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Workaholism: Taking Stock and Looking Forward

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Abstract

Drawing on 50 years of research, this article defines workaholism as involving high motivation (e.g., being driven to work due to internal pressures) as well as high effort expenditure (e.g., having persistent thoughts about work when not working and working beyond what can reasonably be expected). Workaholism can be distinguished from concepts such as work engagement, work passion, and Type-A behavior, and valid workaholism measures are available. Regarding its antecedents, demographic and personality factors are weakly related to workaholism. Work-related factors (such as the presence of an overwork culture and high job demands) are more important. Workaholism may have adverse outcomes for a worker's mental and physical health, well-being, and family life. Workaholics do not perform better (but may well perform worse) than others. Although many interventions have been put forward to address workaholism, the effects of these are usually unclear. We conclude with a short agenda for future research.



INTRODUCTION

According to the Oxford English Dictionary, a workaholic is “a person to whom work is extremely or excessively important, especially one who voluntarily works very long hours” or “a person addicted to working” (<https://www.oed.com/search/dictionary/?scope=Entries&q=workaholic>). The term is often assumed to have been coined by the American reverend, professor and psychologist Wayne Oates (1968), but at that time it was probably already in use. For example, in 1962, the Georgia-based newspaper *Thomasville Times-Enterprise* (1962, p. 4) cites a Dr. Nelson Bradley as saying “. . . many of us have become workaholics.” Indeed, at present the earliest known publication referring to workaholism dates back to 1947, when the *Toronto Daily Star* published a piece jokingly saying that “If you are cursed with an unconquerable craving for work, call Workaholics Synonymous [sic], and a reformed worker will aid you back to happy idleness” (cited in Oxford English Dictionary, s.v. “workaholic”).

In spite of the popularity of the concept among lay people, the scientific interest in workaholism as a topic worth studying was initially limited. A literature search in the *APA PsychInfo* database conducted in January 2023 yielded 625 studies with the term “workaholic” or “workaholism” in their title and/or abstract. Apart from Oates’s work, the earliest of these was published in 1976 by reverend and professor Jerome Overbeck, who focused on helping the professional “who suffers from a compulsion to work.” According to Overbeck (1976), workaholism symptoms included “excess stomach sensitivity, abnormal blood pressure, heart trouble, sleep difficulties, nervousness, lack of vitality, and inability to relax” (p. 36), issues that today might be classified as indications of high levels of stress. Up until 1980, only two other articles discussing workaholism were published. Interest remained low in the following two decades (1981–1990: 25 publications; 1991–2000: 50 publications). This changed after the turn of the century, with 203 papers published between 2001 and 2010, further increasing to 289 papers in the 2011–2020 interval. Clearly, scientific interest in workaholism has been mounting in the past two decades.

In this article, we present the most important findings and insights obtained in the currently available body of research on workaholism. We first discuss the development, definition, and measurement of this concept and its relations with similar concepts such as Type-A behavior, work engagement, and passion for work. Next, we discuss the person and work-related antecedents of workaholism and its outcomes for the worker, their family, and functioning at work, respectively. We conclude with a discussion of practical implications (including interventions) as well as a short agenda for future research.

WHAT IS WORKAHOLISM?

The term workaholism has been part of our everyday vocabulary for well over half a century. However, this does not imply that consensus has been achieved regarding its conceptualization and definition. Conceptualizations of workaholism tend to vary on at least two dimensions: (a) whether workaholics are primarily considered to be addicts or (potential) high achievers and (b) whether workaholism is construed as high effort investment only or as a combination of high effort and an underlying drive to work hard. Based on these two dimensions, **Table 1** presents a classification of various important definitions of workaholism.

Valence of Workaholism: Workaholics as Addicts Versus High Achievers

Oates (1971) provided a seminal definition of workaholism as “the compulsion, or the uncontrollable need to work incessantly” (p. 1), highlighting the addictive aspect of workaholism. Almost a decade later, Cherrington (1980) similarly stated that “[t]he central element defining a workaholic is an irrational commitment to excessive work. Workaholics are unable to take



Table 1 Classification of various important conceptualizations of workaholism

Valence	Main dimensions	Examples	Definition, remarks and noteworthy features
Negative: addicts	Effort	None	A substantial body of research on long working hours or (lack of) recovery from work might fall into this category, but this research is not usually linked to workaholism.
	Effort + drive	Oates (1971)	Workaholism is the compulsion, or the uncontrollable need, to work incessantly.
		Cherrington (1980)	Workaholism is an irrational commitment to excessive work.
		Spence & Robbins (1992)	Addition of work enjoyment to drive and effort results in three types of workaholics, one of which is considered a negative subtype. A workaholic is someone who is highly work involved, feels compelled or driven to work because of inner pressures, and is low in enjoyment of work.
		Robinson (1996)	Workaholism is a progressive, fatal disorder in which a person is addicted to the process of working. There is a strong emphasis on its addictive/compulsive nature.
		Andreassen et al. (2012)	Workaholism is being overly concerned about work, being driven by an uncontrollable work motivation, and spending so much energy and effort on work that it impairs private relationships, spare-time activities, and/or health. There is a strong emphasis on its addictive nature.
Neutral or positive: high achievers	Effort	Peiperl & Jones (2001)	Workaholics work too much but feel that the rewards arising from their work are at least equitably distributed between themselves and the organizations that employ them. There is a strong emphasis on balance between effort and rewards.
		Harpaz & Snir (2003)	Workaholism is an individual's steady and considerable allocation of time to work-related activities and thoughts, which does not derive from external necessities.
	Effort + drive	Machlowitz (1979)	Workaholism is an extreme form of work involvement, and workaholics are intense, energetic, competitive, and driven, prefer labor to leisure, and work anytime and anywhere. They do exactly what they love and they cannot seem to get enough of it.
		Spence & Robbins (1992)	Addition of work enjoyment to drive and effort results in three types of workaholics, two of which are considered positive subtypes. An enthusiastic workaholic is highly work involved, feels driven to work, and is high in work enjoyment. A work enthusiast is work involved and enjoys their work, but does not feel driven to work.
		Scott et al. (1997)	Workers display workaholic behavior patterns when they spend too much time in work activities (beyond what is needed to meet the requirements of the job or to meet basic economic needs), and persistently and frequently think about work when they are not at work.

time off or to comfortably divert their interests” (p. 257). Family therapist Bryan Robinson (1996) defined work addiction as a “progressive, fatal disorder in which a person is addicted to the process of working. . . which leads to family disintegration and increased unmanageableness of work habits and all other areas of life” (p. 447). Finally, more recently Andreassen et al. (2012) stated that workaholism involves “being overly concerned about work, being driven by an uncontrollable work motivation, and spending so much energy and effort on work that it impairs private relationships, spare-time activities and/or health” (p. 265). This workaholics-as-addicts perspective thus emphasizes the uncontrollable nature of workaholism (workaholics are unable



to detach from work; they just cannot help themselves), suggesting that workaholism—like any addiction—should be considered a negative phenomenon that is usually associated with negative outcomes for the workaholic and/or their environment.

However, others evaluate workaholism more neutrally or even favorably (see **Table 1**). For example, Machlowitz (1979) stated that workaholics “are intense, energetic, competitive and driven. . . have strong self-doubts. . . prefer labor to leisure. . . work anytime and anywhere. . . make the most of their time. . . blur the distinctions between business and pleasure” (p. 15). Rather than representing a form of psychopathology, in Machlowitz’s (1979) view, workaholism is an extreme form of work involvement: “as a group, workaholics are surprisingly happy. They do exactly what they love—work—and they can’t seem to get enough of it” (p. 16).

In a ground-breaking paper, Spence & Robbins (1992) defined a workaholic as someone who is “highly work involved, feels compelled or driven to work because of inner pressures, and is low in enjoyment of work” (p. 162). Importantly, they also developed a measure that tapped into these three dimensions, the workaholic triad. A cluster analysis of their data revealed six different types of workers, three of which were considered workaholic: workaholics (involved and driven workers who do not enjoy their work), work enthusiasts (involved workers who do enjoy their work, but who score below average on drive), and enthusiastic workaholics (who feel driven and are involved in and enjoy their work). The major contribution of their study is that it distinguished among different types of workaholics—with the workaholic type corresponding with the work-as-an-addiction approach, and the work enthusiasts and enthusiastic workaholics types being in line with the idea that workaholics are happy, high achievers.

According to Scott et al. (1997), workers display “workaholic behavior patterns when (a) they spend a great deal of time in work activities when given the discretion to do so. . . ; (b) they persistently and frequently think about work when they are not at work; and (c) they work beyond what is reasonably expected to meet the requirements of the job or to meet basic economic needs” (p. 292). Scott et al. consider workaholic behaviors as the manifestation of three underlying personality types: (a) achievement-oriented, (b) perfectionist, and (c) compulsive-dependent personalities, each leading to a slightly different type of workaholism with different (but not necessarily negative) outcomes. Finally, Peiperl & Jones (2001) state that workaholics “. . . work too much but feel that the rewards arising from their work are at least equitably distributed between themselves and the organizations that employ them” (p. 374), finding that workaholics are both productive and satisfied with their jobs. In this workaholics-as-high-achievers perspective, workaholics may well contribute strongly to achieving their employer’s goals, without necessarily experiencing negative consequences.

In spite of their differences, the workaholics-as-addicts and workaholics-as-high-achievers perspectives have two features in common. First, at their core lies the idea that workaholism involves a high motivation to engage with (or the inability to disengage from) work. Second, this strong inner tendency to work hard becomes evident from observable behaviors such as working with a passion that is obvious to others, thinking about work after most others have mentally switched off, often focusing conversations on work, striving for work achievements, and working more hours than others or than can reasonably be expected from them (McMillan & O’Driscoll 2006).

Workaholism as Effort Only or as Effort Plus Drive

The conceptualizations discussed above combine a motivational component (a drive or compulsion to work hard) with a behavioral component. The latter usually focuses on indicators of high effort expenditure, especially working long hours (more than is needed to get the job done, more than others in a similar situation would do, and/or more than is needed given one’s



financial situation). However, does workaholism necessarily involve a motivational component? It is both conceptually and operationally simpler to focus only on the behavioral component of workaholism, that is, excessive effort expenditure on work. For example, Harpaz & Snir (2003) measured workaholism as the total weekly number of working hours (including overtime and controlling for one's perceived financial needs), defining the concept as an individual's "steady and considerable allocation of time to work-related activities and thoughts, which does not derive from external necessities" (p. 294).

Rather than being just a convenient way to measure workaholism, Harpaz & Snir (2003) argue that their approach has several advantages compared to other conceptualizations. It focuses on the core element of workaholism (i.e., effort investment in work) without a priori assuming whether the outcomes of this behavior are positive, negative, or mixed. It takes into account that working many hours may be due to external (e.g., financial) necessities, and it is not based on work attitudes or values, the incorporation of which may make the concept indistinguishable from attitudinal concepts such as work centrality or job involvement. Snir & Harpaz (2012) further developed this reasoning into their model of heavy work investment. This is an umbrella term that focuses on the investment of time and effort in work that distinguishes between a situational type of work investment (e.g., financial needs-based) and a dispositional type (including workaholism as an addiction, but also work passion/devotion, or work as a means to avoid intimacy or tedious leisure time). Interesting as their approach may be, the strong focus on effort expenditure and time investment means that heavy work investment is a broader concept than that of workaholism, and it involves the risk that its conceptual distinction from similar topics like long working hours is blurred (e.g., Brett & Stroh 2003). As Machlowitz (1979) contended, "workaholism is better viewed as an approach to work than as an amount of time worked" (p. 3). In this sense, the combination of effort/time investment with a particular underlying motivation for doing so is perhaps more true to the original meaning of workaholism than focusing on effort expenditure only.

Measuring Workaholism

Various workaholism measures have been proposed in the literature. For example, several of the classifications and conceptualizations of workaholism presented in **Table 1** come with a measure that is based on these conceptualizations (e.g., Andreassen et al. 2012, Robinson 1996, Spence & Robbins 1992). According to Clark et al. (2016), the three measures that are currently most often used are Robinson's (1989) Work Addiction Risk Test (WART), Spence & Robbins's (1992) Workaholism Battery (WorkBat), and Schaufeli et al.'s (2008a,b) Dutch Workaholism Scale (DUWAS). Robinson's (1989) WART consists of 25 items that cover five subscales (Flowers & Robinson 2002). Of these, the compulsive tendencies subscale is closest to the conceptualization of workaholism, with its combination of high effort/time investment and motivation and the inclusion of items such as "I spend more time working than on socializing with friends, on hobbies, or on leisure activities" and "I feel guilty when I am not working on something." The other WART subscales focus on factors such as impatience, impaired communication/being self-absorbed, inability to delegate tasks, and being results-driven. Spence & Robbins's (1992) 23-item WorkBat focuses on the workaholic triad and includes three dimensions: work involvement ("I get bored and restless on vacations when I haven't anything productive to do"), drive ("I often feel there's something inside me that drives me to work hard"), and work enjoyment ("I lose track of time when I'm engaged on a project"). The first two dimensions tap into aspects of high effort expenditure and motivation, respectively. It is unclear how the dimension of work enjoyment fits current conceptualizations of workaholism (Schaufeli et al. 2008a,b). This instrument typically distinguishes among various types of workers, including work enthusiasts, enthusiastic



workaholics, and workaholics—with only the latter corresponding with the definition of workaholism employed here. Finally, the DUWAS (Schaufeli et al. 2009) combines the compulsive tendencies subscale of Robinson's (1989) WART and the drive subscale of Spence & Robbins's (1992) WorkBat, thus tapping into both effort expenditure and the motivation/compulsion to work hard.

Since 2010, at least two novel and interesting measures of workaholism have been proposed. The first of these is Andreassen et al.'s (2012) Bergen Work Addiction Scale (BWAS). Contrary to older measures, this 7-item unidimensional measure explicitly focuses on the addictive aspect of workaholism. It assesses the core features associated with clinical addiction as applied to work: salience and tolerance of work, working as a means to modify one's mood, relapse after periods of control, unpleasant feelings after withdrawal from work, work-life conflict and the occurrence of problems due to working too much. Items—each prefaced with “how often during the last year have you...”—include “. . . thought of how you could free up more time to work?” (salience), “. . . been told by others to cut down on work without listening to them?” (relapse), and “. . . worked so much that it negatively influenced your health?” (problems). Andreassen et al. provide cut-off scores to distinguish between workaholics and nonworkaholics, thus improving its practical usefulness.

Finally, Clark et al. (2020) developed a 16-item, four-dimensional measure of workaholism that distinguishes among the motivational (“I always have an inner pressure inside of me that drives me to work”), cognitive (“I feel like I cannot stop myself from thinking about working”), emotional (“I am almost always frustrated when I am not able to work”), and behavioral (“I tend to work beyond my job's requirements”) aspects of workaholism, with the behavioral and cognitive dimensions representing its effort expenditure component, and the motivational and emotional dimensions representing its drive component.

Focusing on workaholism as a concept that involves high effort expenditure on work and high work drive/motivation, it seems that current instruments [e.g., the BWAS (Andreassen et al. 2012), DUWAS (Schaufeli et al. 2009), and Multidimensional Workaholism Scale (MWS) (Clark et al. 2020)], are well up to the job of measuring workaholism. Empirically these instruments tend to overlap substantially as shown by large intercorrelations, yet they each have their own strengths. The DUWAS is a relatively basic measure of workaholism, focusing on the two core dimensions of the concept. The BWAS is shorter and focuses on a more extreme form of workaholism. The MWS is conceptually and empirically the most refined of these three measures. All three have been useful across a variety of countries and settings.

Evaluation: What Is Workaholism?

Should workaholics be considered pitiful souls who work excessively hard because they are unable to detach from work, or are they happy hyper performers (Korn et al. 1987) that are gems in any organization's workforce? Is workaholism to be prevented, controlled or cured, or should it be promoted? Obviously, the answers to these questions depend on the conceptualization of workaholism. In a sense, workaholism is a common pattern of behavior (high effort expenditure, long working hours) that is exhibited by different people, for different reasons, and with different consequences (Peiperl & Jones 2001). Apparently, there is no single type of workaholism that can clearly be identified; rather, what constitutes workaholism depends to a substantial degree on whether a researcher includes the underlying motivations and possible outcomes of this behavior—beyond the central behavioral manifestation of workaholism, that is, excessive time and effort expenditure on working and thinking about work.

Having said that, most of the studies on workaholism that have appeared since 2000 have operated within the workaholism-as-an-addiction paradigm, involving at least the feeling of being



driven to work due to internal pressures, having persistent thoughts about work when not working, and working beyond what can reasonably be expected from the worker (Clark et al. 2016). On the one hand, the workaholism-as-heavy-work-investment paradigm is perhaps too far off the traditional workaholism-as-an-addiction conceptualization to be attractive to researchers. On the other hand, since 2000 novel concepts have emerged [such as work engagement (Schaufeli et al. 2002) and passion for work (Vallerand & Houliort 2002)] that substantially reduce the need for distinguishing positive forms of workaholism (the hyper performers, the work enthusiasts, etc.) from negative forms (see, e.g., Schaufeli et al. 2008a,b). The question is, how does workaholism compare and relate to other, more or less similar, concepts?

Workaholism Versus Related Concepts

In this section we discuss the conceptual and empirical associations between workaholism and similar concepts. The latter concepts include the Protestant work ethic, Type-A behavior, work engagement, passion for work, and overcommitment.

Workaholism versus the Protestant work ethic. The Protestant work ethic (PWE) was introduced as a concept in 1905 by sociologist Max Weber. He argued that Protestant ethics and values regarding work—such as asceticism, diligence, hard work, discipline, thrift and frugality—were central to the development of capitalism as a defining feature of western, central, and northern Europe and the USA, providing a moral justification for the accumulation of wealth (Weber 1905/2002). McClelland (1961) introduced the concept into psychology, asserting that PWE-related ideas and values determine child rearing practices of independence, procrastination, and mastery training, which leads to these children acquiring strong achievement motivation and becoming high achievers and successful entrepreneurs (Furnham 1984). People who strongly endorse the PWE believe that hard work is necessary for success, that it is best to live life in an ascetic manner with little time spent on leisure, and that not working hard comes with negative consequences (Townsend & Thompson 2014). The idea that hard work is important meshes well with the high effort expenditure dimension of workaholism. The underlying motivation for working hard may be assumed to be brought about by one's upbringing (McClelland 1961) and, stripped from its religious connotations, resembles the drive component that is part of the workaholism concept. Clearly, the PWE and workaholism have much in common. However, they differ in two respects. First, workaholism as it is defined here is a pathological condition that tends to have negative consequences for both the workaholic and their environment, whereas PWE is considered a positive influence, promoting productivity and success. Second, workaholism is usually considered an individual-level phenomenon driven by an individual's internal motivations (such as the need for achievement and control), whereas PWE is driven by external factors such as cultural and religious beliefs, societal expectations, and the pursuit of wealth and success. Thus, although workaholism and the PWE both promote a strong work ethic, they differ in their origins, underlying motivations, and presumed outcomes.

Type-A behavior. Type-A behavior (or Type-A personality) refers to a pattern of behavior that is characterized by competitive drive, ambition, aggression, speed, impatience, irritability, and time pressure (Wilmot et al. 2019) that was initially assumed to be positively associated with a higher risk for coronary heart disease (Petticrew et al. 2018). It is similar to workaholism in terms of its assumed underlying drive to work hard in order to achieve and succeed, and a tendency to work under high levels of stress. However, although workaholism is driven by a compulsive need to work, Type-A behavior is driven by a desire for achievement and success. Workaholism is often characterized by negative outcomes, whereas Type-A behavior is not necessarily harmful and can in fact lead to positive outcomes such as success and recognition. Moreover, although workaholism



is typically a pathological condition that is related to addiction and compulsive behaviors, Type-A behavior is more closely related to personality traits and characteristics. Type-A behavior might thus be considered an antecedent of workaholism, an idea supported by the strong meta-analytic association between these two concepts (Clark et al. 2016).

Work engagement. Work engagement refers to a positive, fulfilling, work-related state of mind (Schaufeli et al. 2006a,b). Individuals who are engaged in their work are usually highly motivated, work harder, and perform better than others, enjoy what they do, and feel a sense of purpose and satisfaction from their job. Work engagement is associated with positive outcomes such as job satisfaction, higher levels of motivation, and better physical and mental health (Taris 2023). In terms of the high level of motivation for work and effort expenditure, work engagement can be considered a type of workaholism. However, although both engaged workers and workaholics tend to work hard, are absorbed in their work, spend much time on their jobs, and perform well, engaged workers are generally happier and healthier than workaholics (Schaufeli et al. 2006a,b; Taris et al. 2008). These findings suggest that engaged workers are, per Spence & Robbins's (1992) definitions, less like workaholics and more similar to enthusiastic workaholics.

Passion for work. Vallerand et al. (2019) define passion as “a strong inclination toward an activity that people love, value, engage in on a regular basis and is part of their identity” (p. 17). They distinguish two types of passion: harmonious and obsessive. Harmonious passion refers to an autonomous internalization that leads individuals to voluntarily engage in an activity and that is associated with positive experiences such as feelings of challenge, control, and positive affect. Conversely, obsessive passion involves the controlled internalization of an activity in one's identity that creates an internal pressure to engage in that activity, and is associated with negative emotions and cognitions (De Jonge et al. 2020, Vallerand et al. 2003). Applied to the work context, passionate workers invest a significant amount of effort and time in their work, find it integral to their identity, love it, and regard it as important (Vallerand & Houliort 2019). However, whereas harmoniously passionate workers willingly choose to engage in their work, those with high levels of obsessive passion do their job due to an uncontrollable internal pressure (Vallerand et al. 2003). They experience an uncontrollable urge to engage in their work, even though they consider their job enjoyable and important (Gillet et al. 2022, Houliort et al. 2018). Therefore, they risk engaging in their work with a rigid persistence and experiencing conflicts with other life activities, as they are not able to establish boundaries between their work and other life domains (Vallerand & Houliort 2019). Although workaholism-as-an-addiction and the two forms of passion can be distinguished factor-analytically, obsessive passion and workaholism are strongly correlated (Birkeland & Buch 2015). Apparently, workaholism-as-an-addiction and obsessive passion bear a strong resemblance to each other, the main difference being that even obsessively passionate workers still find their work enjoyable. In this respect, obsessive-compulsive workers may be examples of Spence & Robbins's (1992) enthusiastic workaholics.

Overcommitment as a form of excessive job involvement. Overcommitment is an internal motivational pattern that pushes employees to work harder. . . [and] represents an irrational attachment to work” (Avanzi et al. 2022, p. 1258). Overcommitted employees have “difficulty withdrawing from work, and maintain excessive effort under inadequate reward, thereby resulting in prolonged nonreciprocal exchange,” and they “strive towards continuously high achievement” (Siegrist 2008, p. 164). However, although they tend to exert much effort, this is not necessarily associated with better performance (Reizer & Siegrist 2022).

Both workaholism and overcommitment involve high effort expenditure, high work motivation, and a high level of identification with the job [with high identification possibly being an



antecedent of workaholism and overcommitment (Conroy et al. 2017)]. The major difference between workaholism and overcommitment is that the latter is part of a specific theoretical approach [effort-reward imbalance theory (Siegrist 2008)], explaining why workers continue to work hard in a situation where high effort expenditure at work is not balanced with a correspondingly high level of rewards (e.g., such as a high salary, good promotion prospects, and high job security). Overcommitment causes workers to underestimate effortful situations and overestimate their own capacities, and consequently they tend to invest (far too) much effort in their work, relative to the rewards they can reasonably hope to obtain from that work. Conversely, workaholism is not linked to a specific theoretical framework and is used across a variety of research questions. Despite these conceptual differences, in terms of its measurement overcommitment tends to focus on effort expenditure and drive, with items like “As soon as I get up in the morning I start thinking about work problems” (Siegrist et al. 2004). It is therefore not surprising that overcommitment and workaholism tend to be strongly correlated and are sometimes used interchangeably (e.g., Avanzi et al. 2020, Taris et al. 2008).

Conclusion: What Is Workaholism?

Whereas initially positive and negative forms of workaholism were distinguished, in the past two decades research emphasis has shifted toward a negative conceptualization in terms of workaholism as an addiction, with two core dimensions: (a) a motivational dimension, involving a high need, motivation, or compulsion to engage in (or the inability to disengage/detach from) work; which is combined with (b) a cognitive-behavioral dimension involving excessive effort expenditure on work, both in terms of time and cognitive capacity. This is also the conceptualization that we focus on in the remainder of the article.

Although superficially similar to concepts such as the PWE, the Type-A behavior pattern, and work engagement, workaholism is an individual-level phenomenon of a compulsive nature. Obsessive passion is similar to workaholism in that both concepts involve “an uncontrollable urge to engage in their work” (Gillet et al. 2022) and will therefore result in high effort expenditure on working, but even obsessive-passionate workers consider their work enjoyable, meaning that they are enthusiastic workaholics rather than “real” workaholics (Spence & Robbins 1992). Finally, overcommitment resembles workaholism but is linked to a specific theoretical framework, explaining why workers invest too much effort in their work without obtaining adequate rewards). Thus, whereas there are many concepts that partially overlap with workaholism, the latter is a unique concept in its own right.

ANTECEDENTS OF WORKAHOLISM

Who is at risk of becoming a workaholic? Is this a matter of possessing an unfortunate combination of particular demographic and/or personality-related characteristics? Can your work (or work-related characteristics) increase your chances of becoming a workaholic? Or is the combination of particular demographic, person-related, and work-related characteristics a risk factor for becoming a workaholic? Below, we review the evidence for three sets of possible antecedents of workaholism: (a) person-related factors (including demographic factors and personality-related factors); (b) work-related factors (work characteristics, need satisfaction, motivation and (workaholic) behavior, and organizational culture; and (c) person-work related factors (building on the idea that particular contexts can promote or hinder the possibilities for personal vulnerabilities to turn into workaholism). Although we speak of the “antecedents” of workaholism, however, the research discussed here mostly draws on cross-sectional and time-lagged designs, meaning that causal inferences are usually not warranted.



Antecedents: Personal Vulnerabilities

In this section we discuss the evidence for person-related factors (such as demographic and personality-related factors) as possible antecedents of workaholism. We discuss gender, age, marital status, number of children, level of education, and personality.

Gender. In their study on the workaholic triad of workaholism, Spence & Robbins (1992) found that females were slightly more driven and enjoyed their work more than males, but the genders did not differ significantly on work involvement. In a large-scale investigation of workaholism, Burke (1999) found the reverse pattern: Whereas females were slightly more involved in their work than males, no differences occurred for drive and enjoyment. Aziz & Cunningham (2008) reported that males and females did not differ significantly on workaholism. Taris et al. (2012) found no gender differences in workaholism in their study among more than 9,000 Dutch workers. In a study among 16,000 Norwegian workers, Andreassen et al. (2016) found that females scored higher on workaholism after controlling for work characteristics. Finally, in two studies, Balducci et al. (2018, 2021) found no effects of gender on workaholism.

This admittedly nonsystematic overview of findings regarding the association between gender and workaholism provides little evidence that these concepts are related. Most gender differences are small and insignificant, a finding that is consistent with Clark et al.'s (2016) meta-analysis of 89 studies showing that gender and workaholism are unrelated. However, Beiler-May et al. (2017) argue that although previous research did not show convincing or consistent gender differences in workaholism, their findings suggested that women tend to underreport their time spent at work and staying at work longer than others, e.g., due to societal norms. Thus, men and women may actually not be similar with regard to workaholism; women could in fact be higher on workaholism than men. At the very least, there is no convincing evidence that supports the idea that men are more likely to be workaholics than women (Clark et al. 2016).

Age, marital status, number of children, and level of education. Other demographic factors that have been studied as possible antecedents of workaholism are age, marital status, number of children, and level of education. For example, younger workers may be more inclined to show workaholic tendencies because (higher investments in) work may be more rewarding to them than to older workers (Dordoni et al. 2019). Alternatively, age, marital status, number of children, and level of education may invoke external pressures to invest time in either work or family life. Interestingly, whereas Clark et al.'s (2016) meta-analysis showed that none of these demographic variables was significantly related to workaholism, Andreassen et al.'s (2016) study showed that a higher level of education and older age were related to higher levels of workaholism, although these effects were only weak.

Personality. The Big 5 factors of personality [openness to experience, extraversion, conscientiousness, agreeableness, and neuroticism (McCrae & Costa 1999)] have frequently been included in research on workaholism. Special attention was paid to conscientiousness and neuroticism. Conscientiousness is associated with being reliable, diligent, achievement-oriented, perfectionistic, and having a strong work ethic, and would therefore seem a natural personality-related antecedent of workaholism. Interestingly, in Clark et al.'s (2016) meta-analysis, only extraversion was weakly related to workaholism; for conscientiousness, the variations in effects across studies were too large to reach significance, although the overall effect was positive. However, for perfectionism [which is often considered a subdimension of conscientiousness (Smith et al. 2019)], a strong positive association with workaholism was found. A meta-analysis focusing on more recent work on workaholism (Morkeviciute et al. 2021) reported that higher levels of neuroticism and openness to experience were associated with higher levels of workaholism. Surprisingly, for conscientiousness

a small but significant negative effect was found, suggesting that higher levels of conscientiousness were associated with lower levels of workaholism.

Overall, these findings show that although selected personality factors are indeed associated with workaholism, the pattern of these associations is different than what one might intuitively expect and effects are not particularly strong. Apparently, the most robust finding is that workaholism is positively associated with perfectionism, and neuroticism and (absence of) conscientiousness may be relevant as well.

Antecedents: Work-Related Predictors of Workaholism

The overview of the associations between personal factors and workaholism presented above suggested that such factors are only weakly related to workaholism. Are work-related factors more important? In this section, we consider context/culture-specific factors and task-specific factors (job demands, job control/autonomy, and social support) as possible antecedents of workaholism.

Culture and context. The idea that workers in diverse jobs or occupational sectors tend to display more workaholic behaviors than those in other jobs or sectors is pervasive, with those having white-collar and professional jobs considered especially at risk for workaholism. For example, Kanai & Wakabayashi (2001) argue that blue-collar workers tend to work in highly structured and controlled environments where one's workload is difficult to change, whereas this is different for white-collar workers. Taris et al. (2012) reported that especially those in the communication, consultancy, and commerce/trade sectors (i.e., white-collar jobs) obtained relatively high scores on workaholism, whereas those working in the agricultural and construction work sectors were relatively low on workaholism. Finally, Andreassen et al. (2016) found that levels of workaholism were relatively high among self-employed workers and managers; there were no differences between those working in the public versus those working in other sectors.

Furthermore, an organization's climate may also promote or prevent the occurrence of workaholic behaviors (Aziz & Moyer 2018). An overwork climate, in particular, in which workers are encouraged to work excessively, can contribute to workaholism (Mazzetti et al. 2016b, Schaufeli 2016). In a similar vein, a competitive climate in which employees are frequently compared to each other (e.g., in terms of their performance) can contribute to workaholic behavior (Keller et al. 2016). In conjunction, these findings show that (a) the organizational context may be associated with the occurrence (and perhaps, development) of workaholism, (b) this organizational context may be associated with white-collar workers and managers, and (c) those in competitive and overwork cultures may be more at risk of developing workaholism than others.

Task-specific factors. Task-specific factors [especially job demands, job control, and social support (see Karasek & Theorell 1990)] have frequently been studied as potential antecedents of workaholism. The presence of high job demands could well be associated with the key components of workaholism, as high demands require high levels of effort expenditure, meaning that these could instill workaholic behavior. Interestingly, a strong theoretical rationale for examining the effects of social support and job control is usually lacking, with researchers simply stating that "it is conceivable that work-related stressors [such as lack of control and support] can cause workaholism" (Andreassen et al. 2018b). Moving away from this exploratory approach, Taris et al. (2014) argued that characteristics of the work environment can satisfy various psychological needs, and that this can result in different types of workaholism. Specifically, Ryan and Deci's self-determination theory (Deci et al. 2017) proposes that individuals seek to satisfy three basic human needs: the needs for companionship, for competence, and for autonomy. The more these needs are satisfied, the more one's behavior will be intrinsically motivated (i.e., be in line with one's own



personal goals, interests, and values), and the less it will be extrinsically motivated, i.e., motivated by external pressure.

Taris et al. (2014) therefore proposed that the presence of certain work characteristics (especially those associated with the satisfaction of the three psychological needs—social support for need for companionship, job autonomy for need for autonomy, and feedback and learning opportunities for need for competence) would be associated with intrinsic motivation and work engagement [that is, positive forms of work addiction (Spence & Robbins 1992)]. Conversely, the absence of such work characteristics would be related to extrinsic motivation and “bad” workaholism. The characteristics of the work context will thus affect the degree to which “bad” and “good” forms of workaholism develop. Consistent with this reasoning, Van Beek et al. (2011) showed that workaholics are characterized by externally regulated motivational patterns rather than by intrinsic motivation. Since work characteristics such as control and support are positively related to intrinsic motivation (Deci et al. 2017), workaholics may be expected to experience relatively low levels of control and support.

As regards job demands, empirical research has provided strong and consistent evidence for positive associations between job demands and workaholism (Andreassen et al. 2017, 2018b; Aziz & Moyer 2018; Clark et al. 2016; Mazzetti et al. 2016a; Morkeviciute et al. 2021). To some degree, this is not surprising since high demands will require high effort expenditure. In the absence of high effort expenditure, workers will not usually be classified as workaholics. Thus, whereas the expected positive associations between job demands and workaholism are confirmed empirically, this evidence is to some degree circular.

With regard to job control/job autonomy, this characteristic has not frequently been studied. Recent research provides no indications that job control is related to workaholism (Andreassen et al. 2017, 2018b; Mazzetti et al. 2016a; Morkeviciute et al. 2021). However, meta-analyzing older research on workaholism, Clark et al. (2016) showed that higher levels of job control were weakly but significantly associated with lower levels of workaholism. Thus, although one might cautiously conclude that higher levels of job control are associated with lower levels of “bad” workaholism, the size of this effect should not be overestimated.

Social support from colleagues and/or superiors has not often been studied in the context of workaholism. Spurk et al. (2016) found that high levels of support were associated with lower levels of workaholism, which is consistent with Andreassen et al.’s (2017, 2018b) later findings. In their review of recent research, Morkeviciute et al. (2021) conclude that the effect of social support on workaholism is “ambiguous” (p. 361), perhaps because of the small number of studies examining this concept. Interestingly, older research in this area found that a high level of supervisor support was associated with higher levels of workaholism, but this association was only weak (Clark et al. 2016). Overall, it may be concluded that the effects of social support on workaholism are unclear, with the findings of reviews and primary studies contradicting each other.

In sum, the findings discussed here show that particular occupational groups (i.e., white-collar workers, managers, professionals, self-employed) and workers in competitive overwork cultures are more at risk of being workaholics than others. To some extent, this also translates into associations between specific task characteristics and workaholism, with high job demands and—to a lesser extent—low job control/autonomy being risk factors for workaholism. Social support seems to be less consistently, if at all, related to workaholism.

Antecedents: Do Person-Related and Work-Related Factors Interact?

Above, we examined the idea that workaholism was due to person-related factors such as demographic and personality factors, or work/context-related factors such as culture and work/task



characteristics. Although our overview provided some reliable indications regarding possible risk factors for workaholism, even these tended to be weak to moderate at best. That is, it is not the case that the presence of such factors—say, an overwork culture, a particular constellation of personality factors, or high job demands—always and for everyone leads to workaholism. This has led to the assumption that it is not the mere presence of particular risk factors that leads to workaholism, but rather specific combinations of such factors. For example, Taris et al. (2014) argue that, since personality factors have a biological basis and are therefore relatively stable across time (see Larsen & Buss 2002), how these factors manifest themselves in actual behavior depends on the situation and may thus vary considerably. When situations are weak or ambiguous, differences in personality will have the best opportunities to manifest themselves.

This reasoning implies that a particular personality-based tendency to display workaholic behaviors and cognitions will have the greatest likelihood to manifest itself in weak situations in which workers can easily behave in accordance with their personality. In such situations, some workers will develop workaholic behaviors, but others will not. Conversely, other situations (e.g., strong, competitive, overwork cultures with high job demands) exert strong pressure on workers to display workaholic behaviors, and many will display such behaviors. However, this would be a matter of context, not necessarily of personality (although one could argue that certain personality types will tend to select such situations more often than others (see Warr 1987). Thus, it can be assumed that the effects of personal risk factors for workaholism (such as perfectionism and neuroticism) on workaholism are moderated by contextual factors (such as culture, climate, and the presence of high job demands). Although interesting, in the absence of relevant research these ideas must necessarily remain speculative.

Conclusion: The Main Antecedents of Workaholism

Focusing on workaholism as a combination of a high drive/compulsion to engage in work and high effort expenditure on work, this section sought to examine the antecedents of workaholism. Some studies show that demographic factors such as age, gender, and level of education are associated with workaholism, with women, older, and higher-educated workers being slightly more likely to be classified as workaholics; however, these effects tend to be weak. Findings are mixed for the Big 5 personality traits, with especially perfectionism [and to some degree neuroticism and (absence of) conscientiousness] being an antecedent for workaholism. As regards work-related factors, the organizational culture (overwork culture, competitive culture) is a risk factor for workaholism; the same applies to high job demands and low job control/autonomy. These factors may interact synergistically with each other, but so far this has remained an interesting speculation.

OUTCOMES OF WORKAHOLISM

Workaholism as it is defined here involves a high need/compulsion to engage in and to expend excessive effort on work. Such features can be expected to be associated with various individual and organizational-level outcomes, such as performance, health, and well-being, and may also affect others, e.g., colleagues or family members. Bakker et al. (2009) have tested a fairly common narrative for the associations between workaholism and its outcomes. Drawing on data from 168 dual-earner couples, they found that worker A's level of workaholism was positively associated with their level of work-life conflict; in turn, this negatively affected the social support received by worker A's partner B, which negatively affected B's relationship satisfaction, subsequently negatively affecting A's satisfaction with their relationship with B. This applied to both males and females. Apparently, elevated levels of workaholism have adverse outcomes for both the worker and their family.



Several reviews present systematic examinations of the outcomes of workaholism for various parties. Below, we discuss the associations between workaholism and three broad classes of possible outcomes: (a) work-related outcomes (e.g., performance and career progression), (b) individual outcomes (health and well-being), and (c) family outcomes (focusing on the work-nonwork interface).

Workaholism and Work Outcomes

As workaholics invest much effort in their work, it may be assumed that they perform well. As Clark et al. (2016) state, good performance (and high effort investment) can be assumed to be rewarded in the labor market, which suggests that workaholics may have better, more satisfying careers than others. Alternatively, some researchers have suggested that workaholics tend to have difficult interactions with their superiors and coworkers, have unrealistic (perfectionistic) standards, and make their projects more complicated than needed, just for the sake of being able to continue working (Scott et al. 1997). In this sense, it is unclear how workaholism associates with various indicators and types of performance.

Interestingly, Clark et al. (2016) found no significant association between workaholism and overall performance, roughly relating to the execution of a worker's formal job requirements. However, there was a weak positive association with career prospects [e.g., the expectation of advancing to senior levels of management (Burke & MacDermid 1999)] and a weak-to-moderate positive association with counterproductive work behaviors. Later research was in line with these findings, with workaholism being either negatively related (Spagnoli et al. 2020, Van Beek et al. 2014) or unrelated (Balducci et al. 2021, Xu et al. 2021) to performance. Indeed, in a study among Norwegian nurses, Andreassen et al. (2018a) found that high levels of workaholism were positively associated with impaired functioning, such as dozing off at work and harming oneself and others. Thus, evidence that workaholics perform better than others is virtually absent; rather, the reverse applies, with workaholics being more likely to engage in counterproductive behaviors and even harming themselves and others while at work.

Individual Outcomes of Workaholism

How about the health and well-being of workaholics? In their meta-analyses, both Clark et al. (2016) and Aziz & Moyer (2018) found that workaholism was associated with adverse outcomes such as burnout (especially its exhaustion and cynicism components), lack of life satisfaction, and lack of physical and mental health. Consistent with these notions, Shimazu et al. (2015) found that across time, workaholism was associated with an increase in ill-health and decrease in life satisfaction. Andreassen and colleagues (Andreassen 2014; Andreassen et al. 2018a,b) reported that workaholics were more likely to report burnout symptoms, somatic issues, depression, social dysfunctioning, sleep issues, and anxiety/insomnia. Thus, it can be concluded that workaholism is associated with relatively low employee health and well-being.

Workaholism and Family Outcomes

Finally, if workaholics invest much time and effort in their work at the cost of other activities, it may be expected that workaholism is associated with adverse scores on indicators of family and relationship functioning. Not surprisingly, these consequences of workaholism have frequently been examined. In their meta-analysis, Clark et al. (2016) report that workaholism is strongly and positively associated with marital disaffection and work-life conflict, and—to a much weaker degree—with lack of family satisfaction. The meta-analytic correlation between workaholism and relationship satisfaction was not significant. More recent research on these associations is in line

with these findings (among others, Hogan et al. 2016, Karapinar et al. 2020, Shimazu et al. 2020, Torp et al. 2018).

Finally, based on his clinical expertise, workaholism expert Bryan Robinson (2021) believes that the children of workaholics bring “invisible scars” to their careers that make them feel depressive and inadequate, perfectionistic, angry and resentful, and feel unworthy because of not being able to meet the expectations of others. Is it possible that the workaholic behaviors of parents affect their children’s work behavior? The scarce empirical evidence in this area found that the children of workaholic parents were more likely to obtain high scores on workaholism indicators as well (Kravina et al. 2014). These findings are in line with social learning theory, suggesting that children’s observations of their parents’ behavior guide their own future work behavior. Summarizing, although most of the studies in this area employed cross-sectional designs, these findings demonstrate that workaholics can expect to be confronted with adverse family outcomes, including elevated levels of work-life conflict and disaffection and perhaps even influencing their offspring’s way of dealing with work.

Conclusion: The Main Outcomes of Workaholism

In this section, we reviewed the outcomes of workaholism. Although much of the primary research in this area is cross-sectional, the findings presented here lend credit to the notion that workaholism is indeed associated with adverse outcomes for one’s health, one’s well-being, as well as one’s family life. Workaholics tend to experience high levels of work-family conflict and tend to report higher levels of burnout, anxiety, depressive symptomatology, and mental and physical complaints. The idea that workaholics perform better than others is clearly discredited. Rather, workaholics tend to engage in counterproductive work behaviors and may even harm themselves and others while at work.

WHAT CAN BE DONE ABOUT WORKAHOLISM?

In modern working life, high performance, commitment and motivation, and high effort expenditure are often considered desirable and frequently perpetuated and rewarded, e.g., in terms of financial incentives or promotions (Taris 2018). Moreover, advancing technology has blurred the distinction between home and work, making it possible for workers to work whenever and wherever they want. As Aziz & Moyer (2018) aptly remark, this environment “is ideal for workaholism to persist, and even increase” (p. 10). However, as workaholism is associated with negative outcomes for the worker and the organization they work for, it is imperative to see what can be done to prevent, reduce, and/or cure workaholism.

The literature has proposed various interventions and preventive measures that can be used to address workaholism, by the workaholic him/herself and, most importantly, by the organization for which he/she works. Although the number of possible measures **Table 2** provides may seem impressive and there is usually some direct or indirect evidence—including anecdotal evidence—that these measures could be effective, they have not been tested systematically (including replication studies) and their presumed effectiveness is therefore not necessarily warranted. For example, since high job demands are associated with high levels of workaholism (e.g., Andreassen et al. 2017, 2018b), common sense suggests that the reduction of job demands would be an effective intervention to deal with workaholism (**Table 2**). However, such an intervention has as yet not been devised and/or empirically validated. Indeed, as Andreassen (2014) states, “no randomized, controlled studies on treatment of workaholism have been conducted so far”; similarly, Aziz & Moyer (2018) conclude that “[m]ore empirical research is needed to determine the efficacy of these approaches in terms of reducing workaholic tendencies” (p. 11); finally, Cossin et al. (2021)



Table 2 Overview of possible interventions/preventive measures

Intervention/prevention level	Details
Primary prevention	<p>Create a protective organizational culture:</p> <ul style="list-style-type: none"> ■ Implement work-life programs. Acknowledge the importance of disconnecting, recovery, relaxation, and activities outside of work. Develop norms that encourage taking breaks and vacations. If needed, implement training, time management programs, etc. ■ Leaders must make sure that employee’s psychological needs are satisfied. ■ Job demands must be managed by the supervisor and should be manageable for the employee. ■ Manage resources (social support, feedback manager, encourage working less hard, variety, more staff, etc.) to prevent workaholism. ■ Supervisors can prevent or dampen workaholism through policies or procedures, e.g., by limiting access to email outside of work hours. Reward smart, not hard, work. Actions that reward workaholic behavior (praise, reward systems or promotions) should be prevented. ■ Make leaders, managers, and supervisors cognizant of the behavior that they model. ■ Leaders should act in line with employee needs (e.g., for good life-work balance) and when needed, offer/partake in leadership development programs.
Secondary prevention	<p>Make workers aware of possibly workaholic behaviors:</p> <ul style="list-style-type: none"> ■ Detect workaholism and monitor staff working habits, e.g., by keeping track of hours worked and late-night emails. Implement organization-wide risk assessments. ■ Inform workaholics of their problematic behaviors. Many addicts do not recognize that they exhibit these behaviors. ■ Via motivational interviewing, help the employee focus on bringing forward their own thoughts about their potentially workaholic behavior, let them discover negative sides of their behavior, and allow them to talk about the changes they would like to implement. <p>Focus on the reduction of workaholism symptoms and their possible consequences at an early stage:</p> <ul style="list-style-type: none"> ■ Emphasize employee strengths and positive qualities. ■ Help employees cope with negative emotions. ■ Implement training programs aimed at developing individual psychological resources at work/self-regulative skills (active coping, resilience, self-awareness, emotional intelligence). ■ Promote relaxation (vacation), mindfulness, and meditation. ■ Supervisors can prevent or reduce workaholism through policies and procedures, e.g., by limiting access to email outside of work hours and rewarding high-quality work instead of high productivity. <p>Help workers disengage from work:</p> <ul style="list-style-type: none"> ■ Offer interesting alternative work activities to distract a workaholic’s attention from engaging in a certain activity. ■ Offer job/career counseling based on self-validation, provide a structured work environment, and help workaholics find a job/career that fits them in terms of well-being.
Tertiary prevention	<p>Help workaholics manage their situation:</p> <ul style="list-style-type: none"> ■ Suggest they join Workaholics Anonymous or similar self-help groups. ■ Offer cognitive and behavioral interventions that enable professional and social integration of workaholics, such as rational-emotive behavior therapy. ■ Offer job/career counseling. ■ Suggest they join relaxation, meditation, etc., programs. ■ Implement some or all primary and secondary interventions mentioned above.

Table based on information provided by Andreassen (2014), Aziz & Moyer (2018), Cossin et al. (2021), and Kim (2019).



content that “[i]ntervention studies are required to confirm the effectiveness of the measures presented.”

With so many caveats, **Table 2** clearly presents an overview of what might, rather than what will, work. The interventions listed in **Table 2** have been roughly classified as (a) primary prevention (addressing the prevention of workaholism), (b) secondary prevention (dealing with the detection of workaholism and addressing possible issues in an early stage to prevent the worsening of workaholism issues), and (c) tertiary prevention (intended to help workaholics recover) (APA 2023).

Primary Prevention

Many of the interventions presented in **Table 2** focus on the prevention of workaholic behaviors, such as the creation of an organizational culture that discourages and/or dampens workaholic behaviors. Leaders, managers, and supervisors play a key role here. Importantly, they have the capacity to make decisions about the amount and complexity of tasks workers must conduct. Since the overview above showed that some aspects of these tasks (especially job demands and job control/autonomy) can trigger workaholic behaviors, supervisors should actively manage these job demands and job resources as to prevent workaholism. Moreover, they should attempt to implement policies and procedures that prevent workaholic behaviors (e.g., restricting access to email outside regular working hours) and should by no means encourage workaholic behaviors (e.g., by promoting workers on the basis of attendance or production volume). Furthermore, managers should be aware that they are role models for their employees and that the latter may copy their leader's behaviors. For instance, sending employees late-night or weekend emails, having lunch behind the computer, and always being the first to enter and/or last to leave the office does not set a good example to employees when it comes to preventing workaholism. Indeed, leaders should actively support the health and well-being of their employees by stimulating a healthy work-life balance: They should acknowledge the importance of detaching from work and relaxation, make sure that employees feel welcome to use their breaks and holidays for rest rather than for work, and allow their employees to take flexible working hours as needed (De Jonge & Taris 2023). To some leaders, such an attitude may come naturally, but others may need participation in formal leadership development programs to make them realize this is part of their duties as well. Overworking leaders set a bad example to employees, even if they consider themselves “happy workaholics” and support others in achieving good work-life balance (Friedman & Lobel 2003).

Secondary Prevention

Interventions in this category aim to prevent early-stage workaholism from getting worse. In the case of workaholism, three broad classes of interventions have been proposed. The first class focuses on the detection of workaholism, e.g., by implementing organizational screening programs in the form of surveys that assess occupational health risks in the organization. Moreover, leaders may informally monitor the work habits and motivations of their employees, seeing whether these are functional in achieving their work goals or not. If there are indications of workaholic behaviors, leaders may talk to their subordinates about their behaviors. Workaholics may well be unaware of and will not necessarily respond positively to well-intended comments on their behavior; motivational interviewing (where employees are being asked about their work habits and their consequences, their evaluations of these consequences, and what they might do about this) may be more effective.

The second class of secondary interventions focuses on influencing a worker's psychological make-up. If workaholism is associated with negative outcomes such as depression, burnout



symptoms, stress, and work-home conflict, it seems reasonable to make a workaholic employee more resilient against negative emotions and cognitions. This could take the form of informal and ad hoc actions by the supervisor (e.g., talks); however, formal training programs that focus on the development of individual psychological “resources” (such as improving one’s coping skills and emotional intelligence) may be more effective. In addition, workaholic workers should be made aware that using breaks and holidays for recovery rather than for work is imperative for their health, as is relaxation and detachment from work in general (see De Jonge & Taris 2023).

The final class of secondary interventions involves supervisor attempts to alter the work context of workaholics. As in primary prevention, they may implement policies that make it more difficult to engage in workaholic behaviors and supervisors should refrain from rewarding such behaviors. Insofar as workaholic behavior has become a habit, supervisors may assign at-risk workers to alternative tasks to break these habits, but in doing so they must make sure that this change of tasks is evaluated positively by the worker, rather than a sort of punishment for not performing well enough in the previous tasks. Workaholics may be motivated to take on different tasks by engaging in job counseling programs, helping them find a job that may fit them better in terms of well-being. Counseling may also help workaholics create a more realistic image of what is expected from them on the job and to provide more structure to their tasks: What is part of their job? And what is not?

Tertiary Prevention

The interventions in this class attempt to minimize negative effects, prevent workaholism from getting worse, prevent relapse, or restore healthy functioning (APA 2023). Many interventions mentioned in the primary/secondary prevention categories could be useful here, including relaxation and counseling. Some authors (Cossin et al. 2021) mention cognitive and behavioral interventions as being possibly effective, especially rational emotive behavior therapy in which irrational cognitions about work (“If I do not work hard, I am a failure”) are challenged and replaced with more realistic cognitions. Finally, a classic action to be taken by the workaholic him/herself is to join a self-help group such as Workaholics Anonymous.

Interventions: Some Additional Thoughts

As indicated above, the effectiveness of the interventions mentioned in **Table 2** has usually not convincingly been established. Clearly there is a need for more research here. However, other considerations regarding these interventions should also be taken into account. First, it is recommended that workaholism interventions should focus on both the organizational level (create a protective organizational culture, do not devise reward structures that reward workaholic behavior, etc.) and the individual level (e.g., monitor individual working patterns) (Aziz & Moyer 2018). Second, Cossin et al. (2021) note that in addition to their human resources professionals, organizations can call on other professionals such as occupational physicians or occupational health psychologists to assist them with devising and implementing the interventions mentioned above. They do not need to know or do everything themselves. Third, be aware that some of the interventions proposed in **Table 2** may backfire. For instance, providing workers with flexible working times and more job control/autonomy may provide workaholics with opportunities to intensify their workaholic behaviors. Other interventions may strengthen their negative affect. For example, making it impossible for workaholics to send late-night emails or initiating talks about their working patterns may be construed by workaholics as intrusions and attempts to hinder them from doing what they think is necessary to perform well. Finally, Kim (2019) notes



that from an organizational perspective, there is “nothing wrong with intensive working if the behavior does not cause deterioration of self, colleagues, the organization, or other domains of life... [and that] Managers and HRD practitioners need to identify whether their excessive workers are serious addicts who produce negative effects on themselves and the organization” (p. 342). Not all workers who invest much effort in their work are workaholics; some of them may just be engaged, happy workers (see Friedman & Lobel 2003). Clearly, preventing and dealing with workaholism is a delicate matter that requires thought, expertise, and careful action.

DISCUSSION AND FUTURE RESEARCH

As clinical psychologist Bryan Robinson (2021) states, workaholism is “the best-dressed of all addictions.” In this article, we have discussed the origins and conceptualization of this societally accepted form of addiction, its antecedents and outcomes, and interventions that may be successful in preventing or addressing workaholism. As we have shown, initially workaholism referred to an array of rather different concepts. All of these involved high effort expenditure, at least in terms of behavior (hours worked) and frequently also in terms of cognition/motivation/drive (being motivated to work hard or being unable to detach from work). In other respects, they differed, e.g., in terms of their presumed outcomes [high versus bad performance and implications for worker health and well-being (Taris et al. 2005)]. Furthermore, the distinctions between workaholism and other, more or less similar, concepts such as Type-A behavior, work engagement, overcommitment, and work passion were not always clear, especially not since initially different types of workaholism were distinguished (Spence & Robbins 1992) that sometimes strongly resembled these other concepts (Schaufeli et al. 2008a,b).

At present, this conceptual fog has largely cleared, with researchers increasingly focusing on the conceptualization of workaholism as the combination of high effort expenditure and low motivation to disconnect from work. Well-validated measures of workaholism that are consistent with this conceptualization are available and have successfully been applied in a variety of countries and settings. In terms of the antecedents of workaholism, it appears that person-level (perfectionism, neuroticism, and low conscientiousness) as well as work-related and organizational factors (labor market sector, white collar and managerial jobs, presence of a competitive/overwork culture; high job demands, perhaps low job control/autonomy) may be relevant in the etiology of workaholism. The outcomes of workaholism are clear: There are no indications that workaholics are better performers than others, and in fact there is some evidence that they actually perform worse; they tend to report lower levels of mental and physical well-being; and they frequently experience work-family conflict, underlining the negative effects of workaholism on the nonwork context.

International Perspectives

Since workaholism was initially primarily examined within Western developed countries and also given the clear conceptual connections between workaholism and Weber’s PWE (Furnham 1984), one legitimate question is whether the findings presented here hold up for non-Western countries. One answer could be that in the past two decades, workaholism has been studied in countries such as China (e.g., Hu et al. 2014), Japan (Shimazu et al. 2015), South Korea (Kim 2019), South Africa (De Beer et al. 2022), and Brazil (Souza Vasquez et al. 2018), showing results that are very similar to those obtained in Western countries. However, such evidence is insufficient to conclude that workaholism is conceptually identical and manifests itself in a similar way across different cultures. For instance, Baruch (2011) argued that in some cultures workaholic behaviors may be evaluated differently (e.g., more positively) than in other cultures, which could mean that the adverse effects



we reported here may actually be contingent on culture. This interesting idea has so far not been examined systematically and can therefore be neither discredited nor accepted.

Unresolved Issues and Challenges for Future Research

The overview presented here also shows numerous gaps in our knowledge on workaholism. On the one hand, much of the research on workaholism to date has relied on cross-sectional designs using self-report measures. The limitations of such designs are well-documented (e.g., causal inferences are impossible), which means that much of our knowledge on workaholism is only tentative (e.g., Taris et al. 2021). On the other hand, there are also conceptual issues that still need to be resolved. Based on our findings, we offer six directions for future research on workaholism (see also **Table 3**).

1. Employ better research designs: As a large part of the research that is presently available draws on cross-sectional designs, we recommend future research rely more heavily on stronger designs (e.g., longitudinal or diary research) than is currently the case. In this

Table 3 Issues and directions for future research

Research area	What future research needs to do
Research designs and causality	Most research on workaholism draws on cross-sectional designs. We need stronger designs to study the causal associations between workaholism, its presumed antecedents, and its outcomes—both on a day-to-day basis (e.g., diary studies) and in the longer term (e.g., panel studies).
Long time frames when studying workaholism	Insofar as workaholism is studied longitudinally, the time frames used are usually relatively short (less than a year between the study waves). This implies that the long-term consequences of workaholism for mental and physical health, cardiovascular issues, turnover, career development, but also one’s personal and family relationships, comprise largely unknown territory. Longer time frames (say, of five years and more) are needed to study the long-term effects of workaholism as well.
Subjective versus objective measures	Most research on workaholism draws heavily on self-report (subjective) measures. To obtain a more complete and better impression of the associations between workaholism and its antecedents and outcomes, the use of objective measures (especially regarding concepts such as performance, quality of family relations, working hours, and effort expenditure) is strongly encouraged.
Cultural context	Workaholism has mainly been studied in Western contexts. We need to study the conceptualization and nomological network of workaholism in non-Western cultures as well.
Intervention effectiveness	Since workaholism is considered a negative phenomenon that is associated with negative outcomes for the individual, their family, and the organization they work for, effective interventions are badly needed. Future research needs to go beyond good intentions and “gut feelings,” and should develop and systematically evaluate possible interventions to address workaholism and/or its adverse impact.
Technological developments and workaholism	The context in which workers operate changes quickly. Especially information and communications technology provides workers with ever greater opportunities to work anywhere and anytime. Basically, the conditions for developing workaholism have never been as good as today, such that research deals with the following questions: How do workers regulate the effort they expend on work, and how do they recover and disconnect in the presence of technological devices (such as smartphones and laptops) that greatly facilitate continuous involvement with work? What are the consequences of blurring the lines between the work and home contexts? More generally, how do they prevent the development of workaholic behaviors?



way the causal direction of the associations that emerge can be established with more certainty. For example, although we know that workaholism and job demands are positively related, it is unclear whether high job demands cause workaholism, whether workaholics generate higher job demands for themselves, whether both mechanisms apply, or whether third variables (e.g., personality factors or organizational culture) are responsible for this association.

2. **Employ better measures:** A similar reservation applies to the measures used in workaholism research. This research mainly draws on survey studies and self-report measures. In many instances this is fine: For example, only participants themselves know about their drive to work hard. However, it would seem possible to measure concepts like effort expenditure (e.g., number of hours worked) and performance objectively, i.e., independently from the participant. In this vein, it will be possible to obtain a better indication of, say, the strength of the association between workaholism and performance.
3. **Employ longer time frames:** Although it appears that workaholism is primarily associated with adverse outcomes, studying workaholism longitudinally would allow for examining its longer-term consequences. That is, whereas workaholism may well be associated with concurrent elevated levels of stress and depression, it would seem imperative to examine its long-term consequences as well. For instance, is workaholism associated with later cardiovascular issues or dropout from work? What are the consequences of workaholism for one's actual career development, as opposed to one's expectations regarding one's career?
4. **Study workaholism in cross-cultural contexts:** Although workaholism has been studied in various cultural contexts, the participants in these studies usually came from Western and developed countries. Although the evidence so far suggests that the measures of workaholism that are presently available also work well in non-Western contexts, the role of culture deserves more consideration (Baruch 2011) and may require explicit comparisons of models and findings across cultures, including examination of the associations between culture, workaholism, and their antecedents and outcomes.
5. **Study the effectiveness of interventions:** The individual and organizational-level consequences of workaholism seem to be severe. Although many interventions have been proposed at the primary, secondary, and tertiary levels, it seems that few of these have been evaluated systematically. That is, at present it is difficult to recommend particular interventions for preventing or addressing workaholism. Insofar as interventions are available, their effectiveness is often based on the idea that this type of intervention (e.g., relaxation programs or rational-emotive behavior therapy) usually has positive effects on a wide range of issues, suggesting that these will also work in the context of workaholism. Other interventions (e.g., limiting the possibilities to send email messages outside working hours) sound intuitively plausible, but there is little evidence that testifies to their effectiveness. This is a pressing issue that deserves much more attention from researchers and practitioners alike.
6. **Study workaholism in relation to technological developments:** The times, they are a-changing, and this also applies to the context in which workers must conduct their tasks. As Aziz & Moyer (2018) remarked, the technological possibilities to work anywhere and anytime are increasing, providing a fertile ground for workaholism to develop. This tendency may even be strengthened in the post-COVID-19 era, where many workers have learned that working at home is both possible and convenient, and where they have developed the skills needed to do so. This could mean that workaholism indicators like "is in the office while others have called it quits" (Schaufeli et al. 2009) are outdated, as workaholics no longer need to go to the office to work hard. Moreover, although strong evidence is as yet absent, it is conceivable that working remotely increases the chances of



developing workaholic behaviors, including working long hours (Riggio 2021). Thus, we believe that it would be worthwhile to study workaholism over time, against the background of ever-increasing technological possibilities to work (too) hard.

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