

Understanding Work Addiction : Insights, Consequences, and Strategies for Prevention

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Independent Psychologist**Submitted:** 10 Apr 2026; **Accepted:** 20 Apr 2026; **Published:** 27 Apr 2026**Citation:** Ein-Eli, E. (2026). Understanding Work Addiction: Insights, Consequences, and Strategies for Prevention. *J Psychol Neurosci*; 8(2):1-6. DOI : <https://doi.org/10.47485/2693-2490.1155>**Abstract**

Background: Work addiction, or workaholism, is increasingly recognized as a behavioral disorder with significant health and social consequences. Despite growing awareness, inconsistencies in its definition and measurement persist.

Objective: This article aims to synthesize current knowledge on work addiction, including its defining characteristics, contributing factors, consequences, and prevention strategies.

Methods: A narrative review approach was used, integrating theoretical models, empirical studies, and illustrative real-life testimonies.

Results: Work addiction is characterized by compulsive overwork, loss of control, and inability to disengage despite adverse outcomes. Contributing factors include societal pressure, blurred work-life boundaries, and individual traits such as perfectionism. Consequences affect physical, psychological, and social health. Prevention requires a multidimensional approach involving individuals, organizations, and society.

Conclusion: Work addiction is a complex, multidimensional issue requiring coordinated intervention strategies to promote healthier work practices and overall well-being.

Keywords: Work addiction; Workaholism; Burnout; Mental health; Occupational health; Work-life balance.**Introductions**

Work addiction, also referred to as workaholism, is a multidimensional phenomenon that cannot be reduced to a mere excess of work or a temporary episode of burnout. By its very nature, it is intrinsically complex, as it develops within a societal context that promotes productivity and output, often at the expense of well-being.

How can this phenomenon be observed in everyday life? In contemporary society, individuals are constantly equipped with smartphones and headphones: podcasts on productivity fill their ears, while screens display content promising to optimize schedules and enhance efficiency. In both physical stores and digital environments, a wide range of organizational tools—whether applications or paper-based systems—are readily available. The implicit expectation is clear: individuals are required to do more with less. As is often the case, humans adapt to these demands.

This form of addiction, which remains relatively underrecognized in the general population, can be defined as a persistent—and often compulsive—need to devote excessive time and energy to professional activities. However, this investment comes at a significant cost, frequently affecting personal health, social relationships, and overall well-being.

The concept was first introduced by Oates (1971), who described workaholism as an uncontrollable compulsion to work incessantly, often to the detriment of personal life. Since then, the scientific understanding of this phenomenon has evolved considerably, incorporating psychological, sociological, and organizational perspectives, and highlighting its profound implications for both individuals and society.

Chakroun (2012) notes that work addiction does not have a formal nosological classification in either the ICD-10 or the DSM-IV. This absence reflects the complexity of the phenomenon and suggests that its management requires a multidisciplinary approach. Indeed, work addiction is embedded in diverse historical and sociocultural contexts, and cultural norms strongly influence how it is perceived. One might question whether previous generations worked more; perhaps they did, but under different conditions that may have allowed for a better balance. According to the European Working Conditions Survey conducted by Eurofound (2012), 18% of European employees reported dissatisfaction with their work-life balance.

A closer examination of recent events, particularly the COVID-19 pandemic, reveals important societal shifts. Periods of lockdown prompted many individuals to reconsider their professional trajectories. A common objective emerged:

to restore meaning in work, achieve a better work–life balance, and improve overall quality of life.

Within this context, some individuals chose to transition toward occupations that are sometimes more precarious, particularly in sectors such as agriculture. Although physically demanding, these roles often provide a stronger sense of purpose, as well as working conditions that are more self-determined rather than imposed. Moreover, the ability to disconnect from work—avoiding bringing work home or remaining constantly reachable—has increasingly become a luxury, even though it should be considered a standard, particularly in light of policies such as the right to disconnect (La Rédaction, 2011).

Despite these developments, contemporary society continues to valorize excessive work investment, often framing it as a sign of dedication and professionalism. Such behavior is frequently perceived as a means of demonstrating ambition to employers, with the expectation of faster career advancement and access to higher-level positions.

However, the reality is quite different: Work addiction is associated with significant negative consequences for health and well-being (Aziz & Covington, 2024). In contrast, Porter (1996) conceptualizes workaholism as an internally driven motivation that leads individuals to invest excessively in their work. Nevertheless, its consequences are very real. According to the World Health Organization (2021), chronic overwork is responsible for approximately 745,000 deaths per year worldwide, particularly due to cardiovascular diseases and strokes. These figures underscore the urgency of better understanding and addressing this issue.

Work addiction is not simply the result of a temporary increase in workload. Rather, it is a recurrent behavioral pattern characterized by a compulsive drive to work, a distorted perception of personal limits, and an inability to detach from work despite accumulating negative consequences. Understanding this phenomenon therefore requires careful attention to psychological, environmental, and societal factors, as well as the integration of individual accounts that illustrate its tangible impact.

Definition and Clinical Conceptualization

Addiction is defined by Goodman (1990) as a process in which an individual engages in behaviours that provide short-term pleasure or relief despite clear negative consequences. Applied to work, this definition suggests that individuals experiencing work addiction derive satisfaction and emotional regulation from their professional activity, despite harmful effects on health, relationships, and overall life balance.

Spence and Robbins (1992) introduced the concept of the “workaholism battery” to describe this visceral and excessive involvement in work. Within this framework, the individual’s relationship with work becomes pathological.

Early academic definitions of this phenomenon were proposed by Spence and Robbins (1992), based on studies conducted in the United States, where workaholism was sometimes

considered a positive organisational trait (Robinson, 2001).

According to Jeoffrion and Airagnes (2015), workaholism is a behavioural, affective, and cognitive dysfunction. It is associated with feelings of guilt when not working, even in personal life domains. Garson (1989) further conceptualises workaholism as a form of reality avoidance, driven by an excessive need to work.

Robinson emphasises that work addiction is a behavioural disorder with significant mental health consequences, including increased risk of anxiety, depression, and burnout. Oates also highlights the personal consequences of this addiction, describing a compulsive engagement in work and its detrimental impact on health and interpersonal relationships. The most common manifestations include loss of control over working time, loss of meaning in work, social withdrawal, chronic work overload, and persistent stress. In extreme cases, these patterns may lead to suicidal ideation. Collectively, these elements contribute to a significant deterioration in workers’ quality of life.

Castro (2004) defines work addiction as a persistent and enduring phenomenon that continues despite negative consequences in the individual’s life. For Snir and Zohar (2008), work addiction can be identified when individuals work approximately eleven and a half hours per day, emphasising a quantitative threshold. In contrast, Burke (2000) conceptualises it as a work-related attitude. In contrast, Porter (1996) conceptualize it as an internal motivation leading to excessive work investment.

Recent theoretical models, particularly Griffiths’ components model of addiction (Griffiths, 2005), suggest that work addiction can be understood through six core components: salience, mood modification, tolerance, withdrawal, conflict, and relapse.

These components reflect a genuine addictive functioning comparable to substance-related disorders. The compulsive dimension of this addiction is particularly insidious as it is reinforced by internal psychological processes such as perfectionism, fear of failure, and the need for external validation. This goes far beyond simple work engagement. Snir and Zohar (2000) characterise it by a substantial amount of time devoted to work that is not driven by external necessity, reflecting cognitive, behavioural, and physical involvement. This corresponds to a compulsive dynamic in which individuals are driven by an internal urge that is difficult to control (Del Líbano et al., 2010).

Individual Mechanisms : Perfectionism and need for Recognition

At the individual level, perfectionism and the need for recognition play a key role in the emergence of early symptoms of work addiction. Perfectionism is understood as a persistent pursuit of excessively high standards, accompanied by strong self-criticism and an unrealistic fear of failure (Frost et al., 1990; Hewitt & Flett, 1991; Stoeber & Damian, 2016). The need for recognition further reinforces overinvestment in work

by linking self-esteem to professional performance. Individuals are thus evaluated primarily through their achievements, rather than as whole persons. Their identity becomes increasingly defined, and sometimes even absorbed, by their work role.

Environmental Mechanisms : Blurred Boundaries and Digitalisation

The absence of clear boundaries between professional and personal life is a major contributing factor to work addiction. Over recent years, work-related pathologies have evolved, partly due to organisational changes and interpersonal dynamics within the workplace (Desrumaux, 2011).

Although telework has brought several benefits, it has also contributed to the erosion of boundaries between work and private life. Work is now constantly accessible through digital devices (Derks & Bakker, 2014), making psychological detachment increasingly difficult. According to boundary theory (Clark, 2000), some individuals integrate their work and personal roles, which facilitates the spillover of work into all life domains. As a result, clear distinctions between work and non-work time diminish. Work intrudes into homes, family meals, and even sleep, fostering rumination and repetitive cognitions such as “I must be the best” or “If I do not do it, no one will.”

Societal mechanisms : Performance Culture

In contemporary societies, professional success is highly valued and often equated with personal worth. This performance-oriented culture encourages individuals to overinvest in their work and to rationalise behaviours that may be harmful in the medium and long term. Ng et al. (2007) demonstrated that individuals use cognitive strategies to regulate their emotions and to accept high workloads or perceived organisational injustice. This process, referred to as moral disengagement (Bandura, 1999), enables individuals to maintain internal coherence while normalising potentially harmful behaviours.

Clinical and Health Consequences

The consequences of work addiction are multiple and affect physical, psychological, and social dimensions.

From a physical perspective, chronic overwork can be associated with cardiovascular diseases, hypertension, sleep disturbances, and various health-related issues. These may include excessive caffeine consumption to maintain alertness over long working hours, the use of sleeping aids to cope with insomnia and intrusive rumination, as well as irregular and rushed eating habits.

Psychologically, work addiction is linked to an increased risk of anxiety, depression, and burnout, leading to a significant deterioration in overall quality of life.

Socially, this condition contributes to the deterioration of interpersonal relationships across both family and friendship domains. It is also associated with reduced social support and, consequently, progressive social isolation.

Despite the pursuit of high performance, individuals often experience a decline in work efficiency and job satisfaction over time. This paradox is largely explained by accumulated fatigue and chronic stress, which are among the most common reasons for initial psychological consultation. As demonstrated by Siegrist et al. (2004), work addiction reflects an inability for individuals to detach from work or to relax after working hours.

Determinants and Contributing Factors

Work addiction results from a complex interaction between societal, environmental, and individual factors.

Work intensification, transformations in the labour market, and the rise of digital technologies have increased competitiveness in professional environments. This context constitutes a fertile ground for perfectionistic individuals who seek to perform at a high level both to gain recognition and to secure their employment. This creates an anxiety-driven cycle in which individuals work more in order to reduce anxiety; however, this relief is only temporary, as anxiety re-emerges more intensely during subsequent stress periods. Clinically, many patients describe the onset of their addiction in these terms, highlighting a desire to perform well combined with fear of losing what they have achieved.

It is important to note that early academic definitions in many organisational contexts, employers implicitly expect employees to demonstrate high levels of commitment. In France, for example, managerial status often emphasises objectives rather than hours worked. Koonce (1998) noted that organisations may expect employees to work approximately fifty hours per week if they wish to progress professionally.

Burwell and Chen (2002) further argued that work addiction is socially tolerated in many Western societies, as individuals displaying such behaviours are often rewarded through bonuses or promotions. This highlights the central role of work in contemporary social and economic systems.

These characteristics create a vicious cycle in which work becomes both a source of social validation and a means of avoiding negative emotions, ultimately turning into a psychological necessity for emotional regulation. In this regard, Oates' conceptualisation of work addiction as a serious threat to workers' health is particularly relevant. In clinical practice, many patients report difficulty identifying who they are outside their professional role. Their identity is largely constructed through work-related attributes such as being reliable, competent, or trustworthy, reflecting a distortion of the meaning of work itself (Castro, 2004).

Prevention and Management

Effective management of work addiction requires a multidisciplinary approach involving healthcare professionals, organizations, and policymakers. Early identification is crucial and should be integrated into routine clinical assessments, particularly in patients presenting with stress-related conditions.

At the individual level, psychological interventions such as cognitive-behavioral therapy have shown promise in addressing maladaptive thought patterns and behaviors. Mindfulness-based approaches can also help individuals develop greater awareness of their work habits and improve emotional regulation.

Workplace interventions are equally important. Organizations should implement policies that promote work-life balance, regulate working hours, and encourage regular rest periods. Leadership plays a key role in modeling healthy behaviors and creating supportive work environments.

From a public health perspective, broader strategies are needed to shift cultural attitudes toward work. Educational campaigns and policy initiatives can help reduce the stigma associated with limiting work engagement and promote healthier standards of success.

Discussion

The management of work addiction requires a comprehensive and, in my view, systemic approach involving interventions at multiple levels: individual, organisational, and societal.

Individual Level

At the individual level, psychological support and practical strategies can be offered to workers, such as mindfulness-based practices. These interventions enable employees to take intentional breaks and to consciously disengage from productivity demands. This helps reframe the perception of time, allowing individuals to experience non-productive time as meaningful rather than purely loss-oriented.

It is also recommended that individuals reinvest in non-work-related activities. Engaging in extracurricular and leisure activities allows for a better balance between professional overinvestment and personal life. In this sense, workers are encouraged to rediscover meaning in time spent outside of work, including social interaction and restorative activities that support psychological recovery.

Organisational Level

At the organisational level, employers play a crucial role in fostering healthy work environments by setting realistic and achievable goals within appropriate timeframes, while also promoting work-life balance. Organisations can provide access to support resources such as occupational psychologists and encourage open and healthy communication within the workplace.

In addition, companies may implement well-being initiatives such as yoga or meditation sessions during lunch breaks, financial support for extracurricular activities, subsidies for sustainable commuting (e.g., cycling), or the provision of rest and recovery spaces. These measures aim to reduce chronic stress and support employee well-being.

Societal Level

At the societal level, there is a clear need to raise awareness of work addiction among organisations, individuals, and healthcare professionals. While clinicians often identify symptoms of burnout, the underlying work addiction is less frequently diagnosed. Public awareness campaigns may contribute to shifting cultural norms and reducing the excessive valorisation of work.

Ultimately, such interventions aim to promote a healthier balance between the demands of the professional world and individuals' broader needs for fulfilment and identity. Individuals should not be reduced solely to their work roles, but recognised as whole persons with diverse psychological and social needs.

Conclusion

Work addiction is a complex reality in contemporary society, shaped by societal, environmental, and individual factors. Its consequences are profound and affect workers' health, relationships, and overall well-being in the short, medium, and long term.

Recognising this issue is fundamentally a matter of human concern. It is essential to develop effective prevention and intervention strategies that promote a sustainable balance between professional and personal life. The aim is to support individuals in achieving fulfilment and self-realisation beyond their role as workers.

Greater awareness should be encouraged, along with support for workers in establishing healthy boundaries, maintaining reasonable working hours, understanding the right to disconnect, and ensuring regulated break times. Employers, for example, can contribute by redefining performance criteria so that they are realistic, attainable, and objectively measurable.

As is often stated in clinical practice, individuals may have many different jobs throughout their lives, but only one health. It is therefore essential to protect it. Addressing work addiction is a key step toward improving workers' overall quality of life.

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Consent for Publication

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Availability of Data and Materials

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