Work Addiction as Related to Number of Children

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ABSTRACT

Today, there is a swift increase on the number of people trying to prove themselves due to the changing work environment and fear of unemployment. Although work is a positive value for people in our current society, when it is over-important for people, it could have negative consequences such as workaholism. The concept of workaholism introduced by Oates in 1968 is described as the compulsion or the uncontrollable need to work incessantly. A workaholic is a person who is addicted to work and always think about work. Workaholics are work oriented people that spend most of their time working in and out of the office. There are many reasons of workaholism in its roots such as technological, social, and financial. The frequent use of mobile devices such as cell phones and laptop computers makes it possible to work at alternative workplaces, such as at home or in airport lounges. Accordingly, more importance is given on the researches related to workaholic concept. The main question of the study is to analyze the work addiction as related to number of children. In this study, it is proved that work addiction does not differ according to the number of children.

Key Words: Workaholic, work addiction, DUWAS Dutch work addiction scale, number of children

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INTRODUCTION

A growing number of employees have control over their working hours, indicating that they have the opportunity to decide themselves when to stop working recently. There are many reasons of workaholism in its roots such as technological, social, and financial. The frequent use of mobile devices such as cell phones and laptop computers makes it possible to work at alternative workplaces, such as at home or in airport lounges. At the same time, productivity and downsizing have led workers to cope with a higher workload. However, it can be seen that, problems like anxiety of losing job, job reassurance problem, rising of the jobs requiring working too much and career ambition feed the workaholism in the organizations. Consequently, in many occupations work is never completely and finished at the end of the day. Workaholic workers work during holidays, vacation, weekend and after work time. (Wijhe, 2011, 361).

Workaholism is a popular term used to describe individuals who are focused work. Ever since Oates (1971) first defined the term workaholic to refer to an individual whose increased need to work hinders one or more life functions, workaholic become a colloquial term used increasingly in the popular press, on web sites, and in the scientific literature (Aziz ve Zickar, 2006, 52). According to the theory of work craving, a workaholic has a craving for self-respect compensatory incentives and an expectation of relief from negative affect experienced through neurotic perfectionism and an obsessive-compulsive style of hard working (Wojdylo, Baumann, Fischbach & Engeser, 2014, 1). Workaholism is a common topic in the popular press (Garfield, 1987; Kiechel, 1989a, 1989b; Klaft & Kleiner, 1988; Spruel, 1987, Waddell, 1993) but scientific understanding and general definition of it is still quite limited. The common denominator of the workaholic definitions in the literature is devoting to work (Weissmann, 2013, 19).

Additionally, workaholism has become one of the main health threats to people’s work life, social life and personal life. The negative impact of workaholism on people’s lives is alarming as research evidence shows that up to 25% percent of the working population are enduring symptoms of workaholism. This calls for the utilization of pertinent helping approaches in dealing with workaholism. The core for professional helping aims to achieve a balanced
relationship between work life, social life, private life and other aspects of one’s life. That is, career and mental health practitioners need to help workaholics to achieve a balance between meaningful productive work and healthy leisure activities for life satisfaction, and for maintaining well being. Life and work life balance is very important to individual well being (Burwell & Chen, 2002, 219).

In reviewing the literature related workaholic, workaholism is seen as the most important symptom of the process in relation to the increase in time spent. Main workaholic symptoms are given below (www.hrspecialist.com, 10. 09. 2014):

- Being the first in the office and the last to leave,
- Working more than other workers,
- Thinking work all the time,
- Having difficulty delegating,
- Imposing pressure to be perfect and skipping breaks.

Workaholism is defined as a psychopathological condition same as alcoholism (Machlowitz, 1978). Work addiction, unlike alcoholism and other compulsive behaviors, tends to bring status, financial reward and even awe. Workaholics don't realize they have a problem until a crisis occurs (a spouse leaves, a neglected child gets in trouble, a serious health problem develops) (Weiss, 2004, 54). Workaholism is a bad type of working hard and is related to a variety of negative outcomes for employees and their companies:

- Workaholic employees experience more interpersonal conflict at work (Mudrack, 2006).
- Workaholic employees are less satisfied with their jobs (Burke & MacDermid, 1999).
Workaholic employees report more work–home interference (Schaufeli, Bakker, Van der Heijden, 2009a; Taris, Schaufeli, & Verhoeven, 2005).

Workaholic employees have poorer social relationships outside work than other employees (Bonebright, Clay & Ankenmann, 2000).

Workaholic employees experience low life satisfaction (Bonebright et al., 2000; McMillan & O’Driscoll, 2006).

Workaholic employees high levels of job strain and health complaints (Burke, 2000).

Although scientific understanding and general definition of workaholic is still quite limited, relevant literature has many studies on this subject. Gender, age, marital status, next of which is associated with demographic variables such as education level, such as the relationship between burnout syndrome consisting of workaholism were analyzed.

There is growing recognition that equality in employment implies the sharing of family responsibilities. The Employers’ Organization of the Philippines (ECOP) notes, for example, that “the division of labor in the home is evolving for young married couples. An insurance company in the United States found this to be true when they carried out a work and family needs analysis. Of 7,800 employees, 60 percent were in dual-career families, 50 percent had care responsibilities for children or elderly dependents, and 20 percent anticipated having them within three years. Further, over 30 percent of the employees leaving the company thought that the decision would help them balance their work and family responsibilities. The Los Angeles Department of Water and Power (DWP) is the largest public utility in the United States and a heavily male-dominated workplace (76 percent). In the 1980’s a workplace survey reached two important findings (General Article, 2009, 24):

- The employees had critical childcare needs.
• Many of the DWP’s male employees were outraged that they had been excluded from the survey, because they had childcare problems too.

• The department now offers a comprehensive set of work–family services that also address the needs of its male staff.

2. RESEARCH

2.1. Research Hypothesis

The main question of the study is to analyze the work addiction according to generations. So, the research hypothesis of the study is;

H₁: Work addiction differs according to the number of children.

2.2. The Scale Used in the Research

In the research DUWAS Dutch work addiction scale was used for the measure of work addiction. A standardized four-point DUWAS ranging from ‘almost never’ to ‘almost always’ comprising 20 statements developed by Schaufeli et al. (2004) is used for measuring the construct validity. The scale is a combination of three constructs, namely, working compulsively including seven statements, working excessively with nine statements and overwork comprising four statements.

The scale has been implemented for Turkish by Doğan & Tel (2011). The original scale consists of 17 questions, but during implementation the number of questions have been decreased to 14. The Cronbach’s Alfa consistency value of the implemented scale has been recorded as .85 (Doğan & Tel, 2011: 61) which is greater than .70 and was considered acceptable.

2.3. Descriptive Statistics
Totally, 218 questionnaires were used for the study. The below table shows the descriptive statistics of the group surveyed.

Table 1- The descriptive statistics of the group surveyed

<table>
<thead>
<tr>
<th></th>
<th>No child</th>
<th></th>
<th>One child</th>
<th></th>
<th>Two children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>152</td>
<td>69.7%</td>
<td>46</td>
<td>21.1%</td>
<td>20</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Figure 1 – The descriptive statistics graph

2.4. Findings

An exploratory data analysis was conducted to determine if the distribution was normally distributed. Results for the Kolmogorov-Smirnov test for normality indicated that the distribution deviate significantly from a normal distribution (D = .102, p = 0.000).
The Kruskal-Wallis H test is a rank-based nonparametric test that can be used to determine if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable.

A Kruskal-Wallis H test was conducted to determine if work addiction was different for three groups that had: (a) no child (n = 152); (b) one child (n = 46); and (c) three children (n = 20). A Kruskal-Wallis H test showed that there was no statistically significant difference in productivity between the three groups, $X^2(2) = 1.713, p = 0.425$.

Table 2: Means of work addiction for groups surveyed

<table>
<thead>
<tr>
<th>N of children</th>
<th>N</th>
<th>Mean</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work addiction</td>
<td>No children</td>
<td>152</td>
<td>109.86</td>
</tr>
<tr>
<td></td>
<td>One child</td>
<td>46</td>
<td>102.02</td>
</tr>
<tr>
<td></td>
<td>Two children</td>
<td>20</td>
<td>124.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>218</td>
<td></td>
</tr>
</tbody>
</table>

So, the hypothesis ($H_1$: Work addiction differs according to the number of children.) is rejected.

3. CONCLUSION AND DISCUSSION

Workaholic is a person who chooses to work a lot also a person who is always thinking about work. Workaholics love working and spend their time mostly with their job-related activities. They are addicted to working. The satisfaction derived from work is more important than the satisfaction derived from family or private life for a workaholic worker. Workaholism is a significant problem in work life and recent findings indicate that workaholism increases day by day. In conclusion, there are currently many academic studies about workaholism.

The findings of the study are limited by use due to its focusing on employees of cities of İstanbul, Tekirdağ, Edirne, Ankara and Antalya (in Turkey). Finally, a frequency scale may not be
appropriate to evaluate all the items of DUWAS although it was used in this study based on the original scale. In future studies would be interesting to use another alternative scale more fitted to the items e.g., an agreement scale. Also in future studies a comparison between private and public sector workers on workaholism would be very appropriate.

REFERENCES:


