

Workaholism and Life Orientation: Do We Work To Live or Are We Living to Work?

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ABSTRACT

*The present study examined the relationship between workaholism and life orientation (optimism–pessimism) among working adults in Karachi, Pakistan. A cross-sectional correlational research design was employed using purposive sampling. The sample comprised 120 working adults (58 males, 62 females). Data were collected using the Bergen Work Addiction Scale (BWAS) and the Revised Life Orientation Test (LOT-R). Statistical analyses included descriptive statistics, Pearson correlation, independent samples *t*-test, and one-way ANOVA using SPSS (Version 26). Results indicated a non-significant and weak negative correlation between workaholism and life orientation ($r = -.06, p = .49$). Significant differences were found in workaholism scores based on working hours, $F(2, 117) = 5.50, p < .01$, and number of family members, $F(2, 117) = 4.89, p < .01$. However, no significant difference was observed in life orientation between workaholics and non-workaholics, $t(118) = 0.82, p = .41$. The findings suggest that while situational factors such as workload and family structure influence workaholism, life orientation may remain relatively stable. Implications for organizational policies and employee well-being interventions are discussed.*

Keywords: workaholism, life orientation, optimism, working adults, Pakistan

INTRODUCTION

In contemporary society, work has become a central aspect of identity and daily functioning. While dedication to work is often socially valued, excessive and compulsive work behavior—referred to as workaholism—has increasingly been recognized as a potential psychological concern. Workaholism is characterized by an uncontrollable need to work excessively, often at the expense of personal well-being, relationships, and health.

The rise of digital technologies and remote work environments has further blurred the boundaries between work and personal life, contributing to increased expectations of constant availability. Such conditions may exacerbate workaholic tendencies, particularly among individuals already predisposed to compulsive work behavior.

According to the International Labour Organization (ILO), excessive working hours remain a global concern, as they are associated with adverse health outcomes, fatigue, and reduced opportunities for rest and social engagement. Long working hours may also interfere with workers' personal lives and overall well-being. Due to the COVID-19 lockdown, the creation of a virtual environment in which employees could continue working even made it the worst. As these employees are expected to be available 24/7. We believe that they might have specifically caused trouble for workaholic workers, namely “persons whose

need for work has become so excessive that it creates noticeable disturbance or interference with (their) bodily health, personal happiness, and interpersonal relations, and with (their) smooth social functioning” (Oates, 1971, p. 4). The effects of wellbeing on a sudden change in working processes might have been particularly detrimental for workers who are addicted to their job, since they might have perceived the change as hindering their usual job routine, with an amplified feeling of guilt, anger, anxiety, and frustration, and, therefore, in general, a more stressful experience.

Life orientation, defined as a generalized tendency toward optimism or pessimism, plays a crucial role in shaping individuals’ perceptions, coping strategies, and overall well-being. Optimistic individuals tend to expect positive outcomes, whereas pessimistic individuals anticipate negative outcomes. Understanding how workaholism relates to life orientation is important for identifying psychological patterns associated with excessive work behavior.

Despite extensive research on workaholism and its correlates, limited attention has been given to its relationship with life orientation, particularly in the Pakistani context. This study aims to address this gap by examining the association between workaholism and life orientation among working adults in Karachi.

Background of the Study

This study is conducted in Karachi, one of the cosmopolitan cities of Pakistan. As per statistics already shared in the abstract, shows that moreover, ICTs and Internet connection enable constant availability and 24/7 access to work. The increased use of ICTs has engendered expectations about workers being always available and working faster and better (World Health Organization, 2005). Previous studies have shown high positive correlation of workaholism with perfectionism, occupational stress, technostress and work motivation (Shojaei, & Shirazi, 2016, Stoeber, Davis, & Townley, 2013) and high negative correlation of workaholism with health, self-acceptance and quality of life (Chamberlin, & Zhang, 2009). This study explored another dimension of it by finding out the relationship between workaholism and life orientation.

Hypotheses

Main Research Hypothesis:

It is been hypothesized that life orientation of workaholics is different from non-workaholics.

H_{a1}: There would be a significant difference in workaholism score based on working hours.

H_{a2}: There would be a significant difference in workaholism score based on the number of family members.

H_{a3}: There would be a significant relationship between workaholism and life orientation

H_{a4}: There would be a significant difference in life orientation between workaholics and non-workaholics.

Rationale:

This study is inevitable firstly, to investigate whether the workaholics become workaholic due to the escape mechanism that they are using from their personal problems in their personal life. This study intends to find out the life orientation of the workaholics and non-workaholics. This question probably can make anyone wonder, why one should consider work addiction a serious problem or a silent killer whereas society views

workaholism as being productive. Make no mistake though. Work addiction is a real mental health condition. It happens when one cannot stop working, even if it is past, one's work shift. One may use recognition and job success as an excuse, but workaholism may damage physical and mental health.

LITERATURE REVIEW

Workaholism has been conceptualized as a multidimensional construct involving behavioral, cognitive, and affective components. It includes excessive work involvement, compulsive work drive, and reduced enjoyment of work. Previous research has linked workaholism with negative outcomes such as occupational stress, poor mental health, work–family conflict, and reduced life satisfaction.

Life orientation, on the other hand, reflects an individual's generalized expectations about future outcomes. The construct is commonly operationalized through optimism and pessimism. Research suggests that optimism is associated with better psychological adjustment, resilience, and physical health, whereas pessimism is linked to stress, anxiety, and depression.

Theoretical perspectives such as Self-Determination Theory suggest that individuals driven by intrinsic motivation experience healthier engagement with work, whereas those driven by external pressures may develop maladaptive patterns such as workaholism. Additionally, cognitive theories propose that individuals' belief systems and expectations influence their behavioral tendencies, including work-related behaviors.

Although both constructs have been widely studied independently, empirical research examining their relationship remains limited. Some studies suggest that workaholism may be associated with negative psychological traits, while others indicate that societal and cultural norms may frame excessive work as a positive behavior, potentially buffering its impact on life orientation.

Workaholism is typically described as a chronic pattern of high work investment, long working hours, working beyond organizational expectations, and an uncontrollable obsession with work (Griffiths, 2011; Ng, Sorensen, & Feldman, 2007). Today, workaholism is mainly perceived as a negative entity (Quinones & Griffiths, 2015). Accordingly, ample evidence links workaholism with a wide range of negative outcomes, such as impaired health (Shimazu, Schaufeli, Kamiyama, & Kawakami, 2015), low job and life satisfaction (Shimazu, Schaufeli, Kubota, & Kawakami, 2012), work-family conflicts (Hakanen & Peeters, 2015), impaired job performance (Shimazu & Schaufeli, 2009), as well as sickness absence (Falco et al., 2013).

Workaholism

Workaholism is a complicated and multifaceted phenomenon comprising several sub concepts. The first definition of workaholism in the academic literature was proposed by Spence and Robbins (1992), who claimed that “the common element in discussions of workaholism is that the affected individual is highly committed to work, devoting a good deal of time to it” (p. 161). They suggested that workaholism has three distinctive characteristics: work involvement (WI), which they related to long working hours; drive (D), an addictive drive to work under internal pressure; and a lack of enjoyment when working (WE). Based on an extensive literature review of workaholism, Scottl, Moore, and Miceli (1997) described three characteristics of workaholism: spending discretionary time working, thinking about work when not at work, and working beyond the employer and economic requirements. Snir and Zohar (2008) defined workaholism as frequent and considerable allocation of time to work-related activities and thoughts that is not based on external necessities. Buelens and Poelmans (2004) proposed that workaholism has three basic dimensions: over commitment to work, compulsive work addiction, and work enjoyment. Ng et al. (2007) proposed a

cohesive definition of workaholism reflecting affect, cognition, and behavior. They defined workaholics as those who enjoy the act of working, who are obsessed with working, and who devote long hours and personal time to work. There are two subcomponents that underlie the affective dimension of workaholism: joy in working and guilt and anxiety when not working. The cognitive dimension of workaholism is an obsession with working, and it reflects a strong preoccupation that workaholics cannot suppress and control. Finally, two subcomponents of the behavioral dimension are excessive work hours and mixing work and personal life. In the view of the authors the definition of Ng et al. (2007) has two significant advantages over the definitions provided by other authors that could lead to it becoming a widely accepted definition of workaholism. Firstly, it captures the most critical elements that have been used to characterize workaholism in previous research. Secondly, it is based on research suggesting that addiction involves three overarching dimensions: affect, cognition and behavior. Thus, their definition is used here as the construct of workaholism.

Life Orientation

The idea that “a pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty” is often attributed to Winston Churchill.

It is clear that optimism changes the way our minds and bodies work. Be that supporting a healthy immune system, strengthening our relationships, or increasing happiness and productivity, there is no area of wellbeing that a sense of optimism leaves untouched.

Before the development of the Life Orientation Test, scholars and practitioners lacked a reliable way to assess the extent to which a person possesses this hopeful, forward-thinking attitude. Now, with the development of the LOT-R, any practitioner can easily detect the presence or absence of optimism, paving the way for a range of helpful interventions.

METHODOLOGY

Research Design

This research study is based on cross-sectional research design. A cross-sectional study is an observational research approach that gathers data from a population at a single point in time, offering a “snapshot” of variables, behaviors, or health conditions. It is commonly used to examine prevalence and relationships among different groups without manipulating any variables, and is often considered a quick and cost-efficient alternative to longitudinal research designs.

Participants

The constitution of the participants is based on 150 adults from different occupations presently working out of which 120 met the inclusive criteria. Out of the inclusive participants 58 were male and 62 were females. The participants of this research are workers in different occupations.

Inclusion criteria

Inclusion criteria of participants of this study are as follows:

- Adults aged 20 years and above
- Currently employed

- Belonging to any professional field

Exclusion criteria

- Individuals not meeting the inclusion criteria

Sampling

For this study, purposive sampling is preferred. A sample of 120 participants consisting of 58 males and 62 females, was approached.

Ethical Consideration

As the researcher selected the participants for data collection, the participants were approached through a prior appointment. The purpose of the research study and all potential concerns were shared. On the basis of the telephonic conversation, the participants who were ready to be the part of the research voluntarily were given a survey questionnaire to be filled and return at their latest. They were ensured of confidentiality and anonymity.

Data Collection method and tools

In participants' demographics such as gender, marital status, occupation, number of working hours, employment sector, number of family members, sole earners' status and type of income is inquired.

Work addiction or workaholism is characterized by an irresistible inner drive to work very hard; it is a combination of working compulsively and excessively (Taris & Schaufeli, 2003). By means of the Bergen Work Addiction Scale (BWAS) (Andreassen, Griffiths, Hetland, & Pallesen, 2012), devised by clinical psychologist Dr. Cecilie Andreassen and her team at the University of Bergen after testing 12,000 Norwegian workers from 25 different countries, the kind of behaviour displayed by workaholics; behaviour similar to that shown in all kinds of addicts, from drug users to alcoholics and gamblers, is measured. There are seven items in this self-report measure to be rated on the five-point Likert scale (1 as never and 5 as always). If a participant score 4 (often) or 5 (always) on four or more of these seven statements, it may suggest that participant is a workaholic.

The second measure that was used in the research is The Revised Life Orientation Test (LOT-R). LOT-R was first created by Michael Scheier and Charles Carver in 1985 and published in *Health Psychology*. The impetus to design the measure followed the researchers' casual observation that some people tend toward a positive outlook, assuming good things will happen to them, while others approach the world with a more pessimistic set of attitudes. Today, we think of this broad set of attitudes as *optimism*, which is defined as:

"...an individual difference variable that reflects the extent to which people hold generalized favorable expectancies for their future" (Carver, Scheier & Segerstrom, 2010, p. 879).

Revised life Orientation Test (LOT-R) is a self-report measure consists of 10 items to be rated on a five-point Likert scale ranging from 0 (strongly disagree) and 4 (strongly agree). Out of 10 items, four items are filler items only. They are not scored as a part of the revised scale. Out of the six that are left, three have reverse scoring (0=4, 1=3, 2=2, 3=1, 4=0). The sum of all these six items is obtain for an overall score (0 - 24). The higher score (>12) shows the optimistic life orientation. The revised scale was constructed in order to eliminate two items from the original scale, which dealt more with coping style than with positive expectations for future outcomes. The correlation between the revised scale and the original scale is .95

Analysis Technique

There are two type of analysis that were done. One was sensitivity analysis that included sample size calculation, effect size and power of the study. This was done at the start of the study. Second analysis is more of a statistical analysis nature that is done once the data is collected from the sample. It includes calculating the frequencies and percentages of the demographics of the participants. Then Pearson correlation was calculated. Beside applying the descriptive statistics, inferential statistics was also applied in form of One-Way Analysis of Variance (ANOVA) and t-test using SPSS (v.26).

RESULTS

The objectives of the research study were analyzed through the use of descriptive statistics. The sample was collected through purposive sampling as only those adults were asked to fill the research survey questionnaire (the main instrument of data gathering consisted of relevant demographics, basic information regarding Bergen Work Addiction scale (2012) and life orientation (LOT-1985) who are working in any profession. This study was conducted with 120 participants who completely filled the survey questionnaire. Statistical measures of the descriptive statistics such as frequencies, percentages and Pearson r Correlation was applied.

Based on the data gathered and analyzed, the following salient features are drawn.

Profile of the Respondents

Table 1

Frequencies and percentages of the different categories showing profile of the participants

Category	Sub-category	F	%
Gender	Male	58	48.3
	Female	62	51.7
	Total	120	100
Occupation	Teaching	70	58.3
	Business	10	8.3
	Medical Practice	8	6.7
	Administration	10	8.3
	Others	22	18.3
	Total	120	100

Working Hours

Table 2

Distribution based on working hours of the participants

	<i>N</i>	%
Less than 8 hours	20	16.7
8 hours	44	36.7
More than 8 hours	56	46.7
Total	120	100

Employment Sector

Table 3

Distribution based on employment sector of the participants

	<i>N</i>	%
Private	104	86.7
Public	14	11.7
Self-employed	2	1.7
Total	120	100

Marital Status

Table 4

Distribution based on Marital Status

	<i>N</i>	%
Married	68	56.7
Unmarried	48	40.0
Other	4	3.3

Total	120	100
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Number of family members

Table 5

Number of family members the participants have

	<i>N</i>	<i>%</i>
Less than 4 members	30	25
4-6 members	74	61.7
More than 4 members	16	13.3
Total	120	100

Influence of Number of working hours on work addiction score

When we address this research question “does the number of working hours (IV) significantly influence work addiction score (DV), an adult has?”

The independent variable (number of working hours) is currently a categorical variable (divided into 3 groups):

Group 1: Adults who work daily for less than eight hours

Group 2: Adults who work daily for 8 hours

Group 3: Adults who work daily for more than 8 hours

The null hypothesis is that there is no significant difference in the work addiction scores, adults have, dependent on the number of hours they work daily.

The alternate hypothesis is that there is a significant difference in the work addiction scores, adults have, dependent on the number of hours they work daily..

Table 6

Means and Standard Deviations on the Measure of Work Addiction Score

	<i>N</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Std. Error</i>	<i>95% confidence interval for Mean</i>			
					<i>Lower Boundary</i>	<i>Upper Boundary</i>	<i>Min.</i>	<i>Max.</i>
Less than 8 hours	20	18.40	5.771	1.290	15.70	21.10	10	15.70
8 hours	44	22.36	4.779	.721	20.91	23.82	12	20.91
More than 8 hours	56	22.50	4.828	.645	21.21	23.79	11	21.21
Total	120	21.77	5.161	.471	20.83	22.70	10	20.83

Table 7

One-Way Analysis of Variance of Work Addiction Scores of Adults by number of working hours daily

<i>Source</i>	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between Groups	2	272.485	136.242	5.502	.005
Within Groups	117	2896.982	24.761		
Total	119	3169.467			

A one-way ANOVA indicated a significant difference in workaholism scores based on working hours, $F(2, 117) = 5.50, p < .01$.

Here F-statistics means result of ANOVA is 5.502 and degree of freedom –between groups is 2 (n-1) and within groups is 117 (n-3).

ANOVA is actually a ration that F statistic is actually a ratio that looks at the between groups over the within groups. I have found that there is a significant difference in the work addiction scores that each group average showed.

Influence of number of family members on the work addiction scores of adults

When we address the second research question “does number of family members (IV) significantly influence work addiction score (DV), an adult has?”

The independent variable (number of family members) is currently a categorical variable (divided into 3 groups):

Group 1: Less than 4 people

Group 2: 4 -6 people

Group 3: More than 6 people

The null hypothesis is that there is no significant difference in the work addiction scores, adults have, dependent on the number of family members.

The alternate hypothesis is that there is a significant difference in the work addiction scores, adults have, dependent on the number of family members.

Table 8

Means and Standard Deviations on the Measure of Work Addiction Score

	<i>N</i>	<i>Mean</i>	<i>Std. Dev.</i>
Candy Crush Saga	30	22.33	5.529
Solitaire	74	22.32	5.037
Others	16	18.13	3.519
Total	120	21.77	5.161

Table 9

One-Way Analysis of Variance of Work Addiction Scores of Adults by number of family members

<i>Source</i>	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between Groups	2	244.834	122.417	4.897	.009
Within Groups	117	2924.633	24.997		
Total	119	3169.467			

A one-way ANOVA showed a significant difference in workaholism scores based on number of family members, $F(2, 117) = 4.89, p < .01$

Here F-statistics means result of ANOVA is 4.897 and degree of freedom –between groups is 2 (n-1) and within groups is 117 (n-3).

The relationship between life orientation and work addiction

Variables	Mean	SD	Work Addiction
Work Addiction	21.77	5.161	*
Life Orientation	15.28	3.450	-.063

The assessment of the participants gave the inference that work addiction is negatively correlated (-0.063) to the life orientation of the participants. At the same time, the significance level is 0.49. This correlation between life orientation and work addiction is negligible. A Pearson correlation analysis revealed a weak and non-significant negative relationship between workaholicism and life orientation ($r = -.06, p = .49$).

Difference in the life orientation of workaholics and non-workaholics

When we address the last research question “is there a difference in the life orientation of workaholics and non-workaholics?”

The null hypothesis is that there is no significant difference in the life orientation test scores of workaholics and non-workaholics adults.

The alternate hypothesis is that there is a significant difference in the life orientation test scores of workaholics and non-workaholics adults.

Table 10

Means and Standard Deviations on the Measure of life orientation scores

	<i>N</i>	<i>Mean</i>	<i>Std. Dev.</i>
Workaholics	40	15.65	3.725
Non-Workaholics	80	15.10	3.313
Total	120		

Table 11

Independent samples t-test of life orientation test scores between workaholics and non-workaholics

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
lifeorientation	Equal variances assumed	.552	.459	.822	118	.413	.550	.669	-.775	1.875
	Equal variances not assumed			.791	70.512	.432	.550	.696	-.837	1.937

An independent samples t-test revealed no significant difference in life orientation between workaholics and non-workaholics, $t(118) = 0.82, p = .41$.

DISCUSSION AND RECOMMENDATIONS

The findings of the present study indicate that workaholism is not significantly associated with life orientation. This suggests that individuals' optimism or pessimism may remain relatively stable regardless of their level of work involvement.

However, significant differences in workaholism based on working hours and family size highlight the role of situational and contextual factors. Individuals working longer hours exhibited higher levels of workaholism, supporting previous research linking excessive work demands to compulsive work behavior.

The absence of significant differences in life orientation between workaholics and non-workaholics may be explained by cultural factors. In many societies, including Pakistan, workaholism is often socially reinforced and perceived as a sign of dedication and productivity, which may buffer its negative psychological effects.

The reasons for the acceptance of these null hypotheses could be located in the researches that are done on the factors and antecedents of workaholism. People are taking workaholism positive as the culture and the social stereotypes made for these workaholics are defending their optimism and stopping them to become pessimist (Liang & Chu, 2009, Spagnoli, et al. 2020).

Moreover, recent literature has also emphasized the role of situational factors, for instance of the work context, in exacerbating workaholic behavior among employees prone to developing this compulsive behavior (e.g., Di Stefano and Gaudiino, 2019). The presence of a reciprocal relationship between technostress and workaholism should be addressed in future studies.

A further avenue for future research could also be an investigation of the impact of the behavior of workaholic behavior as conducive to work obsession among subordinates (Clark et al., 2016b) and the likelihood that other leadership styles may intensify the relationship between workaholism and technostress (e.g., transformational leadership), as suggested by prior research (Andreassen, 2014).

Future studies should also explore how work engagement, may exhibit a similar relationship to technostress and how a positive psychological relationship with one's work might affect this situation. Engagement and workaholism are described in recent literature as different forms of heavy work investment, characterized by a high absorption in work (Snir and Harpaz, 2012). It is, therefore, reasonable to assume that engaged employees might also exhibit high levels of technostress, stemming from the blurred boundaries between work and private life due to the greater occurrence of remote working.

In the future, studies should investigate the role of gender in relation to technology-use and technostress in more detail. They could consider factors such as age, as according to Morris et al. (2005) gender differences are not relevant in young employees and the dimensions of specific types of technostress. Other recent studies have pointed out that there are higher levels of techno-complexity and techno-uncertainty in women, while men are more prone to techno-overload and techno-invasion (Marchiori et al., 2019). The practical implications of this study are that organizations must monitor the risk of workaholism and any signs of technostress, through organizational analysis tools. This is particularly important during times of crisis when targeted investigations can be used to introduce immediate corrective measures, avoiding dangerous cycles of behavior. Training on psycho-social risks and the introduction of good practices relating to disconnection (during non-work times) are achievable preventive interventions. Other interventions could, include adequate forms of individualized psychological support.

IMPLICATIONS

The findings suggest that organizations should monitor employee workload and promote work–life balance. Interventions such as counseling, stress management programs, and awareness campaigns may help reduce workaholic tendencies.

LIMITATIONS

The present study has several limitations that should be considered when interpreting the findings. First, the use of purposive sampling restricts the generalizability of the results, as the sample may not adequately represent the broader population. Second, the cross-sectional research design limits the ability to draw causal inferences between variables, as data were collected at a single point in time rather than across different time periods. Finally, the reliance on self-report measures may have introduced response biases, such as social desirability or inaccurate self-perceptions, which could affect the accuracy of the reported data.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future studies should explore longitudinal designs, include larger and more diverse samples, and examine additional psychological variables such as stress, motivation, and well-being.

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