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The Working Excessively Questionnaire (WEQ) – theoretical background[1]

Abstract.

There is no widely accepted definition or conceptualization of workaholism. The primary purpose of this paper is to clarify some of these issues and define and contextualize excessive workload together with its negative consequences. Our study presents a more comprehensive understanding of workaholism and takes into account employee's cognitive (beliefs) and personality factors (perfectionism and obsessive compulsiveness), situational factors of work environment, and person's working style. A clearer understanding of the underpinnings of workaholism may allow the practitioners to assess and manage work addiction better.

Streszczenie

Brak jest powszechnie akceptowanej definicji pracoholizmu. Podstawowym celem tego artykułu jest wyprecyzowanie różnych aspektów zjawiska nadmiernego obciążania się pracą, jego społeczno-kulturowego kontekstu oraz negatywnych konsekwencji. Na podstawie analizy literatury określono podstawowe obszary nadmiernego obciążania się pracą: przekonania pracownika, czynniki osobowościowe (perfekcjonizm i kompulsywność), środowisko pracy oraz styl pracowania. Uważamy, że zbudowany na tej podstawie kwestionariusz pozwoli na pełniejsze rozumienie zjawiska pracoholizmu oraz lepsze radzenie sobie z uzależnieniem.

Work and its place in life

Results of an international study on the understanding of the term "work" (MOW International Research Team, 1987; Harpaz and Snir, 2003, see also Snir and Harpaz, 2002, 2004, 2005) show that it is multidimensional. Work has its economic dimension; individuals have different work centrality; it is the place for Valued Work Outcomes, (see also the concept of Super – Super 1969; Hornowska and Paluchowski, 2002), the reference to Work-role identification, or a way to realize Societal Norms About Working, such as entitlement and obligation. The importance of work may be analyzed at a behavioral level (devoting a large portion of individual's activity to work) or it may be analyzed as a mental factor (as an attitude). The Importance of Work Goals can be of intrinsic or extrinsic orientation. It may be an element of social and societal life, an essential place for the implementation of important interpersonal needs of an individual.

A hierarchical model of salience of the employee's social role, proposed by Donald Super (1969, see also Hornowska, Paluchowski, 2002) assumes the existence of three basic, logically separable aspects: commitment (affective element of the role), participation (behavioral component of the employee's role) and knowledge of work / profession (cognitive aspect of the role). These basic role aspects and their combinations create a specific terminology, which allows - according to Super - for better understanding of the importance of any given social role. Thus, involvement in the role is an emotional attachment linked to time and energy disbursement - a combination of commitment and participation; engagement is devoting time and energy interrelated with knowledge and understanding
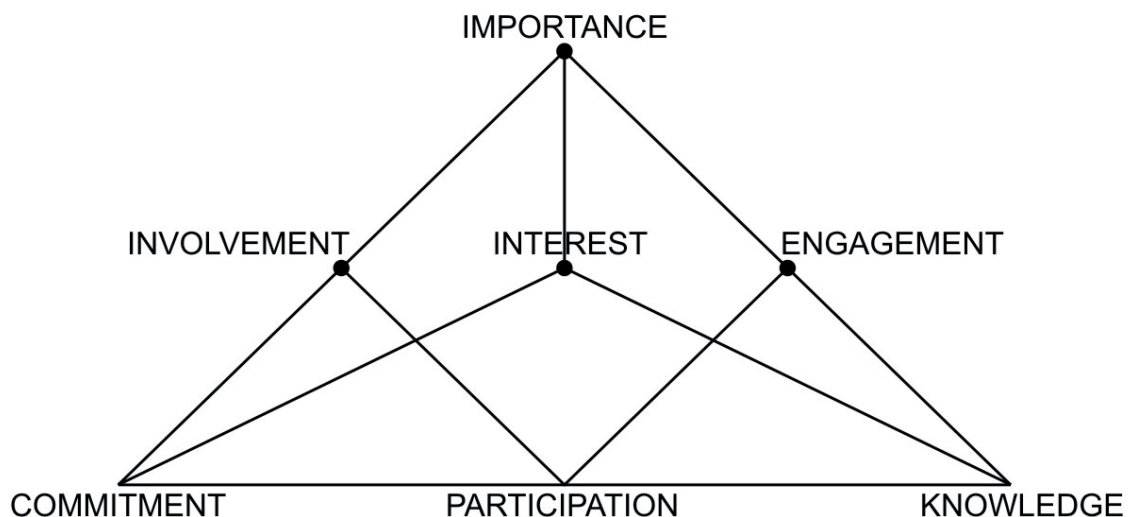

Fig. 1. Hierarchical Model of Social Role Importance according to D. E. Super (based on: Nevill, Super, 1986b, p. 5)

- a combination of participation and knowledge; interest, however, is a combination of knowledge and commitment without a behavioral component. These three basic interrelated elements constitute importance of the social role of an employee (see Figure 1).

As you can see, time devoted to work (participation) is only one of the elements that determine the place of work in a personal value-system. This element co-creates some sort of emotional relation with work (entanglement), or - in this concept - an involvement that is devoid of emotions.

Wilmar Schaufeli (Schaufeli, Salanova, González-Romá and Bakker, 2002; Schaufeli and Bakker, 2004; Maslach, Schaufeli, Leiter, 2001; Chirkowska-Smolak, 2012) defined work engagement as a positive rewarding state of mind, characterized by vigor, dedication and absorption with work. In his opinion, the well-being of an employee is the opposite end to an occupational burnout and lies on the same dimension: degree of emotional relation with work. In case of an occupational burnout, the emotional relation with professional responsibilities is low, and its value is negative; in case of engagement, this association is strong and its value is positive. Engaged employees are enthusiastic about their work, have a sense of self-efficacy, are able to mobilize personal and job resources, are completely immersed in work, do not notice the time passing, and their behaviors are proactive (Bakker, 2011, Bakker and Demerouti, 2008).

The Psychopathology of Work

There are four phenomena, involving a sense of employee well-being - sense of professional responsibility workload, the level of engagement at work, occupational burnout and workaholism[2] (Schaufeli, Taris, and Van Rhenen, 2008). Once, when analyzing employee well-being more attention was paid to physical factors, due to the risks carried by a technological process or work environment. Today, more attention is paid to psychosocial factors. Phenomena of interest to us - workload, engagement, identification with work and workaholism are closely interrelated. What the literature indicates in particularity is that an excessive workload an individual puts on is a symptom attributed to workaholism. On the other hand, many point to numerous other causes, apart from addiction, of the workload. At the same time, workload, engagement and identification with work do not necessarily have to coincide with addiction to work (workaholism).

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[2] There is even a Workaholic's Day (which is celebrated on July 5, according to English-language sources or on August 12, according to Polish sources).

Workload

The amount of work (the effort, time) taken on by an individual can be large or small, but it can also result from either an autonomous decision of that individual or from the characteristics of the job itself. Large amount of work, that causes stress and work overload may result from the characteristics of the work itself (Bakker, Demerouti, De Boer, Schaufeli, 2003; Demerouti, Bakker, Nachreiner, Schaufeli, 2001), such as job demands and the level of job resources. According to the JD-R model (Job Demands-Resources Model) job demands are its physical, social and organizational aspects which determine the level of psychological and mental effort put into work. It may occur that performing job duty is associated with irregular working hours, the necessity to react quickly and over-sigh other people, with working in a continuing crisis mode, in direct contact with "difficult people" and finally with executing tasks without having clear and defined boundaries (e.g. work of a housewife). Also, the lack of independence in decision making and no support from coworkers can contribute to work overload (Gorgievski, Halbesleben and Bakker, 2011). All these aspects of work also define the level of freedom and autonomy of an individual in the management of one's own resources (Xanthopoulou, Bakker, Demerouti and Schaufeli, 2009).

Excessive workload usually means performing non-required work and working beyond the standard. However, the fact that occupational workload is excessive, may have different sources and meanings. It can be understood as excessive work in relation to existing standards of the organization, the ability to control employee behavior, the expectations of coworkers and / or family, the consequences (effects), employee's own mastery standards and employee's actual capabilities. It may result from realistically perceived economic necessity, but it can also be a refuge from a problem out of the workplace, it may result from personality reasons (a perfectionism or the need for accomplishments), and finally it may result from a compulsion and be self-destructive. Escaping problems may also be one of the reasons for working long hours. The difference between workaholics and non-workaholics is that workaholics escape from problems in their personal life to work while non-workaholics, who also work too much are neglecting family life due to their pursuit of success. Therefore, excessive workload may be a cause or a consequence of problems in private life (Demerouti, Bakker and Bulters, 2004). On the other hand, it is known (Snir and Harpaz, 2004) that people satisfied with their work and those who are self-employed work longer hours while those who draw satisfaction from the family life work fewer hours per week, on average.

There is an opinion that excessive workload with professional responsibilities applies only to people engaged in highly prestigious professions who work

on senior positions. Social demands associated with it were considered to be the reason. This opinion is contradicted by the reports claiming that homemakers too may become addicted to work (Fassel, 1990; Killinger 1991). Therefore, it seems that the workload is not a result of an organizational coercion, but more than likely results from making a personal commitment (Wojdyło, 2003, pp. 35).

Gini (1998a, 1998b) notes further factors that have to be considered when analyzing the phenomenon of workaholism: stereotypical social roles of men and women or the specificity of a profession and a workplace. Particularly, the latter factor needs to be emphasized.

Also, having a so called missionary profession can be the reason for a person's workload (Giełda 2007, Czerw, Borkowska, 2010; also: Bajcar et al., 2011). There are professions (e.g., doctor, fireman, policeman), which expect an individual to devote not only time to work but sometimes also life, as well. These professions may both attract and produce workaholics, because - just as an economic necessity - this work ("duty") becomes the catalyst for workaholism. There are also professions which have a goal to help, in terms of providing other people with both physical and health safety and well-being (Czerw, Borkowska 2010).

One can also talk about a missionary perception of person's own work, regardless of whether the profession is objectively missionary or not. Then, the determinants of the missionary work will be high engagement at work, maintaining close interpersonal relationships with the recipients of our actions and the personal conviction of the duty to accomplish some vital mission. This approach to one's own professional responsibilities may result from affective attachment, implementation of social responsibility standards and high valuation of one's own work (cf. Protestant work ethic).

People performing missionary professions devote their personal time to the affairs of the organization they work for. If required, they stay at work for the sake of another person's or company's image. They take on tasks that are on the verge of their capabilities or even exceed them. These people get deeply involved, cross formal work boundaries, and draw satisfaction and the meaning of life from effective undertaking of challenges. Their contacts with family and their loved ones limited; sometimes work or a patient becomes more important than the people at home. Often, they "take work home" and due to that, they are, in fact, always at work. When work overload becomes exhausting, they react like workaholics - with tension and irritability. People heavily emotionally involved in their work may become burnout victims. This may be a result of not resolving a conflict with work motivation that is based on personal value system and the experienced ineffectiveness of employee's actions, which aim at the realization of these values. Consequently, following behaviors occur depersonalization, treating patients only

as disease cases, students as numbers in the class register, etc. It is increasingly difficult for the individual to work in a group, co-workers move away and withdraw from the uncomfortable relationship. Therefore, we are dealing here with at least a partial resemblance.

Missionary understanding of person's own work may also be a rationalization used by workaholics. When workaholics rationalize their addiction by using "missionary" as a reason, they put themselves in a better light. By thinking and saying that their choice to work excessively results from the sense of mission (of responsibility) and it depends on their will entirely (they control it), they build their self-esteem and enhance self-evaluation.

Arlie Russell Hochschild (1983, see also Szczygiel et al., 2009) described the so-called emotional labor which dominates in certain professions (e.g., freelancers, vendors, professionals), service occupations and roles (e.g. housewife). What defines them is the fact that they are experiencing and expressing emotions, and thus influence the emotions of others (recipients) in accordance with the rules of a job or a role that they have been given. From the point of view of excessive workload, experiencing strong, socially positively labeled emotions may also be a powerful motivator to work excessively.

Work addiction

Finally, there is yet another phenomenon associated with the pathology of work - an addiction to it. In the literature, the addiction to work (workaholism) is described as a self-destructive behavior, a severe imbalance between work and other important areas of life, and it is mainly associated with a large amount of work. We may say that excessive workload is a necessary condition for an addiction to work to occur, but it is not a sufficient condition. In the descriptions and analysis, workaholism (a disorder) is mixed with pathological work styles.

Analyzing the definitions proposed in the literature, we can distinguish three different approaches (McMillan et al. 2001). The first group of definitions may be called dynamic as they focus on the process and try to identify the impact the addiction to work has - avoiding personal responsibility towards family, friends, and gaining recognition from the employers. The second group is represented by the definitions describing the characteristics of workaholics and / or their work method. Definitions that belong to this group determine the extent of the behavior such as time spent at work; they talk about the importance of work for a workaholic or indicate the characteristics of this phenomenon, such as irrational attachment, thinking constantly about work, inability to use free time and working beyond the scheduled time, etc. Some definitions of this type pay attention to the role of the obsessive-compulsive type of personality in the formation of workaho-

lism (so-called type A, see also Savickas, 1990, Schwarz, 1982 and Wojdyło 2003, 2004, 2006). Compulsive-dependent workaholics, distinguished by Kimberly S. Scottl, Keirsten S. Moore and Marcia P. Miceli (1997), have similar characteristics; they are aware that they work more than it was intended, but they cannot control it. The last group consists of operational definitions that specify how to create component or behavioral indicators that are the essence of workaholism.

The term "work-addiction" was introduced to scientific literature by Wayne Oates (1971), pastor and religion psychologist. In his book, he proposed a thesis that workaholics demonstrate the same compulsive behavior in relation to work that alcoholics show towards alcohol[3] . Workaholism is a condition characterized by a lack of control over the need to perform work tasks and by the occurrence of intrusive thoughts associated with it. It is also the presence of a phenomenon similar to withdrawal. He also described five main types of it[4] . Although undoubtedly, workaholics spent a lot of time performing their professional duties, according to Oates (1971) it is not the time that defines their addiction, but the intrinsic attitude towards their work and place it occupies in comparison to other important areas of life. Workaholism is a pathology, which can be defined as an imbalance between work and other areas of life.

An empirical classification proposed by Janet T. Spence and Ann S. Robbins (1992), based on their "workaholic triad," is a particularly famous typology of workaholics. It includes basic - in their opinion - dimensions that define workaholism: attachment, work involvement that is expressed, inter alia, through devoting a large amount of time to work, emotional drivenness to work, and work enjoyment. Devoting a lot of time to work is the most common factor in defining workaholism and sometimes it also is an indicator of the personal attitude towards work engagement. Now, a sense of compulsion and addiction to work, are being indicated as major factors in defining workaholism by clinical psychologists. The latter factor - job satisfaction - seems to be the most controversial and ambiguous. On the one hand, one may assume that the pleasure derived from work is their intrinsic motivation. On the other hand, compulsory nature of workaholism raises the question whether the work can even bring satisfaction to a workaholic. Assuming that each dimension has two scores (Low or High), we can create a six-categorical typology. According to them, only two types of behaviors are patho-

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[3] Markowski (1999, pp. 50-52) points out that the importance of the forms -oholic/-aholic (and analogically/similarly in Polish - holik) as the addicted one is not justified because it comes from an incorrect division/ split of the word alcohol, which, according to the American Heritage ® Dictionary divides into al-cohol, so suffix -oholic/-aholic originally had no meaning.

[4] These are: dyed-in-the-wool, converted workaholics, situational workaholics, pseudo-workaholics, escapists workaholics.

logical, others are more of an attitude towards work and work style (Spence and Robbins, 1992; see also Dudek, 2008): work enthusiasts, relaxed workers, unengaged workers and disenchanted workers.

Also, Spence and Robbins (op. cit, p 162) further organized the terminology and proposed an "academic" definition of a workaholic, as being a person "very involved at work, working with a sense of compulsion and not drawing pleasure from work." Moreover, their research revealed factors that are associated with workaholism - more health problems, greater perceived stress at work and a tendency to perfectionism. According to them, extrinsic circumstances, such as requirements of the environment or a pursuit of pleasure experienced at work, do not cause a person to work as excessively as the intrinsic factors (like with alcoholism) do. That is why, in their opinion, the feeling of stress and guilt in a person's leisure time is a distinctive element of work addiction. They also extended the concept of workaholism assuming that it may apply to any activity of work nature, also the nonprofessional kind.

Workaholism as a behavioral addiction (non-chemical addiction)

Addiction to work, otherwise known as workaholism, is a term widely used by not only professionals; scientific terms and definitions often mix with a colloquial meaning of this word. At times, it is indicated (Haylett, Stephenson, Lefever, 2004) that workaholism (like shopaholism or eating disorders) is an addiction motivated by concern and protectiveness (nurturant motives), in contrast to alcoholism, smoking, drug abuse, sexaholism or gambling that are motivated by hedonism. It is often emphasized that a physiological psychoactive substance dependence (Cierpiałkowska and Ziarko, 2010; Woronowicz, 2009) is different from a psychological dependence. The essence of the latter is the repetition of certain activities, a harmful use or a pathological use while experiencing a sense of temporary satisfaction (Brown, 1997; Ogińska-Bulik, 2010; Sussman, Sussman, 2011).

It is also emphasized that there are similarities between a psychoactive substance dependence and a behavioral addiction. What is specific for workaholism (Sussman, Sussman, 2011) is the absence of dangers arising from the criminal context of other addictions (alcohol, drugs, gambling).

Addiction to work is not a nosological entity, neither by DSM or ICD. Workaholism is commonly treated as an observable way of working and it is usually associated with working long hours or without a break. Also, in classification systems mentioned earlier, the intensity or frequency factors are elements of the definition of an addiction. Woronowicz (2009) made an attempt to establish diag-

nostic criteria of workaholism. He based on the criteria of ICD-10 and proposed a list of nine symptoms, presence of at least three out of nine symptoms during a period of one year would allow a work addiction diagnosis to happen.

To be recognized as pathological, excessive workload must be accompanied by other symptoms (Shimazu and Schaufeli, 2009). Workaholism is a disorder that goes far beyond quantitative determination of time spent at work. Martin C. Helldorfer (1995) writes that to solve the problem of antinomy of work and leisure, workaholics treat everything like work, and work is their main cognitive category. To them, even when they rest or play, everything appears to be a duty, an obligation and dutifully fulfilled requirement. As described by Diana Fassel (1990) - workaholics are addicted to the obligation to work, and not to what they do at work; they are work addicts, not job addicts Working excessively is one of the aspects of work addiction (Taris, Schaufeli and Verhoeven, 2005; Schaufeli, Bakker, Van der Heijden and Prins, 2009). The other one is to work compulsively. One can say that a person is passionate about work and gives it all fervently and passionately. However, we should remember to distinguish between harmonized passion and obsession (Gorgievski and Bakker, 2010). Workaholism is an obsessive passion that goes beyond the habitual behaviors because it is implemented under compulsion, but at the same time with a strong belief that these behaviors are ridiculous.. Summarizing, workaholism has a large obsessive-compulsive pathological component.

Workaholism: The moderating effects of individual and contextual factors

Many studies on drug use support the hypothesis of the existence of temperamental risk factors in this area. For example, we can assume (see, e.g., Galen, Henderson, Whitman, 1997; Henderson, Galen, 2003, Cloninger, 1997; Wills, Windle, Cleary, 1998) that, in addicts, the need to seek strong sensations may be a powerful predictor of addiction; this is particularly true about people who become addicted at a younger age. People seeking sensations will prefer behaviors that are not socially acceptable, such as alcohol or drug abuse, because such behavior provides them with stimulation (see also Miklewska, 2000). Interestingly, results confirming the hypothesis of temperamental risk factors were also obtained in the studies of the so-called non-substance related addiction, especially the excessive use of the Internet (Hornowska, Kaliszewska, 2003).

We may establish two hypotheses regarding the connections of temperament and workaholism (Hornowska, Paluchowski 2007). On the one hand, it can be assumed that workaholics (like those with a substance addiction) are people with low arousability (Gray, 1964), which results in their high need for stronger stimulation to ensure an optimum level of activation. An intense work that consumes a signifi-

cant amount of time, tight deadlines or other behaviors typical for people addicted to work may be a way for the workaholics to make up for the lack of stimulation. On the other hand, a competitive hypothesis can be established. According to it, workaholics are people with high arousability who may need a weaker stimulation to ensure an optimum level of activation. Therefore, they will tend to reduce the stimulation from other sources and focus on what is familiar to them - their work. In people with high arousability, stress condition appears during situations rich in stimulation and for workaholics during their days off (holidays, weekends). That is why they choose work to be their source of optimal stimulation and gradually reduce their area of activity to only work. Work begins to pull workaholics away from their families, friends, former hobbies, and even coworkers. Thus, it gives them the possibility to avoid unwanted stimulation, as a result, causing their further engagement at work as a source of optimal stimulation. A workaholic can "drown" in work so deeply that he stops responding to outside stimuli.

Perfectionism often accompanies an obsessive-compulsive type of personality disorder. While noting the perfectionism of workaholics (Oates, 1971, Spence and Robbins, 1992, Scott et al. 1997, Artur and Harward, 1997) also their inability to delegate tasks and their sense of omnipotence were brought to our attention. Describing the perfectionist workaholic - Scott et al. (1997) point out that perfectionism undoubtedly favors workaholism - focus on achieving high results, strict adherence to the rules, highly detail and rule oriented attitude and the desire to control the environment tend to lead to overestimating the importance of work, to the detriment of other social roles. On the other hand, perfectionism can make achieving professional success difficult - inability to delegate tasks and a person's focus on the details rather than on appropriate priorities and on a search for out-of-the-box solutions may act as powerful barriers on the road to career development (Artur, Harward, 1997).

Research confirms that setting exorbitant expectations in the educational process, stressing the importance of work and putting the emphasis on discipline have an impact on the formation and consolidation of workaholic attitude and the development of certain characteristics of the pattern A behavior (aggression, hostility, propensity to compete). They may also cause a loss of self-esteem and sense of control (Wojdyło, 2003; Frąszczak, 2002). Literature describes (Frąszczak, 2002) a so-called impostor syndrome, which for workaholics is the way to deal with their sense of inferiority. Because they are convinced of their own incompetence, which - in their opinion - must sooner or later come to light, they are constantly accompanied by the fear of both, a failure and a success. This fear motivates them to ever greater efforts to prove their value through high achievements.

At the same time, while convinced of their own weakness and unworthiness they set goals for themselves that are impossible to achieve.

Literature also points at positive aspects of perfectionism (Stoeber, Otto, 2006; Szczucka 2010). Don E. Hamachek (1978) first brought it to our attention by writing that there are normal and neurotic perfectionists. Positive perfectionists focus on the perfectionistic strivings. Non-adaptive perfectionism is characterized by experiencing perfectionistic concerns regarding the fear of making a mistake (concern over mistakes) and doubts about actions. Today, perfectionism is treated mostly multidimensionally (Szczucka 2010). Results of the studies show that different aspects of perfectionism may coexist.

Other important factors are cognitive patterns seen in people addicted to work, that shape the ideas and a general worldview which then serves as a sort of personal "work ethic" (Frąszczak, 2002, pp. 217-218; Burke, 2000a, 2000b). Workaholics' own opinions are of wishes-magical character, especially those that relate to their ability to control their behaviors. These false beliefs and delusions result from turning their defense mechanisms on. Among them, next to denial Mellibruda (1992) lists minimization, blaming, intellectualizing, rationalizing, distraction, fantasy, exaggeration of memories and wishful planning. They make the subjects deny the facts, or sometimes even prevent them from seeing facts as they are.

Many researchers link work addiction to a dysfunction occurring in the family-of-origin, and at the same time it is considered a cause for continuation of these disorders in the family-of-procreation (Robinson, Carroll and Flowers, 2001). Children deprived of support and care from their parents learn that having complete control over everything allows them to survive. Participation in a multitude of activities (studies, active involvement at school, circles of interest, taking care of the household and younger siblings) is one of the ways to deal with a difficult situation (Wojdyło 2003).

Sometimes, economic duress causes excessive workload: the fear of losing a job caused by high unemployment, an impression of too much competition, the risk of remaining without means of subsistence or the fear of poverty (already described by Oates 1971). Sometimes, devoting a lot of time to career results from fear of dismissal which is then prompted by the desire "to perform" for the bosses. Diane Fassel (1990) defines this type of person as a "reluctant workaholic" who can be further described as a situational or occasional workaholic. A person who is required to toil from dawn to dusk under the threat of pay cuts or even layoffs is not a workaholic because the feeling of coercion and insecurity builds a negative attitude towards work. Aversion excludes emotional attachment to work and a sense of satisfaction and makes a person wish to be as far away from the boss and responsibilities as possible.

Organizations also may promote workaholism among their employees. This creates an effect of "self urging" - the presence of a belief among the employees in a "rat race" that occurs at work, in which the person who works more - wins (culture of competition). Particularly success-oriented people are put in jeopardy by such challenge (cf. achievement oriented workaholic in the typology by Scott Moore and Miceli, 1997). While analyzing value systems of organizations, Kofodimos (1995) divided them into two groups - those that support a balance between work and time devoted to family and those that encourage a violation of that balance. Also, a specific organizational culture may be another reason for a person's excessive workload. In organizations where the cultural norm is to work overtime, it is hard not subordinate. Staying after hours becomes a practice and takes away the employee's free time. Increasingly often, organizations impose the way of spending free time on their employees. Organizing business lunches, team building meetings, even team building and employee training trips take time away from the employees, time which they should devote to rest and relationships with their loved ones.

The most obvious negative consequences of workaholism

One can say that the increasing employee's excessive workload which starts with "work abuse," becomes a risky behavior, and as a result of the lack of reaction to the return information about its dangers, it eventually leads to work addiction.

Subjective Effects

Addiction to work may have subjective and social effects and may be accompanied by a number of physiological and behavioral symptoms (Dudek, 2011; Frąszczak, 2002, pp. 214). Among the physiological symptoms we may distinguish: headaches, fatigue, exhaustion, weariness, allergies, indigestion, stomachaches and ulcers, back pain, chest pain, shortness of breath, nervous ticks, dizziness, etc. The behavioral symptoms include trouble sleeping, inability to relax, hyperactivity, restlessness, nervousness, difficulty with concentration, mood swings (frequent going from euphoria to depression), a sense of impoverishment of sensations, quick boredom with a task on hand, or trouble remembering/memorizing.

The level of stress that workaholics experience and actively try to cope with is significantly higher in people with high workaholism than with low workaholism (Shimazu, Shaufeli, Taris, 2010). Assumedly, this level is likely to result from a specific perception of stress and their increased sensitivity and higher reactivity (Golińska, 2011, pp. 71). Studies showed (Wróbel, 2011, p 77) that workaholics are no different from non-workaholics when it comes to the level of positive affect

they experience at work. However, their level of negative affect is much higher. They also have higher levels of anxiety as a state and as a trait. In other words, they worry more than other people and perceive the world as a dangerous and threatening place. At the same time, they respond to the real threats, care about them, become temporarily apprehensive or suffer some transient discomfort. We also found out that vacation brings workaholics rest from the sensations that increase a negative affect; nonetheless, it does not significantly increase positive affect (Wróbel, 2011, p 93). Studies (Hauk, Strzelczyk, 2011 p. 131) also discovered, what turned out to be quite obvious, that individuals with more severe workaholism while choosing an activity during their time off, choose an activity that requires different resources than those they exploit at work.

Work-family conflict

What distinguishes the healthy people from the addicts is their relationship with the world, the family and leisure. This is largely a matter of the appropriate balance between work and private life. Only a clear disruption of these proportions raises suspicion of an addiction.

Leslie B. Hammer, Talya N. Bauer and Alicia A. Grandey (2003) stress that, in a conflict - work vs. home, it is not always possible to determine clearly what the cause is, and what the effect is. Bryan E. Robinson (1996) described anecdotal reports on the relationship between family and workaholism. One of the criteria for diagnosis of workaholism is a clear imbalance between work and private life (Paluchowski, Hornowska, 2003; Hornowska, Paluchowski, 2007). The negative consequences of pathological workload appear in various areas of life, especially in work-home interference. Conflict between work and family is essentially a conflict of work and family obligations. In other words, the requirements of the role of an employee impede or prevent the execution of the role of a family member. Kristin Byron (2005, see Baka, 2011) describes two areas of this conflict: work interference family (WIF) and the situation when the family negatively affects work - family interference work (FIW). The presumed cause of this conflict is the fact that an individual uses limited personal resources (Demerouti, Bakker, Nachreiner, Schaufeli, 2001). A part of the day may either be dedicated to staying at work or at home. If a person experiences stress at one time, this individual looks for a way to relax at another.

The intensity of the conflict depends on the characteristics of the environment in which the individual operates (Byron 2005): a necessary involvement in a given area, the flexibility of own participation in the area, support granted in a given area. This, however, depends on contextual factors: the degree of proceduralization of work, the number and age of children, marital status, spousal employment,

etc. The intensity of both the conflicts moderately correlate with each other, what proves their relative distinction.

To summarize the research on this topic, Bryan E. Robinson (2000, 2001, see also Piotrowski, Vodanovich, 2006 and Vodanovich, Piotrowski, 2006) writes that the family-of-procreation of a workaholic has to face many problems due to excessive workload of its member. The first sign of addiction is not keeping the promises made to their loved ones (Moczydłowska, 2005; Paluchowski, Hornowska, 2003). All the commitments made by workaholics to family members, especially spouses and children are broken in the face of work requirements. In addition to frequent quarrels and mutual blame between spouses, workaholic's marginal participation in the functioning of the family and in raising children, there is also a secondary phenomenon of the family adapting to balance the addiction. Spouses of workaholics feel ignored, unloved and manipulated by their partners' reasoning to justify sacrificing home and family for the work; they also experience a sense of guilt because of their dissatisfaction with their partners who are so positively assessed by friends and society. Bryan E. Robinson, Jane J.Carroll and Claudia Flowers (2001) describe the results of a study which discover that spouses of workaholics often have a sense of disintegration of the relationship, feel less satisfied and more often have an extrinsic placement of control. However, in the paper devoted to the analysis of workaholism from the perspective of a husband, Bryan E. Robinson, Claudia Flowers and Kok-Mun Ng (2006) reported that they do not differ from non-workaholics in terms of control placement, unlike the wives. Pietropinto's Anthony (1986) studies found that, in their families-of-procreation, spouses-workaholics tend to have higher than average expectations of the marriage quality, and in case of marital quarrels they avoid confrontation and use passive-aggressive tactics.

The concept of life balance is really interesting (Matuska, Christiansen, 2009). It includes balanced allocation of time to work, leisure and family, as well as the balance of social roles that we play. It is much more than just home and professional activities not disturbing one another. It is defined as a way of performing daily activities (pattern of daily activity), which fulfill not only biological but also psychological and social needs. It brings people a sense of meaning and uniqueness to their lives. Workaholism is just one of the manifestations of an imbalance in life (Matuska, 2010).

The Organizational Effects

Workaholics are not good team players because they cannot solve problems working together with other team members, cannot share tasks, ask for advice or information. Consequently, they consider their job to be more important than

social relationships; while performing a task at work they do not pay attention to the emotions and feelings of their work colleagues, hence the frequent conflicts, animosities and mutual resentment. It is facilitated by their sense of lesser value and their focus on continuous attempts to prove it, even at the expense of coworkers. Contrary to appearances, workaholics are not such great employees. In most cases, they are convinced that they know the best solutions to the problems, have the highest competences to perform their duties, and are not willing to accept solutions that are less than perfect. Stephen J. Vodanovich and Chris Piotrowski (2006) emphasize the role of managers in detecting workaholics in the organization and creating appropriate conditions for them to reduce that way of working, or even arranging for special trainings to develop their non-work related interests.

Theoretical Explanations of Workaholism

Lynley H.W. McMillan and Michael P. O'Driscoll (2008) made an interesting attempt to verify various theories and paradigms (approaches) to explain the phenomenon of workaholism. Referring to their earlier work (McMillan, O'Driscoll, 2006) they write that generally workaholism is an approach to work that consists of five dimensions: tendency to work or to think about work, reluctance to disengage, work under all conditions and at any given time, work enjoyment and drive. In their opinion, these last two elements are necessary to recognize someone as a workaholic. Not everyone agrees with it - Golińska writes about two different types of workaholics (Golińska, 2011); similarly, the authors of DUWAS (Dutch Work Addiction Scale, Taris, Schaufeli, Verhoeven, 2005).

McMillan and O'Driscoll (2008) took seven explanatory theories into account. According to the personality based explanation, the following characteristics are responsible for workaholism: general tendency to compulsive disorders (obsessiveness) is often associated with perfectionism, compulsiveness which is associated with the lack of ability to delegate tasks and hypo-maniac high energy. In other words, an obsessive-compulsive personality is the source of workaholism. According to the theory of addiction, workaholism, similarly to substantial addictions, is the result of abnormal activity of neurotransmitters, such as low sensitivity of dopamine receptors. When, while explaining workaholism, we refer to the learning theory, the key to understand workaholism is how the three elements: a signal (tip), behavior and reward combine forming a habit. They may take different forms for different people, but the essence remains the same; psychopathology is the result of learning. Theories that relate to the emotions are yet another way to explain the phenomena of interest to us; a person experiences these emotions consciously (sense of well-being, self-actualization, a sense of meaning) and unconsciously (they are repressed since the work is the form of implementa-

tion of defense mechanisms here). According to the cognitive theories, determinants of workaholism are mostly automatic thoughts, key beliefs, dysfunctional assumptions and loss of self-control (Wojdyło, 2010).

Their speculation ends with a conclusion (McMillan and O'Driscoll 2008), that family systems theory, theories referring to emotions and theories of addiction have little practical value in explaining and treating workaholism. Personality theories and cognitive theories better evaluate workaholism. In conclusion, they write that workaholism is not a uniform phenomenon and cannot be explained by only one theory or subjected to only one method of treatment

Methodological Consequences

While creating our own concept, we started with an assumption that the addiction to work is not the same thing as excessive workload, that is why we ask a question of what the distinguishing criterion is between a legitimate workload and the workload that is already beyond the limits of pathology. Time devoted to work may be excessive in relation to real needs, but it can also dominate other forms of activity (learning, relaxing, participating in family or social life). In the case of pathological workload, we normally refer to the latter possibility, especially if the individual recognizes the negative consequences of work dominance over other areas of activity, but can no longer change this status quo (lost control over it).

In the literature that we discussed earlier, everyone points at the groups of co-occurring symptoms (syndromes), without resorting to the sources of the excessive workload. In most studies, we deal with symptomatic approach to psychopathology of work ("workaholism"), and these descriptions are often clinical case studies and are rather anecdotal. The analysis of literature was the basis for creating a symptom questionnaire, which would then serve to study the intensification of the symptoms resulting in dysfunction, in the area of work, and to create a comprehensive description of the syndrome of excessive workload (see also below).

Based on the literature, we agreed to seek the signs and symptoms of excessive workload problems in four areas: negative effects of the loss of control over work, beliefs about the work that are potentially favoring excessive workload and organizational factors with a similar function (cf. Hornowska, Paluchowski 2007).

According to Adamantios Diamantopoulos and Heidi M. Winklhofer (2001; Diamantopoulos, 2006; Diamantopoulos, Siguaw, 2006; Edwards, Bagozzi, 2000; Bollen, Lennox 1991, Sagan 2003), when taking into account the relationship between latent and observed factors, reflective indicators and formative indicators are distinguished. Reflective indicators are a reflection of a latent (non-observable) effect of a factor or phenomenon, these are the assumptions of the classical

test theory (Bollen, Lennox 1991). In this approach, a hidden factor is the cause, and the indicators are the effect of its action, or it is assumed that the factor manifests itself through the occurrence of certain observable phenomena. Assumedly, reflective indicators correlate with each other positively and highly. In a way, each reflective indicator is a replication of another indicator; they are equally associated with the same aspect of the analyzed phenomena (factor) and are, therefore, interchangeable. We are dealing here with a scale in its classic sense - the measurement of the severity of one attribute existing independently (Borsboom et al. 2003, Borsboom et al. 2004). Only here, formal index construction is possible through statistical analysis, and removing items from the item pool (Diamantopoulos and Winklhofer, 2001; Diamantopoulos and Siguaw, 2006). In other conceptualization, formative indicators apply to each and all aspects of the conceptual range of the analyzed phenomenon. There may be any intercorrelations here: indicators may not correlate with each other at all or correlate positively and negatively. It is hard to talk about the cause-and-effect relation between the factor and the indicators. Changing the indicators changes the meaning of the composite latent variable; therefore, they are not interchangeable. The neglected aspects of the analyzed phenomenon are the source of a random error, not the error in measuring the indicators. We are dealing here with an index or a composite model.

Conceptualizing our Questionnaire

Workaholism is more of a phenomenon or syndrome than a singular factor. After drawing conclusions from the analysis of literature and commencing to work on a questionnaire on workaholism, we assumed that we would seek indicators in four areas (see Figure 2): the characteristics of addiction, the style of work and opinions on work that favor workaholism, social and subjective symptoms of the negative effects of workaholism and the actions of the organization favoring workaholism.

Consequently, the questionnaire will consist of several scales, covering areas of various contents, which at the same time are associated with the phenomenon of excessive workload (workaholism).
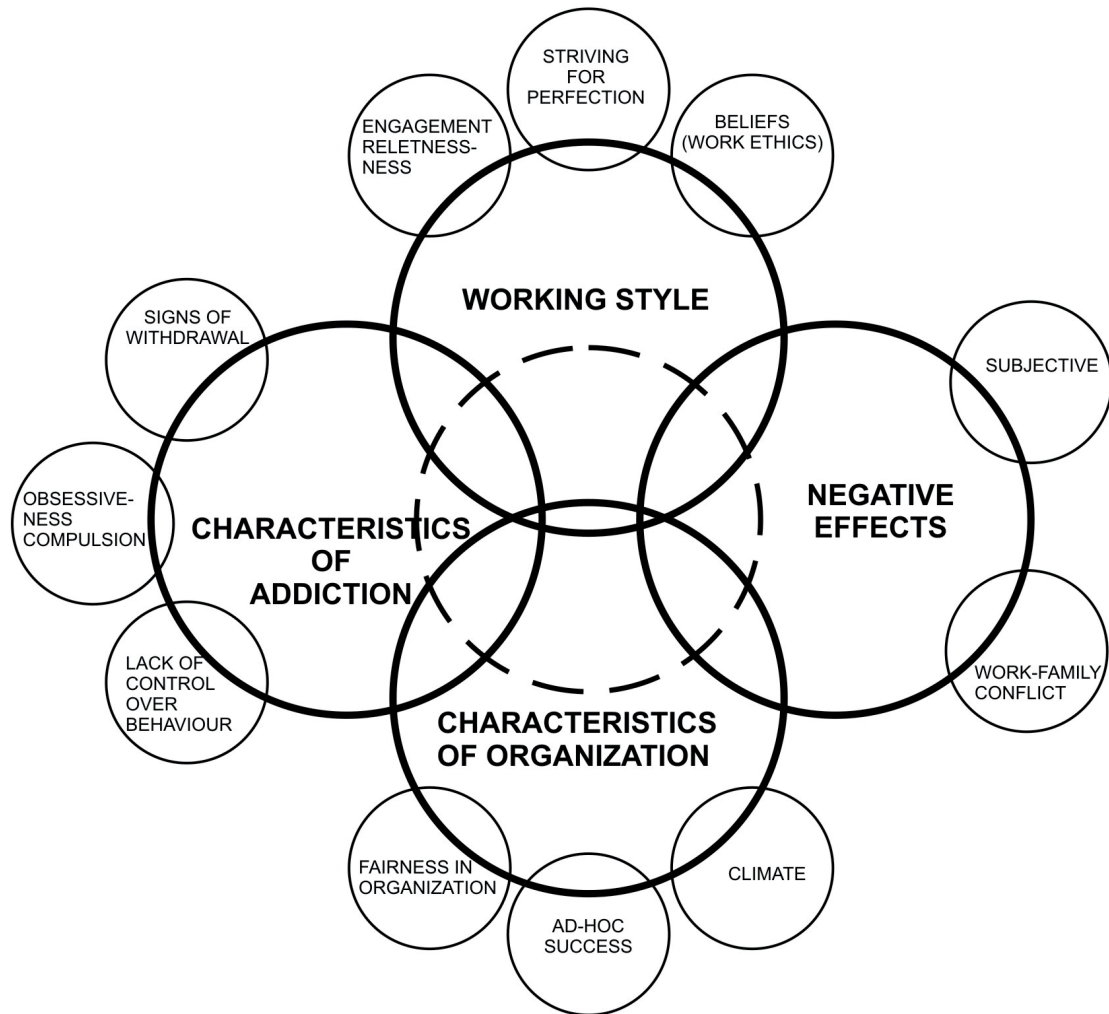
Fig. 2. Components of Workaholism

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