

WORK ADDICTION – THE RESULT OF “WEAK WILL” OR THE NEED FOR PERFECTION?¹

ABSTRACT

According to the existing studies the important predictors of the levels of work addiction are action control (Atroszko, 2009; Wojdyło & Lewandowska-Walter, 2009) and neurotic perfectionism (Atroszko, 2009). On the basis of the literature of the subject, hypotheses were formulated stating that dysfunctional perfectionism dimensions – concern over mistakes and doubts about actions – mediate the link between action control and workaholism. Baron and Kenny’s (1986) approach was used to verify the mediation hypotheses. As predicted, both concern over mistakes and doubts about actions are mediating variables between failure-related action control and work addiction. Similarly, both dimensions of neurotic perfectionism mediate the link between decision-related state orientation and workaholism.

Keywords: work addiction, workaholism, perfectionism

1. INTRODUCTION

Work addiction is increasingly often mentioned as one of the serious threats of the contemporary world, or one of the diseases of affluence (cf. Pospiszyl, 2008). Wayne Oates (1971) is considered to be the author of the term “workaholism”. The term was coined by analogy to the concept of alcoholism. Oates (1971, p. 1) defined workaholism as “addiction to work, the compulsion or the uncontrollable need to work incessantly”. Despite a growing number of publications on workaholism and the wide use of the term itself in the society, scientific knowledge about it is still limited (McMillan, O’Driscoll, & Burke, 2003). Burke (2001) notes that a substantial part of the subject literature on workaholism is not based on clear definitions of this construct or on well-developed tools for its measurement. Porter (2001) notices that authors publishing on the subject of workaholism can be divided into two groups, depending on how they define this phenomenon. Some of them use the word “workaholism” as a general term to refer to a considerable amount of time devoted to work-related activities. Others emphasise

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that the meaning of the word can be traced to an analogy with alcoholism and believe that it should point to the problem of excessive and uncontrolled work involvement. This approach, based on a narrow understanding of workaholism as a compulsive disorder, is represented by clinically-oriented authors, such as, among others, Oates (1971), Killinger (1993), Porter (1996, 2001), Robinson (1998), and Wojdyło (2003).

The following groups of characteristics typical for workaholics have been identified in the literature published so far on the subject: addictive, compulsive need to work associated with work overload, the inability to stop working and obsessive thinking about work (Chonko, 1983; Naughton, 1987; Oates, 1971; Porter, 1996; Robinson, 1998; Scott et al., 1997; Spence & Robbins, 1992), neglecting the spheres of life which are not related to work, and disregarding physical and mental ailments (Oates, 1971; Robinson, 1989, as cited in Robinson, 2001; Porter, 1996, 2001; Scott et al. 1997), perfectionism (Porter, 1996, 2001; Robinson, 1989, as cited in Robinson, 2001; Scott et al., 1997; Spence & Robbins, 1992) and the related need for control, rigidity of behaviour, reluctance to delegate tasks and responsibilities, vulnerability to frustration, irritation and other negative emotions (Cantarow, 1979; Robinson, 1989, as cited in Robinson, 2001), as well as low work satisfaction (Porter, 2001; Spence & Robbins, 1992). It should also be emphasised that in the light of research on workaholism, the requirement of increasing amounts of time devoted to work-related activities is not a necessary criterion for the diagnosis of work addiction (Buelens & Poelmans, 2004; Burke & Matthiesen, 2004; Ersoy-Kart, 2005). There is a tendency in workaholics to spend increasing amounts of time at work (Burke, 1999), however, many addicted people are not different in this regard than non-addicted people (Wojdyło, 2003).

The abovementioned features used for defining workaholism have been developed mainly based on clinical observations and theoretical considerations. Empirical research confirms that they can be treated as a set of symptoms that is characteristic of work addiction (Flowers & Robinson, 2002; Spence & Robbins, 1992). The author's own research assumed a narrow understanding of workaholism as a compulsive behavioural disorder – a syndrome consisting of the abovementioned main symptoms.

2. WORK ADDICTION AND ACTION CONTROL AND NEUROTIC PERFECTIONISM

Action Control Theory (Kuhl, 1994a) concerns processes that mediate between intention and its implementation. These processes are referred to as action control or volitional control, and in everyday language as “will-power”. Studies on workaholism to date have shown that work addiction is related to low action control (Wojdyło & Lewandowska-Walter, 2009). The hypothesis that was proposed in this study was that workaholics formulate an intention to overcome the addiction but are unable to implement it due to low action-orientation. Based on research findings indicating a high level of negative emotions in people addicted to work, their orientation towards avoidance of failure and a low level of their emotional competence, it was assumed that workaholism is related to low failure-related action control (Wojdyło & Lewandowska-Walter, 2009). In turn, workaholics' inability to stop working and use their free time led Wojdyło and Lewandowska-Walter to formulate a hypothesis about such persons' orientation to variability in situations of engagement in pleasant, rewarding activities, as well as to interrupting these activities and engaging in new ones. The said authors did not formulate any hy-

potheses concerning the relationship of workaholism with state orientation in situations of planning and decision-making because, in their opinion, the current state of research does not provide any grounds enabling the formulation of any expectations in this regard. The findings of their research carried out in Poland on a sample of 211 (111 female and 100 male) students from the University of Gdańsk and Gdynia Maritime University showed negative correlations between work addiction and all types of action control. Correlation coefficients were between $r = -.26$ and $r = -.27$. Significant differences were also noted between groups of workaholics and non-workaholics based on the quartile values of the results of the Work Addiction Risk Test (WART) questionnaire (Flowers & Robinson, 2002; Robinson, 1999). Addicted people, as compared to non-addicted people, have lower action orientation in situations of failure, in decision-making situations, and higher variability orientation in situations of pleasant activities. The results of multiple regression analysis using the stepwise progression method showed that 12% of the observed variance of work addiction can be explained with the use of a model with two variables: action control in situations of pleasant activities and in situations of failure.

The relationship between workaholism and variability orientation which is a symptom of overactivity of the action-initiating system is consistent with the theoretical interpretation according to which it is low action orientation in situations of pleasant activities that can result in workaholics' inability to use free time and “immerse in” rewarding activities. On the other hand, research findings pointing to the relationship between work addiction and state orientation in situations of failure and decision-making situations raises the following questions: what exactly are the mechanisms that are responsible for the relationship between these variables? In what way excessive analysis of one's own failures coinciding with passivity in action can result in a high level of work addiction? In what way indecisiveness in decision-making related to postponing the implementation of an intention after it has been formulated can foster workaholism? Based on the results of the abovementioned studies and the current state of research on the subject of workaholism, an analysis of the issue was carried out which led to the formulation of research hypotheses. The presented reasoning is based on three key assumptions related to subsequent stages of own research, which should be discussed in turn.

1) Workaholism is related to action control.

2) Workaholism is related to the dimensions of neurotic perfectionism.

3) There is a theoretical relationship between action control and the dimensions of neurotic perfectionism allowing us to suppose that the dimensions of neurotic perfectionism mediate between action control and workaholism.

(1) Work addiction and action control

At the first stage of own study, the relationship between action control and workaholism was confirmed in Spanish population (Atroszko, 2009). A group of 292 students of the University of Valencia and occupationally active individuals was studied, including 199 women and 93 men. Work addiction measured with the use of a Spanish version of the WART (Flowers & Robinson, 2002; Robinson, 1999) in the author's own adaptation (Atroszko, 2009) correlated negatively with all types of action control. Comparisons between groups of workaholics and non-workaholics confirmed the findings of Polish research studies.

(2) Work addiction and perfectionism

Most researchers publishing on workaholism agree that there is a relationship between work addiction and perfectionism (Porter, 1996, 2001; Robinson, 1989, as cited

in Robinson, 2001; Scott et al., 1997; Spence & Robbins, 1992). However, most of data on the relationship between these variables are obtained from clinical observations and theoretical deliberations. Spence and Robbins (1992) used in their research their own short questionnaire method to measure perfectionism, however without providing the data concerning its reliability and accuracy. Porter (1996) believes that perfectionism is one of the symptoms of workaholism. The researcher developed a scale of perfectionism which, in its author's opinion, reflects proneness to work addiction (Porter, 2001). Items on the said scale pertain to the general belief of the respondents that others do not, or cannot maintain the same standards as respondents in terms of attention to detail, assuming responsibility and working equally well as the respondents, or as scrupulously as they. Porter contrasts workaholics' tendencies towards perfectionism with a high degree of work commitment related to work satisfaction. The research findings obtained by this author show that the views of perfectionists, as compared to individuals who enjoy their work, are related to a lower quality of personal interactions at work and, as a result, with higher stress levels. Perfectionism is also perceived as an aspect of work addiction in the interpretation of Robinson and his associates (Flowers & Robinson, 2002; Robinson, 1999; Robinson & Phillips, 1995; Robinson & Post, 1994).

Despite numerous arguments supporting the relationship between work addiction and perfectionism, there are no research studies confirming the relationship between workaholism and neurotic perfectionism perceived as a multidimensional phenomenon. The first empirical data of this type have been provided by the author's own research (Atroszko, 2009) conducted in Spain based on the idea of dysfunctional perfectionism proposed by Frost, Marten, Lahart, and Rosenblate (1990). The said authors define perfectionism as "a set of extremely high standards (models or principles) for performance accompanied by overly critical evaluations of one's behaviour" (p. 450). According to their conception, there are five dimensions that are fundamental components of neurotic perfectionism that can be measured using respective subscales of the Multidimensional Perfectionism Scale developed by the said authors (Frost et al., 1990): (1) Concern over mistakes – this dimension reflects a tendency towards being overly critical about oneself, the obsession to be perfect, to be the best one, someone who does not make mistakes, treating all mistakes as failures; (2) Doubts about actions – this dimension pertains to a tendency to be uncertain about the quality/correctness of one's own decisions and behaviour; it is related to obsessive doubts, lack of satisfaction with one's results and a tendency to think that results can always be better; (3) Personal standards – reflects a tendency to set high standards of one's own performance. It is assumed that growing up under the care of parents who are highly critical or have high expectations is conducive to the development of perfectionism. Therefore, Frost et al. (1990) also distinguished two dimensions related to the perception of parents' behaviour and attitudes: (4) Parental expectations – they pertain to the degree to which parents are perceived as having over-high expectations about us; (5) Parental criticism – it points to the extent to which parents are believed to be overly critical, harsh, and have little understanding; The sixth dimension, (6) Organisation, differs from other dimensions and pertains to a tendency to be over-organised, neat and orderly. Unlike other components, it is not strictly negative.

The findings of own research (Atroszko, 2009) confirmed a close relationship between workaholism and dysfunctional perfectionism. All subscales of the Multidimensional Perfectionism Scale (Frost et al., 1990) correlated positively with work addiction

measured using the Spanish version of the WART test (Flowers & Robinson, 2002; Robinson, 1999). Only the Organisation subscale did not correlate with workaholism, which was in accordance with predictions since it is different in nature from the other subscales. As expected, people addicted to work, when compared to people not addicted to work, had a higher level of dysfunctional perfectionism in the overall score, as well as in the scores of individual subscales of perfectionism. The results of linear regression analysis showed that concern over mistakes, doubts pertaining to action and personal standards explained more than 38% of the work addiction variance, with concern over mistakes alone explaining more than 30% of the variance. It is one of the highest percentages of the explained variance in research pertaining to personality-related determinants of workaholism and it points to a significant role of these factors in relation to work addiction syndrome.

According to the assumptions adopted by the authors of the concept of dysfunctional perfectionism (Frost et al., 1990), concern over mistakes is the central dimension of this construct and points to a distinct obsessive aspiration to be perfect. At this point it should be highlighted that this motivation is strongly related to the need to be perceived positively by others and is associated with unstable self-esteem. Examples of items on this subscale are: “If I partially fail, it is just as bad as if I suffered complete failure,” “The fewer mistakes I make, the more other people will like me,” or “If I fail at work or at school, it means that I am a failure as a person.” If we also take into account the fact that virtually every mistake is treated as a failure, it can clearly be seen how emotionally overwhelming is the system of assumptions formulated by workaholics – they can never be wrong because every mistake means a failure for them, and in accordance with their beliefs, people stop liking and respecting them, and they themselves become worthless. Even the Personal standards subscale, which measures the level of goals set for oneself, criteria of performance and competencies reflects the belief in a strong relationship between being perfect and self-esteem: “If I do not set the highest standards for myself I will probably end up as a second-rate person.” This type of beliefs affects behaviours in the work environment, leading to an obsession with it and compulsive implementation of tasks in such a way as to avoid any mistakes or failures. This is reinforced by doubts about actions which are expressed by such items on the subscale measuring them, as “I tend to fall behind with my work because I keep repeating things all over again,” or “It takes me a lot of time to do anything ‘well.’” Based on the results of this research it can be concluded that work addiction is closely related to a tendency to set unrealistically high standards for one’s own actions, to a persistent pursuit of perfection and avoidance of any mistakes or failures.

The findings presented above are consistent with other research studies on workaholism which proved that people addicted to work are motivated by the avoidance of failure, and thus they strive not to reveal their own incompetence and the aims of their achievements are pursuit-oriented – they demonstrate a strong tendency to prove their own competencies related to the need of social approval in the scope of efficiency features (Wojdyło, 2007). The findings of research studies conducted on workaholics in relation to the dimensions of temperament indicate that they are characterised by the avoidance of negative reinforcement and high perseverance (Paluchowski & Hornowska, 2003). According to Burke’s research (2000) conducted in Norway, the conviction about the necessity to prove oneself is positively correlated with the

subscale of Internal work pressure and negatively correlated with the subscale of Work satisfaction in the WorkBAT workaholism questionnaire (Spence & Robbins, 1992). This belief stresses that an individual must be continuously proving oneself through accomplishments, or otherwise he or she risks being judged as unsuccessful and worthless. Research findings demonstrate that workaholics are characterised by anxiety as a feature and as a state (Robinson, 1996), as well as by a high level of negative emotions and a low level of positive ones (Atroszko, 2009; Wojdyło, 2007; cf. Burke & Matthiesen, 2004). It should also be emphasised that workaholics have low self-esteem (Atroszko, 2009; cf. Burke, 2004). Moreover, according to research conducted by Paluchowski and Hornowska (2003), work is for workaholics relatively the most important field of realisation of fundamental values, which for them are, by order of significance – authority, prestige and promotion.

The above research findings combine to a coherent picture of a workaholic. He or she is a person with low self-esteem who wants to confirm his or her value through achievements and success. He or she tries, at all costs, to avoid situations in which his or her lack of competencies or weakness could be revealed. A workaholic derives his or her work motivation from anxiety, and therefore his or her pursuit of perfection assumes the form of behaviour with features of obsession and compulsion aimed at preventing any failures.

(3) The dimensions of neurotic perfectionism as variables mediating between action control and addition to work

A detailed analysis of action control types (Kuhl, 1994a, 1994b) and the dimensions of neurotic perfectionism according to the conception proposed by Frost et al. (1990) suggests a hypothesis about a close relationship between state orientation in situations of failure and decision-making situations and such dimensions of perfectionism as concern over mistakes and doubts about actions (see Table 1). It can be assumed that low failure-related action control characterised by dwelling on failures and passivity in action is related to concern over mistakes which reflects an obsession with being perfect and not making mistakes. At the same time, this type of action control can be related to obsessive doubts about actions, a pathological uncertainty as to the correctness of one's own decisions and dissatisfaction with one's own actions. A hypothesis can be formulated that state orientation in situations of failure is related to perfectionist patterns of behaviour since people in whom it is manifest, as they are unable to stop thinking about failures, will be at all costs trying to avoid them in the future. In this way they will develop an obsession with perfection revealing itself in over-anxiousness and doubts about any actions and decisions. This in turn will contribute to the development of workaholic behaviour. To avoid any mistakes and failures people characterised by high neurotic perfectionism will spend increasingly more time and energy on planning and performing all their tasks.

Similarly, low decision-related action control manifesting itself as the inability to proceed from formulating an intention to its implementation, and associated with excessive doubts and hesitation, can be related both to concern over mistakes and doubts about actions. The hypothesis that state orientation in decision-making situations is related to perfectionism seems plausible because indecisiveness, which is a characteristic of it, can foster the development of proneness to be overly self-critical, a desire to avoid any mistakes whatsoever, uncertainty as to the correctness of one's own decisions and actions, as well as the lack of satisfaction with the results of undertaken tasks.

Table 1. Comparison of types of action control and selected dimensions of neurotic perfectionism

Type of action control	Dimensions of perfectionism
<p>Failure-related action control, in unpleasant situations (AOF) state orientation – is characterised by thinking about failures suffered, recalling one’s past failures, inability to stop thinking about a failure which is accompanied by passivity in action, action orientation – the ability to stop thinking about a suffered failure and stop emotionally experiencing it, and the ability to engage in a new task or continue the intended actions.</p>	<p>Concern over mistakes – reflects a tendency to be overly self-critical, an obsession with being perfect, being the best one and making no mistakes, treating any mistake as a failure.</p>
<p>Action control in a situation of planning and decision making (AOD) state orientation during planning – inability to implement an intention after it has been formulated which is related to hesitation and indecisiveness, action orientation – the ability to quickly plan and engage in a specific action.</p>	<p>Doubts about actions – pertains to a tendency to being uncertain about the quality/correctness of one’s own decisions and behaviour; it is related to obsessive doubts, lack of satisfaction with one’s results, and a tendency to believe that results can always be better.</p>

Based on the above analysis, the following hypotheses were formulated: (1) the dimensions of dysfunctional perfectionism: concern over mistakes and doubts about actions mediate between failure-related action control or unpleasant situations and workaholism; (2) dimensions of dysfunctional perfectionism: concern over mistakes and doubts about actions mediate between action control in situations of planning or decision making and work addiction.

3. METHOD

3.1 PARTICIPANTS

The research involved 292 students from the University of Valencia (majoring in geography, philosophy, economy, and psychology), research staff of the University of Valencia and students professionally active on a daily basis, including 199 women and 93 men, aged between 17 and 68 ($M = 22.22$, $SD = 6.85$).

3.2 RESEARCH TOOLS

1. A Spanish adaptation (Atroszko, 2009) of the WART test (Flowers & Robinson, 2002; Robinson, 1999) was used to measure workaholism. It is a research tool consisting of 25 items measuring the patterns of behaviour, cognitive and emotional responses typical of work addiction. Respondents respond to statements describing their habits related to work, providing answers on a four-point Likert scale – from 1, where 1 means *never true*, to 4, where 4 means *always true*. The higher the score, the higher the level of work addition. The reliability of the questionnaire measured with the test-retest method amounted to .83, and Cronbach’s alpha coefficient amounted to .85 (Robinson,

Post, & Khakee, 1992). Reliability measured with the split-half method amounted to .85 (Robinson & Post, 1995). Also, face validity of the WART test (Robinson & Post, 1994) and its content validity (Robinson & Phillips, 1995) was demonstrated. This tool has well-documented theoretical validity (Flowers & Robinson, 2002; Robinson, 1996). The Spanish version of the WART test is also characterised by good reliability and accuracy (Atroszko, 2009).

2. To measure action control, Spanish language adaptation (Acosta Uribe, Padilla Garcia, Hurtado Lara, Sánchez Santa-Bárbara, & Guevara, 2004) of J. Kuhl's Action Control Scale (ACS-90) was used. This scale measures three types of action control: failure-related (AOF), decision-related (AOD) and performance-related (AOP). In the present research, the results of only two first subscales were used. Each of the subscales consists of twelve items with alternative answers (A and B) indicating action orientation and state orientation respectively. Scores are calculated separately in each of the subscales. Cronbach's alpha reliability coefficients for the subscales amount to .77 for AOF and .75 for AOD. ACS-90 also has adequate theoretical validity (Kanfer, Dugdele, & McDonald, 1994; Kuhl, 1994b). Satisfactory reliability and validity of the Spanish language version of this scale were also demonstrated (Acosta Uribe et al., 2004; Guevara, Padilla Garcia, & Sánchez Santa-Bárbara, 2001; Padilla Garcia, Sánchez Santa-Bárbara, Guevara, & Acosta Uribe, 2002). In the present research, reliability coefficients amounted to .77 for the AOF subscale and .74 for the AOD subscale.

3. Perfectionism was measured using the Multidimensional Perfectionism Scale developed by Frost et al. (1990). This tool consists of 35 items and investigates six dimensions of perfectionism distinguished by the authors. Responses to individual items are provided on a five-point Likert scale, from 1, where 1 means *I completely disagree* to 5, where 5 means *I completely agree*. High scores in individual subscales mean a high level of perfectionism in their respective dimensions. In the present research, the results of two subscales measuring the level of perfectionism were used: (1) Concern over mistakes – this subscale consists of nine items; (2) Doubts about actions – this subscale consists of four items. The Spanish language versions of these subscales have satisfactory reliability measured with Cronbach's alpha coefficient, exceeding the value of .70 (Zorroza, Soriano, & Sánchez-Cánovas, 1998).

3.3 RESEARCH PROCEDURE

The research was conducted at the University of Valencia in Spain. Participation in the study was voluntary. Before filling in the questionnaires the subjects were informed that the research is anonymous and that its results are for research purposes only. This information was provided orally, and it was also included in questionnaire instructions. Questionnaires were filled in during one session in groups of 16 to 84 people. The time to complete the questionnaires did not exceed 45 minutes.

4. RESULTS

At the first stage of statistical analyses, the relationship between workaholism, failure-related action control and decision-related action control, dimensions of neurotic perfectionism: concern over mistakes and doubts about actions were studied. As can be seen in Table 2, all studied variables were correlated with one another. The strongest correlations could be observed between workaholism and dimensions of dysfunctional perfectionism.

Relatively lowest correlations were obtained in the case of decision-related action control and workaholism, and also decision-related action control and concern over mistakes. The directions of correlations were as expected: dimensions of perfectionism positively correlated with workaholism, and types of action control negatively correlated with workaholism and dimensions of perfectionism. This means that the lower the level of action control, the higher the level of workaholism and concern over mistakes and doubts about actions.

Table 2. Mean values, standard deviations and Pearson’s r correlation coefficients for the variables: Workaholism, failure related and decision-related action control, dimensions of perfectionism – doubts about actions and concern over mistakes.

Variable	<i>M</i>	<i>SD</i>	2.	3.	4.	5.
Workaholism	53.01	9.25	-.35*	-.20*	.44*	.55*
AOF	5.38	2.93		.42*	-.34*	-.36*
AOD	6.15	2.89			-.40*	-.19*
Doubts about actions	11.45	3.26				.43*
Concern over mistakes	19.70	6.60				

* $p < .01$.

Then, the mediation procedure described by Baron and Kenny (1986) was used for verifying whether the direct relationship between action control in situations of planning and decision making and situations following failures, unpleasant situations (independent variables) and workaholism (explained variation; path c) was significantly lower after introducing to the model the dimensions of neurotic perfectionism: concern over mistakes and doubts about actions (intermediating variables; path c'). Four consecutive mediation analyses were conducted (Figure 1).

The results of linear regression analysis pointed to a direct relationship between action control in a situation of planning and decision making (AOD) (independent variable) and workaholism (explained variation). Unstandardised regression coefficient was $B = 0.64$, $p < .001$ (path c (1)). After the introduction of the intermediating variable – doubts about actions – to the model, the relationship between action control in a situation of decision making and work addiction became insignificant. Unstandardised regression coefficient was $B = -0.06$; n.s. (path c (1)'). Sobel test (1982) result was significant: $z = -6.14$, $p < .001$ and confirmed full mediation.

A similar result was obtained in the case of the relationship between decision-related action control and workaholism after the introduction of the intermediating variable of concern over mistakes to the model. This time the relationship between action control and work addiction significantly decreased but was not entirely reduced. Unstandardised regression coefficient was $B = -0.29$, $p < .001$ (path c (1)'). Sobel test (1982) result was significant: $z = -3.05$; $p < .003$. In this case, we can talk about partial mediation.

The obtained results of linear regression analysis showed that there is a direct relationship between action control in a situation following a failure, unpleasant situation (AOF; independent variable) and workaholism (explained variation). Unstandardised

regression coefficient was $B = 1.10$, $p < .001$ (path c (2)). After the introduction of the inter-mediating variable of doubts about actions to the model, the relationship between action control in a situation of a failure and work addiction decreased significantly. Unstandardised regression coefficient was $B = -0.73$, $p < .001$ (path c (2)'). Also on this occasion Sobel test (1982) result was significant: $z = -5.31$, $p < .001$ and confirmed partial mediation.

Relationship between action control in situations after a failure, unpleasant situations and workaholism decreased significantly after the introduction of the inter-mediating variable of concern over mistakes to the model. Unstandardised regression coefficient was $B = -0.57$, $p < .01$ (path c (2)'). Sobel test (1982) result was significant: $z = -5.15$, $p < .001$. Also in this case we can talk about partial mediation.

Diagrams of models of mediation

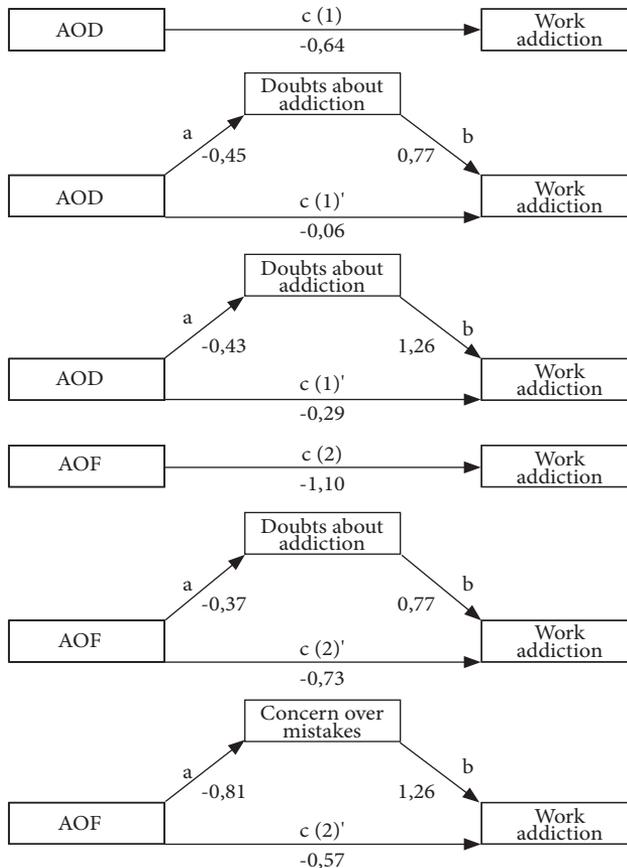


Figure 1. Models of relationship between types of action control and the level of workaholism without taking inter-mediating variables into account, and taking into account the inter-mediating variables of neurotic perfectionism: concern over mistakes and doubts about actions.

5. DISCUSSION AND CONCLUSIONS

The obtained results confirm the formulated research hypotheses. Both doubts about actions and concern over mistakes mediate between failure-related action control, unpleasant situations and work addiction. Similarly, both investigated dimensions of neurotic perfectionism mediate between decision-related action control and workaholism. However, it should be noted that only in the case where decision-related action control was the independent variable, and workaholism was the explained variation, and doubts about actions were the intermediating variable, the obtained result attested to full mediation. This means that doubts about actions fully mediate between decision-related action control and work addiction. In the case of the remaining three models, the obtained results are indicative of partial mediation, and hence the intermediating variables do not fully explain the relationship between independent variables and the explained variation. In such a situation it can be assumed that either there is a partially direct relation between action control and workaholism, or that there are other intermediating variables.

The described research findings are consistent with the studies quoted above concerning personality-related determinants of workaholism (Atroszko, 2009; Burke, 2000; Burke & Matthiesen, 2004; Paluchowski & Hornowska, 2003; Robinson, 1996; Wojdyło, 2007). Moreover, they are of significant theoretical importance because they combine the findings of studies conducted within the motivational doctrine (Wojdyło, 2007) with the data obtained within the volitional doctrine (Wojdyło & Lewandowska-Walter, 2009) to provide a more detailed version of the model of personality-related determinants of workaholism. On their basis, one can point to the mechanism which probably binds low failure-related and decision related action control to work addiction. This way, two questions will be answered. The first one is – why do people who are preoccupied with thinking about failure and find it difficult to initiate new actions after a failure are more prone to work addiction? In light of the presented research findings, it seems that this is because the tendency of excessive preoccupation with failures can cause the development of dysfunctional anxiety related to the possibility of making mistakes and exaggerated doubts about any actions. Unrealistic expectations shaped in this way result in spending increasingly more time on performing tasks and investing increasingly more energy in work. And because from a practical point of view it is impossible to achieve a perfect result, this mechanism leads to an increasing obsession with work and the inability to stop thinking about it. Mudrack and Naughton (2001) perceive thinking about work as a behavioural tendency. One of the scales that they invented for the measurement of tendencies to workaholism pertains to the performance of non-required work. It mainly involves questions about the amount of time and energy spent to thinking about the ways to improve professional activities. This is because obsession with work can operate in the minds of workaholics also in their free time. This is consistent with a view advocated by many authors according to which the number of working hours should not constitute the only premise for the diagnosis of workaholism (cf. Ersoy-Kart, 2005; Harpaz & Snir, 2003; Naughton, 1987; Schaufeli, Taris, & van Rhenen, 2008; Spence & Robbins, 1992; Taris, Schaufeli, & Verhoeven, 2005).

The second question, the premises for the answer to which are provided by the research findings, is “why do people who find it difficult to initiate the planned actions or

engage in activities in their free time are more prone to work addiction?” The findings suggest that it may be the case because the inability to proceed from formulating an intention to its realisation probably causes constant doubts and uncertainty whether or not the expected result will be achieved, and this in turn can lead to endless analyses of the situation. People with such tendencies will be continuously thinking about work, and when they finally start acting, then most probably they will be repeating actions leading to a particular goal to make sure that everything is done in a proper way.

The findings of the conducted research are of great practical significance because they draw attention to the potential mechanism behind the development of addiction and the possibility of applying appropriate remedial strategies. In light of the obtained data, therapeutic interventions should be focused on the correction of unrealistic perfectionist standards of behaviour and related response and action habits based on a compulsive need to avoid any kind of mistakes and failures. It can be assumed that a change in these areas of functioning of workaholics will lead to a reduction of symptoms of work addiction.

The general conclusion of the presented study is that workaholism is most probably the result of both the so-called “weak will” and a pathological desire for perfection. At the same time, the neurotic way of striving to be perfect mediates between a low level of activity – inability to implement one’s formulated intentions – and work addiction.

The limitation of this research study is the fact that it was conducted in a correlation model. Based on the findings, it is not possible to draw unambiguous conclusions about the causal relations between the studied variables. Further longitudinal studies should overcome this limitation as well as provide data that would enable us to answer the question under what conditions low action control is conducive to the development of dysfunctional perfectionism. Is it developed based on high standards – in other words, does low action control make a person with high standards develop dysfunctional perfectionism? Will a person with high standards and high action orientation not be characterised by the so-called positive perfectionism, also referred to as “normal” perfectionism (Hamachek, 1978, as cited in Sánchez-Cánovas, Soriano, & Zorroza, 2000) and will be a well-functioning individual striving for success? The next question is whether there are other variables that mediate between action control and work addiction, and if so, what they are.

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