

## Workaholic Behaviors, Obsessive Beliefs and the Mediating Role of Work Family Conflict

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### Abstract

*This study seeks to establish workaholic individuals' propensity to develop psychiatric tendencies (in the long run) especially obsessions. In addition, we also endeavored to determine the presence of work-family conflict which will be a mediating variable. The study carves inroads for clinical intervention in cases possessing obsessive beliefs. Previous research has established the relationship between workaholism and a few psychiatric conditions or mental wellbeing in general. This research study, however, is unique as it sought to demonstrate workaholism as a pre-condition for having obsessive beliefs. Correlational research design was opted. A sample of 200 schoolteachers was drawn from both private and public schools of Sialkot city. Research tools like Urdu translated versions of Dutch Workaholism Scale, Obsessive Beliefs Questionnaire and Work Family Conflict Scale were used for data collection. A significant relationship between workaholism and obsessive beliefs has been observed. However, work-family conflict has not been established as a mediator.*

**Keywords:** workaholism, OCD, obsessive beliefs, work-family conflict, mediation

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## 1. INTRODUCTION

Literature shows that workaholic individuals spend a great deal of time in work related activities, persistently think about work when they are not working, and work beyond economic needs or requirements of the organization (Scottl et al., 1997). In addition, studies have found that some obsessive-compulsive traits are present in workaholics. While studies have taken into account the correlation, there has been no attempt as yet to study the possible role of any intervening variable that might enable this relationship. The purpose of this research is to establish whether those people who are immersed in work are susceptible to develop psychiatric tendencies in the long run, obsessive belief being one of them. In addition, we aim to find if the presence of work family conflict serves as a crucial factor in developing the association of the aforementioned. We believe the findings of this study might eventually help pave the path for clinical intervention for obsessive beliefs.

### 1.1. Workaholism

No agreed upon definition of workaholism exists in literature. Few notions pertain to work being used to keep people busy, and help drive meaning as well as achieve success. It has also been linked with severe burnout and meddling with other important life responsibilities and roles. Fassel (1990) defines workaholism as “a progressive, fatal disease in which a person is addicted to the process of working.” She posits that due to addiction, the person’s personal life becomes unmanageable in relation to work. However, Thombs (1994) considers the ‘fatal disease’ perspective to be rather drastic. This definition might warrant attention toward the topic, but this may also cause the people who are workaholics to deny being victims of such a condition, especially if it questions a crucial component related to mental health.

Porter (1996) has also emphasized the elements of internal drive and work involvement. In her words, ‘Workaholism is excessive involvement with work evidenced by neglect in other areas of life and based on internal motives of behavior maintenance rather than requirements of the job or organization’. This definition explicitly indicates the core behavioral component of excessive working.

## **1.2. Obsessive beliefs**

Obsessive beliefs are defined by dysfunctional assumptions about the nature of thoughts, the probability of threat, an exaggeration of one's own duties, overabundance of certainty and perfectionism (note that literature narrated earlier include perfectionism as one of the workaholic typologies (Scottl, Moore & Miceli, 1997). According to Wang et al. (2015), obsessive beliefs can be classified as follows: responsibility, perfectionism/idealism, and control of thoughts. The responsibility is a component of obsessive beliefs that deals with cognition about avoiding harm to oneself and others. Perfectionism is a component that forms a significant, objective standard of closure, solidity, thinking about mistakes, and a sense of insecurity. The significance of controlling thought is associated with the risks of having distracting or stressful thoughts or visuals, and to escape from unwanted thoughts or visuals.

## **1.3. Workaholism and obsessive beliefs**

Research on workaholism has heavily expanded over the past few decades (Clark et al., 2016; Harpaz & Snir, 2015) and concerns have been raised regarding the downsides of workaholism (Falco et al., 2013; Shimazu et al., 2014). In an attempt to better understand workaholism and whether it can be predictive of a psychiatric condition (sharing two of the most relevant characteristics, i.e., obsessions and compulsive work pattern), especially since the traditional lines between home and workplace have been blurred due to modern technology such as smartphones, tablets and laptops, we decided to assess the relationship between the aforementioned variables in the present study.

According to Scottl, Moore & Miceli (1997) workaholic typologies can be categorized as perfectionistic and compulsive-dependent types. In addition, studies have found that some obsessive-compulsive traits are present in workaholics (Clark et al., 2016; Carter et al., 2015; Mazzetti, Schaufeli & Gueglielmi, 2014). The OCD tendencies of wanting to arrange things their way (i.e., a strong need for control) and obsessing over details in an exaggerated fashion may predispose workers with such traits to develop workaholic working patterns (Robinson, 2014; Liang & Chu, 2009; Ng, Sorensen & Feldman, 2006).

Andreassen et al. (2016) utilized an open web-based cross-sectional survey assessing symptoms of workaholism and psychiatric conditions. This study was large scale in nature and took into consideration many disorders such as OCD, ADHD, anxiety and depression alongside workaholism. The overall psychiatric symptoms showed 17% of the variance in workaholism, with anxiety and ADHD contributing considerably. Noteworthy contribution was also made by the obsessing sub-factor of OCD which explained the highest variance (.26\*\*) as compared to other common OCD symptoms, including Checking (.20\*\*), Ordering (.20\*\*), Neutralizing (.19\*\*), Hoarding (.19\*\*), and Washing (.16\*\*).

## **1.4. Workaholism and Work-family Conflict**

It has been observed that workaholics work compulsively due to which they may frequently encounter work-family conflict that has detrimental effects on both their physical as well as psychological well-being. Greenhaus & Beutell (1985) define work-family conflict as a type of clash within an individual when they are faced with role pressures from both work and family. The incongruence created as a result leads to a quandary within the individual about whether to prioritize work (family affecting work or FWC) or family (work affecting family or WFC). Byron (2005) in his study found a negative relationship between work and family which suggests that a person completely immersed in work will experience higher conflict with his family. Work-family conflict can further be divided into three different types: (1) time-based conflict, which happens whenever job and home duties start competing for the period that cannot be dedicated to another; (2) strain-based conflict which arises whenever one side under stress

influences the productivity of other; and (3) behavior-based conflict which occurs when certain trends of behavior dispute with the requirements of behavior in other roles (Greenhaus & Beutell, 1985).

### **1.5. Workaholism, Work Family Conflict and Obsessive Beliefs**

Prior research has considered the impact of work family conflict on mental wellbeing; the opposite of which can be implied as obsessive beliefs since obsession is rarely addressed directly, and the results have been disputed. In their study conducted on 213 public and private sector employees from Rawalpindi/ Islamabad, Pakistan, Tahir and Aziz (2019) found significant positive relationship between workaholism and work-family conflict and significant negative correlation between workaholism and mental well-being. On the contrary, Arsalan and Tabuk (2024) investigated the effects of workaholism and work-family conflict (WFC) on job satisfaction, life satisfaction and mental well-being in 428 physical education teachers. While other relationships were established, they did not find WFC to be related to mental health.

## **2. RESEARCH METHODOLOGY**

The current study used a correlational research design. A sample of 200 schoolteachers was drawn through convenient random sampling. The mode of data collection was face-to-face interaction. To ensure generalizability, 3 government and 4 private sector regular and special education schools of Sialkot city, Pakistan, were selected. Due to the nature of questionnaires minor levels of stress were predicted; therefore, the participants were welcomed to sign up for a counseling session with qualified professionals who could redeem these within a week. Study procedures and ethical considerations were approved on originality, feasibility and utility grounds by the local Institutional Review Board (IRB) and all participants provided written informed consent prior to participation. The data collection took place from summer through fall of 2021.

To avoid linguistic variation and reduce cultural variability, Urdu (which is L1 for most Pakistanis) translated versions of the following scales were used; Dutch Workaholism Scale (DWS) [10 items], (Schaufeli, Shimazu, & Taris, 2009); Mir, Kamal & Masood, 2011), Obsessive Beliefs Questionnaire (OBQ-44) [44 items] (OCCWG, 2005; Ishfaq, Malik & Batool, 2014) and Work Family Conflict Scale (WFC) [18 items] (Carlson, Kacmar & Williams, 2000; Nazir & Bashir, 2018). The translations were done using MAPI guidelines. All original versions of the scales were highly internally consistent with reliability ranging from .80 to .95. The translated versions of DWS, OBQ-44 and WFC had .64, .95 and .92 alphas, respectively.

Descriptive and inferential analyses were performed using SPSS version 21. Correlations were computed using Pearson Product Moment Correlation and mediation via hierarchical multiple regression.

## **3. RESULTS**

The sample consisted of 200 schoolteachers (96% females and 4% males) out of which 52% participants were sampled through regular schools and 48% from special education schools of Sialkot city, Pakistan. We also found that participants belonging to nuclear family system were more in number (63%) as compared to those 37% who lived in a joint family system [closely knit family structure where grandchildren and their parents reside in ancestral homes along with grandparents]. The education of the teachers was divided into four categories: namely, matric, F.A, BA/BS, and MA/MPhil. 48% of the teachers were educated up till BA/BS and 45% till MA/MPhil and the 7% remaining had not graduated yet.

Table 1: Regression analysis for work family conflict as a mediator of the association between workaholism and obsessive beliefs

Predictor variable	Outcome variable	$\beta$	SE	$\beta$	R <sup>2</sup>	$\Delta R^2$
Step I (IV predicts DV)						
Workaholism	OBQ	2.709	.862	.218**	.047	.047**
Step II (IV predicts M)						
Workaholism	WFC	.375	.240	.110	.012	.012
Step III (M predicts DV)						
WFC	OBQ	.699	.255	.191**	.037	.037**
Step IV (IV predicts DV, controlling for M)						
WFC		.619	.252	.169**		
	OBQ				.076	.076**
Workaholism		2.47	.857	.199**		

Note. Workaholism= Dutch workaholism scale; WFC = Work Family Conflict; OBQ= Obsessive Beliefs Questionnaire; IV = Independent Variable; DV = Dependent Variable; M= Mediator.

\*p≤0.05, \*\* p≤0.01, \*\*\*p≤0.001

In step 1, workaholism measured by DWS significantly predicted obsessive beliefs measured by the OBQ ( $\beta=.218$ , \*\* p≤0.01). In the second step however, workaholism did not show any significant association with work family conflict scores on WFC. In the third step, WFC was significantly associated with OBQ ( $\beta=.191$ , \*\* p≤0.01). Lastly, in the fourth step, controlling for WFC, the relationship between DWS and OBQ was still significant; however, the regression weights (standardized beta values) of DWS somewhat reduced, in comparison to the first step.

#### 4. DISCUSSION

Prior to conducting the regression analysis, we ran a correlation to ascertain if there were a significant relationship between our study variables which is also a prerequisite for traditional methods of mediation. We found that only the subscale of working excessively had relationships with both obsessive beliefs and work family conflict. However, the total of Dutch workaholism scale had a significant relationship with obsessive beliefs but not work family conflict. Since the recent literature on mediation gives us the liberty to run mediation, regardless, we found that the relationship between workaholism was significant both before and after introducing work family conflict (our hypothesized mediator). Even though the standardized beta for workaholism (predictor) has been reduced around 2%, it remains to be significant. We then ran a Sobel's test which negated our finding of partial mediation. This leaves many questions that can be addressed in future studies such as whether the Sobel test itself is reliable, because it requires a large sample size to conduct mediation analysis (MacKinnon et al. 2002; Kenny et al. 1998; Sobel 1982) and it is susceptible to committing type 1 error when the samples are small. Questions also arise whether other extraneous or confounding variables in the current study have been responsible for the relationship between workaholism and obsessive beliefs (direct effect) other than the work family conflict.

#### Limitations, Strengths and Implication of The Study

I acknowledge that the study had multiple limitations. First off, in an attempt to make our study results generalized, we did not take into consideration the discrepancies that the two differing groups of teachers could cause in the study variables. At large, this could very well be

a comparative study which we plan to conduct soon by splitting our data. Secondly, adding a few more variables as possible mediators could have provided abundant information which we currently lack in our current study; ones we have also discussed under the discussion section. A major strength of this study is its originality, especially in a Southeast Asian and global context. The clinical aspect of this study which can possibly prevent a normal at-risk population will be very helpful in designing prevention/intervention strategies, especially targeting the mediating variables. If WFC could not be established as mediator, then literature can further direct what other intervening variables might be at play. All in all, a strong relationship between workaholism and obsessive beliefs itself warrants attention for interventions designed for OCD and related disorders of the spectrum. Furthermore, workplace intervention to target workaholism can be a great prevention strategy, as a first.

### Recommendations:

A potential mediator as a recommendation for future research can be ‘dysfunctional family’ since WFC does measure familial component and previous studies conducted on the relationship between workaholism and work family conflict show disputed results.

In the context of workaholism leading to mental ill health, the working week in the United Kingdom has recently been reinvented with at least 200 British companies introducing a permanent four-day work week for all employees without any monetary loss (Nath, 2025). With a revolutionary policy change to tackle mass burnout in the UK, it is suggested that the same policy may be adopted by Pakistan and other southeast Asian countries.

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