

Work addiction and presenteeism: The buffering role of managerial support

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The current study examined the mediating effect of presenteeism and moderating effect of managerial support in the relation between workaholism and work–family conflict. A sample of 1065 white-collar employees from an Italian company filled in an online survey and hypotheses were tested using a bootstrapping procedure. Results showed that presenteeism mediated the association between workaholism and work–family conflict. Moreover, the mediating effect of presenteeism was moderated by managerial support: for employees reporting lower levels of support workaholism was stronger related to presenteeism than for those experiencing higher support. Presenteeism, in turn, was related to greater levels of work–family conflict. The present study sheds light into the protective role played by managerial support in preventing workaholic employees from forcing themselves to attend work also when feeling sick. Accordingly, early intervention aimed at buffering the negative association between workaholism and work–family conflict should focus on training managers to develop supportive leadership skills.

Keywords: Presenteeism; Workaholism; Work–family conflict; Managerial support; Moderated mediation model.

Empirical investigations on productivity losses and organisational costs stemming from employees' work attendance have traditionally focused on absenteeism. Current research has begun to investigate the detrimental consequences of being physically present at work regardless of symptoms and ill health which should prompt rest, a phenomenon labelled *sickness presenteeism* (Aronsson, Gustafsson, & Dallner, 2000). Indeed, recent data suggests that presenteeism is a better indicator of health than absenteeism (Gerich, 2015). Johns (2010) developed a synthetic model where personal, contextual and health related factors concur to define the occurrence of presenteeism. Consistent with this model, the fully productive regular attendance of employees is interrupted by health events that entail the subsequent choice between absenteeism and presenteeism; this decision is assumed to be strongly influenced by personal and organisational factors. In addition to individual attitudes, values and personality traits, personal factors also include workaholism,

described as a strong inner compulsion to work exceptionally hard (Schaufeli, Taris, & Bakker, 2008). Accordingly, workaholic employees are compelled to allocate a disproportionate amount of time and energy to work in order to prevent tension, anxiety and the feelings of guilt and worthlessness that occur when they are not working. Although workaholics' need to comply with their obsession may be expected to lead these employees to attend work even though they feel ill—thus exhibiting high levels of presenteeism—the association between workaholism and presenteeism has scarcely been investigated (e.g., Schaufeli, Bakker, Van der Heijden, & Prins, 2009a). Moreover, Clark et al. (2016) showed that the workaholic's obsession with work may erode their family functioning and, thus, lead them to experience greater levels of work–family conflict. The current research aims to extend these results by exploring the role of presenteeism in explaining the association between workaholism and work–family conflict. The tendency to show

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up at work, even when experiencing health problems, may result in inadequate opportunities to recover for workaholic employees, drain their energy reserves and, consequently, jeopardise the ability to meet their family obligations. Empirical research has started to investigate the psychosocial aspects of work that may prevent the occurrence of presenteeism and help employees benefit from suitable chances to recover.

In particular, a meta-analysis conducted by Miraglia and Johns (2016) indicated that a supportive relationship with one's supervisor could reduce the perceived pressure to attend work while ill, thus decreasing the occurrence of presenteeism. Substantial managerial support could enable employees to benefit from adequate opportunities for recovery and avoid a worsening of symptoms of ill health. Supervisors who consider sickness absence legitimate convey the message that ill employees should be replaced and discourage them from turning up at work regardless. In a similar vein, higher levels of managerial support reduce the positive association between the constraint to carry out a large amount of tasks (i.e., job demand) and the propensity for presenteeism (Jourdain & Vézina, 2014). Overall, it can be concluded that the opportunity to rely on support from one's supervisor could play a crucial role in dissuading employees from working while feeling ill.

The current study

On the basis of the existing theory and research, the present study was aimed at (a) assessing whether the relation between workaholism and work–family conflict is mediated by presenteeism, and (b) investigating the buffering role of managerial support in the association between workaholism and presenteeism. A graphical illustration of the hypothesized relationships is reported in Figure 1. Hence, the following hypotheses were tested:

Hypothesis 1: Managerial support moderates the relationship between workaholism and presenteeism, such that workaholism is more positively related to presenteeism for employees reporting lower levels of managerial support compared to colleagues who reported higher levels of managerial support.

Hypothesis 2: The indirect effect of workaholism on work–family conflict through presenteeism depends on the level of managerial support perceived by employees. In particular, workaholism is expected to display a larger positive relationship with presenteeism, which is positively related to work–family conflict, among employees perceiving lower levels of managerial support.

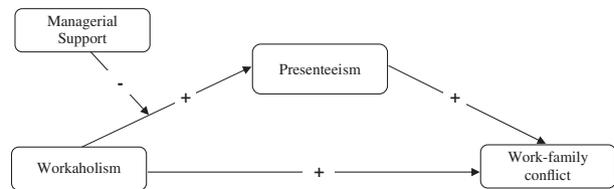


Figure 1. The hypothesized moderated mediation model.

METHOD

Participants and procedure

Employees were invited to participate on a voluntary basis by completing an anonymous self-administrated, online questionnaire as a part of a psychosocial risk assessment project. Participants were addressed in group sessions led by a psychologist in order to answer questions about the research. A total of 1065 white-collar employees working for an Italian multi-utility company filled out the questionnaire (63.62% response rate). The slight majority were men (57.4%) and the average age was 45.36 ($SD = 8.23$). Furthermore, most of them had had permanent jobs (95.5%) and full-time contracts (77.6%).

Measures

Workaholism was measured using the 10-item Dutch Work Addiction Scale (DUWAS; Schaufeli, Shimazu, & Taris, 2009b), which includes two subscales: Working Excessively (e.g., “I stay busy and keep my irons in the fire”) and Working Compulsively (e.g., “I feel guilty when I take time off work”). Each subscale comprised five items rated on a four-point frequency scale ranging from 1 = (almost) never to 4 = (almost) always. In agreement with the definition of workaholism as a syndrome, this study was based on an overall workaholism score (Mazzetti, Schaufeli, & Guglielmi, 2015).

Managerial support was assessed with the 5-item scale taken from the HSE Indicator Tool (Edwards, Webster, Van Laar, & Easton, 2008). An example item is: “I am given supportive feedback on the work I do”. The response options varied on a five-point Likert scale from 1 = never to 5 = always.

Presenteeism was measured using the following open-ended question: “During the past 12 months, how many days did you work despite an illness or injury because you felt you had to?” (Lowe, 2010).

Work–family conflict was assessed using a 3-item scale (Carlson, Kacmar, & Williams, 2000). An example item is: “Tension and anxiety from work often creep into my family life”. Participants were invited to specify their agreement with each item, using a 5-point scale ranging from 1 = strongly disagree to 5 = strongly agree.

TABLE 1
Means, standard deviation, Cronbach's alphas (in brackets), and correlations among the study variables ($N = 1065$)

	<i>M</i>	<i>SD</i>	<i>R</i>							
			1	2	3	4	5	6	7	
1. Gender (1 = male)	.57	.49	-							
2. Age	45.36	8.23	.10*	-						
3. Work contract (1 = full-time)	.78	.42	-.13***	-.10**	-					
4. Workaholism	2.36	.55	-.05	-.13***	.01	(.81)				
5. Managerial support	3.38	.87	-.07*	-.07*	.25***	-.12***	(.84)			
6. Presenteeism	8.82	7.38	-.08*	.05	-.04	.13***	-.08**	-		
7. Work–family conflict	2.36	1.14	-.05	.04	-.04	.43***	-.28**	.14***	(.91)	

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

TABLE 2
Results of the moderated-mediation model

	<i>Path coefficients</i>			
	<i>to presenteeism (M)</i>		<i>to Work–family conflict (Y)</i>	
	<i>Coefficient</i>	<i>SE</i>	<i>Coefficient</i>	<i>SE</i>
Gender (1 = male)	–1.27	.46	–.09	.06
Age	.05*	.03	.01**	.00
Work contract (1 = full-time)	–.54	.56	–.11	.08
Workaholism (X)	5.67***	1.44	.89***	.06
Managerial support (W)	2.42*	1.05		
Workaholism \times Managerial support	–1.24**	.42		
Presenteeism (M)			.01**	.00
Model summary	$R^2 = .04$ ***		$R^2 = .20$ ***	

<i>Conditional indirect effect of workaholism (X) on work –family conflict (Y) through presenteeism (M) at values of managerial support (W)</i>			
	<i>Effect</i>	<i>Boot SE</i>	<i>Boot 95% CI</i>
Low managerial support	.03	.01	.01; .07
Medium managerial support	.02	.01	.01; .04
High managerial support	.00	–.01	–.01; .03

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Strategy of analysis

The hypotheses were tested using a moderated-mediation model where the interaction between workaholism (independent variable) and managerial support (moderator) was related to presenteeism (mediator), which, in turn, was related to work–family conflict (criterion variable). This model was tested using 5000 bootstrap samples in order to obtain reliable estimates of standard errors and confidence intervals. Gender, age and type of contract (full-time vs. part-time) were included as possible confounding variables on the basis of previous evidence (Hansen & Andersen, 2008).

RESULTS

Descriptive statistics were computed for all study variables, as displayed in Table 1. All the associations between the variables were statistically significant and in the expected direction.

Table 2 shows the results of the moderated-mediation model. The mediating variable model (presenteeism) shows that workaholism ($B = 5.67$, $p = .000$) was significant and positively related to presenteeism, while the interaction between workaholism and managerial support ($B = -1.24$, $p = .003$) was negatively related to presenteeism. As hypothesized, managerial support moderated the relationship between workaholism and presenteeism, such that workers with higher levels of workaholism combined with lower levels of managerial support reported higher levels of presenteeism. Thus, Hypothesis 1 was supported. The dependent variable model showed that presenteeism was significantly and positively related to work–family conflict ($B = .01$, $p = .000$). Thus, the indirect effect of workaholism on work–family conflict through presenteeism depended on the levels of managerial support perceived by the employees. Specifically, workaholism was related to presenteeism for employees reporting lower levels of managerial support, which, in turn, was related to work–family conflict. The lower part of Table 2 reports

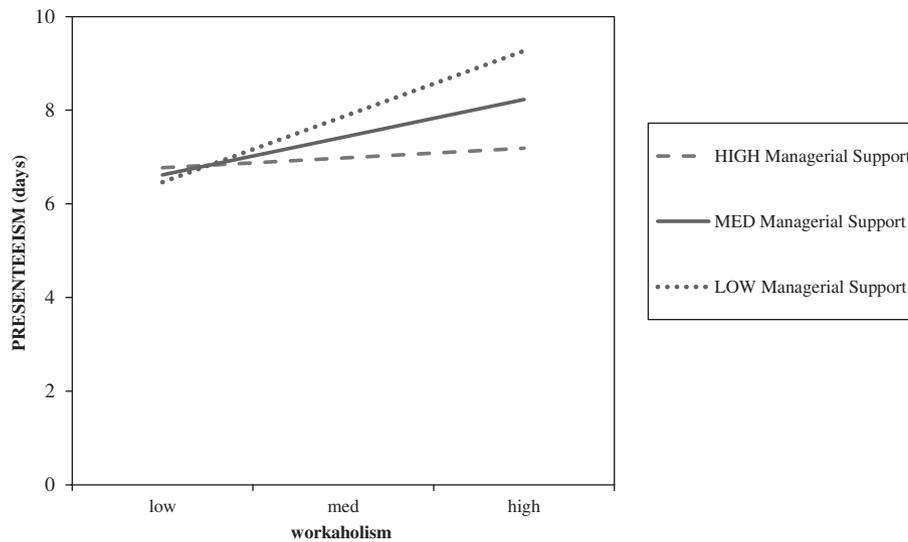


Figure 2. Interaction between workaholism and managerial support on presenteeism.

critical values with respect to the conditional indirect effect.

The indirect effect of workaholism on work–family conflict through presenteeism was significant at low (-1 SD; $B = .03$, $CI = [.01, .07]$) and medium (*Mean*; $B = .02$, $CI = [.01, .04]$) levels, but not at high ($+1$ SD; $B = .00$, $CI = [-.01, .01]$) levels of managerial support.

These results fully supported *Hypothesis 2*. Figure 2 plots in detail the interaction effect between workaholism and managerial support on presenteeism, showing that for employees perceiving lower levels of managerial support, there was a stronger positive relationship between workaholism and presenteeism than for employees perceiving higher levels of managerial support.

DISCUSSION

The central aim of this study was to test a moderated mediation model in order to analyse the mechanism underlying the association between workaholism and work–family conflict. The obtained results suggest that employees working extremely hard out of an obsessive drive (‘workaholics’) may be prompted to attend work regardless of their health status and their consequent ability to perform their job efficiently. This finding is consistent with preliminary attempts to explore the association between workaholism and presenteeism (Schaufeli, Bakker, et al., 2009a; Schaufeli, Shimazu, et al., 2009b). A recent study by Karanika-Murray et al. (2015) argued that presenteeism represents a moral obligation to work that may boost employees’ workaholism in an attempt to sustain psychological presence and pursue acceptable performance standards. On the other hand, the prominent conceptualisations of workaholism

underline the role of dispositional traits as a key antecedent of this overwhelming compulsion to work (Mazzetti, Schaufeli, & Guglielmi, 2014). Hence, it can be argued that behavioural patterns such as presenteeism can hardly account for the development of this addiction, which leads employees to work excessively hard. The current study provided further evidence of the association between workaholism and presenteeism by showing that this relationship can, in turn, give rise to greater levels of work–family conflict. Thus, the persistent lack of opportunities for recovery experienced by employees working despite feeling ill, due to their obsession with work, is likely to erode their energy and interfere with their ability to comply with duties deriving from their profession and their family context. Early attempts to explore the impact of presenteeism on work–family conflict indicate that this association could undermine the integrity of employees’ health and feed into symptoms of emotional exhaustion (Panari & Simbula, 2016). To our knowledge, the current study represents the first effort to investigate the role of a psychosocial factor (i.e., managerial support) in buffering the inclination to presenteeism displayed by workaholic employees.

According to the obtained results, the indirect effect of workaholism on work–family conflict through presenteeism was conditional upon the level of managerial support, with this indirect effect emerging as significant only in the context of low to moderate levels of social support from the management. This finding corroborates empirical evidence indicating that managerial support may function as a protective factor, able to inhibit employees from attending work while ill (Jourdain & Vézina, 2014; Miraglia & Johns, 2016). Accordingly, previous evidence suggests that sickness presenteeism may spring from avoidance motives, involving a perceived risk

of incurring damaging consequences due to taking sick absence (Lu, Lin, & Cooper, 2013).

The current findings should be considered in light of some limitations. First, the cross-sectional nature of our data prevents us from clarifying the causal relationship between the study variables. In addition, the study participants were recruited from a single company, so caution is warranted when making generalisations based on the results. Moreover, data were derived from self-reported questionnaires, thus increasing the chances of common method variance biases. Future research should expand the current findings by combining self-reported and objective data on different individual and job-related outcomes associated with presenteeism (e.g., health and performance). Furthermore, this study explored the buffering role of a specific type of social support in the workplace, that is, managerial support. Yet there is compelling evidence from presenteeism research suggesting that co-workers' support could reinforce the decisions of employees to stay at home in the case of illness (Baeriswyl, Krause, Elfering, & Berset, 2017). Future studies should extend the current model by including the buffering role of co-workers' social support.

Despite these limitations, the present study has significant implications. Organisations should acknowledge the economic impact of presenteeism, because it can impair the employees' ability to perform efficiently, exacerbate their ill health and also negatively affect co-workers' health status and attendance due to contagion effects (Baker-McCleary, Greasley, Dale, & Griffith, 2010). Hence, increasing the awareness of supervisors of the harmful consequences and costs associated with presenteeism could allow them to recognise the value of rest and recovery. In particular, empirical evidence suggests the role of organisational factors (e.g., attendance policies, management style and organisational culture) in boosting the incidence of presenteeism (Lu et al., 2013). Accordingly, managers should be trained in practices and policies that are able to discourage the behavioural tendency to show up at work while ill. In doing so, they may prevent employees from a negative condition stemming from the feeling of being unable to cope efficiently with obligations pertaining to their work and family domains.

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REFERENCES

- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work. An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health, 54*(7), 502–509. <https://doi.org/10.1136/jech.54.7.502>.
- Baeriswyl, S., Krause, A., Elfering, A., & Berset, M. (2017). How workload and coworker support relate to emotional exhaustion: The mediating role of sickness presenteeism. *International Journal of Stress Management, 24*, 52–73. <https://doi.org/10.1037/str0000018>.
- Baker-McCleary, D., Greasley, K., Dale, J., & Griffith, F. (2010). Absence management and presenteeism: The pressures on employees to attend work and the impact of attendance on performance. *Human Resource Management Journal, 20*(3), 311–328. <https://doi.org/10.1111/j.1748-8583.2009.00118.x>.
- Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and initial validation of a multidimensional measure of work–family conflict. *Journal of Vocational Behavior, 56*(2), 249–276. <https://doi.org/10.1006/jvbe.1999.1713>.
- Clark, M. A., Michel, J. S., Zhdanova, L., Pui, S. Y., & Baltes, B. B. (2016). All work and no play? A meta-analytic examination of the correlates and outcomes of workaholism. *Journal of Management, 42*(7), 1836–1873. <https://doi.org/10.1177/0149206314522301>.
- Edwards, J. A., Webster, S., Van Laar, D., & Easton, S. (2008). Psychometric analysis of the UK Health and Safety Executive's Management Standards work-related stress indicator tool. *Work and Stress, 22*(2), 96–107. <https://doi.org/10.1080/02678370802166599>.
- Gerich, J. (2015). Sickness absence rates and presenteeism as work-related indicators of health. *German Journal of Human Resource Management, 29*, 31–48.
- Hansen, C. D., & Andersen, J. H. (2008). Going ill to work - What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine, 67*(6), 956–964. <https://doi.org/10.1016/j.socscimed.2008.05.022>.
- Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior, 31*, 519–542. <https://doi.org/10.1002/job.630>.
- Jourdain, G., & Vézina, M. (2014). How psychological stress in the workplace influences presenteeism propensity: A test of the demand–control–support model. *European Journal of Work and Organizational Psychology, 23*(4), 483–496. <https://doi.org/10.1080/1359432X.2012.754573>.
- Karanika-Murray, M., Pontes, H. M., Griffiths, M. D., & Biron, C. (2015). Sickness presenteeism determines job satisfaction via affective-motivational states. *Social Science & Medicine, 139*, 100–106. <https://doi.org/10.1016/j.socscimed.2015.06.035>.
- Lowe, G. (2010). *Healthy organizations: How vibrant workplaces inspire employees to achieve sustainable success* (). Toronto, Canada: University of Toronto Press.
- Lu, L., Lin, H. Y., & Cooper, C. L. (2013). Unhealthy and present: Motives and consequences of the act of presenteeism among Taiwanese employees. *Journal of Occupational Health Psychology, 18*(4), 406–416. <https://doi.org/10.1037/a0034331>.
- Mazzetti, G., Schaufeli, W. B., & Guglielmi, D. (2014). Are workaholics born or made? Relations of workaholism with person characteristics and overwork climate. *International Journal of Stress Management, 21*(3), 227–254. <https://doi.org/10.1037/a0035700>.
- Mazzetti, G., Schaufeli, W. B., & Guglielmi, D. (2015). Are workaholism and work engagement in the eye of the beholder? A multirater perspective on different forms

- of working hard. *European Journal of Psychological Assessment*. <https://doi.org/10.1027/1015-5759/a000318>.
- Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology, 21*(3), 261–283. <https://doi.org/10.1037/ocp0000015>.
- Panari, C., & Simbula, S. (2016). Presenteeism “on the desk”. *International Journal of Workplace Health Management, 9*(1), 84–95. <https://doi.org/10.1108/IJWHM-11-2013-0047>.
- Schaufeli, W. B., Bakker, A. B., Van der Heijden, F. A., & Prins, J. T. (2009a). Workaholism among medical residents: It is the combination of working excessively and compulsively that counts. *International Journal of Stress Management, 16*(4), 249–272. <https://doi.org/10.1037/a0017537>.
- Schaufeli, W. B., Shimazu, A., & Taris, T. W. (2009b). Being driven to work excessively hard: The evaluation of a two-factor measure of workaholism in the Netherlands and Japan. *Cross-Cultural Research: The Journal of Comparative Social Science, 43*(4), 320–348. <https://doi.org/10.1177/106939710933723>.
- Schaufeli, W. B., Taris, T. W., & Bakker, A. B. (2008). It takes two to tango: Workaholism is working excessively and working compulsively. In R. J. Burke & C. L. Cooper (Eds.), *The long work hours culture. Causes, consequences and choices* (pp. 203–226). Bingley, U.K.: Emerald.