

Contextualising over-engagement in work: Towards a more global understanding of workaholism as an addiction

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Purpose: Despite increasing empirical research into workaholism, no single definition or conceptualisation has emerged, and current understandings of workaholism are arguably problematic. The primary purpose of this paper is to clarify some of these issues, by defining and contextualising over-engagement in work that leads to severe negative consequences (i.e., workaholism) as a genuine behavioural addiction. *Approach:* By conceptualising work behaviours as manifestations of behavioural engagement and placing them on a continuum from withdrawal/under-engagement (e.g., persistent absenteeism) to over-engagement (e.g., work conflicting with all other activity), this paper argues that workaholism is an extreme negative aspect of behavioural engagement. It then examines the extent to which workaholism can be viewed as a genuine addiction by using criteria applied to other more traditional behavioural addictions (e.g., gambling addiction, exercise addiction), before briefly outlining an approach towards a more global understanding of workaholism. *Findings:* The framework presented here helps to contextualise over-engagement to work as a genuine addiction. It presents more comprehensive understanding of workaholism that takes into account the individual factors of the employee, situational factors of the working environment, and structural factors of the work activity itself. It provides theoretically derived links between workaholism and other work behaviours that can be empirically demonstrated. *Practical implications:* Viewing workaholism as an addiction that comprises extreme and prolonged behavioural over-engagement can be invaluable for promoting healthy work engagement. A clearer understanding of the underpinnings of workaholism can allow for a better assessment and management by practitioners. *Originality/value:* This paper is one the first to contextualise workaholism in relation to other work behaviours, conceptualise it as a genuine behavioural addiction, and to apply clinical criteria for addiction to understand workaholism as prolonged and extreme behavioural engagement.

Keywords: workaholism, addiction, behavioural engagement, work behaviours, work engagement, centrality of work

INTRODUCTION

The term ‘workaholism’ was coined over forty years ago (Oates, 1971). It is now used frequently in everyday language and receives considerable attention by practitioners (Ng, Sorensen & Feldman, 2007). Despite increasing empirical research into the phenomenon, no single definition or conceptualisation of workaholism has emerged (Burke and Matthiesen, 2004; Taris, Geurts, Schaufeli, Blonk & Lagerveld, 2008). Furthermore, it has been noted that there is an imbalance between the prominence of workaholism in practice and the lack of attention to workaholism by scholars (Ng et al., 2007). Given these observations and concerns, the primary purpose of this paper is to define and contextualise over-engagement in work that leads to severe negative consequences (i.e., workaholism) as a genuine behavioural addiction. More specifically, the paper (i) examines current definitions and understanding of workaholism and outlines their inadequacies, (ii) argues that work behaviours are manifestations of behavioural engagement and as such can be conceptualised on a single continuum from withdrawal at one end (i.e., voluntary absenteeism), to attachment or extreme engagement at the other (i.e., workaholism), (iii) briefly examines the dimensions of behavioural engagement with work (i.e., one’s orientation towards their job and their organisation), (iv) explores the extent to which workaholism as an over-engagement can be viewed as a genuine addiction

by using criteria applied to other more traditional behavioural addictions, and (v) places workaholism in context by briefly outlining a more global understanding of workaholism that takes into account not just the individual characteristics of the person but also the contextual characteristics of the work environment, and the structural characteristics of the work itself.

WORKAHOLISM: ISSUES AROUND DEFINITIONS AND CURRENT UNDERSTANDING

The meaning of workaholism is arguably ambiguous and many different researchers use different definitions of what it is to be a workaholic. Our current understanding of the workaholism concept is inadequate for at least six reasons. First, current conceptualisations of workaholism are mere descriptions of the elements of workaholism within the operational definition used by the particular researcher(s). Sec-

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ond, these descriptions do not highlight or explain workaholism as one of many types of work behaviours or as a specific type of work over-engagement. Third, they do not sufficiently explain the addictive element of workaholism and/or what makes work potentially addictive. Fourth, they do not fully explain how this type of extreme behavioural engagement relates to other less extreme types of work engagement. Fifth, current models of work over-engagement and workaholism omit the role of context-specific cognitions, motivations, intentions, attitudes, and affective responses that can help to illuminate the nature of workaholism. For instance, Griffiths (2011) has shown that two people could be working identical work patterns but in one case they may be addicted to work whereas in another context they are not. Finally, current conceptualisations of workaholism do not adequately equip employers for managing over-engagement in work and helping employees maintain a healthy balance between work and non-work.

McMillan, O'Driscoll and Burke (2003) note the need for clear theoretical frameworks for understanding workaholism and interpreting empirical data. They further note that "the majority of workaholism research has occurred from a wide variety of paradigms on an *ad hoc* basis without explication of a corresponding theory" (p. 170). Furthermore, our understanding of workaholism is weakly grounded in psychological theory. The tendency for workaholism models to be descriptive rather than explain the intricacies of the phenomenon in relation to basic psychological theory can greatly impede our understanding. As Bacharach (1989) and Weick (1989) explain, although 'description', 'typology', and 'model' provide useful approximations to theory, they often fail to explain the important *how*, *why* and *when* questions. Indeed, true process theories that look at phenomena as they develop and change over time are rare in the social sciences and this seems to be the case with workaholism. A more contextualised, comprehensive (i.e., global) understanding of workaholism is needed to make our models stronger, our research more relevant, and our practice more useful.

As noted above, current conceptualisations of workaholism tend to describe the dimensions without explaining the meaning of the work behaviour and/or the mechanisms that govern it. Although these models appear to have been widely accepted by those working in the field, there has been little academic criticism of these concepts. Spence and Robbins (1992) emphasised elements such as involvement, drive, and enthusiasm or enjoyment of work. Similarly, Ng et al. (2007) defined workaholics as "those who enjoy the act of working, who are obsessed with working, and who devote long work hours and personal time to work" (p. 114). Schaufeli et al. (Schaufeli, Taris & Bakker, 2006; Taris, Schaufeli & Verhoeven, 2005; Taris et al., 2008) described workaholism as an inner drive to work hard and a combination of working compulsively and working excessively. Popular measures of workaholism are based on these dimensions (e.g., Work Addiction Risk Test, Robinson, 1999; Workaholism Battery, Spence & Robbins, 1992; Dutch Work Addiction Scale, Schaufeli, Shumazu & Taris, 2009), but not on the core components of addiction found in other validated addiction measures. When critically reviewing the construction processes of the aforementioned workaholism instruments, none of them were developed from an addiction perspective and therefore could be argued to lack face validity (Andreassen, Hetland, Griffiths & Pallesen, 2012). Although workaholism can be easily operationalised as time

spent working (e.g., Harpaz & Snir, 2003), it is important that measures of workaholism also tap into its underlying meaning including questions relating to the consequences of addiction. Although these behavioural, psychological and/or dispositional dimensions may help to explain some aspects of workaholism, they have yet to provide a comprehensive understanding of it. Workaholism is not simply about working compulsively and/or excessively – these are merely descriptors of the phenomenon but do not help to illuminate it.

The weak theorising in the field has ensued a number of inadequacies in our understanding of workaholism. A number of models exist that provide possible determinants and consequences of workaholism (e.g., Ng et al., 2007), but these have rarely been evaluated empirically. There are debates over its definition and composition, and its consequences and antecedents (e.g., personal well-being indicators) are still being explored. The majority of empirical research on the consequences of workaholism has focused on individual and family impact (e.g., job satisfaction, mental health, mental and physical health, social relationships) (Ng et al., 2007). Indicators of workaholism in organisations have also been noted: long working hours, high performance standards, job involvement during non-work hours, control of work activities, and personal identification with the job (Porter, 1996).

Additionally, there are different workaholism types and profiles, each of which may have different causes and effects, leading to questions over how it can be best managed and the factors that promote or discourage it (Burke, 2000). For instance, van Beek, Taris and Schaufeli (2011) examined the antecedents and consequences of working hard (i.e., workaholism and work engagement) in a Dutch sample of over 1200 employees. They showed that work engagement and workaholism were two independent concepts. Factor analysis on the data yielded four types of workers (i.e., workaholic employees, engaged employees, engaged workaholics, and non-workaholic/non-engaged employees). This study highlighted the importance of differentiating among hard working employees, especially the engaged workaholics who did not suffer high levels of burnout often associated with the archetypal workaholic. In relation to consequences, a review by Matuska (2010) examined the research evidence on workaholism and its impact on work-life balance. Although growing evidence suggests negative consequence of workaholism on work-life balance and personal and family well-being, the review found no conclusive evidence linking these concepts, but this may have been a result of the multiple definitions of workaholism.

Furthermore, the lack of longitudinal work on workaholism and the lack of longitudinal theorising also make it difficult to conceptualise how workaholism develops over time, and how deleterious its long-term effects can be. Fassel (1990) suggests "workaholism is a progressive, fatal disease in which a person is addicted to the process of working" (p. 2). Although somewhat extreme, this definition suggests not only that there is a *process* that leads to workaholism, but also that workaholism is a genuine behavioural addiction (see Griffiths, 2011). Current conceptualisations of workaholism do not adequately take into account the *addictive* element of addiction to work. This can be problematic for assessing and managing workaholism.

These gaps can lead to biased interpretation and perhaps mismanagement of workaholism tendencies. Taris et al. (2008) examined the relationship between workaholism and

psychological well-being and concluded that only inability to detach from work was related to reduced well-being, whereas high effort (i.e., working long hours) was unrelated to well-being. Given the centrality of work for psychological health and well-being (Blustein, 2008), it would be counterintuitive to expect that any type of behavioural engagement can have negative consequences. In the case of workaholism, an extreme negative type of behavioural engagement, there seem to be gaps in our understanding. Any explanation of behaviour should not only explain its meaning but should also nest the specific behaviour in its context. If we are to accept that environmental influences can play an important role in behavioural addiction, then it is also important to explain how the work context can render work as potentially addictive.

Moreover, little empirical research has been carried out that might explain how workaholism may relate to other work behaviours (with the exception of, for instance, Schaufeli et al., 2006) and the dynamics between workaholism and other work behaviours. The focus on one type of behaviour in isolation is problematic. Current definitions of workaholism view the concept in isolation from other types of work behaviours and do not explain how it can be related to similar behaviours or indeed the possible underlying links among aspects of work engagement. Fassel's (1990) definition of workaholism also suggests that workaholism involves progression from one state to another, from a healthy behaviour of engagement with work into an unhealthy over-engagement into work. It is vital to conceptually understand the relationship and empirically differentiate between similar types of behaviour. For example, Schaufeli, Taris and Bakker (2006) argue that work engagement and workaholism are distinct types of work behaviour. However, these are only two amongst a range of work behaviours in the psychological engagement spectrum.

THE CENTRALITY OF WORK AND THE BEHAVIOURAL ENGAGEMENT CONTINUUM

Having outlined some of the shortcomings of current thinking on workaholism, we propose a more inclusive and global understanding of the concept and meaning of workaholism, by viewing it as a prolonged and extreme state of behavioural engagement, therefore providing links with other work behaviours and viewing it as a genuine behavioural addiction. This framework is based on two conceptually and empirically supported propositions. First, we propose an alternative to conceptualising workaholism, as a facet of behavioural engagement and therefore one of many work behaviours. Then we extend this framework by presenting two underlying referents of behavioural engagement: with the job (job embeddedness) and with the organisation (organisational identification).

First, a range of behaviours at work can be mapped on a low-high engagement continuum from withdrawal (i.e., persistent voluntary absenteeism) at one end, to healthy engagement (i.e., work engagement, involvement), to extreme engagement (i.e. presenteeism, workaholism) at the other. This continuum is potentially useful as it can describe a range of work behaviours encompassed under behavioural engagement (e.g., Griffin, Parker & Neil, 2008). Psychological engagement is an energetic state (Macey & Schneider, 2008) that, depending on environmental (e.g., management, uncer-

tainty, job characteristics, norms, etc.) and individual influences (e.g. attitudes, goals, behavioural tendencies, etc.), can be manifested as a range of different behaviours. Additionally, it can usefully accommodate variability over the course of the day or week, as well as variability in the external influences of work behaviours. Psychological engagement can usefully distinguish between situations where behavioural disengagement is not possible but psychological disengagement is. The notion of a continuum of work behaviours has been supported, where, for example, being continually late for work precedes absence that, in turn, precedes turnover (Johns, 2001b). This continuum can be usefully extended to include a range of positive work behaviours such as citizenship behaviour, personal initiative, proactivity, work engagement, commitment, etc. (e.g., Griffin et al., 2008; Macey & Schneider, 2008). Here, workaholism is viewed as an extreme facet of behavioural engagement at work. Such a broad-ranging and inclusive view of work behaviours as behavioural engagement may make it possible to unify disparate theories and link the empirical work on workaholism more directly with other work behaviours.

Second, behavioural engagement does not occur in a vacuum, but requires a referent or an anchor. In the work domain, this referent is the centrality of work in general, and of the job and the workplace or organisation in particular. Engagement with a meaningful or purposeful activity is important for psychological health and well-being, making work central in most adults' lives. Thus, work behaviours are coloured by operational and organisational factors: one's relationship with or orientation towards their job and their relationship with or orientation towards their workplace or organisation. As such, the behavioural engagement continuum is embedded in two dimensions: orientation towards one's job (or job embeddedness; Mitchell, Holtom, Lee & Erez, 2001; Mitchell & Lee, 2001) and orientation towards one's organisation (or organisational identification; Ashforth & Mael, 1989). Job embeddedness is an individual's orientation towards work activity and their relationship with their job, such that it "represents both attachment and inertia, as the more embedded one is, the less likely one is to leave one's job" (p. 281, Hom et al., 2009; Mitchell & Lee, 2001). Orientation towards one's organisation is organisational identification or "the perceived oneness between self and organisation", such that "the more people identify with a group or an organisation, the group's or organisation's interests are incorporated into the self-concept, and the more likely the individual is to act with the organisation's best interest in mind" (p. 461, van Knippenberg, van Dick & Tavares, 2007).

The notion of work, and both its operational (the job; job embeddedness) and organisational (the organisation; organisational identification) referents, as a central aspect of the self is well supported by psychological theory (e.g. social identity, Ashforth & Mael, 1989; self-perception theory, Bem, 1972; and social exchange, van Knippenberg et al., 2007) and can help to understand specific work behaviours. As the theory of internalisation (Kelman, 1958) posits, identification with the organisation (e.g., employer) and/or workplace (e.g., department) may facilitate motivation in accordance with the organisation's goals, and, in turn, performance (Ellemers, de Gilder & Haslam, 2004) and work engagement. Identification with the organisation and internalisation of its values are integral aspects of organisational commitment that can lead to acceptance of the organisa-

tion's goals, being committed to the organisation, and feeling engaged and attached to the organisation (O'Reilly & Chatman, 1986). Research evidence shows that highly embedded and satisfied people are much less likely to seek alternative employment, are more committed to their job (Hom et al., 2009), and have fewer intentions to leave their job (Mitchell et al., 2001).

This continuum of behavioural engagement is in line with the view of behaviour as a product of the interaction between the person and the situation (although the work itself may have implications for workaholism as will be argued in the final section of this paper). Different configurations of the main ingredients can lead to different work behaviours. For instance, there is empirical evidence that during organisational restructuring employees substitute absenteeism with presenteeism (Caverley, Cunningham & MacGregor, 2007), and that workaholism and work engagement – while related – are distinct constructs (Schaufeli, Taris & van Rhenen, 2008). Job involvement and organisational commitment are also empirically distinct constructs, reflecting different aspects of attachment to work (Hallberg & Schaufeli, 2006). Each of the specific types of behaviours have unique antecedents and consequences, but they share the underlying anchors of job embeddedness and organisational identification.

WORKAHOLISM AS AN ADDICTION

If work behaviours can be conceptualised on a continuum of behavioural engagement, then job embeddedness and organisational identification represent its underlying dimensions. As a type of heavy psychological engagement, workaholism here can be characterised by prolonged and excessive job embeddedness and prolonged and excessive identification with the organisation. It may be the outcome of an exceedingly strong attachment to one's job and/or exceedingly strong perceived oneness with the organisation. Indeed, there is empirical evidence that work centrality is a predictor of workaholism (Harpaz & Snir, 2003).

The framework outlined in the previous section views workaholism as an outcome of prolonged and extreme behavioural engagement with work. The framework can usefully accommodate a dynamic view of workaholism as a progression from healthy behavioural engagement and a healthy relationship with one's job/organisation to exceedingly heavy work engagement. It also has the potential to indicate ways to successfully manage workaholism in practice, for example by placing work and the meaning of work in perspective, promoting positive engagement whilst reducing negative behaviours, or redesigning work to reinforce and better work-life balance. Very importantly, it can potentially be used to locate the addictive modules of the work context and to distinguish workaholism from other types of behavioural addiction.

Griffiths (2011) has argued that much of the research on workaholism does not conceptualise work in its most excessive form as a genuine addiction. Furthermore, when researchers have conceptualised workaholism as an addiction, the criteria they have used are dissimilar to the criteria used when examining other behavioural addictions such as addictions to gambling, the Internet, sex, exercise, and video games (Griffiths, 2005a; 2005b). For instance, workaholics have been conceptualised as hyper-performers (Korn, Pratt & Lambrou, 1987; Peiperl & Jones, 2001), as unhappy and

obsessive individuals who do not perform well in their jobs (Flowers & Robinson, 2002; Oates, 1971; Porter, 2001; Schaufeli et al., 2006), or as those who prefer to work as a way of escaping from their emotional and personal lives (Robinson, 1999) and/or are over concerned with their work and neglect other areas of their lives (Persaud, 2004). Furthermore, some authors differentiate between positive and negative forms of workaholism (Bonebright, Clay & Ankenmann, 2000). For instance, Scott, Moore and Miceli (1997) assert that workaholics are achievement-orientated with perfectionist and compulsive-dependent traits. Alternatively, Killinger (1992) sees workaholism as a condition that eventually affects the person's ability to function properly.

Because operational definitions and conceptualisations of workaholism differ between empirical studies, it is not surprising that there are few reliable statistics on the prevalence of workaholism (Griffiths, 2005b, 2011). Among large samples, the prevalence of workaholism has been found to be approximately 5%–17.5% (Burke, 1999, 2000; Cook, 1987; Machlowitz, 1980; MacLaren & Best, 2010). Studies with small samples and/or among particular types of work (e.g., female attorneys, medics, and psychologists/therapists) have reported prevalence rates as high as 25% (e.g., Doerfler & Kammer, 1986; Freimuth et al., 2008; Killinger, 1992; Porter, 1996). A recent review by Sussman, Lisha and Griffiths (2011) tentatively estimated a 10% prevalence of workaholism among the U.S. adult working population. Perhaps unsurprisingly, psychological research has shown links between workaholism and those with Type A Behaviour Patterns (i.e., competitive, achievement-orientated individuals) and those with obsessive-compulsive traits (Byrne & Reinhart, 1989; Edwards, Baglioni & Cooper, 1990; Naughton, 1987), indicating conceptual links between work centrality (job embeddedness and organisational identification) and the development of workaholism.

Definitions of workaholism as comprising enjoyment, drive and involvement (Spence & Robbins, 1992) or working excessively and working compulsively (Schaufeli et al., 2006) are in contrast to operational definitions of addictive behaviour such as:

A repetitive habit pattern that increases the risk of disease and/or associated personal and social problems. Addictive behaviours are often experienced subjectively as 'loss of control' – the behaviour continues to occur despite volitional attempts to abstain or moderate use. The habit patterns are typically characterised by immediate gratification (short-term-reward), often coupled with delayed, deleterious effects (long-term costs) (Marlatt, Baer, Donovan & Kivlahan, 1988, p. 224).

As discussed, although workaholism has been linked to negative outcomes at the personal, family and work spheres, commonly used definitions of workaholism tend not to acknowledge the deleterious nature of addiction in the way that more traditional definitions of addictive behaviour do. The addiction literature has made great strides by further developing definitions and understandings of behavioural addiction, largely through the components model of addiction (Griffiths, 2005a) that has been applied to a range of behaviours including addiction to exercise (Griffiths, Szabo & Terry, 2005; Terry, Szabo & Griffiths, 2004), gambling (Griffiths, 1995), sex (Griffiths, 2012), video game playing (Griffiths, 2010) and internet use (Griffiths, 2000). These insights are invaluable for understanding addiction to work.

The only reliable way of determining whether behavioural addictions (such as workaholism) are genuine addictions is to directly compare them against clinical criteria for other established addictions (Griffiths, 2005b). Consequently, addictive behaviour is operationally defined as any behaviour that features the six core components of addiction (i.e., salience, mood modification, tolerance, withdrawal symptoms, conflict and relapse) (Griffiths, 2005b). Any behaviour (in this case, work) that fulfils these six criteria can be operationally defined as an addiction. In relation to workaholism, the six components would be:

- *Salience* – This occurs when work becomes the single most important activity in the person’s life and dominates their thinking (preoccupations and cognitive distortions), feelings (cravings) and behaviour (deterioration of socialised behaviour). For instance, even if the person is not actually working they will be constantly thinking about the next time that they will be (i.e., a total preoccupation with work). Salience as a component of addiction can be an outcome of high identification and involvement with the job as a dimensions of behavioural engagement with work.
- *Mood modification* – This refers to the subjective experiences that people report as a consequence of working and can be seen as a coping strategy (i.e., they experience an arousing ‘buzz’ or a ‘high’ or paradoxically a tranquilizing feel of ‘escape’ or ‘numbing’).
- *Tolerance* – This is the process whereby increasing amounts of work are required to achieve the former mood modifying effects. This basically means that for someone engaged in work, they gradually build up the amount of the time they spend working every day. Working excessively and devoting long hours to work is common in definitions of workaholism (Ng et al., 2007; Taris, Schaufeli & Verhoeven, 2005).
- *Withdrawal symptoms* – These are the unpleasant feeling states and/or physical effects (e.g., moodiness, irritability, inability to concentrate, etc.) that occur when the person is unable to work because they are ill, on holiday, etc. The need for control is high and it is difficult to disengage from work.
- *Conflict* – This refers to the conflicts between the person and those around them (e.g., conflict with family members, family demands), conflicts with other activities (e.g., social life, hobbies and interests) or from within the individual themselves (intra-individual conflict and/or subjective feelings of loss of control) that are concerned with spending too much time working. Workaholics are unable to disengage from work when not at work in order to benefit from opportunities for recovery from work (de Bloom et al., 2011; Demerouti, Bakker, Geurts & Taris, 2009).
- *Relapse* – This is the tendency for repeated reversions to earlier patterns of excessive work to recur and for even the most extreme patterns typical of the height of excessive working to be quickly restored after periods of control. The workaholic is unable to balance their engagement in work and the combination of prolonged excessive work centrality (job embeddedness and organisational identification) does not allow to manage a healthy balance of psychological and behavioural engagement.

Given that current measures to assess workaholism are not based on the core components of addiction found in other validated addiction measures, a new measure, the

Bergen Work Addiction Scale (BWAS) – based on Griffiths’ core components of addiction – has very recently been developed with good psychometric properties (Andreassen et al., 2012). Furthermore, the temporal dimension of any addictive behaviour is extremely important (Griffiths, 2005b, 2011). Most employees can think of periods in their lives when work has taken over for a short time (e.g., working 12- to 16-hour days for a month). This alone does not mean that such people are addicted to work. To be a workaholic, the activity must be something that has been sustained and experienced over a long period of time (usually over six months as is the case with other more traditional addictions). Furthermore, it is theoretically possible for some people to be working very excessively without any obvious negative detriment to the person’s life (Griffiths, 2011). In short, the difference between a healthy excessive enthusiasm and an addiction is that healthy enthusiasms add to life and addictions take away from it (Griffiths, 2005a). Indeed, although job embeddedness and organisational identification are desirable states, their combination over a prolonged period of time may lead to a change in perspective and to excessive behavioural (and thus pathological) engagement with work. However, empirical research is needed to confirm such speculation.

Although all addictive behaviours have idiosyncratic differences, addictions commonly share more similarities than dissimilarities. However, why is addiction to work not seen by many people as a genuine addiction? Much of this may stem from the facts that: (i) work is viewed by society as a necessity, (ii) working hard is viewed positively by both society (macro-level) and employers (micro-level), and (iii) working eight to ten hours a day is viewed as ‘normal’ whereas engaging in a non-work activity for eight to ten hours a day (e.g., playing video games, gambling, exercise, internet use, etc.) is viewed as ‘abnormal’. This supports Fassel’s (1990) view that workaholism is as much a ‘system addiction’ as an individual one. Although the manifestations of addiction to work are at the level of the individual, workaholic behaviour is socially acceptable and may even be encouraged by employers (e.g., the ‘long hours culture’). However, workaholism also involves a person’s relationship and/or attachment to work, evaluative predispositions towards work, and the personal needs that work fulfils. As mentioned in the previous section, these attitudes or orientation towards work and the organisation may translate into excessive work behaviour (in the presence of environmental contingencies as outlined earlier).

TOWARDS A MORE GLOBAL UNDERSTANDING OF WORKAHOLISM

Earlier in this paper it was argued that, in some cases, excessive work can be operationalised as a genuine addiction. However, Griffiths’ (2005a) components model does not totally explain how and why workaholism occurs and/or what factors are involved in the development of workaholic behaviour from healthy behavioural engagement. In the case of addiction to work, it has been argued earlier in this paper that the underlying centrality of work and its dimensions (job embeddedness and organisational identification) may be important primary determinants. To understand addiction to work, it is important to understand the context in which this type of addiction takes place, namely, the work domain. This approach is grounded on the premise that it is the individ-

ual's relationship with their work (their job and their organisation) that provides the context to the development and maintenance of addiction to work. Furthermore, a potentially large number of determinants (including situational and structural determinants) can inhibit or facilitate work behaviours. Such determinants may affect the direction and intensity of the behaviour, predispose the individual, and/or reinforce and/or trigger addictive behaviour. Thus, a range of individual and contextual determinants play a role in turning healthy behavioural engagement with work into workaholism.

A more global and inclusive approach also helps position addiction to work at the extreme end of the psychological continuum of work engagement. If there is evidence that addiction is not indiscriminate regarding its focus and that people generally tend to be 'selective' about what they get addicted to (e.g., it is no more likely for an exercise addict to also be a work addict), then it is theoretically possible to examine what makes the work domain 'addicting'. This approach can help us to understand the likely causes of workaholism. The main problem with current models of workaholism (e.g., Schaufeli et al., 2006) is that they are purely descriptive and do not explain what makes workaholism different to any other type of addiction and/or how workaholism develops over time. The tentative framework presented in this paper can help to explain why and how some people proceed from healthy behavioural engagement to addiction with work.

Griffiths (2005a) notes that addictions always result from an interaction and interplay between many factors including the person's biological and/or genetic predisposition, their psychological constitution (e.g. personality factors, unconscious motivations, attitudes, expectations, beliefs, etc.), their social environment (i.e., situational characteristics) and the nature of the activity itself (i.e. structural characteristics). This could be termed a 'global model' of addiction that goes beyond a purely individualistic biosychosocial approach. These many factors highlight the interconnected processes and integration between individual differences (i.e. personal vulnerability factors), situational characteristics, structural characteristics, and the resulting addictive behaviour. Each of these three general sets of influences (i.e. individual, structural and situational) can be subdivided much further depending on the type of addiction, and can also be applied to workaholism.

For instance, the structural characteristics of work can include such factors as the type and content/nature of work (e.g., manual or non-manual; proactive or reactive; stimulating or non-stimulating), the familiarity of the work (e.g., novel or repetitive), number of hours per day or week spent doing the work, the flexibility of how the work fits into the daily and/or weekly routine of the individual, and direct and/or indirect financial rewards (e.g., salary, medical insurance, pension and other benefits, etc.) (Griffiths, 2011). There are also the individual and idiosyncratic rewards of the job itself (in the case of an academic researcher these may include getting a paper published or being awarded a grant).

In addition, the situational characteristics of work can include the organisation's work ethos and policies, its culture and climate, the relationship dynamics between co-workers (e.g., collegiality between the workers and their line managers and/or colleagues), social facilitation effects (i.e., working alone or working with others), the aesthetics of the work environment (e.g., lighting, décor, colour in workspace),

and the physical comfort and surroundings of workspaces (e.g., heating, seating and eating facilities) (Griffiths, 2011). The situational and cultural infrastructure of the workplace setting may therefore contribute and facilitate excessive working that in some individuals may lead to a genuine work addiction. In short, workaholism may not just be dependent on the inherent individual characteristics of the worker but may also be influenced by both the situational characteristics of the working environment, and the structural characteristics of the work activity itself.

A more inclusive and global approach of work as an addiction can allow research on workaholism to extend into new areas and examine hypotheses not previously formulated. Almost all work on workaholism has been carried out from an individual perspective particularly through the use of workplace surveys carried out by academic researchers in the field of occupational health (see previous sections in this paper). A more global approach would allow for a more detailed empirical examination of the structural and situational characteristics of workplace environments using a wider range of research methodologies including the potential for experimental manipulations, in-depth clinically-orientated qualitative interviews, and more wide-ranging longitudinal work.

CONCLUDING COMMENTS

Research on workaholism is in need of conceptual clarification and theoretical development, although final consensus among the researchers may be difficult to achieve. This paper has linked workaholism to other work behaviours through psychological theory, explored workaholism as a genuine addiction, and argued for the role of context by presenting a global model of workaholism. This paper can make an important contribution to the workaholism literature as the continuum of behavioural engagement presented here is well-grounded in psychological theory and more inclusive than the rather *ad hoc* approach to understanding workaholism as a heavy work engagement (see McMillan et al., 2003). It has been argued elsewhere that "the impact of context on organisational behaviour is not sufficiently recognised or appreciated" (Johns, 2006, p. 386; also see Johns, 2001a; Rousseau & Fried, 2001). This also applied to our understanding of workaholism, and it is hoped that the tentative steps towards a global understanding of workaholism as presented in this paper will achieve this needed contextualisation of workaholism as one of many facets of behavioural engagement with work.

A more global understanding of workaholism can also more adequately equip employers for managing over-engagement into work and maintaining a healthy balance between work and non-work. For organisations, workaholism is desirable, as it implies longer working hours. However, it does not necessarily imply better work quality or higher productivity. In the longer term, the inability to detach from work may even be detrimental to performance since it relates to psychological ill health (Taris et al., 2008). Indeed, a healthy engagement with work and opportunities for recovery from work during non-work are important for health and well-being (de Bloom et al., 2011; Demerouti et al., 2009). Better management of workaholism means that employers have to think more carefully about the workplace infrastructure (i.e., the situational determinants, the workplace culture, etc.) and the nature of the work tasks (i.e., the structural

characteristics of the work activity itself, a job that is designed to promote a healthy engagement and balance between work and non-work life) as these are the areas that they have direct responsibility for.

Of course, excessive working does not necessarily mean that a person is addicted to work, and although all genuine work addicts work excessively, not all excessive workers are addicted (Griffiths, 2011). The important issue is whether excessive working is prolonged and to what extent excessive working impacts negatively and detrimentally on other areas of the person's life. An activity cannot be described as an addiction if there are few (or no) negative consequences. Excessive activity and addictive activity are two very different (albeit often overlapping) behaviours. By viewing workaholism as a genuine addiction within a more global approach we can start to more clearly decipher its antecedents and consequences, at the individual, job, and organisational levels. In practical terms, viewing workaholism as an extreme type of psychological and behavioural engagement can be valuable for promoting healthy work engagement and productive work.

Workaholism is a multifaceted behaviour that is strongly influenced by contextual and structural factors (including involvement and motivation, job design, and the temporal nature of addictive work behaviour) that cannot be encompassed by any single theoretical perspective. This is why a more global approach to understanding workaholism is needed. A global approach to workaholism (i) appreciates workaholism in a broader sense by including both individual (biopsychosocial) and organisational approaches, (ii) conceptualises workaholism as a genuine addictive behaviour akin to other more traditional addictions, (iii) suggests different measurements of workaholism are needed, (iv) provides possible insights into reducing the prevalence of workaholism, (v) helps develop a practice agenda for the management of workaholism, and (vii) helps explain and understand the acquisition, development and maintenance of workaholism as part of a wider continuum of work-related behaviours.

Viewing workaholism as over-engagement and placing it at the extreme end of the behavioural engagement continuum suggests important underlying mechanisms that can be examined in empirical research and addressed in practice. It also indicates that workaholism is contingent on contextual factors and even how it may be related to other work behaviours on the continuum. As far as the authors are aware, this paper is one of the first to contextualise workaholism as an extreme aspect of behavioural engagement, to apply clinical criteria for addiction to work, and to highlight ways in which theory in the area can be developed.

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