

## Workaholism



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## Synonyms

[Work addiction](#)

## Definition

► **Workaholism** is defined as a “negative psychological state characterized by working excessively due essentially to an internal drive that cannot be resisted” (Del Líbano et al., 2010, p. 144). Workaholism is composed of two main dimensions: working excessively and working compulsively (Schaufeli et al., 2006).

## Description

Workaholism is a common topic in the popular press, and it is also especially relevant in ► [occupational health](#) psychology research and practice. Oates (1968), an American minister and

psychologist, used the term for the first time to refer to the relationship he had with his own job, which he compared with another addiction, that is, alcoholism. Subsequently, this author (Oates, 1971) defined the concept in the first book to be published on workaholism as “an excessive and uncontrollable need to work incessantly that disturbs ► [health](#), ► [happiness](#), and relationships” (p. 11). Since then, many definitions of workaholism have been proposed. After a critical review of the literature, Scott et al. (1997) summarized three features of workaholics: (1) spend a great deal of time in work activities when given the discretion to do so (they are excessively hard workers); (2) are reluctant to disengage from work and they persistently and frequently think about work when they are not at work (they are obsessed and compulsive with their work); and (3) work beyond what is reasonably expected from them to meet organizational or economic requirements (they work harder than is required out of an inner compulsion, need, or drive and not because of external factors such as financial rewards, career perspectives, a poor marriage, or organizational culture). The two most contemporary instruments assessing workaholism are the Dutch Work.

Addiction Scale (DUWAS, Schaufeli, Shimazu, & Taris, 2009b) and the Bergen Work Addiction Scale (BWAS, Andreassen et al., 2012). A brief version of the first one (Del Líbano et al., 2010) comprises a 10-item frequency scale made up of two dimensions: (1) working

excessively (composed of 5 items; “I seem to be in a hurry and racing against the clock”) and (2) working compulsively (composed of 5 items; “It’s important for me to work hard even when I don’t enjoy what I’m doing”). The items are scored on a 4-point Likert scale ranging from “1” (never) to “4” (always). The second one is composed of a 7-item frequency scale that measures seven core elements of addiction (Griffiths, 2005): salience, mood modification, tolerance, withdrawal, conflict, relapse, and health and other problems. The items are scored on a 5-point Likert scale ranging from “1” (never) to “5” (always).

As most research has focused on describing rather than explaining workaholism, its antecedents are currently the least understood aspect of workaholism. Two kinds of antecedents can be described: individual and organizational (Burke, 2001a, b). In the first case, six different individual antecedents can be distinguished: (1) the dysfunctional patterns of interaction, which are learned by vicarious ► [learning](#) in the family (families in which work is the main priority in life) (Weinberg & Mauksch, 1991) and other developmental and family issues (Atroszko et al., 2015; Chamberlin & Zhang, 2009; Kravina, Falco, De Carlo, Andreassen, & Pallesen, 2014); (2) intrinsic work values, which reinforce the centrality of work in people’s lives (Snir & Harpaz, 2004); (3) low self-esteem or the degree to which a person believes in his/her own values (Burke, 2004); (4) professional self-efficacy (especially in the working excessively dimension; Del Líbano et al., 2012); (5) a specific pattern of personality according to the five-factor model of personality (Goldberg, 1990), which is characterized by low levels of emotional stability and agreeableness and high levels of conscientiousness (Andreassen et al., 2010; Aziz & Tronzo, 2011); and (6) rigid personal beliefs (e.g., continuing working until one thinks one has done enough and proving one’s worth through work) that predict working compulsively and excessively (van Wijhe et al., 2014). Regarding the organizational antecedents, organizations which (1) reinforce addictive behavior in workers by valuing not only the results but also the time spent working

(Porter, 2004), (2) put work ahead of family commitments and stress peer competition and vicarious learning at the workplace (Liang & Chu, 2009), as well as (3) jobs characterized by challenge demands (quantitative overload, ► [time pressure](#), deadlines) and specific job resources (Autonomy) can be considered potential organizational antecedents of workaholism (Lepine et al., 2005; Snir & Harpaz, 2004). The effort–reward imbalance model (Siegrist et al., 2004) has also been investigated, showing that both the effort–reward ratio and work over-commitment were positively associated with workaholism (Andreassen et al., 2018).

Regarding the study of the consequences of workaholism, there is considerable agreement on the negative relationship between workaholism and psychological and physical well-being and hence job performance: The higher levels of workaholism are, the poorer psychological and physical well-being and job performance will be. Specifically, workaholism has been associated with ► [work stress](#) and ► [anxiety](#) (Andreassen et al., 2007), psychosomatic symptoms and cardiovascular diseases (Burke et al., 2004), an increased risk of sickness absence (Matsudaira et al., 2013), sleep problems (Salanova et al., 2016), physical exhaustion (Sonnentag, 2003), depression (Shields, 1999), ► [burnout](#) (Cheung et al., 2018; Schaufeli et al., 2009a), poor social relationships, family problems (Robinson & Post, 1997), poor leisure satisfaction (Bonebright et al., 2000), as well as poor performance (Falco et al., 2013; Shimazu et al., 2010).

Finally, there are several challenges presented by workaholic to increase future research quality. One of these challenges is to have a better understanding of the antecedents of workaholism by collecting data from different sources of information (triangulation), that is, employees, supervisors, coworkers, and family. Despite several longitudinal studies developed in recent years (Andreassen et al., 2013; Andreassen et al., 2016; Falco et al., 2013; van Wijhe et al., 2014), more research is necessary in order to understand the psychosocial mechanisms (i.e., motivational and affective systems) underlying the development of workaholism over time (Schaufeli et al.,

2008) by using longitudinal data, multilevel analyses, and aggregated data at the organizational level (Wilson et al., 2004). Moreover, for future research, it would also be highly advisable to explore the motivational systems based on the regulatory focus theory (Higgins, 2005) of workaholism more meticulously (avoidance motivation, i.e., avoiding feeling bad or guilty of being worthless when they are not working). Workaholism research might also pay attention to the role (antecedent or consequence) played by ► [flow](#) experiences in the development of workaholism over time. Flow could act as “the fuse that lights the fire” in the first stages of workaholism, but it could also occur as a result of working and might be more common among workaholics than among other types of employees (Chou & Ting, 2003). Another interesting challenge would be proposing experimental studies investigating, for example, withdrawal effects, cognitive bias, and treatment effects among workaholics. Last but not least, since Ng et al. (2007) proposed that individuals who have stronger self-efficacy in work activities than in nonwork activities are more likely to become workaholics, future research should be oriented toward testing the role played by ► [self-efficacy](#) as an antecedent of workaholism. Longitudinal designs, multilevel techniques, and data aggregated at the organizational levels could be used for this purpose.

## Cross-References

- [Addiction, An Overview](#)
- [Anxiety](#)
- [Burnout](#)
- [Five Factor Model of Personality](#)
- [Flow](#)
- [Happiness](#)
- [Health](#)
- [Learning](#)
- [Multilevel Analysis](#)
- [Occupational Health](#)
- [Time Pressure](#)
- [Work Stress](#)
- [Workaholism](#)

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