

## **Classifications of People Addicted to Work, Treatment and Measurement of Workaholism – A Case Study**

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### **Abstract**

The paper presents the typologies of persons addicted to work, with the description of three case studies. At the end, information has been provided concerning treatment and measurement of workaholism. The classifications described in the paper are presented after Szpitalak, (2012, pp. 61-67). In accordance with the definitions concerning the functioning of workaholics, provided in literature sources, it is worth pointing out that such a person experiences specific emotions, thoughts and behaviour, typical for addiction. A common feature of psychological pattern of workaholic functioning is the compulsion, experienced and expressed in actions, as well as the excessive, and not controlled by the person's will, involvement of a person in work, beyond reasonable time limits, and the compulsion to subjugate and execute all actions in the person's life to professional activity only. A workaholic may reveal various profiles of psychological traits that determine her/his actions in a work situation and continuous thinking about work. Work situation becomes paramount in determining and motivating the direction of all life's actions. In literature, it is possible to delineate several typologies of psychological traits for people labelled as workaholics.

**Keywords:** workaholism, addiction to work, treatment, measurement, case study

### **Introduction**

#### **1. Typologies of persons addicted to work – theoretical background.**

The first typology of workaholics was the typology developed by Oates (1968), who describes five types: the so-called dyed-in-the-wool or perfectionists, who treat work as the most serious thing in their lives; the second group being the "converted" one, that is those who dropped the addiction and adhere strictly to working hours, and are able to take advantage of their free time; "situational workaholics" constitute the third type, motivated by external factors, yet characterized by increased professional activity, typical for workaholics; "pseudo-workaholics" constitute the next type, and are motivated solely by the desire to hold a high professional position; the last type are "escapists" who escape to work from their unhappy family.

The second, historically speaking, typology was developed by Naughton (1987), who distinguished two dimensions: obsession-compulsion and commitment to work, thus he was the first to describe workaholics committed to work and

involved in it who do not reveal features of obsession-compulsion, which results in high level of performance. The other type he described, is the compulsive one, obsessively thinking about work and showing compulsive behaviour, which results in reduced efficiency of the activity.

The typology developed by Robinson (1989) is another one which distinguishes five types of workaholics: relentless, bulimic, with attention deficit, savoring, and caring ones. The first of those is a stereotype of a workaholic, working incessantly, whose behaviour is compulsive, who acts in a rush and takes no rest. The bulimic type, as in bulimia, undergoes alternate cycles of involvement in work and lack of interest in professional activities, that is delaying, related to fear of non performing the task or duty professionally enough, until the ultimate time pressure comes. The third type of workaholism is characterized by low tolerance to dullness and substantial need for external stimulation, experiences, and risky behaviours. Such workaholics are creative persons and add much innovation, not being afraid of new solutions.

The author of another typology is Fassel (1990). He distinguishes the group of compulsive workers, constituting of stereotype workaholics, periodic workaholics in cycles during which they are devoted to work, workaholics in disguise who hide their excessive activity from the community in which they function, and the fourth group of "anorectic" workaholics, who alternate the cycles of commitment and avoidance of work.

Another typology has been prepared by Spence and Robbins (1992) who distinguish six types of workers, of which two types refer to workaholics: non-enthusiastic workaholics and enthusiastic workaholics. The remaining categories are: work enthusiasts, relaxed workers, unengaged workers, and disenchanting workers. The workaholic types are related to compulsory work and much involvement in work; enthusiasts – as the name indicates – get satisfaction from work, whereas the persons from the other category are characterized by low level of satisfaction with life, experiencing high level of stress. Both those types of workaholics are more prone to perfectionism, unwilling to delegate responsibilities, and experiencing somatic disorders. What distinguishes enthusiastic workaholics from work enthusiasts is the compulsion to work, which the former experience.

Yet another typology has been developed by Scott, Moore, Miceli (1997). They stress, for diagnostic purposes, the unit of time spent on professional activities as the most important one, which disorganizes other spheres of life. An additional diagnostics criterion is the continuous focusing on thinking about work. The authors (ibid.) distinguished three behaviour patterns for people addicted to work: compulsive-dependent, perfectionist-obsessive, and achievement-oriented. Persons belonging to the first of those types do not control the time they devote to work, thus they work a lot, have strong withdrawal symptoms, their social relations are disturbed, they experience strong somatic symptoms, have unrealistic standards concerning the execution of tasks, which reduces their efficiency at work, and experience strong anxiety. Type two, as the name indicates, focuses mainly on perfect execution and actions. Everybody is subject to control of execution standards: the workaholic herself, as well as persons from the work environment, regardless the relation – persons reporting to her, co-workers, etc. It is characterized by rigid thinking and focusing on unimportant details, such people are also permanently dissatisfied with the activities performed. The third category, the achievement-oriented, is about striving for power, leadership, high positions, high level of remuneration; such people have no problems with delayed gratification, they can stop working without withdrawal symptoms. The last type is characterized by the lowest level of negative consequences for the workaholic and her/his family.

The typology developed by Peiperl and Jones (2001) distinguishes four groups of workers. The first of them includes people who overstrain themselves with work, get involved in professional activities for a longer time, with tendencies to rationalize. The second group comprises collectors of benefits, focused on their own gains, with minimum involvement of own resources. The third group contains workers who avoid work, who are characterized by low engagement in work. Finally, the fourth group contains workaholics who engage a lot of effort and time in their work. As can be seen, there is a conviction related to the amount of effort and time the subject engages in work, which makes the person classified in a specific group of workers.

One of the most contemporary typologies, considering the presence of differentiated psychological traits in the description of workaholics, was developed by Killinger (2007). The author distinguishes three types of workaholics: controller, narcissistic controller, and pleaser. The first of them include independent and ambitious individuals, highly motivated, impulsive, impatient, with incessant energy, modest demand for sleep, high endurance, they often hold managerial positions or run their own business activities. The second group contains more abnormal persons, who attenuate negative emotions, are narcissistic, are unable to show sincere feelings, manipulate their social environment for their own gains. The last type (pleaser) contains individuals who are ambitious, sociable, depending on approval from other people, unwilling to take risks, over-sensitive to criticism, who can hardly control their emotions and incessantly experience the feeling of inferiority.

## **2. Case study description.**

In order to illustrate the typology provided, it is worthwhile to make reference to an example, illustrating the short description of each workaholic type distinguished by Killinger, paying particular attention to the psychological profile that contains the traits of the controller, narcissistic controller and pleaser types of workaholics. The three short psychological characteristics, presented below, of persons who have been defined as addicted to work (workaholics) have been constructed on the basis of three randomly selected histories of individuals who came to treatment centres in order to get medical and psychological assistance because of various neurotic manifestations experienced, and lasting in time. The source data concerning the case descriptions provided are derived from clinical experiences of one of the authors of this paper, who performs the role of a clinical psychologist and psychotherapist. On the basis of medical documentation, information has been obtained which, first of all, confirms the medical diagnosis of the type of disorder for the person described, as well as indications concerning the need of applying pharmacological treatment and psychotherapy, due to the manifestations of disorders of neurotic type. Second of all, the analysis of medical documentation enabled to obtain data concerning the psychological diagnosis of emotional, cognitive, and behavioral functioning, in the context of pathological signs reported for each person presented. The clinical history presented in the medical documentation, as well as autobiographical data allowed also to distill the profile of dominating traits that confirm or reject the hypothesis about the existence, in the patient with a defined type of neurotic disorders, of indicators that confirm the presence of features of a specified type of workaholic. The data has been collected observing fully the principle of professional secrecy, and protection of the so-called sensitive personal data, in the process of writing the scientific paper. Each person gave consent for using data for research purposes. Due to reasons of data protection, only such personal information was used in the publication, which allowed to present the outline of psychological type of the person addicted to work, at the same time showing a neurotic disorder diagnosed in ICD10 as F.42 – obsessive-compulsive disorders, F.42. (controller type of workaholic) - other nonpsychotic mental disorders F48 (case of a workaholic narcissistic controller), and F45 – somatoform disorders (case of pleaser type of workaholic).

### **2.1. Workaholic of the controller type – psychological characteristics (description of a case)**

Mrs. B., 37 years of age, university education, graduate of law, living in a city for many years, married for 10 years, with no children. Mrs. B has had her own business for 10 years, without interruptions, providing legal services to many firms. She has been – as she herself stated – a renown person, considered extremely perfectionist in her work. Mrs. B came for help to the medical centre because of obsessive-compulsive manifestations (with features of fear fuelled obsession, and increasing avoidance of social situations, also those related to professional activities). Mrs. B also reported depression symptoms accompanying those of fear-based obsession. Fear fuelled obsessions (fear of losing the job, of being unable to support the household and family, of maintaining her own health and the health of her close ones) had started 5 years earlier and – with time – caused substantial deterioration of the feeling of mental and physical well-being, the consequence of which were the difficulties in performing professional duties, and social alienation. Mrs. B, having increasing emotional and social problems in her family and social life, and – above all - in her professional life, came for medical and psychological assistance. At the moment of turning for help she was not aware of and did not connect the emotional problems experienced with the significant role of addiction to work. Mrs. B underwent pharmacological treatment and psychotherapy. As a result

of treatment she was subject to (including long term psychotherapy), Mrs. B gained insight into the psychological mechanisms of neurotic disorders and became aware of the role played by her workaholic attitude in the process of developing mental disorder and obsessive-compulsive manifestations. The description, obtained on the basis of documentation, of Mrs. B's psychological functioning would confirm her being a controller workaholic type, as it indicated clearly that over the years the pattern she developed for personal, social, and professional activities, and which dominated, was based mainly on the need of perfect performance of all activities and actions. Explaining the workaholic pattern of approaching work situation, developed in Mrs. B since the beginning of her professional career, as well as the obsessive-compulsive manifestations, which aggravated over the last years, it is worth pointing also to the context of environment in which Mrs. B. had been brought up, and the present one, regarding the workaholic attitude in one of the parents. Characterizing the pattern according to which Mrs. B. functioned in life (family situations, relations with co-workers, subordinates, or employers, attention should be paid to the pattern of behaviour and establishing relations, which is based on: excessive control of actions taken, behaviour, and social relations; rigid thinking and focusing on unimportant details, as well as dissatisfaction with activities performed, connected with permanently experienced frustration and criticism of one's actions. The above reaction pattern employed by Mrs. B. in the social situations encountered was in relation to the features stressed in her self-portrait (inadequate in relation to the needs and possibilities of being gratified and satisfied with the actions): excessive independence and ambition, extremely high motivation, substantial impulsiveness and impatience (demonstration of boundless energy, despite co-occurring manifestations of disease), limited need for sleep (frequent sleeplessness), high endurance and execution of tasks without feeling the need to rest. Mrs. B., describing her professional activities and social relations from the beginning of her professional activities, herself indicated that she always followed the pattern of thinking and emotional experiencing which read "work is action, which fills the emptiness and kills time". The lack of conscious need to have free time and "escape into work" became the regularly applied adaptation mechanism in the life of Mrs. B.

In the professional relations and in contacts with employers, Mrs. B. invariably assumed the managerial attitude and controlled the decisions taken in the firms she co-operated with. Because of the nature of her profession (a lawyer), in contacts with managerial staff of those firms she had decisive or crucial influence upon the decisions taken. Since the beginning of her professional career, and in particular after getting married, Mrs. B. regularly extended her working hours, and in a few years' time she reached the regular working hours that started at 8 in the morning and ended at 20/21 hours, without taking breaks, and not claiming the need to rest and return home from work. When providing the motivation for that, Mrs. B. said: "I had a loan to pay, I was required to work a lot, I had to tidy the documentation, I had court cases, I kept doing things all the time as it was needed to work from morning to evening". Mrs. B. was not aware of the destructive nature of her actions, and she often employed the psychological mechanism of rationalization and denial of the existing situation. As years went by, and emotional difficulties increased, along with the aggravation of neurotic symptoms (depression, fear driven obsessions), although she had already paid the loan and her living conditions improved, Mrs. B. continued to apply the workaholic attitude to work. Describing her experiences Mrs. B. indicated that her ambitions and the desire for continuous verification of her perfection in professional role, she indicated ever more often the aggravating impression of low self esteem. In the course of psychological therapy, Mrs. B. defined that condition as "killing the emotions of depression and emptiness with work". Mrs. B. also pointed out that work became, for her, the only source of satisfaction, that is fulfilling ambitions, the need of being socially recognized (as the best), full control of emotions, which intensified the experienced compulsion of remaining constantly in work situation. It was work that, for Mrs. B., constituted the source of necessary control over the negative emotional conditions experienced: depression and anxiety. As a result of the psychotherapy, Mrs. B. obtained insight into the psychological mechanisms of mental disorders, also those related to her workaholic attitude to professional activities, which to a large extent demonstrated features of functioning labeled as "controller".

## **2.2. The „pleaser” type of workaholic – psychological characteristics (case description)**

Mrs. A., 34 years of age, secondary education, living for years in a city environment, married for 15 years, and bringing up a 10-year-old daughter with her husband. She has been working for 10 years as education administrator in an institution of education. Since the beginning of her professional career she has held positions connected with “being subordinated and excessively dependent”. The social and psychological functioning of Mrs. A. may be defined as typical for a compulsively dependent person (Robinson, 1989). On the other hand, Mrs. A. has demonstrated psychological traits typical for a “pleaser” workaholic type (Killinger, 2007). Both types of workaholics mentioned above focus particular attention upon excessive obedience and pleasing other people, without considering their own needs. Mrs. A. has stated that work became the sole source of satisfaction for her, that is of fulfilling ambitions, meeting the need to be distinguished socially; although she realizes that she often had to strive for acceptance, assuming the role of a scapegoat (this is what can be derived from her accounts of many situations, e.g. those occurring in her school years). Mrs. A. feels the compulsion to stay permanently in the work environment, which allows her to fulfill the scheme of relations based on domination and excessive (inadequate to the needs of Mrs. A.) subordination to others in social relations. Mrs. A. describes herself as an ambitious and outgoing person, but also points out to the pattern – dominating in her relations with others – based on submission and excessive dependence (reliance on the approval of others), reluctance to take any risks, being over-sensitive to criticism, and poor control of the emotions shown, as well as incessant experiencing of inferiority complex. Mrs. A., providing the self description of her behaviour and socio-emotional functioning in the period between childhood and adulthood, stressed the role of scapegoat she played (“At school I was a scapegoat, so am I at work”, to quote her). Mrs. A., describing the social relations she established between her childhood and adulthood (also at work), refers to difficulties in building emotional bonds with peers.

Mrs. A. was brought up in a generation family, where the dominance patterns and submission were in use for bringing up and parent behaviour. It results from the interview and autobiographic information that Mrs. A. had an internalized pattern of emotional reactions in social situations, on the basis of features of relations that are established between the victim and aggressor (domination-submission and total subordination). The above pattern developed as a result of emotional and social relations with parents and child minders in childhood and adolescence. Mrs. A. came to receive psychological assistance due to intensifying neurotic symptoms of depression, also in somatic form (weakness, apathy, sleep disorders, dysorexia). The onset of psychosomatic symptoms dated back 5 years earlier, and concerned dysorexia. Mrs. A. underwent pharmacological treatment and psychotherapy. In the past, Mrs. A. was also treated for anorexia. When the symptoms recurred in adult life, Mrs. A. also had bulimic symptoms, at the same she was going through alternate cycles of excessive involvement in work (despite complaining that she was treated as a victim there) and lack of interest in professional activities (fear of going to work as she might not perform the tasks there perfectly enough). Mrs. A. worked without controlling her attitude to work or work time, or avoided work escaping with a sick leave, issued due to disease symptoms. Mrs. A. often had strong bulimic symptoms, having ever more disturbed social relations, experiencing strong somatic symptoms, having unrealistic standards of task execution, which reduced her efficiency at work, and aggravated fear, dependence on others, excessive submission and functioning in accordance with the pattern for establishing relations that was dominance – excessive submission (scapegoat). Mrs. A., as a result of undertaking and continuing the long term psychotherapy, gained a partial insight into the psychological mechanisms of mental disorders, also those connected with her workaholic attitude. Mrs. A. recognized, in her behaviour pattern regarding the relations with other people in work situations, the type of workaholic reaction referred to as “pleaser”. Mrs. A. requires further psychotherapy, to improve her insight concerning psychological mechanisms of mental disorders, comprising the area of dysfunctions going beyond the workaholic attitude in the life she lived so far.

## **2.3. Narcissistic controller type of workaholic – psychological characteristics (case description)**

Mrs. C, 40 years of age, with university education, living in a city, in a partnership relation for 3 years, with no children. Working for 15 years. From the beginning of his professional career in managerial positions. The social and psychological

functioning of Mr. C. can be defined as typical for a person with narcissist feature. The medical diagnosis of the complaints reported by Mr. C. when he came for medical assistance is coded as F48 - Other neurotic disorders. As a result of treatment and extension of medical and psychological diagnosis, narcissist personality feature has been recognized in Mr. C.. Mr. C. demonstrated a low level of tolerance to frustration and boredom, and revealed the need to experience stimulation and risky behaviours. Mr. C. was perceived in his environment as a creative person, taking new challenges, not being afraid of searching for and dealing with difficult new tasks. Because of that, Mr. C. was entrusted by his superiors with a growing number of new tasks, which he fulfilled, increasing his sense of omnipotence and desire to maintain it. Mr. C. reported obsessive thoughts concerning work and the need for perfect execution of tasks entrusted with, as well as the significant role of ambition in fulfilling new tasks. In social functioning (family, work, personal life), from his childhood (especially in adolescence and youth) he had the need to be the most important one, taking special tasks, being continually praised, which coupled with strong frustration when the prize (praising) was missing. In the pattern of emotional functioning in relation to other people, the dominating features included suppression of emotions and impulsiveness in exploration of frustration, low empathy, poor ability to extend positive feelings to others, manipulation with others in order to reach the goal, at the expense of other people, being in relation with Mr. C. In work situations, superiority attitude dominated along with the need of being admired as the best, with demand of being appreciated by others. That aspect of Mr. C.'s activities gradually became the cause of problems at work, and of changing jobs ever more often. Conflicts at work (particularly with authority figures and bosses), the manifested superiority towards subordinates, on the one hand caused frequent changes of jobs, whereas on the other hand Mr. C. would spend all his time at work, to fill the emptiness he felt inside. In order to execute his tasks and meet responsibilities better than others, to find fulfillment and to meet his ambitions and the need for omnipotence he stayed at work ever longer, sacrificing his family life. He focused in his actions mainly on perfect execution of tasks, in order to get better and better, to be the best, he controlled the standards according to which tasks were to be executed in his work environment, regardless the relations he had with others – subordinates or co-workers. Mr. C. demonstrated rigid thinking and focusing on unimportant details, he was constantly dissatisfied with the performance of official duties. In his professional activities Mr. C. often focused upon striving for power, leadership, holding high positions, getting substantial remuneration; he was able to cope with his responsibilities despite the work burden and conflicts at workplace.

Due the fact that Mr. C. is in the initial stage of the psychotherapy process, he gained only partial recognition and awareness of the fact that in his professional and social life he has been unconsciously using the workaholic behaviour pattern labeled "narcissistic controller" in relations with other people (especially in workplace situations). Mr. C., due to the specificity of his personality structure and domination of the narcissistic feature in it, requires continuation of psychotherapy, towards deepening the insight in psychological mechanisms of mental disorders, comprising the dysfunctions reaching beyond the workaholic attitude in his life.

### 3. The treatment of workaholism

Moving on to the topic of treatment of workaholism, one should begin with the social support of the close ones, which is extremely important, as in any therapeutic process. Upbringing focused on values, that is teaching the balance between work and family life proves to be helpful (Kalinowski et al., 2005). The role of parents in the upbringing is crucial, in particular the adequate requirements set for the child, as well as allowing to make mistakes or to suffer defeats, so is the development of positive self-evaluation. According to McMillan et al. (2001) psychotherapy for workaholics may start at early adulthood, due to the personality traits developed and tendencies to engage in purposeful activities, which the person becomes addicted to. Also Robinson (1996) suggests treatment of workaholism as an addiction, in parallel to other addictions that occur.

Contacts with the therapist are usually initiated by a relative or an MD whom the workaholic sees due to somatic symptoms (Kalinowski et al., 2005). In such a process, as in case of any addicted person, the motivation for undertaking treatment is reinforced. The therapeutic

process itself is conducted on the basis of therapeutic procedures typical for a given method employed, different in psychodynamic psychotherapy, different in cognitive behaviour therapy (CBT), existential therapy, or humanistic therapy. Usually, however, the self-esteem is reinforced, the patient recognizes her/his own emotional states, learns to set realistic goals, to build constructive relations with the surroundings, to plan work and free time (Johnson, 1993; Robinson, 1996; after: Szpitalak, 2012, pp. 70-71).

Robinson (1996) stresses also the important role that therapy has for family members of the workaholic – partners, children. Becoming aware of what workaholism is about, learning to deal with a workaholic, and fighting co-dependency is the key for all addiction therapies. The surroundings learn to refuse justification of the workaholic's absence from home, and to abstain from substituting the workaholic in household duties.

### **Conclusion. Research tools for measuring workaholism.**

To conclude, the methods used for measuring workaholism are presented, after Szpitalak (2012, pp. 73-78):

There are several tools to measure workaholism. There is the WorkBAT scale, developed by Spence and Robbins (1992) based on the concept of workaholic triad: compulsion to work, commitment to work, satisfaction with work. The reliability of subscales amounted to: Cronbach's alpha from 0.67 to 0.81 for work compulsion subscale, Cronbach's alpha from 0.85 to 0.86 for satisfaction with work subscale, Cronbach's alpha from 0.67 to 0.71 for commitment to work subscale, respectively. Two types of workaholics can be distinguished: enthusiastic and non-enthusiastic ones. The shortened version was developed by McMillan et al. (2002). The authors of the Polish adaptation are Malinowska et al. (2010).

The WART (Work Addition Risk Test), developed by Robinson and Philips (1995) is composed of five subscales: compulsive tendencies/overloading with work, self-worth, control/perfectionism, self-absorption/impaired communication, inability to delegate. The groups of clinical symptoms that have been considered: compulsion control disturbances, dysfunctions in social relations. The questionnaire reliability, expressed by Cronbach's alpha coefficient is 0.85 – 0.87. The WART scale was translated to Polish by Mieścicka (2002). The adaptation of the test to Polish reality was prepared by Wojdyło (2005), who showed a factor structure analogous to the primary one: the obsession/compulsion dimension, activation/perfectionism, overloading with work, focusing on result, self-worth.

SZAP developed by Golińska (2008) in co-operation with M. Pasik, considering workaholism as an addiction, contains questions referring to diagnostics criteria: compulsion to use, rigid schemes, system of beliefs, lack of success in quitting/withdrawal, increased tolerance, interpersonal costs, withdrawal symptoms, beliefs that support involvement in work, difficulties in limitation and control of work-related behaviour, manifestations of rational defense, the role of work in coping with emotions. The retest reliability amounted to  $r=0.53$ .

The scale used for investigating tendencies to workaholic behaviour, developed by Mudrack and Naughton (2001) serves the purpose of studying the inclinations to be involved in work that is not demanded, having work high in personal hierarchy, provision of high quality work in substantial quantity. The second tool those authors proposed is used to study the tendencies of the subject to control the work of others, and to get involved in its performance, in order to make it more perfect. The authors stressed the aspects of workaholism that are neglected, in their opinion, such as: thinking about work in the time not meant for it, involvement in professional activities in free time, lack of assessment of the volume of work to be involved in, in relation to the actual demand for work the employer has. These are the three determinants of workaholism, defined by Scott et al. (1997). The method reliability assessed by Cronbach's alpha coefficient is 0.74 for the not demanded work subscale; 0.80 for the subscale for controlling others.

The work load questionnaire (Kwestionariusz Obciążenia Pracą – KOP) developed by Hornowska and Paluchowski (2007) is based on the WART questionnaire, developed by Robinson and Philips (1995) and Spence and Robbins scale (1992). Five factors have been selected: symptoms or causes of losing control, social consequences of workaholism, involvement in work, personal consequences of workaholism, mood at work that favours workaholism. On the basis of the factors listed,

four were left in the ultimate tool after factor analysis: loss of control over work, perfectionist work style, general views concerning work, perceived oppressiveness of the organization. The scale reliability according to Cronbach's alpha is from 0.72 to 0.88.

DUWAS (Dutch Workaholism Scale) by Schaufeli, Taris, Bakker (2004) understands workaholism as inner compulsion to work. The questionnaire contains two sub-scales: overload with work and compulsive work. The reliability of the former, according to Cronbach's alpha is 0.77, for the latter - according to Cronbach's alpha - 0.85. That questionnaire also allows to measure the overwork variable, by means of several items.

UWES (Utrecht Work Engagement Scale) developed by Schaufeli and Bakker (2003) serves the purpose of measuring work engagement. Work engagement is described by the following notions: vigor (high levels of energy, experiencing pleasure from the activity, high mental resilience), dedication (strong identification with work, experiencing a sense of significance with professional activity), absorption is also referred to as being increased (engrossed) in one's work (involvement in work with being fully concentrated on it, unwilling to stop or detach oneself from work). The reliability of the first (sub)scale mentioned is expressed by Cronbach's alpha coefficient of 0.83, second scale - 0.92, third scale - 0.82. The reliability of the entire tool, measured by Cronbach's alpha, amounts to 0.93.

The Multidimensional Questionnaire for Assessing Workaholism (Wielowymiarowy Kwestionariusz Oceny Pracoholizmu - WKOP) developed by Malwina Szpitalak (2012) assumes that workaholism may be treated not only as an addiction, but also as a disorder affecting habits, a personality disorder. The questionnaire contains the following dimensions: value, conscientiousness, impairment of alternative activities, stress and anxiety, stimulants, anti-delegation, disturbed social relations, enthusiasm, destructive perfectionism, need for predictability, over-conscientiousness, absorption, coercion to work. As a whole, the questionnaire was assessed as highly reliable - the Cronbach's alpha coefficient for the entire tool is 0.92. The tool has been used in the further empirical part, analyzing workaholism in persons working under flexible work schemes.

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