as having different types with various antecedents and outcomes [13, 14, 21, 22].

Spence and Robinson [14] define “workaholism” as a set of varied attitudes and behavioral patterns. The patterns consist of high levels of psychological involvement with work, intrinsic drive to work, and low or no work enjoyment (a high level of enjoyment describes an enthusiastic workaholic, and a low level of enjoyment describes a workaholic) [14]. According to them, the workaholic who is “highly work involved, feels compelled or driven to work because of inner pressures and is low in enjoyment of work”. Their definition of workaholism has been widely used and accepted in the literature. They have used “workaholic triad” as a measurement of workaholism. The triad consists of three dimensions: “work involvement”, “feeling driven to work”, and “work enjoyment”. They identify three types of workaholics based on the scores from the dimensions. The workaholic dimension types are “work addict”, “work enthusiast”, and “enthusiastic work addict”. For instance, the person in the “work enjoyment” category has a low work addiction score, but the “work involvement” and “feeling driven to work” dimensions have a high work addiction score. “Work enthusiasts” get a high work addiction score from the “work involvement” and “work enjoyment” dimensions, but they receive a low work addiction score from the “feeling driven to work” dimension [14]. However, “enthusiastic work addicts” get a high work addiction score from all three dimensions. They have also defined six sub-types of workaholics and non-workaholics, which are “work addicts”, “enthusiastic workaholics”, “work enthusiast”, “disenchanted workers”, “relaxed workers”, and “unengaged workers”. Each of them shows a different level of reaction based on the dimensions mentioned above [22] (see **Table 1**). Compared to other sub-types of the workaholics, “work addicts” are expected to be perfectionists, to experience higher levels of stress, and to complain more about physical health problems. Machlowitz has brought similar themes with her. She alleged that “what set workaholics apart is their attitude towards work, not

| Workaholics' sub-types | Dimension of workaholism | | |
|-------------------------|--------------------------|----------------|------------------|
| | Feeling driven to work | Work enjoyment | Work involvement |
| Workaholic | High | Low | High |
| Enthusiastic workaholic | High | High | High |
| Work enthusiast | Low | High | High |
| Relaxed worker | Low | High | Low |
| Disgruntled worker | High | Low | Low |
| Uninvolved worker | Low | Low | Low |

Table 1.
Dimension of workaholism and workaholics' sub-types.

the number of hours they work”. According to her, the definition relies on “physic income”, which is based on responsibility, sense, opportunity, and recognition (not monetary) [9]. Later, Buelens and Poelmans reiterate Spence and Robinson’s six-sub types of workaholics and developed it further, identifying the “reluctant hard worker” as an additional sub-type, while also speculating that “alienated profes- sionals” might be an additional sub-type [21].

“Workaholism” is also defined as a person who spends an excessive amount time at work, resulting in a deterioration of family, social relationships, and recreational needs. It is argued that a workaholic has some specific characteristics, such as spending substantial unprompted time in work activities, thinking about the job when not at work, and working beyond organizational or economical requirements [14]. In their defense of the concept “Work beyond organizational or economi- cal requirements”, they think that the organizational work pressure leads people to work more, but if this effort is beyond what is logically expected it should be considered workaholism. So, in the workaholic organization people are expected to “work hard”, but if the work expectation—based on the organization’s criteria—is not met, workers do not have many choices except leaving work or being dismissed. Thus, the result of the organizational requirement can vary. It depends on the workers, but if the workers have no choice other than accepting to meet the stan- dards of the workaholic organization, they will be appropriately considered to be a workaholic. They stated that the workaholic may indicate one of the workaholism patterns, which have been classified by them [14]:

- *Compulsive-dependent workaholic:* It is claimed that people who are compulsive- dependent workaholics will most likely have positive associations with the level of stress, anxiety, physical and psychological well-being, and health, but they will also have negative associations with job performance and job-life satisfac- tion. It can be interpreted that the more the worker is a compulsive-dependent workaholic the more the worker tends to have a poor quality of life.
- *Perfectionist workaholic:* Generally, people who have an obsessive–compulsive disorder exhibit a perfectionist personality. So, perfectionists may be very likely to have problems in their relationships at work, with their families, and in their social lives. They hold a very high standards for themselves and for their goals; they are also success-oriented at work, and their levels of stress and anxiety are high. Shortly, perfectionists may have a low quality of life and well- being in long time. According to Scott et al., a “perfectionist workaholic” will correlate positively with the levels of physical and psychological health, stress,

antagonistic interpersonal relationships, voluntary turnover and absenteeism, and low job performance and satisfaction. Naughton presents a focused approach with this pattern. He explains that “workaholism” is based on two dimensions: “obsession compulsion” and “career commitment” [23].

- *Achieve-oriented workaholic*: It is a very likely possible to see obsessive-compulsive disorder in one’s health records. These workers relate positively to health problems, job and life satisfaction, job performance, low voluntary turnover, and pro-social behavior.

They claim that long working hours do not necessarily characterize workaholics. Douglas and Morris claim that “working long hours is a behavioural pattern, which is likely triggered by certain attitudes”. Additionally, there might be a variety of reasons for working long hours and maybe only some of them would be considered workaholism; for example, people who have a high work involvement and attitude are predisposed to work long hours and are, therefore, more inclined to suffer from workaholism [16].

Snir and Zohar define “workaholism” as an individual’s consistent and considerable designation of time to work-related activities and thoughts that are not derived from external necessities. According to them, there are some advantages to this definition over the others. For example, this definition is consistency, which means that workaholism should result from a temporary, heavy workload. Additionally, it also considers external necessities (e.g., working overtime to pay off debt or working long hours to advance one’s career), and focuses on values and attitudes [8]. It is based on the core elements of workaholism, discussed above. At this point, it is likely to see a common approach in some of the other writers’ definition of workaholism. For instance, they suggested that workaholics have three main characteristics: addiction, obsession, and driven to work due to internal needs, not external [3, 11, 18, 24]. Hakanen and Peters suggested a different approach to defining workaholism, comparing the typology of workaholics and engaged workers. They argued that workaholics are much more prone to invest their resources—such as attention, emotions, time, and energy—in work even if it hurts their social and private life. The workaholics will continue this behavioral pattern regardless of whether they fail or succeed. The workaholics’ behavior and mindset are on focused on work even when they are not at work [25]. When the “workaholism” definition is critiqued, described by variety of writers since 1971, “long working hours” is still a controversial component. In recent studies, the component has been discussed in detail. For example, the definition by Griffiths and Ng, along with the definition by Sorensen and Feldman, have developed a more contemporary definition, including a steady pattern of “high work investment”, “long working hours”, and working obsessively without organizational requirements [6, 26].

In the academic literature, the concept of long working hours generally reminds others of Japan, because the reason for working “long working hours” is simply the demand of employers or the desire of the workers—it is a part of a socio-cultural issue. For the Japanese, it is about fulfilling their duties to society, which they think they owe to themselves and their social being [27]. Recently, Robinson defined four types of workaholism: *The blumic*: “who makes it a point to do the job perfectly or not at all”; *the relentless*: “who are compulsively driven to work quickly and meet deadlines, and who find it difficult to stop working”; *the savoring*: “who are consumed by a preoccupation with details”; and *the attention-deficit*: “who start numerous projects/ventures but become easily dulled and restless, continually motivated to seek further challenges” [7]. In one of the recent definitions of workaholism, Wojdylo described it as a pathological work style and addiction disorder. Wojdylo

has used the term “*work craving*” when defining workaholism. According to her, workaholism is comprised of a “*obsessive–compulsive component*”, “*anticipation of self-worth compensatory incentives from work*”, “*anticipation of relief from negative affect or withdrawal symptoms resulting from working*”, and “*neurotic perfectionism*” [28]. As it can be seen, “workaholism” typologies have been rarely discussed, based on theory or empirical studies.

3.1 Workaholism etiology/factors related with workaholism

There are a variety of factors that presumably induce and maintain workaholism. Some central theories and factors that may result in driven people falling into workaholism will be explained subsequently in the next paragraphs.

Workaholism may be associated with internal fundamental psychological needs for self-autonomy and competence. It is known that these fundamental internal needs have influence on developing people’s behavior [29]. Thus, workaholism might be correlated with these needs. For instance, when a person feels incompetent, that person will try hard to feel competent, which could be work-related, too. So, this obsession with work may be related to one’s unsatisfied needs. On the other hand, there are studies indicating that workaholism is also related to external behavior, such as the avoidance of criticism from people around them [30]. In this case, people hold high standards and ambitious work objectives, always trying to complete the best of their work, while avoiding their managers or co-workers to avoid any criticism. This approach and behavior may also relate to an obsessive–compulsive personality. Beyond that, it seems that there is a strong relationship between the personality and workaholism. Pitrowski and Vadanovich put forth that workaholism is developed from the integration of individual factors, such as personality traits and home and family characteristics; this includes roles, responsibilities, demanding internal and external factors (such as the appreciation of earning more money, either at home or at work, at first) [31]. Some studies explain the etiology of workaholism with personality traits such as “neuroticism”, “conscientiousness”, “narcissism”, and “perfectionism” [32–35]. Furthermore, “obsessive–compulsion”, “achievement orientation”, “perfectionism”, and “conscientiousness” personality traits have a strong link to workaholism. “Perfectionism”, “preoccupation with orderliness”, “mental and interpersonal control”, “openness”, and “efficiency” are main characteristics of an obsessive–compulsive personality disorder [36]. A study concluded that “rigid perfectionism” is a core component of an obsessive–compulsive personality [37]. People who have an obsessive–compulsive personality chronically experience a variety of difficulties in their social and work lives. This type of personality may help lead people to becoming workaholics. In line with this, one study found that there were two aspects of an obsessive–compulsive personality that were prevalent in workaholism: feeling elevated levels of responsibility and being quietly stubborn [38]. Also, learned family values and intrinsic work values may relate to workaholism [26, 39]. Socio-cultural experiences, such as a stressful childhood and behavioral reinforcements that include tangible or intangible rewards, experiences of a “winner-takes-all system”, and an organizational environment can be precursor to workaholism [26]. “Joy in working”, “guilt and anxiety when not working”, “obsession with working”, and “working long hours” are defined as the immediate precursors to workaholism [40]. Additionally, some sociodemographic characteristics may lead to developing workaholism. For example, workaholism was found to be less likely among young blue-collar workers [41]; however, a study showed that there were no meaningful differences of workaholism found among gender, race, or age [42]. Beyond that, Beiler-May suggested that women, in reality, are more prone to workaholism than men [43]. Similar gender differences were

found by other studies [14, 44]. Compared to men, women suffer from societal norms and restrictions, along with a higher responsibility for the (extra workload) [45]. Particularly, married women workers tend to have a second round of work at home by taking responsibility for the family and children. These barriers may prevent women from spending more time at work, therefore developing workaholism, as well [46, 47]. Nevertheless, it is claimed in other studies that men work relatively longer hours, which may cause them to be a workaholic [48].

Cognitive perspectives, psychological addiction models, and social and learning theories have also been used for explaining workaholism. According to the cognitive perspective, “basic cognitions”, such as supposition, expectancies, attributions, and automatic thoughts, are presumed to activate workaholic behavior [49]. Therefore, if a worker has a low-self-image and has a belief that working hard makes a person successful, the worker may then show workaholic behavior. Positive self-efficacy [50] might also be tied to the explanation of workaholism. If a worker thinks that he/she has a better positive efficacy at work more than outside (home or social life), he/she may prioritize work. Some studies tested cognitive perspective. For example, high self-efficacy was correlated with workaholism [44], driven in work was negatively regarded with self-esteem [49], and passive avoidance and depressive reactions were associated with an obsessive work drive [32]. In a study with administrative staff from a university, a cross-sectional structural model was examined. It concluded that enthusiastic workaholics high in self-efficacy showed high autonomy, mental competence, and emotional competence, but in turn it leads to subsequent workaholism [51].

Many scholars from the field of addiction obviously claim that workaholism is an addiction [16, 40, 52]. The medical addiction model explains the physical dependence on a substance. When the substance is absent, dependent people crave the substance and may show symptoms of withdrawal syndrome [43]. Thus, scholars from the addiction field claim that the concept of workaholism works with the concept of addiction [32].

The learning theory explains workaholism using normal learning principles [53]. According to the theory, if the conditions of workaholism are present, it can cause anyone to become a workaholic. The behavior of workaholics appears and is reinforced if the similar behaviors result in positive outcomes, such as praise from supervisors and a salary increase, or if it has led to negative outcomes, such as conflicts at home and bored with leisure time [7]. The social learning theory explains workaholic behavior: if a worker observes and sees the benefits in the behaviors of significant others (e.g., family members, managers, and leaders) leading to positive results, a workaholic's behavior can be affected, mirroring them to reach desired outcomes.

Additionally, some researchers think that family perspective [54] and behavioral reinforcement, from an aetiological perspective [55], are prominent in developing workaholism. For example, family is central in an individual's life, where one's personality is built up and progressed. There are times when working long hours may equal that of caring for their family, which is seen as high in responsibility. Thus, this can possibly develop into workaholism. For example, in a student-led study, it was concluded that students who had a high workaholism score described their parents as hard-workers, and vice-versa for those who had a low workaholism score. On the other hand, behavioral reinforcements, such as organizational reward systems, satisfaction, complaints, and compliments, may lead to workaholism [24, 26, 55].

3.2 Workaholism outcomes

Workaholism has a variety of negative consequences. These are briefly related to work life, social and family life, and physical and psychological health. In the

long-term, the influence of workaholism can negatively impact quality of life and well-being. In the following paragraphs, the overview of workaholism's consequences will be discussed with reference to empirical studies.

Workaholics tend to have family problems. For example, workaholics experience a relatively high amount of work–family conflict [56–58], greater marital estrangement [59], feelings of being unsuccessful, being ineffective in solving family problems [2], rigid relationships with children and/or spouse [60], and children of workaholic parents have a higher level of psychological health problems, such as depression and external locus of control, compared to non-workaholic parents. It was reported that compared to men, female workaholics are relatively unlikely to get married [61].

Studies show that the negative life outcomes due to workaholism can be seen in all parts of life. These negative outcomes are perceived high stress [63–66], low self-esteem, low self-efficacy, low life-satisfaction, sleeping problems (e.g., insomnia or weak sleep) [63, 67–69], psychological distress [28], career dissatisfaction, poor job performance [70, 71], burnout [25, 72, 73], and higher amount of work–family conflict [74]. Additionally, a study conducted in Spain has supported the negative consequences discussed above. The study concluded that personality traits such as engagement, obsessive–compulsiveness, and life and life-style dissatisfaction were strong predictive factors of workaholism [75]. Furthermore, other negative consequences of workaholism include poor or worsening social functions [76], taking sick-leave [77], high blood pressure, cardiovascular risk [21, 78], obsessive–compulsive disorder, anxiety, depression [21, 79, 80], and physical pain [76, 80–82].

As a result, it appears that an internal obsessive work drive is a core element of workaholism correlated with many negative consequences. In addition, it has been found that workaholism is related to a decreasing psychological well-being, happiness in life, perceptions of health and happiness [51, 81], and self-reported work performance [81].

3.3 Prevention and treatment of workaholism

It seems that the occurrence of workaholism will be an increasing trend. Thus, first, it is crucial to take action to prevent workaholism. Second, effective treatment of workaholism should be applied, but related literature tends to be insufficient due to the lack of randomized and experiment-control designed studies. However, there are some prevention and treatment approaches that have been promoted in the related literature. In the following paragraphs, the approaches are given.

Prevention of workaholism among workers is an important issue. Regarding workaholism and its consequences, it could begin with increasing the awareness of academics, employers, workers, members of occupational health, and all other members of the community. Then, screening programs should be regularly applied at the workplace for diagnosing potential workaholics. Workaholics or potential workaholics should be under treatment and followed-up on regularly. Indeed, factors that are predisposed to workaholism should be found and adjusted as much as possible, especially since some factors are possibly not easily adjusted. Nevertheless, Sussman provides a systematic approach in the prevention of workaholism. He suggested that prevention of workaholism should comprise all extents of life, including levels of society, organization or organizational roles, and individual characteristics. Possible examples of effective prevention at the society level include providing the possibility of protecting and highlighting the importance of “work-family-personal life” balance, making employers close the workplace during national holidays in order to promote the need for recreation and personal interests, while using public service advertisements and virtual campaigns that combat workaholism.

From the organizational level, an “Employee Assistance Program” can be used in the workplace. Workers should be encouraged to use vacation time, providing an opportunity for better engagement with the workplace and flexible roles in life [73, 83]. Periodic assessment can be applied at the workplace for examining workers’ happiness, job satisfaction, and needs, which can be used for addressing situations before they get worse. From the view of the individual, features that are predisposed to workaholism should be addressed and effective correction programs should be applied. For instance, one useful approach may be for employers to promote opportunities for recreation that restrict “work-family-personal” life overlap. Another important argument for preventing workaholism is the effects on children of workaholic parents. These children should be taught how to watch themselves for any indications of developing “workaholism”—being involved in group discussions might be helpful.

There are several treatment approaches that have been discussed in the related literature, summarized in a study by Andreassen [7]. Firstly, a clinical assessment should be completed for treating workaholism. After that, among treatment approaches used for workaholism, “Cognitive Behavioral Therapy” is well-documented and found to be effective for behavioral addictions [84]. It helps workaholics by setting limits; for instance, time-management principles can be used. A second treatment method is “Motivational Interviewing” [85]. The “Motivational Interviewing” program consists of ground principles—*“show empathy, develop discrepancy, role with resistance, avoid argumentation and confrontation, support efficacy”*—and communication skills—*“open questions, affirmations, reflections and summations”*, and strategies [7]. Another treatment method is “Positive psychology” [86]. This method focuses on strengths and positive human qualities rather than on inadequacy and negativity. The fourth and last treatment method is “Anonymous Workaholic”. It consists of a 12-step program. This method can be found worldwide on the internet, and people can benefit by attending online and offline meetings [87].

4. Conclusion

An overview of workaholism has been provided in this section. Despite a high prevalence of workaholism among the working population, not much is known about the issue. There is still not a consensus on its definition from the basis of science. The reasons people are driven into workaholism are relatively numerous and quite complex, including obsessive-compulsiveness, perfectionism, narcissism, sociocultural environment, and family and organizational characteristics (and so on). It appears that there is a great need for longitudinal and randomized control design studies for observing and examining the behaviors and health of workaholics.

Conflict of interest

There are no known direct or indirect potential competing interests relating to this work from any of the listed authors.

Financial support

The study was not supported or funded by any company.

IntechOpen

Author details

Ozlem Koseoglu Ornek^{1*} and Nurcan Kolac²

1 Occupational and Environmental Epidemiology and Net Teaching Unit,
Institute and Outpatient Clinic for Occupational, Social and Environmental
Medicine, Hospital of the Ludwig-Maximilian-University (LMU), Munich,
Germany

2 Nursing Department, Faculty of Health Sciences, Marmara University, Istanbul,
Turkey

*Address all correspondence to: ozlem.koseoglu62@gmail.com;
ozlem.koseoglu@med.uni-muenchen.de

IntechOpen

© 2020 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. 

References

- [1] Andreassen CS, Nielsen MB, Gjerstad J. International Journal of Stress Management and Workaholism : Findings From a Nationally. Int J Stress Manag [Internet]. 2017;Advance on. Available from: <http://dx.doi.org/10.1037/str0000073>
- [2] Matuska KM. Workaholism, life balance, and well-being: a comparative analysis. J Occup Sci. 2010;17(2):104-11
- [3] Oates WE. Confessions of a workaholic: The facts about work addiction. Cleveland: World Publishing Company; 1971
- [4] Burke RJ. Workaholic Behaviors : Do Colleagues Agree ? Int J Stress Manag. 2007;14(3):312-20
- [5] Atroszko PA, Demetrovics Z .Beyond the myths about wowr addiction : Toward a consensus on definition and trajectories for future studies on problematic overworking . A response to the commentaries on: Ten myths about work addiction(Griffiths et al.,2018).Journal of Behavioral Addictions.2019; 8(1):7-15 [https:// doi.org/10.1556/2006.8.2019.11](https://doi.org/10.1556/2006.8.2019.11)
- [6] Sussman S, Lisha N, Griffiths M. Prevalence of the addictions: A problem of the majority or the minority? Eval Health Prof. 2011;34:3-56
- [7] Andreassen CS. Workaholism : An overview and current status of the research. J Behav Addict. 2014;3(5015):1-11
- [8] Snir R, Harpaz I. The workaholism phenomenon: a cross-national perspective. Career Dev Int. 2006;11(5):369-73
- [9] Machlowitz M. Workaholics: Living With Them, Working With Them. MA: Addison-Wesley, Reading; 1980
- [10] Cantarow E. "Women workaholics." Mother Jones. 1979;6:56
- [11] Porter G. Organizational impact of workaholism: Suggestions for researching the negative outcomes of excessive work. urnal Occup Heal Psychol. 1996;1(1):70-84
- [12] Cherrington DJ. The work ethic: Working values and values that work. Amacom; 1980
- [13] Scottl KS, Moore KS, Miceli MP. An exploration of the meaning and consequences of workaholism. Hum relations. 1997;50(3):287-314
- [14] Spence JT, Robbins AS. Workaholism: definition, measurement, and preliminary results. J Pers Assess. 1992;58(1):160-78
- [15] Malinowska, D., Tokarz, A. Workaholism Components in Relation to Life and Work Values. Int J Ment HealthAddiction 2019. <https://doi.org/10.1007/s11469-019-00089-y>
- [16] Douglas EJ, Morris RJ. Workaholic, or just hard worker? Career Dev Int. 2006;11(5):394-417
- [17] Robinson BE. Workaholism: Bridging the gap between workplace, sociocultural, and family research. J Employ Couns. 2000;37(1):31-47
- [18] Killinger B. Workaholics: The Respectable Addicts. New York:NY: Killinger, Barbara; 1991
- [19] Robinson BE. Typology of Workaholics with Implications for Counselors. J Addict Offender Couns. 2000;21(1):34-48
- [20] Seybold, Karen Colapietro and PRS. Understanding Workaholism: A Review of Causes and Counselling Approaches. J Couns Dev. 1994;73(1):4-9

- [21] Buelens M, Poelmans SA. Enriching the Spence and Robbins' Typology of Workaholism: Demographic, Motivational and Organizational Correlates. *J Organ Chang Manag.* 2004;17(5):440-58
- [22] McMillan LH, O'driscoll MP, Marsh N V., Brady EC. Understanding Workaholism: Data Synthesis, Theoretical Critique and Future Design Strategies. *Int J Stress Manag.* 2001;8(2):69-91
- [23] Naughton TJ. A Conceptual View of Workaholism and Implications for Career Counseling and Research. *Career Dev Q.* 1987;35(3):180-7
- [24] Fassel D. *Working Ourselves to Death: The High Costs of Workaholism, The Rewards of Recovery.* Francisco: Harper San; 1990
- [25] Hakanen JJ, Peeters MCW, Schaufeli WB. Different Types of Employee Well-Being Across Time and Their Relationships With Job Crafting. *J Occup Health Psychol.* 2018;23(2):289-301
- [26] Ng TW, Sorensen KL, Feldman DC. Dimensions, antecedents, and consequences of workaholism: A conceptual integration and extension. *Journal Organ Behav Int J Ind Occup Organ Psychol Behav.* 2007;28(1):111-36
- [27] Snir R, Harpaz I, Burke R. Workaholism in organizations: new research directions. *Career Dev Int.* 2006;11(5):369-74
- [28] Wojdylo K, Karlsson W, Baumann N. Do I feel ill because I crave for work or do I crave for work because I feel ill ? A longitudinal analysis of work craving , self-regulation , and health. *J Behav Addict.* 2016;5(1):90-9
- [29] Deci EL, Ryan RM. The "what" and "why" of goal pursuits: Human needs and the self determination of behavior. *Psychol Inq.* 2000;11(4):227-68
- [30] Klink JJJ Van Der, Blonk RWB, Schene AH, Dijk FJH Van. The Benefits of Interventions for Work-Related Stress. *Am J Public Health.* 2001;91(2)
- [31] Piotrowski C, Vodanovich SJ. The interface between workaholism and work-family conflict: A review and conceptual framework. *Organ Dev J.* 2006;24(4):84-92
- [32] Andreassen CS, Hetland JØRN, Pallesen STÅLE. Coping and workaholism. Results from a large cross-occupational sample. *Testing, Psychom Methodol Appl Psychol.* 2012;19:1-10
- [33] Falco A, Girardi D, Di Sipio, A, Calvo V, Marogna C, Snir R. Is narcissism associated with heavy work investment? The moderating role of workload in the relationship between narcissism, workaholism, and work engagement. *Int. J. Environ. Res. Public Health.* 2020; 17:4750
- [34] Avanzi L, Perinelli E, Vignoli M, Junker NM, Balducci C. Unravelling Work Drive: A Comparison between Workaholism and Overcommitment. *International Journal of Environmental Research and Public Health.* [Internet] 2020; 17,5755 :2-14. Available from Doi: 10.3390/ijerph17165755
- [35] Andreassen C, Schou JH, Pallesen S. The relationship between workaholism, basic needs satisfaction at work and personality. *Eur J Pers.* 2010;24:3-17
- [36] American Psychiatric Association. *Diagnostic and Statistical Manual for Mental Disorders.* 5th ed. Washington, DC: American Psychiatric Association; 2013
- [37] Liggett J, Sellbom M. Examining the DSM-5 Alternative Model of Personality Disorders Operationalization of

Obsessive – Compulsive Personality Disorder in a Mental Health Sample. Personal Disord Theory, Res Treat. 2018;9(5):397-407

[38] Mudrack PE. Job involvement, obsessive-compulsive personality traits, and workaholic behavioral tendencies. J Organ Chang Manag. 2004;17(5):490-508

[39] Liang Y-W, Chu C-M. Personality traits and personal and organizational inducements: Antecedents of workaholism. Soc Behav Personal an Int J. 2009;37(5):645-60

[40] Sussman S. Workaholism: A Review. J Addict Res Ther. 2013;6(1):1-18

[41] Kanai A, Wakabayashi M. Workaholism among Japanese blue-collar employees. Int J Stress Manag. 2001;8(2):129-45

[42] Porter G. Workaholic tendencies and the high potential for stress among co-workers. Int J Stress Manag. 2001;8(2):147-64

[43] Brown RIF. Some contributions of the study of gambling to the study of other addictions. Gambl Behav Probl Gambl. 1993;241-72

[44] Burke RJ, Matthiesen SB, Pallesen S. Workaholism, organizational life and well-being of Norwegian nursing staff. Career Dev Int [Internet]. 2006;11(5):463-77. Available from: <http://dx.doi.org/10.1108/1362043061068305234>

[45] Beiler-may A, Williamson RL, Clark MA, Carter NT. Gender Bias in the Measurement of Workaholism. J Pers Assess. 2017;99(1):104-10

[46] Wharton AS, Blair-Loy M. 'overtime culture' in a global corporation: a cross-national study of finance professionals' interest in working part-time. Work Occup. 2002;29(1):32-63

[47] Pirtman JF, Orthner DK. Gender differences in the prediction of job commitment. J Soc Behav Pers. 1988;3(4):227-48

[48] Harpaz I, Snir R. Workaholism: Its definition and nature. Hum relations. 2003;56(3):291-319

[49] Beck JS. Cognitive therapy. Basics and beyond. Guilford press; 2011

[50] Bandura A. Social cognitive theory of moral thought and action. Handb moral Behav Dev Psychol Press. 2014;69-128

[51] Libano M del, Llorens S, Salanova M, Schaufeli W. Validity of a brief workaholism scale. Psicothema. 2010;22(1):143-50

[52] Goodman A. Addiction: Definitions and implications. Br J Addict. 1990;85(11):1403-8

[53] Skinner BF. About behaviorism. Vintage; 2011

[54] Robinson BE. Chained to the desk: A guidebook for workaholics, their partners and children, and the clinicians who treat them. NYU Press; 2014

[55] Van Wijhe C, Peeters M, Schaufeli W, Hout M van den. Understanding workaholism and work engagement: The role of mood and stop rules. Career Dev Int. 2011;16(3):254-70

[56] Huyghebaert T, Conseil AD, Beltou N, Gimenes G, Gillet N. Examining the Longitudinal Effects of Workload on Ill-Being Through Each Dimension of Workaholism. Int J Stress Manag [Internet]. 2018;25(2):144-62. Available from: <http://dx.doi.org/10.1037/str0000055>

[57] Andreassen CS, Griffiths MD, Gjertsen SR, Krossbakken E, Kvam S, Pallesen S. The relationships between

behavioral addictions and the five-factor model of personality. *J Behav Addict*. 2013;2(2):90-9

[58] Russo JA, Waters LE. Workaholic worker type differences in work in family conflict. *Career Dev Int* [Internet]. 2006;11(5):418-39. Available from: <http://dx.doi.org/10.1108/13620430610683052>

[59] Robinson BE, Carroll JJ, Flowers C. Marital estrangement, positive affect, and locus of control among spouses of workaholics and spouses of nonworkaholics: A national study. *Am J Fam Ther*. 2001;29(5):397-410

[60] Robinson BE. Work addiction: Implications for EAP counseling and research. *Empl Assist Q*. 1997;12(4):1-13

[61] Robinson BE, Kelley L. Adult children of workaholics: Self-concept, anxiety, depression, and locus of control. *Am J Fam Ther*. 1998;26(3):223-38

[62] Andreassen CS, Ursin H, Eriksen HR. The relationship between strong motivation to work, "workaholism", and health. *Psychol Heal*. 2007;22(5):615-29

[63] Yang X, Qiu D, Lau Mason CM, Lau TFJ. The mediation role of work-life balance stress and chronic fatigue in the relationship between workaholism and depression among Chinese male workers in Hong Kong. *Journal of Behavioral Addictions*. 2020; 483-490 <https://doi.org/10.1556/2006.2020.0002>

[64] Andreassen CS, Hetland J, Molde H, Pallesen S. Workaholism and potential outcomes in well-being and health in a cross-occupational sample. *Stress Heal*. 2011;27(3):209-14

[65] Pseniczy A, Perat M. Fear of relation loss: Attachment Style as a vulnerability factor in job burnout. *Sloven Journal*

of Public Health 2020; 59(3). Available from Doi: <https://doi.org/10.2478/sjph2020-0019>

[66] Kovalchuk LS, Buono C, Emanuela Ingusci E, Maiorano F, De Carlo E, Andreina Madaro A, Spagnoli P. Can Work Engagement be a resource for reducing workaholism's undesirable outcomes? A multiple mediating model including moderated mediation analysis. *Int J Environ Res Public Health*. 2019;16(1402):2-20

[67] Burke RJ. Workaholism, self-esteem, and motives for money. *Psychol Rep*. 2004;94(2):457-63

[68] Burke RJ, Oberklaid F, Burgess Z. Workaholism among Australian women psychologists: antecedents and consequences. *Women Manag Rev*. 2004;19(5):252-9

[69] Mazzetti G, Schaufeli WB, Guglielmi D. Are Workaholics Born or Made? Relations of Workaholism With Person Characteristics and. *Int J Stress Manag*. 2014;21(3):227-54

[70] Graves LM, Ruderman MN, Ohlot PJ, Weber TJ. Driven to work and enjoyment of work: Effects on managers' outcomes. *J Manage*. 2012;38(5):1655-80

[71] Holland DE, Vanderboom CE, Delgado AM, Weiss ME, Monsen KA. Describing pediatric hospital discharge planning care processes using the Omaha System. *Appl Nurs Res* [Internet]. 2016;30:24-8. Available from: <http://dx.doi.org/10.1016/j.apnr.2015.08.009>

[72] Schaufeli WB, Taris TW, Rhenen W Van. Workaholism, burnout, and work engagement: Three of a kind or three different kinds of employee well-being? *Appl Psychol*. 2008;57(2):173-203

[73] Brauchli R, Bauer GF, Hämmig O. Relationship between

time-based work-life conflict and burnout. *Swiss J Psychol.* 2011;70:165-73. *Management Journal* 2019;3:413-432 <https://doi.org/10.1111/17488583.12235>.

[74] Aziz S, Zickar MJ. A Cluster Analysis Investigation of Workaholism as a Syndrome. *J Occup Health.* 2006;11(1):52-62.

[75] Serrano-fernández MJ, Boada-grair J, Gil-ripolp C, Vigil-colet A. A predictive study of antecedent variables of workaholism. *Psicothema* 2016;28(4):401-7.

[76] McMillan LH, O'Driscoll MP. Workaholism and health: Implications for organizations. *ournal Organ Chang Manag.* 2004;17(5):509-19.

[77] Salmela-Aro K, Nurmi J-E. Employees' motivational orientation and well-being at work: A personoriented approach. *ournal Organ Chang Manag.* 2004;17(5):471-89.

[78] Salanova, M.; López-González, A.A.; Llorens, S.; del Líbano, M.; Vicente-Herrero, M.T.; Tomás-Salvá, M. Your work may be killing you! Workaholism, sleep problems and cardiovascular risk. *Work Stress* 2016, 30, 228-242

[79] Andreassen CS, Griffiths MD, Sinha R, Hetland J. The Relationships between Workaholism and Symptoms of Psychiatric Disorders : A Large- Scale Cross-Sectional Study. *PLoS One.* 2016;11(5):1-19

[80] Shimazu A, Schaufeli WB, Taris TW. How does workaholism affect worker health and performance? The mediating role of coping. *Int J Behav Med.* 2010;17(2):154-60.

[81] Shimazu A, Schaufeli WB. Is workaholism good or bad for employee well-being? The distinctiveness of workaholism and work engagement among Japanese employees. *Ind Health.* 2009;47(5):495-502

[82] Engelbrecht GJ, Beer LT De, Schaufeli WB the relationships between work intensity, workaholism, burnout, and self-reported musculoskeletal complaints. *Human Factors and Ergonomics in Manufacturing &Service Industries* 2020 ; 30(1) : 59-70 <https://doi.org/10.1002/hfm.2082>

[83] Schaufeli WB, Bakker AB, Van der Heijden FMM., Prins JT. Workaholism Among Medical Residents : It Is the Combination of Working Excessively and Compulsively That Counts. *Int J Stress Manag.* 2009;16(4):249-72

[84] Pallesen S, Mitsem M, Kvale G, Johnsen B, Molde H. Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction.* 2005;100(10):1412-22

[85] Lundahl BW, Kunz C, Brownell C, Tollefson D, Burke BL. A meta-analysis of Motivational Interviewing: Twenty-five years of empirical studies. *Res Soc Work Pract.* 2010;20(2):137-60

[86] Burwell R, Chen CP. The long work hours culture Causes, consequences and choices. In: Burke RJ, Cooper CL, editors. *Positive psychology for work-life balance: A new approach in treating workaholism.* Lancaster, UK: Emerald Group Publishing Limited; 2008. p. 295-313

[87] Fry LW, Matherly LL, Vitucci S. Spiritual leadership theory as a source for future theory, research, and recovery from workaholism. In: Burke RJ, editor. *Research companion to working time and work addiction.* Cheltenham, UK: Edward Elgar; 2006. p. 330-52