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The Heart of the Problem: Assessing the Relationship between Workaholism and Health-Related Outcomes

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Abstract

Substantial research has assessed health outcomes associated with workaholism such as hypercholesterolemia (Aziz et al., 2015), poor BMI (Aziz et al., 2017), and risk behaviors associated with cardiovascular disorder (i.e., smoking, alcohol consumption; Thurston et al., 2013). We aim to assess if workaholics foresee or worry about negative health outcomes. Furthermore, we investigate the indirect effect of recovery experience and work-life balance between these relationships. If our results are significant, then we will provide future directions regarding a leader's responsibility to implement effective interventions within organizations. By doing so, we suggest managers can improve employee health and reduce the potential onset of chronic diagnoses.

Workaholism

Workaholism was initially proposed by Oates (1971) to describe excessive work behaviors. Since the 1970s, this term has undergone phases of conceptualization such as addiction (Ng et al., 2007), syndrome (Aziz & Zickar, 2006), and a multi-dimensional construct (Clark et al., 2020). Workaholism is negatively associated with both physical and psychological health (Aziz & Moyer, 2018; Aziz et al., 2015; Aziz et al., 2017; Clark et al., 2016; Clark et al., 2020; Salanova et al., 2016).

Work-Life Balance

Work-life balance describes the distinction between an employee's occupational and personal life (Sirgy & Lee, 2018; Thilagavathy & Geetha, 2021). Like workaholism, this concept can be defined in numerous ways which outline distinctions in interpretation. Examples include, having equal satisfaction in occupational and personal duties and the amount of time allocated to each aspect of life (Sirgy & Lee, 2018; Thilagavathy & Geetha, 2021). Work-life balance is associated with negative physical and psychological health outcomes including psychological strain, symptoms of depression, hypertension, and high cholesterol (Sirgy & Lee, 2018).

Recovery Experience

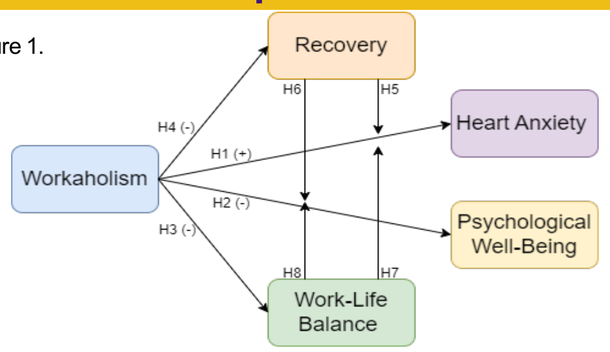
We aim to contribute to future directions proposed by Sonnentag & Fritz (2007) and Sonnentag (2018), which promote the use of recovery as a moderator, in addition to exploring the recovery paradox. The recovery paradox outlines a paradoxical relationship whereby recovery experiences are impaired in the presence of job and interpersonal stressors (Sonnentag, 2018). In turn, employees who need to recover from work will experience impaired recovery.

Heart Anxiety

Heart anxiety is defined as "the fear of cardiac-related stimuli and sensations based upon their perceived negative consequences" (Eifert et al., 2000; p. 1040). High levels of workaholism, low levels of recovery experience, and work-life imbalance can lead to negative heart-related outcomes (Aziz et al., 2015; Aziz et al., 2017; Balducci et al., 2018; Brady et al., 2008; Clark et al., 2020; Cossin et al., 2021; Sonnentag et al., 2008; Sonnentag & Fritz, 2007). These health concerns involve risk factors associated with cardiac-related diagnoses, such as cardiovascular disorder (Thurston et al., 2013).

Conceptual Model

Figure 1.



Study Hypotheses

Hypothesis 1 (H1): Workaholism will be positively related to heart anxiety.
Hypothesis 2 (H2): Workaholism will be negatively related to psychological well-being.
Hypothesis 3 (H3): Workaholism will be negatively related to work-life balance.
Hypothesis 4 (H4): Workaholism will be negatively related to recovery experience.

Effort-recovery theory (Meijman & Mulder, 1998) outlines daily recovery experiences which replenishes personal resources and creates a distinction between positive and negative work investment. We use this framework to explain negative health outcomes linked to prolonged experiences of poor recovery (Bakker et al., 2013; van Wijhe et al., 2013).

Hypothesis 5 (H5): Recovery experiences will moderate the positive relationship between workaholism and heart anxiety, such that the lower the level of recovery experiences (i.e., control, relaxation, psychological detachment, mastery), the stronger the positive relationship between workaholism and heart anxiety.
Hypothesis 6 (H6): Recovery experiences will moderate the negative relationship between workaholism and psychological well-being, such that the lower the level of recovery experiences (i.e., control, relaxation, psychological detachment, mastery), the stronger the negative relationship between workaholism and psychological well-being.

Effort-recovery theory is primarily used to outline the underpinnings of the link between workaholism and work-life balance. Negative health outcomes associated with work-life imbalance, in alignment with this theory, include anxiety, psychological distress, cardiovascular risk behaviors (Sirgy & Lee, 2018). We aim to further explore the potential moderation of work-life balance to address demands and expectations outside the workplace.

Hypothesis 7 (H7): Work-life balance will moderate the positive relationship between workaholism and heart anxiety, such that the lower the level of work-life balance, the stronger the positive relationship between workaholism and heart anxiety.
Hypothesis 8 (H8): Work-life balance will moderate the relationship between workaholism and psychological well-being, such that the lower the level of work-life balance, the stronger the negative relationship between workaholism and psychological well-being.

Method

Participants
Participants will include a random selection of full-time employees (i.e., faculty and staff) at a large Southeastern university. In addition to demographics, we will collect information on type of position, organizational and position tenure, average number of hours worked per week, and the proportion of remote work in comparison to a traditional work setting.

Procedure
Once approval is obtained by IRB and survey oversight committee (SROC), an email will be distributed to a random selection of staff and faculty members via university-based LISTSERV. Data will be collected via an online survey created in Qualtrics. Informed consent will be obtained, and participants will respond to items on the following measures:

Measures
Multi-Dimensional Workaholism Scale (MWS). The MWS (Clark et al., 2020) contains 16 items on four separate dimensions: motivational, behavioral, emotional, and cognitive. This self-report measure will use a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher levels of workaholism. Cronbach's alpha is 0.94.

Work-Life Balance Assessment. The Work-Life Balance Assessment (Brough et al., 2014) contains four items. It will be measured on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher levels of balance between work and personal life. Cronbach's alpha for this measure ranges from 0.84 - 0.94.

Recovery Experience Questionnaire (REQ). The REQ (Sonnentag & Fritz., 2007) consists of 16 items and four dimensions—relaxation, mastery, psychological detachment, and control. Items will be measured on a 5-point scale ranging from 1 (*I do not agree at all*) to 5 (*I fully agree*). Higher scores indicate higher level of recovery experience. Cronbach's alpha is 0.85.

Cardiac Anxiety Questionnaire (CAQ). The CAQ (Eifert et al., 2000) contains 18 items and is measured on a 5-point scale ranging from 1 (*never*) to 5 (*always*). Higher scores indicate higher levels of heart anxiety. Cronbach's alpha is .83.

Ryff's Consolidated Psychological Well-Being Measure. Ryff's Consolidated Psychological Well-Being Measure (Ryff & Keyes, 1995) contains 18-items and utilizes a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicate higher levels of psychological well-being. Cronbach's alpha ranges from .86 - .93.

Data Analysis
Using *R Studio*, descriptive statistics (i.e., means, standard deviations, ranges) and Pearson correlations will be computed for all the study variables. A host of personal and occupational demographics will be used to describe participants and account for the influence of extraneous variables.

The main effect will be examined first. Next, the interaction will be assessed. If the interactions are deemed to be statistically significant, a PROCESS analysis (Hayes, 2017) will be utilized to test recovery experience and work life balance as a possible moderator in the relationships between workaholism and health-related outcomes.

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