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Personality correlates of workaholism [☆]

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Abstract

This study examined the relationship of personality factors with three workaholism components identified by Spence and Robbins (1992). Six personality factors were considered: The Big Five (Neuroticism, Extraversion, Conscientiousness, Agreeableness, Openness to new experience) and Generalized self-efficacy. Data were collected from 496 health care employees (mostly nurses) in Norway using questionnaires. Personality factors were significantly related to all three workaholism components (Work involvement, Feeling driven to work, Joy in work) controlling for both personal demographic and work situation characteristics. Generalized self-efficacy was positively related to all three workaholism components, Extraversion was positively related to both Work involvement and Joy in work while Neuroticism was positively related to Feeling driven to work.

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1. Introduction

Although the popular press has paid considerable attention to workaholism (Fassel, 1990; Garfield, 1987; Kiechel, 1989a, 1989b; Killinger, 1991; Kluft & Kleiner, 1988; Machlowitz, 1980; Spruel, 1987; Waddell, 1993) relatively little research has been undertaken to further our understanding of it. Most writing has been anecdotal and clinical (Fassel, 1990; Killinger, 1991; Oates, 1971; Schaeff & Fassel, 1988). Basic questions of definition and measurement are just beginning to be addressed (Scott, Moore, & Miceli, 1997).

It should come as no surprise then that opinions, observations, and conclusions about workaholism are both varied and conflicting. Some writers view workaholism positively from an organizational perspective (Korn, Pratt, & Lambrou, 1987; Machlowitz, 1980; Sprankle & Ebel, 1987). Machlowitz (1980) conducted a qualitative interview study of 100 workaholics and found them to be very satisfied and productive. Others view workaholism negatively (Killinger, 1991; Oates, 1971; Porter, 2001; Schaeff & Fassel, 1988). These writers equate workaholism with other addictions, and depict workaholics as unhappy, obsessive, tragic figures who were not performing their jobs well and were creating difficulties for their co-workers (Naughton, 1987; Oates, 1971; Porter, 1996). The former would advocate the encouragement of workaholism; the latter would discourage it.

A compelling case could be made for devoting more research attention to workaholism (Burke, 2000a; McMillan, O'Driscoll, & Burke, 2003). The concept has received considerable attention in the popular press. There have also been suggestions that workaholism may be increasing in North America (Fassel, 1990; McMillan et al., 2003; Schor, 1991). In addition it is not clear whether workaholism has positive or negative organizational consequences (Killinger, 1991; Machlowitz, 1980). There is also debate on the association of workaholic behaviors with a variety of personal well-being indicators such as psychological and physical health and self-esteem (Burke, 2000b, 2001b; McMillan, Brady, O'Driscoll, & Marsh, 2002). Finally, different types of workaholic behavior patterns likely exist, each having unique antecedents and outcomes (Scott et al., 1997). The question of whether workaholism can, or should be reduced, has also been raised (Killinger, 1991; Porter, 1996; Seybold & Salomone, 1994).

A number of antecedents of workaholism have been examined in previous investigations (see Burke, 2000a; McMillan et al., 2003, for reviews). These include personal demographic characteristics (Burke, 1999a; Spence & Robbins, 1992), work situation characteristics (Burke, 1999a; Spence & Robbins, 1992), feelings of inadequacy and needs to prove oneself (Burke, 1999b; Robinson, 1998), and workplace values (Burke, 2001a; Schaeff & Fassel, 1988). Personal demographic and work situation characteristics have generally shown no relationship with workaholism.

1.1. *Theories of workaholism*

McMillan, O'Driscoll, Marsh, and Brady (2001) and McMillan et al. (2003) review what might be loosely termed theories of workaholism. Most workaholism research has used a variety of approaches on an ad hoc basis with little reference to any corresponding theory. They consider addiction models, learning theory, trait-and personality-based frameworks, cognitive models and family-systems theory.

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