The article has two goals: first, investigation of the types of workaholic that exist, and second, examination of why they work too much, taking into consideration their motivational characteristics.

We examined the differences in motivation between two types of workaholic identified among a sample of 137 Polish managers. Workaholism was evaluated using questionnaires that assessed behavioural, cognitive, and affective dimensions of workaholism. The criteria for the distinction between functional and dysfunctional types of workaholic were based on a subjective assessment of quality of life. On the basis of the Self Determination Theory of Deci and Ryan, and other conceptualizations that cover motivational variables, such as goals, values, and value crisis, we expected to discern differences between types of workaholics. We used ANOVA to compare the two types of workaholic.

Contrary to expectations, the type of motivation (autonomous vs. controlled) did not differ between the two types of workaholic. However, functional and dysfunctional workaholics differed in their values (hierarchy of values and value crisis), and were driven by different goals. The present study emphasises the importance of differentiating between functional and dysfunctional workaholics.

The present study has three main limitations. First, only self-report methods were applied. Ideally, information should be collected from other sources to supplement and verify the data from primary respondents. Second, the use of a cross-sectional approach made it difficult to take the developmental perspective that is encouraged strongly in the investigation of processes. Third, the ability to generalise the conclusions to different occupational groups is limited.

Key words: fear, depression, motivation, goals, values, value crisis
INTRODUCTION

The literature related to workaholism provides some evidence that workaholism takes different forms (e.g., Oates, 1971; Rohrlich, 1981; Fassel, 1990; Malinowska, Trzebińska, Tokarz, & Kirkaldy, 2012). The determinants of workaholism remain poorly understood (Burke, 2000a, 2000b, 2001), and further research is needed to understand the phenomenon. To date, research has focused mostly on recognition of the consequences of workaholism (e.g., Brady, Vodanovich, & Rotunda, 2008), although there have been a few attempts to identify its causes (e.g. Burke & Matthiesen, 2004).

We propose that analysis in this area should concentrate on two goals: first, investigation of the types of workaholic that exist, and second, examination of why they work too much, taking into consideration their motivational characteristics.

Definition and Types of Workaholic

Given the diverse understandings of workaholism (Burke, 2001), meaningful investigation of the types of workaholic requires a broad definition of workaholism, that includes many indicators of the phenomenon (Aziz & Zickar, 2006). This criterion is met by the operationalisation of workaholism proposed by Ng, Sorenson, and Feldman (2007). The authors refer to three mental processes/dimensions that should be analysed for any addiction (Smith & Seymour, 2004):

- Behavioural dimension: devoting time predominantly to work and limiting time for other activities;
- Cognitive dimension: obsession with work that manifests as a serious involvement in work that cannot be limited or controlled; constant thoughts about work that arise even when the person is not working;
- Affective dimension: positive emotions related to work, which is the main source of satisfaction and pleasure, and negative emotions that appear when the person is not working (e.g. fear, sense of guilt, depression).

It should be noted that workaholism should be regarded as a syndrome that consists of many aspects (e.g. Harpaz & Snir, 2003). However, other authors concentrate on only the selected dimensions of workaholism mentioned above, which mainly are exclusively cognitive (e.g. Robinson, 1989) or behavioural (e.g. Snir & Zohar, 2008), and are rarely both cognitive and affective (Spence & Robbins, 1992) or behavioural and cognitive (Schaufeli, Taris, & Bakker, 2006). Since available measures enable assessment of only one or two of the three dimensions of workaholism, three tools were chosen to capture diverse indicators of workaholism.

The definitions of workaholism that have been used in typologies do not include all of the dimensions mentioned by Ng et al. (2007), and tend to be limited to only one or two of them (Table 1). Moreover, most of them have not been verified empirically. However, in the typologies presented previously, there are suggestions that workaholism can be functional or dysfunctional. Research that applied the typology of Spence and Robbins (1992) support investigation of dif-
According to Bonebright, Clay, and Ankenmann (2000) and Aziz and Zickar (2006), different types of workaholic can be identified based on their enjoyment of work.

However, to indicate the functions of workaholism, it seems necessary to go beyond enjoyment of work, and also to consider other indicators of psychological functioning. These indicators may include behavioral, cognitive, and affective dimensions.

### Table 1. Typologies of Workaholic (in chronological order)

<table>
<thead>
<tr>
<th>Author of typology</th>
<th>Type of workaholic</th>
<th>Dimensions of workaholism*</th>
<th>Consequences to an individual</th>
<th>Empirical verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oates (1971)</td>
<td>(1) dyed-in-the-wool workaholic, (2) converted workaholic, (3) situational workaholic, (4) pseudo-workaholic</td>
<td>Behavioural and cognitive</td>
<td>Negative for all types</td>
<td>No</td>
</tr>
<tr>
<td>Rohrich (1981)</td>
<td>(1) escapist workaholic, (2) obsessive work addicted, (3) competitive work addicted, (4) defensive work addicted</td>
<td>Behavioural and cognitive</td>
<td>Negative for all types</td>
<td>No</td>
</tr>
<tr>
<td>Naughton (1987)</td>
<td>(1) job-involved workaholic, (2) compulsive workaholic</td>
<td>Behavioural and cognitive</td>
<td>Positive for (1), negative for (2)</td>
<td>No</td>
</tr>
<tr>
<td>Spence &amp; Robbins (1992)</td>
<td>(1) workaholic, (2) enthusiastic workaholic</td>
<td>Cognitive and affective</td>
<td>Negative for (1), positive for (2)</td>
<td>Yes</td>
</tr>
<tr>
<td>Scott, Moore, Micell (1997)</td>
<td>(1) compulsive-dependent workaholic, (2) perfectionistic workaholic, (3) achievement-oriented workaholic</td>
<td>Behavioural and cognitive</td>
<td>Negative for (1), positive for (2) and (3)</td>
<td>No</td>
</tr>
<tr>
<td>Robinson (2000)</td>
<td>(1) relentless workaholic, (2) bulimic workaholic, (3) attention deficit workaholic, (4) savaging workaholic</td>
<td>Behavioural and affective</td>
<td>Negative for all types</td>
<td>No</td>
</tr>
<tr>
<td>Schaufeli, Taris, and Bakker (2006)</td>
<td>(1) workaholic (contrasted with engaged employee, who is not a type of workaholic)</td>
<td>Behavioural and cognitive</td>
<td>Negative for (1)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note. * Dimensions of workaholism refer to three categories of workaholism indicators (behavioural, cognitive, and affective) that are distinguished in the conceptualization of Ng et al. (2007).

Source: Own elaboration
health. In the context of distinguishing between functional and dysfunctional behaviour, the field of positive psychology presents some useful perspectives (e.g., Seligman & Csikszentmihalyi, 2000). Most of these perspectives relate to well-being and the quality of life (Czapiński 2000, 2004). The state of well-being is connected with, and may result from, satisfaction with life and different life domains, and these are subjective indicators of health (Heszen & Sęk, 2007). Research (e.g., Veenhoven, 1988, 1991) has shown that a higher quality of life, higher levels of professional and social activity, and more adventurous and long-term goals, and better physical health. We assume that quality of life can be used as the indicator of functionality. However, psychological well-being is not equivalent to the concept of health, which is constituted jointly by psychological, physical, and social well-being (Wilson & Cleary, 1995).

**Hypothesis 1:** There are functional and dysfunctional types of workaholic based on scores of three workaholism dimensions, who vary in terms of their level of satisfaction with life.

### Motivational Characteristics

A detailed specification of the motivational characteristics of a person can be developed through analysis of their long-term goals, which serve as a regulatory mechanism for the integration of personality (Baumeister, Heatherton, & Tice, 1994). It is crucial to distinguish between what people pursue and why they do this. In other words, one needs to distinguish between the goals of individuals and their perceived reasons or motives for engaging in their assumed behaviours (e.g., Sheldon & Elliot, 1999; Koestner, Lekes, Powers, & Chicoine, 2002). The distinction between the autonomous and instrumental contents of goals (Kasser & Ryan, 1993, 1996) enables one to understand opposing relationships among the concept of self-realisation, happiness, and psychological adaptation (Sheldon & Kasser, 1995; Miquelon & Vallerand, 2008). Autonomous goals are associated positively with well-being, presumably because they are related to the interests and values of a person, and satisfy innate psychological needs directly (Deci & Ryan, 2000). In contrast, instrumental goals, which are related to obtaining a particular form of gratification (e.g., financial success or, fame) may satisfy psychological needs less directly.

One may assume that there are workaholics of high level of well-being, who are characterized by intensive striving for self development, for initiative in action, or for acting for the benefit of a community, in other words autonomous goals. On the other hand, there are also workaholics whose well-being is low, who set external goals, prefer stability and equilibrium, and strive for financial success and other incentives that are of an instrumental nature.

**Hypothesis 2:** Workaholics who assess their quality of life to be high are characterised mostly by autonomous goals, whereas workaholics who assess their quality of life to be low are characterised mostly by instrumental goals.

Research on the development and quality of life (Pelletier, Fortier, Vallerand, & Brière, 2001; Deci & Ryan, 2008; Azouvi et al. 2005, Błachnio 2011) has
demonstrated that the Self-Determination Theory (SDT; Deci & Ryan, 1985, 2000; Tokarz, 1999) can be used to explain the mechanism of engagement that lies at the root of workaholic behaviours. According to Deci and Ryan (1985), goal-directed behaviours can be differentiated on a continuum from the lowest (amotivation and control orientation) to the highest (autonomous orientation) forms of self direction. Amotivation is related positively to an external locus of control, and hence to the feeling that a person is unable to control their actions, a lack of self acceptance, and depression (Deci & Ryan, 1985). Autonomous orientation is connected with self actualisation, high self esteem, and other indicators of well-being (Deci & Ryan, 2000). In addition, people with an autonomous orientation demonstrate more cohesion among their behaviours, traits, and attitudes than people with a control orientation (Koestner, Bernieri, & Zukerman, 1992).

If we assume that a strong drive to work lies at the root of workaholic behaviour (Burke, 2000a; Schaufeli, Taris, & Bakker, 2006), we must state that some workaholics do not make a free choice of action. Such rigid behaviour is controlled by the inner state of the individual, and is rationalised by an obligation with which a workaholic can, but does not have to, identify themselves (Vallerand, 2008). Other authors suggest that not all workaholics are connected obsessively with work (Naughton, 1987; Scott et al., 1997), and that this non-obsessive engagement with work may represent a higher form of self determination.

**Hypothesis 3:** Workaholics who assess their quality of life to be high will show an autonomous orientation, whereas workaholics who assess their quality of life to be low will show a control orientation or amotivation.

Values give sense and continuity to actions, as well as provide direction for choices and strategic decisions (Rokeach, 1973; Bardi & Schwartz, 2003). The level of similarity of the value hierarchy of an individual to the universal hierarchy (which is identified by ethics as a cultural model) has not been examined in workaholics, even though it could provide evidence of pathology (Brzozowski, 1992; Hermans & Oleś, 1994). Empirical research indicates that the value hierarchies of criminals and alcoholics are much less similar to the universal hierarchy than those of members of either the clergy or the scout movement (Brzozowski, 1995). Similarity of personal values to the universal hierarchy is correlated positively with personal and social adaptation (Brzozowski, 1995).

Workaholics consider work to be their highest value, and treat work as the field through which other values can be realised (Paluchowski & Hornowska, 2003). It might be assumed that the values of workaholics do not fit the universal hierarchy, in which sacred values are placed at the top of the hierarchy. However, types of workaholic were not distinguished in this study.

**Hypothesis 4:** Workaholics who assess their quality of life to be high show greater similarity to the universal hierarchy of values than workaholics who assess their quality of life to be low.

A ‘value crisis’ refers to disturbances that are connected with the valuing process. The concept involves difficulties in establishing desired aspirations, and also a feeling of not realising one’s values in life (Oleś, 1989; Hermans & Oleś,
A value crisis is associated with a reduced sense of the meaning of life and increased frustration, together with weak volitional control over behaviour and emotions (Oleś, 1989; Hermans & Oleś, 1996).

The investigation of a value crisis within the groups of ‘functional’ and ‘dysfunctional’ workaholics examined in the present study is justified by the relationship of such a crisis with the psychological functioning of an individual. It has been shown that persons whose behaviour is not consistent with their system of values experience a higher level of stress and give lower estimates of life quality in certain domains (Perrewé & Hochwarter, 2001).

Hypothesis 5: Workaholics who assess their quality of life to be high experience a value crisis to a much lesser degree than workaholics who assess their quality of life to be low.

MATERIAL AND METHODS

The group of participants comprised 137 Polish managers, who were students or graduates of MBA programmes held in Poland. Whereas 27.7% (N = 38) of the participants were women, 70.8% (N = 97) were men, and 1.5% (N = 2) did not provide data on their gender. The participants were from 25 to 55 years old (M age = 36.2 years, SD = 6.2 years). All participants were employed full time in a managerial position. They worked within different organizations located in different regions of Poland. The average job tenure was 12.62 years (SD = 6.01) and the average number of hours worked per week by the sample was 49.44 (SD = 9.28). The proportion of participants who were married was 68.6% (N = 94), 26.3% (N = 36) were single and had never married, and 2.9% (N = 4) were divorced.

Procedure

The study was performed during 2009 and 2010. The selection criteria for participation in the study were as follows: participants had to work at least in middle-level management, have at least two years of work experience at managerial level, and be working full-time in organisations with more than 250 employees. The study was anonymous. The study pack was available in two forms. The paper form was filled in by 111 people, and the online form by 75 people. Owing to incomplete provision of data for further analysis from 49 individuals, the results from 137 people were analysed, with 95 people completing paper forms and, 42 people completing online forms.

Measures

Workaholism. Three tools were used to assess different indicators of workaholism in accordance with the conceptualisation of Ng et al. (2007).

The Workaholism Battery of Spence and Robbins (1992) has been adapted to Polish conditions (Malinowska, Tokarz, & Gad, 2010) and includes the subscales: Drive to work (e.g. “I often catch myself thinking about work even when
I want to take a break from it”, $\alpha = .79$), and Work enjoyment (e.g. “Most of the time my job is very enjoyable”, $\alpha = .62$), which enable assessment of the cognitive and affective indicators of workaholism. The subscale Work involvement (e.g. “I like to use my time constructively on and off the job”, $\alpha = .49$), was excluded from further analyses because of its low reliability. The participants’ task was to score the degree to which each statement conformed to their own experiences on a five-point scale (1: I definitely agree, to 5: I definitely disagree).

The Work Overload Scale was developed by Paluchowski and Hornowska (2003, 2007). Two subscales: Lack of control over working (e.g. “Breaking off from work is not difficult for me”, $\alpha = .82$) and Assumptions about work (e.g. “A person who works the longest, works the hardest”, $\alpha = .85$) were used, both of which assess the cognitive indicators of workaholism. The task of each participant was to express their opinion about each statement using a five-point scale (1: I definitely disagree, to 5: I definitely agree).

The Time Use Inventory, which was created by Malinowska, Jochymek, and Tokarz (2010), enables the identification of two types of work–life conflict. The task of each participant was to assess how much time per week (in hours) they devoted to acting in and thinking about ten different life domains: sleep, household duties, social life, leisure, spiritual life, work, passion, family, professional development, and an ‘other’ domain for time unrelated to the categories listed (Klinger & Cox, 2004), and which emotions they usually experienced in each domain. There are six diagnostic rules that concern Work–life imbalance – thinking (e.g. “Thinking about work takes more than 50% of the time devoted to thinking about all life domains”, $\alpha = .82$), which assess the cognitive indicators of workaholism. In the case of Work–life imbalance – doing, there are seven rules (e.g. “Time devoted to social life takes less than 4% of the time devoted to work”, $\alpha = .94$) which assess the behavioural indicators. The number of hours spent weekly on working and thinking about work was also used as the cognitive and behavioural indicator respectively. The valence of the emotions directed towards work, which was assessed by one question, is an affective indicator of workaholism. The instructions controlled for the adequacy of time estimation; the total number of hours devoted to activity could not exceed 168 hours weekly.

Quality of life. Two scales were used to assess quality of life.

The Satisfaction with Life Scale (SWLS) was designed by Diener (1984) and adapted by Juczyński (2007). The SWLS includes five statements (e.g. “In many aspects my life is almost perfect”, $\alpha = .81$), that pertain to the cognitive assessment of life as a whole. The participants’ task was to provide their opinions about their lives using a seven-point scale (1: I completely disagree, to 7: I completely agree).

The Satisfaction with Individual Domains Scale, which was designed by Czapiński (2000), enables assessment of participants’ satisfaction with different life domains. Using exploratory factor analysis we categorised 14 domains into two factors: Satisfaction with self-realisation, i.e. education, available goods and services, future prospects, children, life achievements, place you work, housing con-
conditions, workmates relationships, way you spend leisure time, sexual life (e.g. “To what extent are you satisfied with your life achievements?”, α = .83) and Satisfaction with life situation, i.e. marriage, family relationships, financial situation, state of health (e.g. “To what extent are you satisfied with your state of health?”, α = .65). The participants’ task was to assess their level of satisfaction with each aspect, using a six-point scale (1: very dissatisfied, to 6: very satisfied).

Motivational characteristics

Goals. Participants were asked the open question: “Describe your plans for the next five years” to obtain feedback on the frequency (in percentage terms) of different categories of goal presented by Emmons (1996, 2005) such as relationships (e.g., “taking care of a family”, “going for holiday with my family”), achievements (e.g., “getting a job promotion”, “earning more than 25 000 PLN per month”), spirituality (e.g. “maintaining spiritual fit”, “developing spiritual practices” and self transcendence/generativity (e.g., “having one more child”, “writing a book”), as well as to establish whether the underlying motives were autonomous or instrumental (Kasser & Ryan, 1996). Four subject matter experts participated in the qualitative analysis, and the final categorisation was made on the basis of agreement among at least three of the four experts.

Causality orientation. The Polish version of the General Causality Orientation Scale (Uchnast, 2008) consists of 17 situations (e.g., “If you begin a new professional career, the most important for you would be...”) and three possible reactions to them, each relating to one of the three subscales: Autonomy (autonomous orientation, e.g., “… a job that fits your interests”, α = .74), Control (instrumental orientation, e.g., “… a job that gives opportunities of being promoted”, α = .85), and Amotivation (non-personal orientation, e.g. “… a job that does not require engaging too much”, α = .85). Each subscale corresponds to 17 reactions. The participant’s task is to assess how probable it is that he or she would behave in this way using a five-point scale (1: improbable, to 5: highly probable).

Similarity to the universal hierarchy of values. The Scheler’s Values Scale (version D), which was developed by Brzozowski (1995), consists of 50 values that comprise six scales: Hedonistic values (e.g. “pleasure”, α = .84), Vital force values (e.g. “physical strength”, α = .89), Aesthetic values (e.g. “elegance”, α = .85), Truth values (e.g. “knowledge”, α = .90), Moral values (e.g. “kindness”, α = .90), and Sacred values (e.g. “faith”, α = .87). This tool enables recognition of the subjective importance of value groups and the level of agreement between an individual’s subjective hierarchy of values and the universal hierarchy of values. The task of the participant is to assess values, which are ordered alphabetically, by means of a scale with 100 estimation points (0: not important, to 100: the most important), independently of the remaining entries.

Value crisis. The Value Crisis Questionnaire (Oleś, 1989) measures difficulties and disturbances that are connected with the functioning of the system of values. The tool consists of 25 questions (e.g. “I feel that I lost in my life, what I considered to be important, α = .89). The task of the participant is to respond
RESULTS

Confirmatory factor analysis (CFA) was conducted on the scales used to measure workaholism indicators to create three dimensions of workaholism. The model established by CFA (AGFI = .97, CFI = 1.0, RMSEA < .001, $x^2 = 4.30; p = .99$) was used to assess these dimensions as a weighted average of the estimations, which were based on reverse regression equations. The coefficients of determination (R-square) of the relevant observed variables (i.e., behavioural, cognitive, and affective indicators) were used as weights (Table 2).

To identify different types of workaholic, cluster analysis was conducted on the basis of the evaluation of latent variables from confirmatory factor analysis: Workaholism – behavioural dimension, Workaholism – cognitive dimension, Workaholism – affective dimension and three aspects of life quality: General satisfaction with life, Satisfaction with self-realization and Satisfaction with life situation. Because of the different scales of the variables, the analyses were based on standardised evaluations. The Pearson correlation coefficient $r$ was used to measure the distance between variables. It enables the grouping of individuals

<table>
<thead>
<tr>
<th>Workaholism dimension</th>
<th>Indicator</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Lack of control over working</td>
<td>.76</td>
</tr>
<tr>
<td></td>
<td>Time spent thinking about work*</td>
<td>.62</td>
</tr>
<tr>
<td></td>
<td>Assumptions about work</td>
<td>.48</td>
</tr>
<tr>
<td></td>
<td>Work–life imbalance – thinking</td>
<td>.52</td>
</tr>
<tr>
<td></td>
<td>Drive to work</td>
<td>.25</td>
</tr>
<tr>
<td>Behavioural</td>
<td>Work–life imbalance – doing</td>
<td>.65</td>
</tr>
<tr>
<td></td>
<td>Time spent working*</td>
<td>.25</td>
</tr>
<tr>
<td>Affective</td>
<td>Valence of emotions related to work</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>Work enjoyment</td>
<td>.22</td>
</tr>
</tbody>
</table>

Note. * Number of hours per week.
with similar evaluation profiles with regard to the variables included in the analysis. The agglomeration method applied was the method of mean distance between clusters, which makes it possible to obtain clusters that are maximally different from one another and as separated from one another as possible in the multi-dimensional space of data. The mean and standard deviation for each variable used in the cluster analysis, and the correlations between variables, are in Table 3.

Three clusters of employees were formed. The clusters were distinguished in terms of three dimensions of workaholism and with regard to three aspects of life quality. Eleven individuals did not fit into any of the three clusters and were dropped from the analysis. Table 4 shows the characteristics of the clusters.

Cluster 1 comprised participants who scored above the average for the behavioural and affective dimensions of workaholism, and scored below the average for the cognitive dimension. People in this cluster scored above the average for self realisation and general life satisfaction. However, their level of satisfaction with their life situation was below the average. Members of this group were described as partially satisfied workaholics. Cluster 2 comprised participants who scored below the average for the behavioural, cognitive, and affective dimensions of workaholism, and scored above the average for each aspect of life quality. They could be described as satisfied non-workaholics. Cluster 3 comprised participants who were characterised by a score above the average for the cognitive dimension of workaholism and below the average for the behavioural and affective dimensions of workaholism. These people scored below the average for self realisation, satisfaction with their life situation, and general life satisfaction. This group may be described as dissatisfied workaholics.

Table 3. Means (M), Standard Deviations (SD), and Intercorrelations of the Study Variables Used in the Cluster Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
| 1. Workaholism  
   - behavioural dimension | .00 | 1.48 |     |     |     |     |     |
| 2. Workaholism  
   - cognitive dimension | .02 | 8.85 | .24** |   |     |     |     |
| 3. Workaholism  
   - affective dimension | .04 | .99  | -.01 | -.18* |   |     |     |
| 4. Satisfaction with self-realization | 46.32 | 6.40 | -.06 | -.10 | .14 |     |     |
| 5. Satisfaction with life situation | 18.58 | 2.93 | -.07 | -.14 | .11 | .55** |     |
| 6. General satisfaction with life | 23.25 | 4.94 | -.05 | -.16 | .25** | .42** | .40** |

Note. * p < .05; ** p < .001
One-way ANOVA was used to test the hypotheses differentiated the types of workaholic in terms of their motivational characteristics. Table 5 presents the

Table 4. Results of Cluster Analysis: Mean Scores for Three Dimensions of Workaholism, Evaluation of Satisfaction, and Number of Employees per Cluster/Type, Percentage of the Employees per Cluster/Type

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workaholism – behavioural dimension</td>
<td>.49</td>
<td>-.45</td>
<td>-.06</td>
</tr>
<tr>
<td>Workaholism – cognitive dimension</td>
<td>-.49</td>
<td>-.58</td>
<td>.59</td>
</tr>
<tr>
<td>Workaholism – affective dimension</td>
<td>.37</td>
<td>-.00</td>
<td>-.21</td>
</tr>
<tr>
<td>Satisfaction with self-realisation</td>
<td>.20</td>
<td>.54</td>
<td>-.48</td>
</tr>
<tr>
<td>Satisfaction with life situation</td>
<td>-.32</td>
<td>.85</td>
<td>-.30</td>
</tr>
<tr>
<td>General satisfaction with life</td>
<td>.41</td>
<td>.44</td>
<td>-.58</td>
</tr>
<tr>
<td>Number of hours spent working per week*</td>
<td>52.3</td>
<td>46.9</td>
<td>49.2</td>
</tr>
<tr>
<td>Number of employees per cluster</td>
<td>30</td>
<td>37</td>
<td>58</td>
</tr>
<tr>
<td>Percentage of the sample</td>
<td>21.9</td>
<td>27.0</td>
<td>42.3</td>
</tr>
</tbody>
</table>

Note. * The number of hours spent weekly on working was not one of the clustering criteria.

Table 5. Means (M), Standard Deviations (SD) of the Study Variables Used to Diversify Types of Employee

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy orientation</td>
<td>67.61</td>
<td>6.69</td>
</tr>
<tr>
<td>Instrumental orientation</td>
<td>55.23</td>
<td>9.92</td>
</tr>
<tr>
<td>Non-personal orientation</td>
<td>38.15</td>
<td>10.71</td>
</tr>
<tr>
<td>Achievement goal contents</td>
<td>.74</td>
<td>.25</td>
</tr>
<tr>
<td>Relations goal contents</td>
<td>.14</td>
<td>.16</td>
</tr>
<tr>
<td>Self-transcendent goal contents</td>
<td>.12</td>
<td>.19</td>
</tr>
<tr>
<td>Similarity to universal hierarchy</td>
<td>-.02</td>
<td>.44</td>
</tr>
<tr>
<td>Value crisis</td>
<td>6.33</td>
<td>7.91</td>
</tr>
</tbody>
</table>
means and standard deviations of the study variables that were used to differentiate the clusters.

The results demonstrated statistically significant differences between two groups of workaholic (clusters 1 and 3) (Table 6).

The analysis showed that the value hierarchy of partially satisfied workaholics was more similar to the universal hierarchy than that of dissatisfied workaholics. Significant differences were also noted for a value crisis. In comparison with dissatisfied workaholics, partially satisfied workaholics scored lower on the value crisis scale.

No significant differences were identified in relation to the orientation of causality.

**DISCUSSION**

In the light of the results obtained, hypothesis 1 can be confirmed partially. Among the three types of employee that were distinguished on the basis of cluster analysis, two were workaholics. As expected, the different types of workaholic were characterised by different levels of quality of life. However, whereas the dissatisfied workaholics had low scores for all domains of quality of life, the partially satisfied workaholics had higher than average scores for self realisation and general life satisfaction but their level of satisfaction with their life situation was below the average. Low scores on certain domains of quality of life are typical of workaholics (e.g., Bonebright et al., 2000; Spence & Robbins, 1992; Bakker, Demerouti, & Burke, 2009).

The partially satisfied workaholics is similar to the ‘workaholic involved in work’ described by Naughton (1987). Three characteristics are common to members of these two groups. These are: 1) a high level of involvement in work and a low level of obsession–compulsion, 2) derivation of a great deal of satisfaction from work, and 3) little interest in activities unrelated to work. The specific characteristic of partially satisfied workaholics is the dominance of work when compared
with other areas of life, which is also emphasised in models that describe addictions (e.g. Griffiths, 2005a, 2005b, 2005c). One may assume that the partially satisfied workaholic corresponds to an early stage of addiction, in which the obsession is not yet present, and the condition can be referred to as work abuse, similar to substance abuse (Juczyński, 2008).

The dissatisfied workaholic has all the characteristics that are attributed to the workaholics described in other typologies: the obsessive–compulsive workaholic (Naughton, 1987), the compulsive-dependent workaholic (Scott et al., 1997), and the workaholic (Schaufeli et al., 2006). These characteristics include a high level of compulsion and involvement in work, an internal drive to work, and a negative assessment of one’s state of health. It may be assumed that this type of workaholic is equivalent to an individual with a more advanced addiction than the partially satisfied workaholics (Juczyński, 2008), owing to their obsession with work and lack of control over their actions.

By highlighting the differences between the types of workaholic with respect to motivational variables, we confirmed hypothesis 2. A self-transcendent goal occurred more frequently among partially satisfied workaholics than among dissatisfied workaholics. Referring to conceptual distinctions (Kasser & Ryan, 1993, 1996), one can assume that self-transcendent goals are autonomous goals, which result from self direction that embraces personal development and engagement in the life of a given community. This might indicate that, compared with dissatisfied workaholics, partially satisfied workaholics are much more motivated by goals that are connected with marking their presence and leaving something tangible after their death (Emmons, 2005).

Hypothesis 3 has not yet been confirmed. The results showed that the types of workaholic did not differ with respect to the orientation of causality, and our findings did not confirm the results of others (e.g., van Beek, Taris, & Schaufeli, 2011; Broeck, Schreurs, De Witte, Vansteenkiste, & Germeys, 2011). The investigation of motivational mechanisms in order to explain the behaviour of people who work excessively still appears to be warranted. However, it might be necessary to apply a more precise concept of the mechanism of high-work engagement (e.g., harmonious and obsessive passion) as proposed previously (Vallerand & Blanchard, 2000; Vallerand et al., 2003).

The results of the present study confirmed hypothesis 4. The value hierarchy of partially satisfied workaholics was closer to the universal hierarchy than that of dissatisfied workaholics. Brzozowski (2007) argues that the emotional, cognitive, and social development of individuals should improve understanding and awareness of the universal hierarchy. Accordingly, partially satisfied workaholics show greater maturity in terms of personal and interpersonal functioning than dissatisfied workaholics.

Hypothesis 5 was also confirmed. Partially satisfied workaholics experienced a lower degree of value crisis than dissatisfied workaholics. Those who experience such a crisis have difficulties in identifying a fundamental value in their value system; they change their values, and this reveals the need to redefine
their value hierarchy. Consequently, the experience of such a crisis indicates a low level of maturity and personality integration.

Dissatisfied workaholics showed a discrepancy between their declared and executed values, which occurs relatively commonly when pressure is exerted by the environment (Oleś, 1989).

**DISCUSSION**

With respect to the theoretical implications of our findings, it must be emphasised that these results shed new light on the search for a complementary approach to explaining workaholism, which some authors think should be considered on the health–illness continuum (Brown & Pąchalska 2003). A complementary approach to defining workaholism enables the integration of currently divergent conclusions (Heszen & Sęk, 2007; Burke, 2001; Malinowska, 2008) and provides a basis for a more adequate description of workaholism.

Partially satisfied workaholics have a high level of quality of life, both overall and within the life domains that are related to their own causative power. Among this type, the functional aspect of workaholism, is also supported by the findings that relate to their value systems, which, being close to the universal hierarchy of values, indicate psychological health. In contrast, in the case of dissatisfied workaholics, who achieved a low score on all indicators of quality of life, we can refer to a dysfunctional form of workaholism. Diener, Lucas, and Scollon (2006) proposed that persons with diagnosed pathologies achieve low scores for satisfaction with life as measured by the SWLS. Similarly, research on the hierarchy of values and the value crisis (Brzozowski, 1992; Perrewé, Hochwarter, & Kiewitz, 1999; Perrewé & Hochwarter, 2001) suggests that dissatisfied workaholics are less mature than partially satisfied workaholics, and are poorly adapted to work and life.

These findings can provide a meaningful contribution to clinical practice, and might become the background for therapeutic actions that are oriented towards the alteration of workaholic behaviours.

**CONCLUSIONS**

The present study has three main limitations. First, only self-report methods were applied. Ideally, information should be collected from other sources to supplement and verify the data from primary respondents. Second, the use of a cross-sectional approach made it difficult to take the developmental perspective that is encouraged strongly in the investigation of processes. Third, the ability to generalise the conclusions to different occupational groups is limited.

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