

Occupational Burnout as a Consequence of Workaholism – An Outline of the Problem Based on Studies of Polish Women Running Their Own Business Activity

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Abstract

The paper presents selected studies using structured in-depth psychological interviews conducted in 2017 among n=72 women undergoing therapy for managers, who complained about ailments related to workaholism and simultaneous occupational burnout. The sample was selected by quota sampling, and running one's own business was the criterion. The characteristic problem areas declared by the patients were divided into twelve categories, in accordance with the literature presented and with results of research conducted so far into workaholism and occupational burnout. The authors believe that occupational burnout is the principal consequence of workaholism, and the most serious one affecting occupational activity

Keywords: occupational burnout, workaholism, women, female entrepreneurs, qualitative research

Introduction

It needs to be emphasised that, just like in the case of any addiction, workaholism is also characterised by the possibility of finding fulfilment in only one area of life, with prejudice to all the other areas (Mieścicka, 2002). The following aspects distinguish workaholics: a low degree of interest in their own family, breaking off ties unrelated to work, lack of a sense of control over the time spent on work-related activities, feeling discomfort outside the workplace, taking work home, staying after hours, inability to rest, to enjoy one's free time or to relax, not feeling the need for any changes, permanent fatigue, excessive work engagement, the need to bring work to completion, being passionate about work, feeling the compulsion to do it, identifying time with self-fulfilment, the sense of wasting one's free time, rationalising the time dedicated to work, increased vulnerability to other addictions, and simultaneous involvement in multiple tasks (Bortkowski et al., 2001; Scott et al., 1997; Bańka 2002; Kalinowski et al., 2005; McClelland, 1985; Fassel, Schaef, 1989; as cited in: Szpitalak, 2012, p. 41)

The four symptoms of workaholism according to Wojdyło (2004) are the following: excess expenditure of energy on work, permanent repetitiveness of actions and activities, setting increasingly high operational standards, compulsion to engage in work and inability to cease the relevant activities.

Obviously, one could quote at this point many authors describing diverse symptoms that are key and that accompany workaholism. The core symptom of workaholic behaviour, however, which nobody challenges, is the compulsion to work. The fundamental compulsion to work based on fear accompanies the pleasure derived from the completion of the goals one sets oneself (Golińska 2008). Compulsion is understood as inner pressure. External compulsion described by Wojdyło (2003) does exist, but as a result of the difference between the two, workaholism can only be described in terms of the situational compulsion to work, unlike pathological workaholism, based on an inner compulsion to work. Compulsion, in her opinion, is the constant involvement in work or in another activity without the possibility of controlling or ceasing such activities. Workaholism, on the other hand, is diagnosed in the case of work overload consisting in the specific manner of doing work under an uncontrollable compulsion, without the possibility of ending the activity (p. 33).

Workaholism as the basis for occupational burnout – an outline of the problem

Many researchers believe the compulsion to work to be the necessary, but at the same time also a sufficient condition to be met in order to diagnose workaholism (Taris, Schaufeli, Verhoeven, 2005), because it makes even low engagement in work lead to excessive strain on the organism (Wojdyło, 2010a). Research has also demonstrated the relationship between the development period and the experienced compulsion to work, correlated positively with younger subjects experiencing the compulsion more strongly (Johnstone, Johnston, 2005).

Oates (1968) describes three stages of developing an addiction to work, since workaholism is a dynamic phenomenon, extended over time. In the initial, prodromal phase, the individual starts to increase the amount of working time, focusing more strongly on work-related activities, increasing the amount of work, which most often leads to typical symptoms accompanying fatigue, to exhaustion, impaired concentration, anxiety, fear, depressed mood, and somatic pains. The second stage, referred to as the critical one, involves an intensification of the addiction symptoms and of the compulsion to work, which affects social relationships, causing interpersonal problems. The third stage may lead to extreme emaciation, or even death, and is the stage of extreme, chronic dependence. Everything in the individual's life is centred around occupational activity, while all the other areas cease to have any importance.

The compulsive mechanism of regulating emotions provides another way of describing the dynamics of workaholism. In the first stage, positive and pleasant emotions are experienced, with a reduction of aversive states. The individual starts to be permanently busy as a consequence (Mellibruda, 2003; Fassel, 1990). This association of pleasant sensations experienced during work intensifies engagement in professional activity which regulates emotional states. The second stage involves abandoning all other forms of activity in favour of a single one, namely occupational activity, and consequently social relations deteriorate. The ability to cope with stress starts to be compromised, and the only way of coping with difficulties is by devoting oneself to occupational activities. The last stage consists in alternating cycles of compulsive occupational behaviours with a total loss of control over one's behaviour; the compulsion to work develops that is typical of the actual process of developing an addiction, and the psychophysical and emotional symptoms of addiction also become more pronounced.

Exceptions include individuals with what is referred to as situational workaholism caused by external compulsion, i.e. at the initial stage, excessive engagement in work is caused by new duties, economic reasons, delegation of duties by the superior, etc. The key thing, however, is that during the subsequent stage, the individual continues such excessive activity without the external factors that motivate them to act, until the typical third stage, when they lose control over their behaviour (Kalinowski et al., 2005).

Consequently, their workaholism causes a number of negative consequences for the individual in relation to the symptoms experienced. Workaholism affects nevertheless all spheres of life: the somatic sphere (e.g. Burke, 2000; Shimazu, Schaufeli, 2009), the mental sphere (e.g. Hormowska, Paluchowski, 2007; Robinson, Flowers, Ng, 2006; Spence & Robbins, 1992), the occupational sphere (e.g. Retowski, 2003), and the social sphere (e.g. Bakker et al., 2009; Brady et al., 2008) (as cited in: Szpitalak, 2012, p. 45)

Workaholism has a destructive impact on social relations, including in particular the disruption of family life, through negligence (Robinson, 1998), and on other relations outside work, with friends and one's nearest and dearest, by abandoning the relationship altogether (Schaufeli, Taris, Van Rhenen, 2008). The feeling of alienation as a result of excessive occupational activity increases (Kalinowski et al., 2005).

Research into the negative social consequences of workaholism analysed relationships between partners (McMilan et al., 2004; Robinson, 1989, 2000; etc.), in which the inability to solve problems was demonstrated, as well as ineffective communication in workaholic families,

poorly defined social roles, and a poor degree of emotional involvement in the family (Robinson, Post, 1995). Codependency and addiction to psychoactive substances may develop as a result of living with a workaholic partner (Kalinowski et al., 2005). The typical emotional experiences of workaholics' partners include being ignored, disregarded and underrated, the sense of being manipulated, the sense of inferiority, the feeling of guilt, and doubting one's own psychological condition. Additionally, workaholics tend to transfer behavioural patterns from work-related situations to family situations, which leads to the development of high aspirations concerning their children, to perfectionism, and to constant controlling and criticising of their spouses (Robinson, 1998).

Workaholics' children experience many negative emotions: the sense of being left alone, of being unloved and isolated, and the experience of emotional and physical abandonment (Robinson, 1998). This may lead to psychopathological consequences consisting in feeling the inadequacy of one's achievements, self-criticism, excessive responsibility, reluctance to delegate duties, as well as other symptoms similar to those presented by alcoholics' children. Recognising this similarity, the term "Adult Children of Workaholics" is used (Golińska, 2006). Oates (1971) names four disadaptation symptoms of workaholics' relations with their children: preoccupation, haste, irritability, and depression. Parents showed impatience towards their children, they seemed to be absorbed by other, so-called "more serious" matters, and lacked a sense of humour.

The relationship was also demonstrated between the gender of the workaholic parent, the child's gender and its specific way of functioning. Sons of authoritarian workaholic fathers find it difficult to identify with the social role of men, while daughters deny their femininity in favour of traits desired by the father, related to resourcefulness. Another model, that of lenient, "eternal boy" workaholic fathers, leads to their daughters feeling lost, lacking self-confidence, and being frigid towards their partners, while sons demonstrate obsessive-compulsive disorders, depression, strong anxiety, and learned helplessness. The third workaholic father type includes those who neglect their families and isolate themselves from family life. Such fathers' children most often demonstrate rebellious behaviour, they seek to attract attention by demonstrative, self-destructive or overly ambitious behaviour to earn love and attention (Killinger, 2007).

Workaholism also leads to disrupted relations in the workplace, including in particular negative influence exerted on the employee group, by imposing haste, setting high requirements, failing to respect other people's needs, poor empathy, treating others with contempt, and failing to understand the lack of engagement in work. Characteristic traits of workaholics are rigidity in thinking, reluctance to delegate tasks to other workers, the feeling that one will complete tasks best on one's own and focusing on insignificant details, permanent dissatisfaction with the result of one's activities, the work of one's subordinates and that of the whole team, rivalry and suspicion, lack of trust in others, reluctance to collaborate, and fear of judgment (Kalinowski et al., 2005).

According to Schaufeli et al. (2006), workaholics work hard, but they do not work smartly. As a result of low self-esteem, workaholics focus on confirming their worth, and on their own aspirations which are more important than the group's success, consequently performing worse, with the focus on work being surpassed by the concern about the result (Porter, 1996).

As far as the emotional functioning of the workaholic is concerned, this is accompanied by: weakness, depressive states, anxiety disorders, overactive intellectual processes (Kalinowski et al., 2005), the inability to relax, hyperactivity, impatience, nervousness, becoming quickly bored by the task (Robinson, 2007) (as cited in: Szpitalak, 2012, p. 56)

Killinger (2007) describes the fears characteristic of a workaholic: fear of failure, fear of boredom, fear of laziness, fear of discovery, fear of self-discovery, and paranoia. There are also three emotion regulation mechanisms: denial, control (over one's own life; work provides a sense of security and control over the situation), and power. Denial consists in not confronting problems, while acquiring power entails the workaholic's striving to be the best, in terms of status and prestige within the group.

As far as the cognitive sphere is concerned, memory problems, disruption of thought processes, attention concentration difficulties, and reduction of mental activity are typical of the workaholic (Kalinowski et al., 2005). Workaholics think in binary terms, they are characterised by telescopic thinking based on overrating, pessimistic thinking, helpless perception of oneself as a victim, wishful thinking, blurring boundaries, and experiencing constant struggle (Frąszczak, 2002).

Robinson (1998) names the typical dysfunctional beliefs workaholics have: that only hard work ensures happiness, hard work is what society expects, one needs to do one's duties perfectly, because only then can one be a satisfied and fine human being, one must not be average, being the best is what counts, free time is a waste of time, one can only feel good

with other people's approval. All this makes workaholics become stuck in a loop of their own beliefs, which makes it easier to gradually develop the addiction.

Workaholism versus occupational burnout. Qualitative research presentation

The study was carried out using structured in-depth psychological interviews conducted in 2017 among n=72 women undergoing therapy for managers, who complained about ailments related to workaholism and occupational burnout at the same time. 100% of the women in the sample had completed higher education, all of them lived in big cities, and all were running their own business activity in the area of service provision or trade.

The characteristic problem areas declared by the patients were divided into the twelve categories indicated below, in accordance with the literature presented in the previous section and with results of research conducted so far into workaholism and occupational burnout:

Experiencing the compulsion to work making even low work engagement lead to excessive strain on the organism.

Examples of responses obtained in the in-depth interviews: *"I am permanently tired and exhausted, even if I don't do much, I get up in the morning and I'm already knackered, is this depression or something?"; "after several minutes at work I feel as if I've been toiling away for several days"; "I can't skip work, I'm unable to detach myself, I'm tied by some ropes"; "I can't remember the last time I've rested"; "I'm so tired that I feel as if I were going to die"; "I have to keep doing it, I don't know why, but I have to, if I'm not working, I'm not there, I'm not alive"; "I don't see people, but prospective customers, I don't even know who they are, I don't remember them, they've been objects for me for some time now".*

The presence of the three stages of developing the work addiction by increasing the amount of working time, focusing on work-related activities, increasing the amount of work, the presence of typical symptoms accompanying fatigue, exhaustion, concentration disorders, anxiety, fear, depressed mood, somatic pains; intensification of addiction symptoms and of the compulsion to work, which affects social relations causing interpersonal problems; extreme emaciation, or even death, chronic dependence.

Examples of responses obtained in the in-depth interviews: *"Everything in life is centred around my occupational activity, these symptoms, the family ceases to have any importance"; "initially, there was more work, I used to work longer hours, it was even nice, a bit of fatigue and that's all... later, it was a shambles... everything hurt, even my bones, fingernails and hair... (laughter)"; "I didn't feel like doing anything, the point came when I was at work from 8 a.m. to 8 p.m."; "it would take me an hour to get to the places where I worked. I was absent from home for the whole day, I didn't see my family, I didn't see myself, I was extremely emaciated and I still am... I'm unable to rest..."; "I can't skip work, I'm addicted to that damned cake shop like a drunkard is to wine"; "I sometimes think I'm going to die... but I'm unable to put an end to it, I don't know how to change it – but I have to, do you understand... I have to...".*

The compulsive emotion regulation mechanism of workaholic dynamics, from experiencing positive emotions, through being permanently busy, to compulsive work-related behaviours with a total loss of control over one's behaviour, the compulsion to work typical of the actual process of developing an addiction, and the presence of psychophysical and emotional symptoms of dependence.

Examples of responses obtained in the in-depth interviews: *"when I wake up, I think about work"; "I'm totally unstable, when I'm not at work, I can't focus, I don't know how to replace the obsessive thinking with something else"; "I am and I have to be busy all the time"; "I'm afraid that what I've got inside is what I've got at work".*

Situational workaholism caused by external compulsion, excessive engagement in work is caused by new duties, economic reasons, and delegation of duties by the superior.

Examples of responses obtained in the in-depth interviews: *"initially, I simply had more duties, more things to do, nothing strange about that"; "I didn't see anything wrong in that – more work meant more cash"; "I liked to look busy, swag, the job, the cash, the recognition"; "I had the vision of new points of sale, new customers, a new cash injection, what's wrong with that, I thought, the kids have grown up, they are teenagers, I thought the whole fatigue thing wasn't a threat for me, everything was going well"; "I had to stay there longer, I opened another place, it was rational, how to do it, who's going to replace me in business, who's going to run my company?".*

The consequences of workaholism affect all spheres of life: the somatic, mental, occupational, and social spheres.

Examples of responses obtained in the in-depth interviews: *"I went too far... after a year I knew I wouldn't be able to go on like that – I started to have sleep problems, I was losing weight, I had the impression that my mind was ceasing to function as a result of the number of duties"; "the family... my children ceased to count for me, literally, I know it's impossible, but I would think only about work after getting up in the morning, the rest was simply unimportant for me"*.

Workaholism has a destructive impact on social relations, family life is disrupted through negligence.

Examples of responses obtained in the in-depth interviews: *"no, it's not true that only some relations, in my case no relations outside work, with friends or family, existed"; "I don't have anyone, just work"; "I neglected my home, my family, my children, I have a guilty conscience, but I don't know how to change it..."; "I haven't gone on holiday for 8 years, I don't know how to do it, my husband does it..."; "I used to see the children one hour a day, sometimes only during weekends, and more precisely on Sundays, it was convenient for me that they spent the whole week with their grandparents"; "sometimes, I would prefer not to have had a daughter, I wouldn't have had pricks of conscience, and she wouldn't have suffered"*.

Workaholics' children experience many negative emotions: the sense of being left alone, of being unloved and isolated, and the experience of emotional and physical abandonment.

Examples of responses obtained in the in-depth interviews: *"my son keeps telling me that he hates me, that my work ruined his life, that I'm a workaholic, that I shouldn't have had children"; "my children may bear a grudge against me, oh yes, I would have felt unloved too"; "I wasn't there with my daughter, whether mentally or physically"*.

Workaholism leads to disrupted relations in the workplace, including negative influence exerted on the employee group, by imposing haste, setting high requirements, failing to respect other people's needs, poor empathy, treating others with contempt, and failing to understand the lack of engagement in work. Characteristic traits of workaholics are rigidity in thinking, reluctance to delegate tasks to other workers, the feeling that one will complete tasks best on one's own, perfectionism.

Examples of responses obtained in the in-depth interviews: *"the staff at work criticise me that I impose haste, that I require superhuman efforts from them and from myself"; "I sometimes feel sorry for all those who work with me, I don't have empathy at all, I don't tolerate lack of commitment"; "I remember when I shouted at the secretary who asked for leave before Christmas, to prepare for the holiday"; "I prefer to do things myself, but if I assign them to someone, I check performance all the time"; "oh yes, I'm totally a perfectionist"*.

Workaholics work hard, but they do not work smartly. As a result of low self-esteem, workaholics focus on confirming their worth, and on their own aspirations.

Examples of responses obtained in the in-depth interviews: *"I simply need to slog away, sometimes I go to fetch the goods several times which doesn't make sense, I don't plan"; "I'm constantly dissatisfied with myself"; "my ambition is to have about a dozen outlets in town, I need to have them, it's not a goal, it's a compulsion"; "I sometimes catch myself doing the same things several times, which takes up my times and makes me stay at work even longer"; "I don't know, I sometimes think that it's all because I have to constantly prove something to myself"*.

Presence of the fears characteristic of a workaholic: fear of failure, fear of boredom, fear of laziness, fear of discovery, fear of self-discovery, and paranoia, presence of mechanisms of denial, control (over one's own life, work provides a sense of security and of controlling the situation).

Examples of responses obtained in the in-depth interviews: *"denial, that's right, this is what we call the mechanism with the therapist, not confronting problems"; "striving to be the best, it's about status, prestige"; "I know it's silly, I'm paranoid"; "I'm afraid that I'll be nobody without work, I'll have nothing"; "I'm afraid I won't succeed"; "what if I'll bore myself to death?"; "I know it's stupid, but I'm afraid things will get out of hand"*.

In the cognitive sphere: memory problems, disruption of thought processes, attention concentration difficulties, reduction of mental activity.

Examples of responses obtained in the in-depth interviews: *"my memory is getting worse, I thought it was old age, but to deteriorate so much in several months..."; "I have a slight problem with focusing my attention, as if I were constantly in a dream"; "there's something wrong with my mind, my thinking capacity is deteriorating, I'm exhausted, I fail to remember simple tasks"*.

Work overload leading to exhaustion, one of the components of occupational burnout, emotional and psychophysical exhaustion, depersonalisation and reduced satisfaction with occupational achievements.

Examples of responses obtained in the in-depth interviews: *"there's this mix I've got... I'm extremely exhausted, my self-judgment is getting worse, everything seems to be going well, but I'm constantly dissatisfied with myself, and the customers I loved... I don't know, it's as if I... as if they weren't there, although they are, but worthless for me"*.

Conclusion

Occupational burnout as a consequence of workaholism

The relationship between the two variables included in the title is presented in the conclusion. In fact, untreated workaholism may lead to the occupational burnout syndrome (Fassel, 1990; Mieścicka, 2002). Work overload may entail in each case exceeding adaptation capabilities, and thus lead to exhaustion, which is one of the components of occupational burnout (Bańka, 2005). Apart from emotional and psychophysical exhaustion, this syndrome also includes depersonalisation and reduced satisfaction with occupational achievements (Maslach, 1986).

Difficulties in interpersonal relations, avoiding people, lowered self-esteem, permanent stress and fatigue, and decreased work-related satisfaction may be experienced (Şek, 2000; Retowski, 2003).

The essential difference between workaholics and individuals suffering from occupational burnout consists in the case of the latter, their jobs involve contact with other people and helping, while workaholics' jobs do not involve such activities. The most important difference, however, consists in the reduced activity in the case of experiencing psychophysical exhaustion by the individual suffering from occupational burnout, and in the increased activity in the case of the workaholic, whose engagement in occupational activities intensifies (Schultz, Schultz, 2002).

At this point, another aspect should also be recalled, namely the Type A behaviour pattern, diagnosed when one strives to achieve and keep control over the external environment (Glass, 1977, Wrześniewski, 1993). A significant stressful situation occurs whenever the individual is unable to gain such control; in the initial phase, is it characterised by increased vigilance and excitability, and in the subsequent stage by more intense aggression, followed by a sense of helplessness.

Another approach assumes that this disorder is related to three erroneous beliefs the individual has: that they need to prove themselves constantly to confirm their social position; that no moral principle exists within which punishment and reward are received by the people who deserve them; and that in order to achieve self-fulfilment, one must strive to achieve ambitious goals. This is the achievement-oriented workaholic model (Price, 1982). Despite the numerous similarities, the etiology of the two disorders differs: the Type A behaviour pattern is to a certain extent genetically determined or results from environmental impacts, while addiction is a consequence of educational methods and socialisation (Robinson, 1996); additionally, the obsessive-compulsive nature of the symptoms makes addicts differ from individuals with the Type A behaviour pattern (Wojdyło, 2003).

As far as workaholism goes, in terms of habit and impulse control disorders, according to the DSM-IV-TR classification, it can be classified as an "impulse-control disorder not otherwise classified" (code 312.30), while in the ICD-10 classification, it falls in the category of "habit and impulse disorders". This category makes it possible to diagnose persistently repeated maladaptive behaviours that are not secondary to a recognised psychiatric syndrome, and ones in which the patient may cease the behaviour, with a prodromal period of tension and a feeling of release at the time of the act (Szpitalak, 2012, p. 29).

Workaholism and one of its potential consequences, i.e. occupational burnout, are work-related problems faced by individuals on contemporary labour markets which set tasks before workers that exceed their capacities, often causing them to make superhuman efforts, promoting excessive occupational activity, requiring perfect task performance, and leading to exhaustion, or even loss of health.

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