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WORKAHOLISM – THE NATURE OF THE CONSTRUCT
AND THE NOMENCLATURE
AS CONTROVERSIAL ISSUES IN RESEARCH
ON THE PHENOMENON.
A COMMENTARY ON STASZCZYK AND TOKARZ (2015)

The analysis of research findings, presented in previews as concerning “workaholism,” including the results of selected Polish studies, reveals at least three worrisome issues: (a) frequent misapplication of the term “workaholism” to phenomena that are not related to work addiction, (b) expanding the conceptualization of workaholism to include dimensions defining the healthy form of high work involvement (e.g., work engagement), which do not differentiate workaholism as a disorder from the phenomenon of healthy hard work, (c) using inaccurate interpretation of research results that concern healthy high work involvement as referring to work addiction. The commentary on the article contains a discussion of the above-mentioned issues.

Keywords: workaholism, work addiction, pathological overwork.

In the literature, there are theories of workaholism, supported by empirical findings, that specify the most significant indicators defining this phenomenon. Currently, a few such theories can be mentioned: earlier ones, defining workaholism as an obsessive-compulsive phenomenon, and two recent ones, defining workaholism as an addiction. Spence and Robbins (1998), Robinson (2007), and Schaufeli, Taris, and Bakker (2006) conceptualize workaholism as an obsessive-

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-compulsive phenomenon, while Griffiths (2005) and Wojdylo (2013) define workaholism as an addiction, using criteria characteristic for addiction.

Theoretical knowledge and the existing research findings regarding workaholism oblige to the critical assessment of the dubious arguments, emerging in publications, on the phenomenon referred to as “workaholism.” Theoretical knowledge about workaholism and research results should, in each case, inspire reflection on whether it was indeed workaholism that was measured in a particular study and on whether the indicators used were indeed indicators of workaholism (cf. Wojdylo, 2015). The research findings presented by Staszczyk and Tokarz (2015) provoke a number of objections, which I will discuss below.

According to the methodological rules recognized in science and in the methodology of psychological research, the way of measuring a phenomenon must be based on a theoretical background of the research subject (a theory/conception). The theory constitutes the coexistence of the phenomenon’s dimensions and determines their legitimacy as its components. A theory regarding a particular phenomenon/construct also justifies its measurement using the indicators that describe it (after empirical support for a particular way of approaching/defining that phenomenon has been provided). In short, the theory regarding a particular construct determines the way the construct is defined and measured. The above-mentioned element (theoretical background) is what I find missing in the approach the authors (Staszczyk & Tokarz, 2015) adopt in exploring the phenomenon they refer to as workaholism. Workaholism is a construct, and it should be conceptualized and measured as a construct. Yet, a coherent theoretical conception is missing in the study.

Staszczyk and Tokarz (2015) state that, in their study, they measure workaholism using two dimensions of the WorkBAT Scale: Work Enjoyment and Work Drive. A different phenomenon – use of time – is also measured, the instrument employed for that purpose being the Time Use Inventory. Consequently, the results obtained and presented in the article concern separate dimensions/factors: work drive, work enjoyment, and use of time. However, surprisingly, each of these separate dimensions is interpreted in the article as describing “workaholism.” In my opinion, this is done in an unjustified manner.

In the literature, there are findings regarding the components of the workaholism construct. Namely, a number of empirical data have shown the legitimacy and necessity of excluding from the definition of workaholism the components that define healthy high work involvement, such as work enjoyment (which is a component of workaholism as conceptualized by Ng, Sorensen, and Feldman, 2007, as well as by Spence and Robbins, 1992). Thus, in the context of the cur-

rent knowledge and the state of research on workaholism, the emotional indicators (e.g., work enjoyment), described in the article as belonging to the alleged “workaholism,” do not describe the real workaholism.

The existing research results have shown that there are different forms of high work involvement. The empirical findings have also revealed the empirical differentiation of the healthy form of high work engagement (work enthusiasm) from its pathological form (workaholism) (e.g., Schaufeli, Taris, & van Rhenen, 2008; Wojdylo, Baumann, Buczny, Owens, & Kuhl, 2013; Wojdylo, Baumann, Fischback, & Engeser, 2014). Work enjoyment has been recognized as an inherent feature of the work enthusiasm phenomenon and excluded from the conceptualization of workaholism (Schaufeli et al., 2006; McMillan, O’Driscoll, Marsh, & Brady, 2001; Mudrack, 2006; Porter, 2001). Therefore, treating work enjoyment as an indicator of workaholism cannot be accepted.

As previously mentioned, the use of time is another separate dimension adopted and interpreted in the article (Staszczuk & Tokarz, 2015) as describing “workaholism.” According to scientific knowledge, there are no data that make it legitimate to acknowledge this dimension as belonging to the phenomenon of workaholism, either. The Time Use Inventory allows to measure professional-private life imbalance, but this indicator does not measure workaholism. Like work enjoyment, the professional-private life imbalance dimension is an attribute of highly work-involved people (work enthusiasts), who do not meet the criteria for workaholism. As attributes characteristic for the most highly work-involved people, including healthy workers, these dimensions are not necessary for the assessment of workaholism and, as such, they are not legitimate elements in the measurement of this phenomenon.

The legitimacy of research on workaholism (as well as on any other phenomenon) is determined by the coherence and empirical adequacy of the definition of the construct that has been adopted in the research. In the case of no coherent theory/conceptualization of the phenomenon as the research background, all we have is separately measured dimensions, which can only be defined and interpreted as separate factors (not as a construct).

In the context of the research results presented by Staszczuk and Tokarz, (2015), it could therefore be concluded that their study captures correlations between the variables measured: work enjoyment, work drive, use of time, and burnout. Consequently, the results of that study show the relationships of these variables (factors) with burnout, but they do not show the relationships of the construct of workaholism with burnout.

The question addressed in this article was the following: is it really workaholism that was measured in the study under discussion, and are the indicators examined really indicators of workaholism? The above argumentation makes it impossible to answer this question affirmatively.

Moreover, it seems important to point out some consequences of the dubious research procedures described above, used in research on workaholism. Namely, the problem of the inconsistency of research results regarding “workaholism,” observed in the literature, can be considered as a consequence of the above-mentioned problematic research procedures. If a model called “workaholism” combines the already mentioned healthy indicators of high work involvement (e.g., work enjoyment or work engagement) with indicators of pathological overwork (e.g., work drive), it should not be surprising that, in different studies, they are often found to be related to the measured variables in different ways. This is because these dimensions differ from one another by nature. The problem, however, is that these factors, as previously mentioned, are wrongly called and interpreted as indicators of workaholism. This kind of procedure may not only reinforce the invalidity of nomenclature in science, but also, above all, result in invalid knowledge about “work addiction,” which may not have much to do with the real workaholism.

In the light of the above, the approach to workaholism postulated by the authors in their article, consisting in the inclusion of both healthy and pathological indicators in the definition and identification of the disorder phenomenon (“the model of workaholism we adopted balances the pathogenic and salutogenic approaches [. . .] to the disorder in question,” p. 525; Staszczyk & Tokarz, 2015), does not seem to be legitimate. That approach is at variance with the knowledge regarding the classification of disorders – clinical, psychological, and medical. The definition/conceptualization of any disorder phenomenon should, by nature, include criteria that define pathology, not a combination of both pathology and health criteria. By analogy, no classification of disorders includes, for example, a healthy/positive form of depression or a healthy form of addiction.

To conclude, the inconsistency of some research results regarding workaholism that is found in the literature can be considered as largely resulting from invalid nomenclature and, in many cases, as resulting from questionable interpretation of research results (if these results concern the individual factors measured in the study that are not necessarily related to workaholism but are wrongly described as belonging to workaholism). This makes it difficult to agree with the legitimacy of the research approach postulated by Staszczyk and Tokarz (2015), which would consist in multiplying the indicators of workaholism in a multid-

mensional approach. According to the authors, such a procedure should be the necessary consequence of the inconsistencies that exist in research findings as well as “an antidote” to these inconsistencies.

The proposed procedure provokes objection for at least two reasons. First, the multiplication of indicators nonspecific for workaholism in studies on the phenomenon (e.g., work enjoyment, the number of working hours, etc.) may most probably lead to aggravating the problem of inconsistent results of research on “workaholism” rather than promote the prevention of this problem. Second, considering the increasing number of studies regarding the correlates of workaholism (both positive and negative), infinitely many models of relationships regarding workaholism could surely be created. Yet, their legitimacy and meaningfulness in the context of defining, conceptualizing, and measuring workaholism would be strongly questionable.

As regards the conceptualization and diagnosis of a particular phenomenon, it is important which factors should be considered necessary and which should be considered sufficient for defining it. Many recent studies have shown the legitimacy of distinguishing the phenomenon of healthy high work involvement from workaholism, indicating the criteria that are specific for healthy work involvement (e.g., work enjoyment) and the criteria (such as work engagement or working hours) that do not differentiate workaholics from highly work-involved persons. Generally, dimensions that do not differentiate workaholics from other hard-working but healthy individuals are not factors that are necessary in defining workaholism.

As pointed out in this article, research on workaholism could be inhibited by the use of two kinds of questionable procedures: freedom in the selection of indicators of the phenomenon that is unjustifiably called workaholism and/or failure to make sure that research is based on a psychometrically verified conceptualization of workaholism as a construct. In my opinion, this procedure may cause inconsistency and confusion in theory and terminology in this field. It can thus be considered one of the most significant obstacles to the development of research on work addiction.

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