

Workaholism research: a narrative review

Abstract

This narrative review includes current research on the prevalence of workaholism, also called work addiction, the negative effects, the risk factors/predictor variables for experiencing workaholism, and buffers for workaholism. The prevalence has varied from 14% to 42%. The negative effects include technostress, job stress, burnout, turnover, work – family conflict, loneliness, depression, elevated blood pressure, headaches, substance use, and mental health problems. The risks /predictors for workaholism that have been addressed in this literature include childhood emotional abuse, gaslighting, thriving at work, and being an evening type. Several buffers have been noted including work engagement, work autonomy, laughter, leisure, psychological capital, and mindfulness. Despite the many negative effects of work addiction, no interventions appeared in this literature. Other methodological limitations include varying definitions of workaholism and variable prevalence across samples including across countries, across professions and between genders.

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Introduction

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Workaholism has been defined as an obsessive need to work driven by perfectionism, fear of failure or a desire for control. Signs of workaholism include excessive hours, constant preoccupation, relentless drive and withdrawal symptoms. Workaholism has typically been measured by the Multidimensional Workaholism Scale or the Bergen Work Addiction Scale. These scales have revealed relationships between workaholism, working excessively, working compulsively and work performance based on 45 samples (N=57,352 participants).¹ These relationships, in turn, have been influenced by the use of the different measurement tools of workaholism.

This narrative review includes current research on the prevalence of workaholism, the negative effects of workaholism, also known as work addiction, the risk factors/predictor variables for experiencing workaholism, and buffers for workaholism. This research was found on PubMed and PsycINFO by entering the term workaholism and the years 2022-2026. Exclusion criteria were protocols, case studies, and non-English language papers.

The 31 papers in this current literature review can be categorized as prevalence of workaholism (4 papers) as negative effects of workaholism (15 papers), risks/predictor variables for workaholism (4 papers), and buffers for workaholism (8 papers). These sections are followed by a discussion on methodological limitations of this current literature.

Prevalence of workaholism

In a systematic review of 53 studies (N=71,625) from 23 countries, the prevalence of workaholism was said to be **14%**.² The prevalence was greater when tested by the Dutch versus the Bergen Work Addiction Scale (Table 1).

Table 1 Prevalence of workaholism (and first authors)

Prevalence	First authors
23 countries-14%	Anderson
Engineers- 42%	Hrairi
Greater in European women	Krumov

The prevalence was greater when that scale was given to engineers.³ In this sample (N= 107), **42%** were considered workaholics and 46% worked more than eight hours per day.

In research that compared workaholism across European and Asian cultures during the COVID-19 pandemic, the Asian cultures included China, India and Indonesia and the European cultures included Bulgaria, Germany and Hungary (N= 2617, age range= 18 to 80 years).⁴ In Asia, a significant increase in workaholism had occurred, but workaholism was more **prevalent in the European women**.

Negative effects of workaholism

Workaholism has several negative effects according to this current literature. They include technostress, job stress, burnout, turnover, work – family conflict, loneliness, depression, elevated blood pressure, headaches, substance use, and mental health problems (Table 2).

Table 2 Negative effects of workaholism (and first authors)

Negative effects	First authors
Technostress	Buono
Job stress	Atroszko, Chaillet
Job burnout	Ishibashi, Osmanovic, Avanzi
Turnover intentions	Tresidder
Work-family conflicts	Ruiz-Garcia, Hussein
Loneliness	Ciobano
Depression	Rogouska
High blood pressure	Menghini
Headaches	Matsuyana
Excessive alcohol	Airagnes
Low mental health	Barbosa

In a paper entitled “The workaholism– technostress interplay: initial evidence on their mutual relationship”, a two-wave cross-lagged study was conducted.⁵ In a sample of Italian employees (N= 113), workaholism at time 1 led to **technostress** at time 2, but not the reverse. Technostress has been defined as work-related strain caused by an inability to cope with new computer technologies, leading to anxiety, exhaustion and reduced productivity. The common causes given include constant information overload (emails/ messages), pressure to be constantly connected and complex and rapidly changing tools.

Job stress has resulted from workaholism in at least two studies in this current literature. In one very large sample (N= 33,222) from 85 cultures across six continents, work addiction was correlated with job stress.⁶ In this sample, work addiction was also negatively correlated with job satisfaction and positively correlated with colleagues' work addiction. In a smaller sample (N= 358), workaholism increased with perceived stress and the number of weekly work hours.⁷ In this sample of medical interns, workaholism was also associated with the personality characteristic called conscientiousness.

Job burnout has also resulted from workaholism in a few studies in this literature. In a paper entitled "The role of self – endangering work behavior", workaholism and burnout were related (N.=800).⁸ Burnout has also been associated with workaholism in a sample of academics (N=131).⁹ In this study workaholism and burnout were contrasted with work engagement. Burnout was associated with workaholism in still another study.¹⁰ In this longitudinal study, workaholism at time one led to overcommitment at time two which in turn led to burnout at time three. The time intervals were only one month. Job satisfaction increased this relationship.

Workaholism has also led to **turnover intentions**. In a study entitled "Workaholism, heart, anxiety, and their effects on work – focused well-being", university employees (N =340) and small business owners (N=128) were given questionnaires on workaholism, heart anxiety, work- focused well-being and turnover intentions.¹¹ Workaholism and heart anxiety led to decreased work – focused well-being, which in turn led to greater turnover intentions.

Workaholism has also led to **work – family conflicts** in a sample of critical care nurses in Spain (N=219).¹² The prevalence of workaholism based on the Dutch Work Addiction scale was 28%. Workaholism led to work stress and negative work – family interactions. A few years later, in a study with the same title "Workaholism and work – family conflicts among critical care nurses" the same effects were noted but in a larger sample (N=360 nurses).¹³

Loneliness has also resulted from workaholism. In research from Romania (N=338) workaholism led to social anxiety and loneliness.¹⁴

Depression may have resulted from this loneliness. Although that relationship was not addressed in the previous study, depression was directly related to workaholism in a sample of Polish undergraduate students (N.=182).¹⁵ In this sample, workaholism and depression were more prevalent in females and less often occurred in physical education students. In a paper entitled "The daily cost of workaholism: a within – individual investigation on blood pressure, emotional exhaustion, and sleep disturbances", the results are in the title.¹⁶ In this longitudinal study conducted across 10 days with 114 workers from different occupations, both **systolic and diastolic blood pressure increased**. Emotional exhaustion and sleep disturbances also increased.

Headaches have also resulted from workaholism, possibly because of increased blood pressure, emotional exhaustion, and sleep disturbances. But in the study that explored headaches, they were only studied in the context of workaholism.¹⁷ In this sample (N= 5802) the Dutch Work Addiction Scale components also increased, including working excessively and working compulsively.

The increased headaches may have also related to an increase in **alcohol use** in another study.¹⁸ In this sample (N=2199 French workers), workaholism led to substance use, which was mediated by job burnout. Given all the negative effects reported for workaholism, it's not surprising that **mental health** is ultimately affected. In a review of 11 studies, workaholism was related to several problems.¹⁹

In this review, workaholism was related to burnout, stress, anxiety, depression, sleep problems, concentration problems, and negative incidents at work.

Risks/predictors of workaholism

A few risks /predictors for workaholism have been addressed in this literature. They include childhood emotional abuse, gaslighting, thriving at work, and being an evening type (Table 3). In a sample of Italian young workers, **childhood emotional abuse** predicted all the variables that were measured.²⁰ Childhood emotional abuse predicted neuroticism, perfectionism, and workaholism.

Table 3 Risk factors/Predictors of workaholism (and first authors)

Risk factors/ predictors	First authors
Childhood emotional abuse	Verrastro
Gaslighting	El-Sayed
Thriving at work	Ni
Perfectionism	Molinaro
Evening type	Molinaro

In a paper entitled "Navigating toxicity: investigating the interplay between workplace gaslighting, workaholism and agility in nurses", those variables were assessed in Egyptian nurses (N= 594).²¹ **Gaslighting** predicted workaholism and decreased agility. Treating workaholism as a mediating variable was unusual. Workaholism was a mediating variable in another study that assessed **thriving at work** and work-family conflict (Ni et al, 2023).²² In this sample (N=372), thriving at work predicted work – family conflict with workaholism being a mediator. Not surprisingly, **perfectionism** has predicted workaholism based on the Bergen Work Addiction Scale (N=369, mean age =39).²³ In this study, **evening types** also had higher scores on the Bergen Work Addiction Scale.

Buffers for workaholism

Several buffers have been noted for workaholism. They include work engagement, work autonomy, laughter, leisure, psychological capital, and mindfulness (Table 4).

Table 4 Buffers for workaholism (and first authors)

Buffers	First authors
Work engagement	Hamsyah, Nihei
Work autonomy	Zhang
Laughter	Shimazu
Leisure involvement	Akcakese
Psychological capital	Makhdoom, DeMott
Mindfulness	Daniel

Just as Workaholism has decreased well-being in individuals and their intimate partners, **work engagement** has increased the well-being of both partners.²⁴ This study on Indonesian dual – earner couples highlights the reciprocal nature of work engagement and workaholism.

Work engagement has also moderated the relationship between workaholism and low back pain in Japanese hospital workers (N=699).²⁵ In this sample work engagement decreased the relationship between workaholism and low back pain. In a paper entitled "Work hard and sleep better: work autonomy attenuates the longitudinal effect of workaholism on sleep problems among Chinese working adults", the results are in the title.²⁶ In this sample (N=205), **work autonomy** reduced the effects of workaholism on sleep problems.

Laughter has also been a buffer for workaholism. In a study entitled “How changes in laughter predict work engagement and workaholism”, a reciprocal relationship was noted between laughter and work engagement and a negative relationship between laughter and workaholism.²⁷ These data were based on a two-year survey of Japanese employees (N=855).

In a paper entitled “Work – life balance”, people working in shopping centers were surveyed (N= 389).²⁸ In this sample, women engaged in greater alcohol use and also **more leisure involvement**.

Psychological capital has also reduced the relationship between workaholism and burnout in professors (N= 1008).²⁹ In this study, workaholism was negatively associated with burnout because of psychological capital. Psychological capital has also reduced the relationship between workaholism and work stress in full-time faculty (N= 343).³⁰ In this study called “Labor of love or love of labor?”, psychological capital once again lessened the negative effect of workaholism, in this case, the relationship between workaholism and work stress.

Mindfulness has also buffered the deleterious effects of workaholism. In this study, mindfulness lessened the effects of workaholism on family conflict (N= 1022).³¹

Methodological limitations of this literature

Several methodological limitations can be noted for this literature. They include variability in the definitions of workaholism/work addiction as well as variability in sampling, in measures, and in results.

Workaholism has been **variously defined** as excessive working, obsessive working, and working more than 8 hours/day. Some samples have been selected and compared with control groups matched on demographic variables. That women are reputedly greater workaholics suggests that **matching should occur** at least on gender. Some have featured participants with self – diagnosed work addiction or a history of work addiction while others have correlated work hours with negative effects.

The **control groups varied** in terms of matching variables. Some work addicted groups were simply matched with a non-addicted group. Gender differences showed significantly greater workaholism for women which was typically not interpreted and may simply relate to self-reporting differences. These consistent gender differences highlight the need for matching at least on gender.

Although several and some severe negative effects were reported for workaholism and some buffers were noted, **no intervention studies** appeared in this literature. Despite these methodological limitations, this literature highlights the types of future research that are needed on the effects of workaholism, risk factors, potential underlying biological mechanisms and effective interventions.

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Conflicts of interest

The author declares there is no conflicts of interest.

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