SAOT
Society of Alberta Occupational Therapists

FINDINGS FROM THE SAOT MEMBERS' WORKPLACE PSYCHOLOGICAL HEALTH SURVEY - JULY 2015

WORK ADDICTION

In June 2015 141 SAOT members responded to the ***Occupational Therapy Workplace Psychological Health*** survey. This report is the third one in the series to share the findings of that survey with SAOT members. The previous two reports (1- *Burnout* and 2- *Work Engagement*) are available on the SAOT website (www.SAOT.ca)

-Summary-

What did we find?

Work addiction is defined as "being overly concerned about work, being driven by an uncontrolled work motivation, and spending so much energy and effort on work that it impairs private relationships, spare time activities and/or health " (Andressen et al 2012:265).

It seems that for the OTs who participated in the SAOT survey **higher scores on aspects of work addiction aligned with increased risk of burnout, and particularly feelings of depersonalization towards others** (such as clients and co-workers). Depersonalization risk was also higher in therapists who worked to reduce feelings of anxiety, guilt, helplessness and depression and who received advice to cut back at work but had not acted on the advice.

Therapists, who prioritized work over other activities, felt that work negatively affected their health, and had been told by others to cut back at work but did not act on the advice, were more likely to have 20+ years of experience. It is possible that these older therapists had more demanding policy and administrative positions where work-life balance is exceedingly challenging. Of course, this is only speculation and needs more detailed follow-up.

Overall, the likelihood of depersonalization of others seems to be tied to a number of features of work addiction as measured by the Bergen Work Addiction Scale (BWAS).

To-date little attention has been paid to work addiction, perhaps because many employers, and society in general, see workaholism as a positive trait that contributes valuable resource for which they do not provide compensation. Workaholism may also be interpreted by some as showing as engagement and motivation, and as such, is actually rewarded by employers. However, other research links work addiction neither to compulsive, rigid behavior, that is not necessarily productive nor of a high standard Matuska 2010). The compulsive aspects of workaholism can take a toll on co-workers and collaborative workplace relationships. Co-workers feel judged as being 'less productive' and resentment can build. Additionally, in a similar fashion to other addictive behaviours, relationships outside of the workplace and overall health and well-being suffer (Wijhe, Peeters, Schaufeli, 2011).

The Alberta OTs, and particularly those with between 10-<15 years of experience, frequently responded "often" or "always" to specific BWAS questions which may indicate that work activity dominated their thinking and actions (salience), that the amount of time spent at work to achieve a sense of accomplishment continued to increase as opposed to the more typical worker experience that over time (tolerance), and that increased familiarity of the work may result in decreased time demand. It was concerning to see that for many participants work made them feel better (mood modification) even though it caused problems in relationships outside of work (conflict).

"Take Home" message

It is important for employers and occupational therapists to recognize and explore the difference between **work engagement** and **work addiction**. Engaged workers feel restored by the jobs where as those who are work addicted feel frustrated and continually dissatisfied. Work addiction seems related to increased risk for depersonalization of others and neglecting activities that contribute to work-life balance and well-being overall.

Survey Details

Demographics: Participants were mostly women and about 50% had 15 year of experience or greater (see Table 1 for details).

Table 1: SAOT psychological health survey demographic
(n=141 began, 139 completed responses)

Participants	Female 95.7% (133)	Male 4.3% (6)					
Years of experience	1-11months 2.9% (4)	1-<5 yrs 22.9% (32)	5-<10 yrs 15.0% (21)	10-<15 yrs 10.7% (15)	15-<20yrs 13.6%(19)	20yrs+ 33.6%(47)	Student 1.4% (2)
Academic background (n=120)	Bachelors 58.3% (70)	Masters 40.8% (49)	PhD .9% (1)				
Area of work (n=120)	Community 62.5% (75)	PhysMed 46.7% (56)	Mental health 36.7% (44)	Academic 8.3% (10)	Admin/policy 7.5% (9)	NGO/dev 1.7% (2)	
Work setting (n=120)	Community 31.7% (38)	Acute care 20.0% (24)	Rehab facility 10.8% (13)	Private practice 9.2% (11)	School 9.2% (11)	Long-term/ residential 3.3% (8)	Other (various) 15.8% (19)
Age	20-30 yrs 22.9% (32)	31-40 yrs 23.6% (33)	41-50 yrs 29.3% (41)	51-60 yrs 17.1% (24)	61yrs+ 7.1% (10)		

Work Addiction

The 3rd and final series of questions in the survey were from the **Bergen Work Addiction Scale** (BWAS) (Andreassen et al 2012). Work addiction is defined as "being overly concerned about work, being driven by an uncontrolled work motivation, and spending so much energy and effort on work that it impairs private relationships, spare time activities and/or health " (Andressen et al 2012:265).

The BWAS was developed to align with the theory proposed by Griffins (2011) that workaholism is a form of addiction that shares six common core elements with other forms of addiction. These core elements are accompanied by a seventh element, characterized as 'problems' consequent to typical addiction related behaviours.

Core elements of work (and other) addiction:

1. Salience – the activity dominates thinking and behavior
2. Mood modification- the activity modifies/improves mood
3. Tolerance- increasing amounts of the activity are required to achieve the initial effects
4. Withdrawal – unpleasant feelings when the activity is discontinued or suddenly reduced

5. Conflict- the activity causes conflict in social relationships and non-work activities
6. Relapse- tendency to revert to former pattern of activity after abstinence
7. Problems – behavior results in health or other problem

Andreassen et al (2012) developed the BWAS to differentiate between workaholics and non-workaholics. The seven item scale is scored between *1= never and 5 = always.* Their psychometric testing indicates that **score of 4 or 5 on at least 4 of the 7 questions on the BWAS** indicated a risk of work addiction.

What did we find in the SAOT members' survey?

Table 2 shows the detailed findings and the frequency of "often" and "always" responses broken down by years of experience as an OT. There are several periods across the number of years of experience where risk of work addiction was higher. Specifically the periods 1-<5 years; 10-15 years; and 20 years+, showed spikes in scores indicating high risk of work addiction**. The spike in risk of work addiction was particularly high between 10-<15 years with a full 40% of respondents falling into the "at risk of workaholism" category.**

Table 2: Bergen Work Addiction Scale (BWAS) (Andreassen et al 2012)* **(N)**

How often in the last year have you…	Never	Rarely	Sometimes	Often	Always	Percent of respondents selecting *Often/Always*	Components of addiction
1. Thought of how to free up more time to work?	36.0% (50)	19.4% (27)	17.3% (24)	19.4% (27)	7.9% (11)	27.3%** (38)	**salience**
2. Spent more time working than initially intended?	5.8% (8)	12.9% (18)	23.7% (33)	38.1% (53)	19.4% (27)	57.5%** (80)	**tolerance**
3. Worked in order to reduce feelings of guilt, anxiety, helplessness or depression?	28.8% (40)	29.5% (41)	18.7% (26)	16.5% (23)	6.5% (9)	39.5%** (32)	**mood modification**
4. Been told by others to cut down on work without listening to them?	33.8% (47)	25.9% (36)	25.2% (35)	10.1% (14)	5.8% (8)	15.9% (22)	**relapse**

How often in the last year have you…	Never	Rarely	Sometimes	Often	Always	Percent of respondents selecting *Often/Always*	Components of addiction
5. Become stressed because you have been prohibited from working?	53.2% (74)	19.4% (27)	19.4% (27)	4.3% (6)	3.6% (5)	7.9% (11)	**withdrawal**
6. Deprioritized your hobbies, leisure activities, and exercise because of your work?	19.4% (27)	18.7% (26)	29.5% (41)	23.0% (32)	9.4% (13)	32.4%** (45)	**conflict**
7. Worked so much it had a negative influence on your health?	25.4% (35)	24.6% (34)	27.5% (38)	15.9% (22)	6.5% (9)	22.4% (31)	**problems**
Frequency of "4-Often" or "5-Always" response [= high risk of work addiction] / years as occupational therapist (n)	Student (n=3)	Less than 1 year (n=3)	1-<5 years (n=31)	5-<10 years (n=20)	10-<15 years (n=15)	15-<20 years (n=19)	20+ years (n=45)
0		**66.6%(2)**	**45.1% (14)**	**40.0%(8)**	**20.0%(3)**	**52.6%(10)**	**22.2%(10)**
1	**66.6%(2)**		**9.6%(3)**	**25.0%(5)**	**13.3%(2)**	**10.5%(2)**	**17.8%(8)**
2		**33.3%(1)**	**9.6%(3)**	**5.0%(1)**	**13.3%(2)**	**10.5%(2)**	**26.7%(12)**
3	**33.3%(1)**		**16.1%(5)**	**25.0%(5)**	**13.3%(2)**	**10.5%(2)**	**13.3%(6)**
4 ***			6.4% (2)		13.3%(2)	15.8%(3)	6.7%(3)
5 ***			3.2%(1)	5.0%(1)	6.7%(1)		4.4%(2)
6 ***			9.6%(3)		6.7%(1)		8.9%(4)
7 ***					13.3%(2)		

Total % with increased risk of work addiction/ years of experience	**0**	**0**	**19.3%**	**5.0%**	**40.0%**	**15.8%**	**20.0%**
Overall increased risk of work addiction across respondents at all levels of experience							**18.9%**

Notes: * some participants did not respond to all variables; **= > 25% of participants selected *Often* or *Always;* * selection of "often" or "always" for 4 or more variables indicates increased risk of work addiction**

Is there a relationship between components of Work Addiction (BWAS), components of Burnout (MBI), components of Engagement (UWES), age and experience?

We found **several statistically significant relationships** in the data (Table 3):

1. Participants who reported that they *never/rarely* thought of how to free up more time for work (BWAS-*Salience*) were significantly more likely to have **low *Emotional Exhaustion,* low *Depersonalization*** and **high *Personal Achievement*** (MBI) scores.

2. Participants who reported that they *never/rarely* deprioritized hobbies, leisure and exercise because of work (BWAS-*Conflict*) were significantly more likely to have **low *Emotional Exhaustion*** (MBI) scores. Participants who reported that they *often/always* deprioritized hobbies, leisure and exercise because of work (BWAS-Conflict) were significantly more likely to **have 20 years+ work experience** as an occupational therapist.

3. Participants who reported that they *often/always* worked so much that it had a negative effect on their health (BWAS-*Problem*) were significantly more likely to have **high *Emotional Exhaustion*** , **high *Depersonalization*** (MBI) scores and to have **20+ years of experience** as an occupational therapist.

4. Participants who reported that they *never/rarely* worked in order to reduce feelings of guilt, anxiety, helplessness or depression (BWAS-*Mood Modification*) were significantly more likely to have **low *Depersonalization*** (MBI) scores.

5. Participants who reported that they *often/always* were told by others to cut down on work without listening to them (BWAS-*Relapse*) were significantly more likely to have **high** Depersonalization (MBI) scores.

6. Participants who reported that they *often/always* thought of how to free up more time for work (BWAS-Salience) were significantly more likely to have **low *Vigour*** and **high *Dedication*** (UWES)

Table 3: Relationship between components of Work Addiction (BWAS), components of Burnout (MBI), components of Engagement (UWES), age and experience		
	Relationships	Statistical Significance
BWAS-Salience /	Maslach- Emotional Exhaustion	*<.000*
	Maslach- Depersonalization	*<.000*
	Maslach- Personal Achievement	*.007*
	UWES-Vigour	*<.000*
	UWES-Dedication	*<.000*
	Years of work experience	*.029*
BWAS-Mood Modification/	Maslach- Depersonalization	*.001*
	Maslach- Depersonalization x BWAS-Relapse	*.006*
BWAS-Conflict/	Maslach- Emotional Exhaustion	*.020*
	Years of work experience	*.008*
BWAS-Problems/	Maslach- Depersonalization	*.001*
	Maslach- Emotional Exhaustion	*<.000*

What does this mean?

The sample size was too small to draw definitive conclusions. However, it seems that for the OTs who participated in the SAOT survey **higher scores on aspects of work addiction aligned with increased risk of burnout, and particularly feelings of depersonalization towards others** (such as clients and co-workers). Depersonalization risk was also higher in therapists who worked to reduce feelings of anxiety, guilt, helplessness and depression and who received advice to cut back at work but had not acted on the advice.

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What next?

This is the last report on the findings of the SAOT survey of factors related to psychological health in the workplace carried out in June 2015. Burnout and Work Engagement were discussed in previous SAOT eBlasts and you can read those reports on the SAOT website (www.SAOT.ca).

The project team is continuing to work on the education and resource website "***Wellbeing in the Workplace: Reducing Occupational Therapists' Psychological Health and Safety Risks***". The findings presented here and others from the preliminary survey will help us focus on the most relevant and needed resources for individual OTs, managers, policy makers and other stakeholders.

If you would like to share your thoughts or stories about psychological health in the OT workplace please click on http://fluidsurveys.com/surveys/cary-R/ot-workplace-psychological-health-2/ for more information.

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key references:

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