

Work Addiction in the Community: A Trend for India

Sir,

Work addiction has been defined as “being overly concerned about work or driven by strong and uncontrollable motivations and urges to work, and spending too much time and energy in work whereby it starts affecting other important activities of life”.^[1] The concept of work addiction has garnered interest in social psychology and management studies in recent times.^[2] In psychology, the obsessive nature of work addiction indicates an overlap with obsessive-compulsive disorder.^[3] The debate still continues as to whether work addiction is a phenotype of obsessive-compulsive disorder or impulse control disorder, or whether it should be considered as a separate behavioral addiction.^[4] The overall prevalence rate of work addiction in a study in Norway was found to be 8.3%. A stronger addiction to work correlated with younger age and stronger personality traits of conscientiousness and agreeableness.^[5] Other studies have also examined age and occupation as factors in work addiction. The high levels of work addiction mediated the association between work stress and health problems.^[6] Work addiction has also been positively correlated with excessive anxiety, occupational and personal stress, and depression. In today’s world, where there is high competitiveness and constant need to achieve, high work addiction could also be related to job demand characteristics and work culture environment.^[2] A house-to-house survey was conducted in urban localities of East Bangalore, Karnataka India to estimate the magnitude of work addiction and its relationship with psychosocial variables in Indian context’ 2428 subjects (1241 males and 1187 females) in the age group of 18–65 years, from representative socioeconomic groups, were screened for work addiction using Bergen work addiction scale^[3] and for psychological distress using general health questionnaire.^[4] The Bergen work addiction scale consists of a pool of 14 items, with two each reflecting each of seven core elements of addiction (i.e.,

salience, mood modification, tolerance, withdrawal, conflict, relapse, and problems). The Cronbach’s alpha for the study was 0.84. Scoring of “often” or “always” on at least four of seven items indicates the presence of work addiction. The mean age of the respondents was 36.48 year (standard deviation=13). 10.5% of males and 8.9% of females met the criteria for work addiction on Bergen work addiction scale. The significant association was observed for psychological distress. The significant values were not observed for marital status and family status group. However, it was higher among unmarried group (9.6% of $n = 146$) and workers from joint family (9.1% of $n = 146$). Number of members present in the house also got positive association with work addiction ($\alpha: 0.32$ at 0.05 level). This study documented the prevalence of work addiction among professionals as well as it was more in the age groups of 45–59 and 30–44 years of age. 0.8% expressed the need to work; on work addiction, the significant difference was seen for occupation categories [Table 1]. The findings are consistent with previous studies. For example, work addiction was 8.3% among Norwegian sample ($n = 1124$) and was also higher in older age groups.^[6] In a study in the United States, the prevalence was also similar at 10.3%, and a higher prevalence was found in management-related occupations compared to others.^[5] Research in work addictions across various occupations indicates higher rates among physicians (45%)^[2] and 40% of nurses are likely to be affected.^[7] In a meta-analysis on work addiction, the negatively relationship observed for poor physical health including cardiovascular risk ($\rho = -0.33$).^[8] In another longitudinal study having measurement interval of 7 months, work addiction was related to increase in ill health.^[9] Nonetheless, work addiction was not associated with health-related absences.^[10] The study also documents the presence of work addiction in housewives, students, and people who were leading a retired life [Table 1]. This novel finding helps to challenge the myth that work addiction is a

Table 1: Pattern of work addiction

Variables	Category	Work addiction (%)		Total	χ^2, P
		Absent	Present		
Age	18-29	887 (92)	77 (8)	964	6.934, 0.07 (not significant)
	30-44	599 (87)	111 (15.6)	1029	
	45-59	527 (88.9)	66 (11.1)	593	
	>60	149 (92.5)	12 (7.5)	161	
Occupation	Professionals	228 (39.8)	344 (60)	572	731.14, <0.001
	Semi-professionals	533 (87.4)	77 (12.6)	610	
	Skilled workers	338 (89.9)	38 (10)	376	
	Unskilled worker	28 (82.4)	6 (17.6)	34	
	Housewives	915 (91.3)	87 (7.5)	1002	
	Graduate or postgraduate	111 (92.5)	9 (7.5)	12	
	Retired	35 (97.2)	2 (2.8)	37	

problem of productive adults group. The study based on the observation of partners of new retirees from work (mean age: 66 years), the positive association was seen between depression, psychological strain, intrusion, and avoidance responses, and work addiction.^[11] The present study has its limitations in the form of not having qualitative data to validate the conceptualization of work addiction, psychosocial variables especially personality factors which can contribute to development of work addiction, and association of work addiction with distress. The sample was not matched for their occupation. There is a need to validate the use of Bergen work addiction scale for housewives and students. Although association was established for types of work and number of members in the family, there is a need to explore the other correlates of work addiction such as personality dimensions, depression, burn out, poor health, life dissatisfaction, indicators of work addiction, family/relationship problems, students, job satisfaction, and evolve criteria of work addiction for various groups using longitudinal approach. The study implies the need for lifestyle changes to decrease the potential for developing work addiction.

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