Influence of Selected Demographic Variables on Work Addiction in Municipal Recreation and Parks Professionals

Christopher M. Nunes
Ashland University

INFLUENCE OF SELECTED DEMOGRAPHIC VARIABLES ON WORK ADDICTION IN MUNICIPAL RECREATION AND PARKS PROFESSIONALS

BY

DR. CHRISTOPHER M. NUNES, ASSISTANT PROFESSOR OF RECREATION ADMINISTRATION

ASHLAND UNIVERSITY
401 COLLEGE AVENUE
106 KATES GYM
ASHLAND, OHIO 44805

ABSTRACT

The primary purpose of this study was to assess the degree of work addiction in municipal recreation and park professionals and to identify demographic variables associated with work addiction. The demographic variables used in this study were: gender, work experience, education level and presence of children. There were no significant differences between any of the demographic variables.

The results indicate that the majority (51.8%) of municipal recreation and parks professionals scored in the non-work addicted category; however, 48.15 of the participants scored in either the mildly (34.1%) or highly (14%) work addicted category. The overall mean for this study was 56.15 which translates to the mildly work addicted category. Machlowitz (1980) estimates that only 5% of the general population is addicted to work.

INTRODUCTION

The notion of hard work and diligence has been present in the United States since the Puritans first landed in Massachusetts. "To- day, America loves a hard worker. The man or woman who works 18 hours a day and eats his or her meals on the run between appointments, is usually viewed with a combination of respect and awe" (51, p. 14). Although viewed with awe, it is uncertain if this person is addicted to work.

A hard worker is different from the person addicted to work. The person who works extra hours to complete a project or takes a second job to pay bills is not addicted to work. Machlowitz (36) stated that work addiction is not the number of hours at work, but the attitude toward work. Work addiction occurs when personal and/or family relationships and responsibilities are negated or ignored due to time spent at work (51). This addiction not only interferes with the balance of work and leisure, but also with the individual's identity, energy and thoughts. (48, 51).

In the existing literature, there is no widely accepted definition of work addiction. Over thirty years of research have failed to produce a definitive explanation of work addiction. To date, work addiction or workaholism does not appear in the psychiatric and psychological literature (44, 51). Oates (42) attempted to describe addiction to work in

terms of an addiction to alcohol. In his effort to relate the addiction to alcohol, he termed this addiction workaholism. The terms, work addiction and workaholism are used interchangeably in the literature (51).

More recently, Robinson (51) identified work addiction as "a compulsive disorder that manifests itself through self imposed demands; an inability to regulate work habits; and an overindulgence in work to the exclusion of most other important life activities" (p. 7). Other researches have described work addiction as: low levels of work enjoyment, high levels of work commitment, driven to work due to inner pressures, irrational commitment to work, obsession-compulsion, and high job satisfaction (40, 62, 66).

There are three behavior patterns that are associated with work addiction: compulsive dependency, perfectionism, and achievement-orientation (19, 62, 66). Obsessive-compulsives attempt to assert control over things that they cannot control. For these individuals the work is not important, but being absorbed by the work is meaningful (61). Perfectionist workaholics generally meet some criteria for being obsessive-compulsive. Perfectionists are only satisfied when they have done a job without any mistakes or blemishes. The motivation for the perfectionist is the fear of failure (6).

Achievement-oriented workaholics are defined by the desire for upward mobility, achievement motivation, and Type A personality (62). Upward mobility is characterized by the need for recognition, advancement, leadership, and money (40). Achievement motivation is identified by working towards long term goals and the willingness to put forth effort to obtain excellence (35). Finally, Type A personality is characterized by competitiveness, drive,

hostility, restlessness, and the incapacity to relax (44, 61).

There is little research exploring the relationship between demographic variables and work addiction. The absence of demographic information could be a result of the infancy of the subject matter in academic circles. The literature that does pertain to work addiction and demographic variables has been conducted on females. Dougherty (16) identified demographic variables that are consistent in female workaholics. She found that women who are highly educated, have a position in management or administration, come from a well-educated middle class family, and are the first or second born are most likely to demonstrate work addictive behavior patterns. Malnar (37) indicated that the less experience a female superintendent has the more likely she would be addicted to work.

WORK ADDICTION: AN OVERVIEW

An understanding of work addiction begins by defining the term, addiction. Schaef and Fassel (59) described an addiction as a substance or process in which a person has no control and a behavior that causes a person to lie. Addictions occur when an individual fails to give up the action, although having full knowledge that to do so will lead to a healthier life. Many addictions cause a psychological or physical dependence. Psychological dependence is the belief that the action is essential to daily life; while physical dependence occurs when the body develops a tolerance for the action. When this occurs a higher level of the action is required and withdrawal symptoms may develop (27).

Work addiction is often used to describe a person who works beyond the typical 40

hour work week. Machlowitz (36) claimed that a 50 hour week constitutes work addiction. Since work addiction is often misinterpreted as long work hours, it is hard to demonstrate the seriousness of the disorder. Work addiction fails to carry the social shame of alcoholism, eating disorder, or drug addiction (29, 49). In fact, work addiction has only been identified as a serious disorder since the 1980's (49). Although a serious disorder, it does not appear in the official psychiatric or psychological literature (44, 51).

From clinical case studies, Robinson (46) identified ten warning signs of work addiction: hurrying and staying busy, the need to be in control, perfectionism, difficulty with relationships, work binges, difficulty relaxing and having fun, brownouts, impatience and irritability, self inadequacy, and self-neglect. In addition, Robinson (46) identified the physical and behavior symptoms of this disorder. Physical symptoms include headaches, chest pain and high blood pressure; while the behavioral elements include temper outburst, difficulty relaxing and concentrating and mood swings.

Work addiction and workaholism are widely used terms in popular literature (3, 5, 14, 28, 31, 32, 57, 64, 67, 71, 74) although much is unknown about the disorder. In addition, many studies use work addiction as a finding in a study (30, 65, 78). This literature distorts the definition of work addiction and furthers the misconception.

Definition of Workaholism

In the existing literature, there is no widely accepted definition of work addiction or workaholism (49, 51, 62, 66). Authorities have the problem of balancing cognitive, affective, and behavioral elements of this behavior. To work long hours is not an addiction; while, the compulsive need to be at work may be a sign of addiction.

The earliest definition of work addiction was by Oates (42) in which he described his own work compulsions and their negative consequences. He referred to work addiction in the same context as alcoholism, i.e. the constant need to drink. This is how work addiction has become synonymous with workaholism. Workaholics are individuals who devote more time and thought to their work than they demand (36). For the alcoholic, the alcohol demands time, and for the workaholic, the work demands time.

A number of compulsive disorders and behaviors have been liked to work addiction. These behaviors include: excessive devotion to work, productivity or pleasure, inability to express emotions, perfectionism, lack of seeing the end, and indecisiveness (44). These behaviors manifest themselves in a person that spends a high level of energy working to the exclusion of non-work activities. The focus for the workaholic is the job, where one can devote all of one's time and energy (40).

This behavior can be viewed as a positive or negative. Machlowitz (36) indicated that some workaholics enjoy their lifestyle. These individuals have high levels of pleasure in their work, are creative, and businesses seek them because of their dedication and motivation (9, 36, 66). On the other hand, there are many negative attributes surrounding work addiction. Fassel (18) stated that workaholics are dishonest, self-centered, obsessive, perform poorly and tend to create conflict with fellow employees. These traits lead the individual to work harder to overcome feelings of inadequacy (11, 15). Often these individuals take little time off to divert their interest away from

work because of their inadequate feelings (51).

Spence and Robbins (66) described work addiction as a high commitment to work and developing a good deal of time to work. Scott, Moore, and Miceli (62) indicated that commitment to work does not correlate with working long hours. For some, 20 minutes past quitting time is lengthy. They view workaholism as stable behavior exhibited in multiple settings. Individuals who are addicted to work spend time at work, costing social and family relationships and leisure time to suffer. If an individual changes jobs, the addiction will be transferred to the next setting (51, 62).

Though many writer has attempted to describe work addiction, no one definition is universally accepted. The consensus among researchers is that the number of hours worked does not indicate an addiction. Work addiction is an attitude about work and how it affects physical health and personal, professional, and family relationships (32, 49, 62). Robinson (51), a leading authority on work addiction, uses many of these themes. He defined work addiction, as an "obsessive compulsive disorder that manifests itself through self imposed demands, the inability to regulate work habits, and an overindulgence in work to the exclusion of most other work activities" (p. 7).

Many of those who have attempted to define work addiction have classified the various types of workaholics (18, 42, 51, 66). The classification of work addiction can be very simple. Kiechel (28) described two types of work addiction; good and bad. Those who are "good" workaholics are ambitious, enthusiastic, and successful while, the "bad" alcoholics are obsessive, abrasive, and hurtful to the organization and themselves.

Robinson (51) identified five types of workaholics: relentless, bulimic, attention deficit, savoring, and careholic. The relentless workaholic shares many of the same traits as the compulsive worker (19) and the dyed in the wool workaholic (42). This individual works constantly and feels work is more important than social or family relationships.

A bulimic workaholic is similar to the work anorexic (18). The bulimic alternates between high levels of work and not working. When not working, they are procrastinating due to the fear of not being perfect (51). The attention deficit workaholic is constantly seeking stimulation by creating tight deadlines, juggling multiple projects, and taking on big challenges. For these individuals, the rush of work is the reason for the addiction (51).

The savoring workaholics are slow, deliberate and methodical which makes fellow employees view them as being indecisive. This workaholic makes to-do lists and gains a sense of accomplishment by crossing items off the list (51). Careholic workaholics have a compulsive need to be responsible. They are often found in the clergy where they ensure happiness of others. Schibstead (60) suggested that ministers or other religious figures separate themselves from the church and the functions of the church. This occurs when the minister realizes they are not the church but the minister of the church.

Oates (42) identified several types of workaholics. The converted workaholic sets limits on work hours, while the situational workaholic works for job security rather than a psychological need for work. Pseudo-workaholics are those who display the addiction to advance in the organization, and the escapist workaholic is avoiding an

unhappy home life. Many workaholics do not display any psychological addictions.

The classifications examined have many similarities and can be grouped into three categories. The entrenched workaholic possesses all of the behavior characteristics of an addicted individual, i.e., high levels of work initiation, competition, and broken social relationships (51). The individual who displays some of the symptoms of the addiction, but not the full range, can be referred to as a quasi-work addict. Quasi-work addicts are classified in the literature as savoring, bulimic, attention deficit (51) unengaged, relaxed and disenchanted (66) or converted, situational and escapist (41).

The final type of work addict is the charlatan workaholic. This individual copies the workaholic behavior to gain advancement or be in the good graces of higher management, i.e., pseudo workaholic (42).

Theories of Work Addiction

Two theories have been developed detailing the origin of work addiction. The first theory is based on the notion that work addiction occurs as a result of workaholics childhood family functioning (51). Schaef and Fassel (59) agreed with several elements of work addiction and family functioning, but they view the addiction as a manifestation of the organization.

Family Functioning

Literature related to work addiction and family functioning is anecdotal, although several researchers have examined this relationship (44, 51). Work addiction can often be traced to the individual's family and its rules and beliefs (49). These individuals have a history of having adult responsibilities, due to parental addictions, when they were children, i.e. caring for a baby, or paying bills (46). Killinger (29) suggested that work addiction manifests itself over a period of 5 to 20 years.

Robinson (51) listed several structural characteristics of the workaholic family. Circularity occurs when the workaholic works harder and longer while the family tries to curtail the addiction. The workaholic views the intervention as "nagging" and cites it as the reason for the addiction. Enabling behavior develops when family members assume household responsibilities to accommodate the workaholic's schedule. Family members who complain are viewed as ungrateful by those outside the family. Concealment occurs when the workaholic hides work. When they are forced to curb their work, they are present physically but not mentally at family and social events (51).

A high level of parental expectations is counterbalanced by the child trying to obtain impossible goals (51). This can result in rebelling, which can cause addictions, i.e. alcohol, drugs, work (22). Parentification occurs when a child, usually the oldest, assumes the responsibilities of the addicted parent. Responsibilities can include accommodating the workaholic spouse or increased chores. Finally, triangulation occurs when the workaholic spouse use children for emotional support. The ties between the spouse and child are strengthened, leaving out the workaholic, which causes resentment (51).

Several studies have been conducted that examine the relationship between work addiction and the family unit. Pietropinto (44) studied 400 medical personnel and found that 30% are addicted to work because of feelings of inferiority; 42% choose spouses

with dissimilar personalities; 86% are more demanding of achievement in their child; and 495 fill leisure time with work. The work addicted is so wrapped up in work that the child becomes resentful of the parents unavailability (47).

Robinson and Post (54) examined work addiction and family functioning. They used the Work Addiction Risk Test (51) to measure work addiction and the McMaster Family Assessment Device to measure sure family functioning. They examined a group of self-identified workaholics (N=107) who belonged to Workaholics Anonymous. Individuals who had a high level of work addiction perceived their families as having less effective problem-solving ability, inferior communication skills, less clearly established family roles, fewer affective responses, less affective involvement, and lower general family functioning (54). As family function broke down, the level of addiction increased (51).

Originating in the Organization

Schaef and Fassel (59) suggested that an organization can perpetuate an addiction. Within these organizations, corporations function as an addictive individual. These companies often deny, cover up and even reward the behavior (47). An addiction within an organization can take place when a key individual is addicted (17). The organization overlooks the addiction because the individual has power and control, and often the behavior is replicated by the organizational members (17, 59). Second, when an addiction is brought into an organization, the organization often manifests the behavior. Schaef and Fassel (59) suggested that a co-dependency may exist with this individual and fellow organization members. Organizational members come to the aid of

the addict in the form of protection and denial.

When the organization is the addictive substance, the organization is both the setting and substance of the addiction. The individual loses tough with family, social, and personal relationships. This often occurs when an individual is escaping an unhappy home life by being at work (18, 51, 59). Finally, organizational effectiveness is affected when the organization has an addiction. The organization can take on the same characteristics of an addicted individual. Often the organization will experience problems with communication because of the inability to work in a team or group setting. When this occurs crisis management is the rule because of the inability to communicate. The crisis creates a false sense of camaraderie, enabling the organization to feel good for a brief moment (18, 59).

Factors Related to Work Addiction

There are several identifiable factors related to work addiction such as perfectionism, obsession-compulsion, and achievement orientation. It is important to distinguish factors confused with work addiction such as job involvement, work involvement, and commitment to the organization. If these terms are grasped, work addiction can be easily defined and identified.

Behavior Patterns Associated with Work Addiction

Scott, Miceli, and Moore (62) indicated three behavior patterns associated with work addiction: obsession-compulsion, perfectionism, achievement orientation, Type A behavior, upward mobility, and achievement motivation. Each behavior has separate

physical and psychological elements. These constructs are not mutually exclusive; one or all behaviors maybe present, each with a different level.

Obsessive-Compulsive. In various definitions of work addiction there are references to an obsessive-compulsive personality (18, 62, 51, 66). This personality consist of both obsessive and compulsive behaviors. Kegan and Segal (27) defined an obsession as a thought or action consuming a person. An obsession can range from the constant fear a loved one is in harm's way to a need to perform work perfectly. These fears can product high levels of anxiety causing stress-related health problems such as coronary heart disease (39, 69). A compulsion is a repetitive behavior associated with an obsession, i.e. the relentless urge to repeatedly perform an action or behavior (69). Compulsions are largely voluntarily, but the individual makes an effort to resist during the earliest stages (70).

Naughton (40) categorized obsessive-compulsion as either a neurosis or personality orientation. As a neurosis, it is associated with a high level of control, difficulty in reaching closure, and living by routine. If considered as a personality orientation, the individual will experience role conflict and endorse a Protestant work ethic (12, 61). Schwartz (61) suggested these individuals perform at an acceptable level, but have difficulty in establishing effective workplace relationships. However, the qualities of being reliable and concerned with doing things the right way make this individual attractive to potential employers.

Scott, Moore, and Miceli (62) identified four problems with the obsessive-compulsive behavior in the work place. The obsessive-compulsive tends to experience higher levels of anxiety and higher levels of physical and psychological problems which can lead to exhaustion and cardiovascular complaints (25, 70). Second, they set unrealistic standards and are less likely to compromise. This inability to compromise makes this individual unable to work in a team setting or be creative (62).

The obsessive-compulsive often has a lower level of work and life satisfaction (62). For these individuals, the job is the focus of time and energy (40, 45). Finally, an obsessive-compulsive has a lower level of job performance (62). The low job performance is due to anxiety, high stress, and resistance to compromise with others (33).

People with a workaholic behavior pattern tend to display the same behaviors as obsessive-compulsives (62). These individuals work longer than originally planned, but have the ability to recognize their work as excessive. The obsessive-compulsive may have social or health problems and experience unpleasant withdrawal symptoms while away from work, similar to those of the workaholic.

Perfectionist. Ferguson and Rodway (21) defined perfectionism as an individual who demands higher quality then asked and whose standards are beyond reason. Personal worth is measured by productivity and accomplishment and is motivated by the fear of failure (21, 43). This individual has the tendency to miss the big picture and is intolerant of mistakes. Other characteristics include procrastination in getting work started, under-achievement, and an increased suicide risk (21, 43, 51).

Scott, Moore, and Miceli (62) stated that perfectionists need to operate in an environment of control. Control and the lack of it can cause low levels of productivity and job performance, while a high level of con-

trol is associated with high performance and satisfaction (24). Organizations who do not provide the opportunity for control will have higher rates of voluntary turnover (36).

The workaholic shares many of the same characteristics of the perfectionist, i.e. high scores on perfectionism scales (21, 62, 66). The perfectionist often has a Type A behavior personality and some symptoms of an obsessive-compulsive (62). Coping mechanism for perfectionism include vacations and relearning performance norms and expectations (77). A perfectionist must understand that mistakes are normal and expected, and are no reason to ridicule oneself (6).

Achievement-oriented. Achievement orientation is defined as having a desire for upward mobility, achievement motivation, and a Type A personality. These workaholics experience unhealthy behavior such as higher levels of stress, anger, and physical and psychological problems. The achievement oriented workaholic spends non working time on work activities, and works beyond employers and economic needs (62).

Type A behavior. Type A behavior pattern is characterized by competitiveness, time urgency, impatience, hostility and achievement striving (39, 76). Kagan and Segal (27) described Type A behavior as individuals who are hard driving and successful, have an high achievement motive, and believe they can overcome all obstacles. These individuals set unrealistic performance standards and failure may cause performance dissatisfaction (76).

Type A behavior and work addiction may overlap. An individual with Type A behavior or who is addicted to work has higher stress levels and physical and health problems (25, 47). Seybold and Salomone (65) stated that there is a correlation between Type A behavior and coronary heart disease, which leads to higher rates of high blood pressure and cancer. Secondary addictions associated with Type A behavior are alcoholic and food addictions (28). The main difference between perfectionism and work addiction is that the perfectionist has the ability to slow down (62). The workaholic continues to work despite warnings from loved ones and work colleagues.

Upward mobility. An upwardly mobile person is identified as an individual with a strong career identity, works long hours, stays and invests with the organization, and sacrifices non-work activities (23, 62). Those who are upwardly mobile have a need for advancement, recognition, dominance, leadership and money. Upwardly mobile individuals are able to delay gratification and wait for rewards (35).

The theoretical model of upward mobility has four factors: exceptional performance, reliable role performance, personal characteristics, and luck of favoritism. The person addicted to work uses his or her exceptional and reliable performance as a basis for an upward climb. At the same time, he or she may resent those individuals awarded higher positions based on luck and personal traits (4).

Achievement motivation. Achievement motivation is demonstrated when a person accomplishes difficult tasks, maintains high standards, and responds to competition (34, 38, 68, 76, 79). These individuals are distracted by failure and perceive themselves as far less competent than other organizational members (26, 58). This behavior is rooted in the family when parents reinforce achievement (38). Ward (76) stated that achievement motivation is a multi-dimensional concept described as an individual's competition with excellence and

achievement of goals. The seven dimensions of achievement motivation are work ethic, status aspiration, acquisitiveness, dominance, excellence, mastery and competitiveness. Individuals with a high level of achievement motivation are energetic performers who thrive on competition.

METHODOLOGY

The primary purpose of this study was to assess the degree of work addiction in selected municipal recreation and park professionals using the Work Addiction Risk Test (WART) (51). A secondary purpose was to identify demographic variables associated with work addiction in selected municipal recreation and park professionals using the WART. This chapter provides an overview of the study, describing the participants, setting, procedures, research design, and statistical analysis.

Full-time municipal recreation and parks professionals employed in the New England states (Connecticut, New Hampshire, Maine, Massachusetts, Vermont) were the participants for this study. Participants were selected from membership directories provided by the recreation and parks association from each state. The directories contain members from the various disciplines of recreational (commercial, community, environmental education, natural resources, therapeutic). From these lists, all non full-time municipal recreation and parks professionals were eliminated. Random sampling was not used because the population was 481 professionals. Each fill-time professional was invited to participate in this study.

Busser and Bannon (8) described the demographic characteristics of municipal recreation and parks professionals as follows: (a)

85% are male, (b) 50% are 40 years or older, (c) 90% have at least a baccalaureate degree, (d) 81% are married, and (e) 91% report a work week ranging from 40 to 60 hours per week. Although 815 of the professionals are married, no report about the number or age of the professionals' children was presented.

The Work Addiction Risk Test (WART) (51) consists of 25 test items that measure addictive working patterns with responses made on a Likert format. Respondents rated each statement as either 1- never true, 2- sometimes true, 3- often true, or 4- always true. The WART was scored as follows: (a) 25-55 indicated not addicted to work; (b) 56-66 indicated mildly addicted to work; and (c) 67 to 100 indicated highly addicted to work (51).

Several studies have examined the validity and reliability of the WART. Face validity was recorded by presenting participants with the five major symptoms of work addiction. Participants correctly identified each symptom between 40% and 96% (56). Significant correlations were found among scores of the various inventories and the WART: r=.40 for the State-Trait Anxiety Inventory; r= .37 Type A Self Report Inventory; with r's ranging from .20 to .50 for the four scales of the Jackson Activity Survey (47). Finally, content validity of the WART was assessed and the mean percentage score of correctly identified systems was 89.4% (52). The split-half reliability of the WART was examined. The Spearman-Brown split-half correlation coefficient was .85 (53). Test-retest reliability of the WART was examined and r= .85 (56).

A demographic questionnaire, designed by the researcher, was used to measure the demographic variables of gender, age, children, age of children, number of children in the home, years of professional experience,

and educational level. This questionnaire was pilot tested for content validity. The demographic questionnaire and list of hypotheses, were sent to five full time municipal recreation and parks professionals in the test area before the study began. The professionals examined the questions for clarity, succinctness, and content validity.

Since work addiction and workaholism are commonly misunderstood, these terms did not appear in any of the testing material. Instead, the participants were told that the questionnaire assessed personal attitudes about work.

RESULTS

Data were collected to determine the following: (1) the degree of work addiction in selected municipal recreation and park professionals using the Work Addiction Risk Test; (WART) (51) and (2) to identify demographic variables associated with work addiction in selected municipal recreation and park professionals

The results of the investigation are presented in three sections. The first section presents the descriptive data concerned with gender, education level attained, years of experience, age, children, and state of residence. Section two presents the results of the WART and the selected demographic variables, and the third section reports the data analysis for the five hypotheses of the study.

The sample consisted of municipal recreation and parks professionals from the states of Connecticut, Maine, Massachusetts, New Hampshire, and Vermont. The professionals were identified from their respective state recreation and parks association membership directories. Professionals were identified by those having the title of Assistant Commis-

sioner, Assistant Director, Assistant Superintendent, Director, Superintendent. A total of 481 questionnaires were sent and 326 were returned (67.75%). There were 68 questionnaires that were invalid due to: wrong address (2), position vacant (2), part time department (56) and, non-administrative position (8). Thus, 258 surveys were returned with the correct protocol for a response rate of 62.5%.

Male professionals represented 61.6% of the survey participants while female professionals accounted for 38.4%. Over the last 17 years the proportion of females has increased from 15% to over 38% (8). The participant ages ranged from a low of 22 years to a high of 73 years, and the mean age was 41.92 years. The age group with the largest percentage of participants was 40 to 49 (42.2%), followed by 30-39 (29.5%) and 50-59 (14.7%). Professionals who are over 40 years old represent 60.4% of the survey participants. Busser and Bannon (8) reported only 50% of their subjects as being 40 years old or older.

Overall 70.2% of participants had children while 29.8% did not have children, which is detailed in Table 5. Table 6 cites the number of children living with each participant. More often the participants lived with two children (46.9%) as compared with one child (36.6%), three children (13.1%), and four children (2.1%). These results are somewhat similar to the family size reported by the US Census. They reported 36.6% of families had one (1) child, 35.8% with two (2) children, 17.5% with three (3) children, and 5% with four (4) children (72). Children of participants ranged in age from "newborn" to 49 years old. The first child's mean age was 15.18, while the second, third, fourth, fifth, and sixth were 14.98, 16.5, 20.38, 15.2, and 23 years, respectively.

The highest level of education obtained was the Doctoral Degree (.8%). The majority of participants (95.3%) hold at least one college degree with a Bachelor's degree being the most common (63.2%), followed by a Master's degree (24.8%), and an Associate's degree (6.6%). Just 4.7% of the participants reported a high school degree as their highest level of education. A number of participants (7.8%) reported they were currently furthering their education. Busser and Bannon (8) reported that 90% of recreation and parks professionals reported having a baccalaureate degree, which is roughly the same as this research (88.8%).

The participants' experience ranged from 1 month to 54 years and 2 months with a mean of 14 years. The five year incremental group with the largest population was 0-4 years (21.7%) followed by 5-9 and 10-14 years (17.4), then 15-19 and 20-24 years of experience (14.3%). The 258 participants had a total of 1,113 years of full time municipal recreation and parks experience.

Males scored higher ($\underline{M=}$ 56.40) than females (M=55.75) and had a larger range of scores (54) than females (43). Please refer to Hypothesis 2 for the results of the One Way ANOVA. Those professionals with children scored higher (M=56.57) on the WART then those professionals without children (M=55.13). Professionals with children had a larger range of scores (54) then professionals without children (38).

Individuals who cite a high school degree as their highest level of educational attainment had the highest WART score ($\underline{M=}$ 59.17) followed by Ph.D./Ed.D. ($\underline{M=}$ 56.00), Master's ($\underline{M=}$ 57.80), Bachelor's ($\underline{M=}$ 55.15) and Associate's degree ($\underline{M=}$ 53.94). The highest individual score on the WART was reported by an individual holding a Master's Degree (88).

Individuals who have worked in the municipal recreation and parks field for 40 or more years have the highest mean WART score ($\underline{M=}$ 62.50) followed by individuals with 15 to 19 years ($\underline{M=}$ 58.49) and 5 to 9 ($\underline{M=}$ 56.91) years of experience. Those with the lowest WART scores have worked in the field 35 to 39 years ($\underline{M=}$ 53.25), zero to four years ($\underline{M=}$ 55.02) and 30-34 ($\underline{M=}$ 55.70) years of experience.

The results indicate that the majority (51.9%) of municipal recreation and parks professionals scored in the non-work addicted category, however 48.1% of the participants scored in either the mildly (34.1%) or highly (14.0%) work addicted category. The overall mean for the study was 56.15, which indicates that the

There are five sub-scales of the WART: Overdoing, Self-Worth, Perfectionism, Intimacy, and Mental Preoccupation. Overdoing is illustrated with questions such as "I seem to be in a hurry and racing against the clock" and "I find myself continuing to work after my coworkers have called it quits". Statements that concern Self-Worth are characterized with questions like "I feel guilty when I am not working on something" or "I am more interested in the final results of my work then the process". There are 11 questions that consist the Perfectionism Sub Scale. Examples of Perfectionism statements include "I prefer to do most things myself rather than ask for help" and "I get upset with myself for making even the smallest mistake".

Intimacy and Mental Preoccupation are the two smallest sub-scales, each with two questions. An example of the Intimacy Sub Scale is "I put more thought, time, and energy into my work than I do into my relationships with loved ones and friends" while mental preoccupation questions are repre-

sented by questions like" I ask the same questions over gain, without realizing it after I've already been given the answer once".

A mean sub scale of one (1) would indicate the question is never true, while a mean sub-scale of four (4) would indicate always true. The Overdoing sub-scale reported the highest mean score per question ($\underline{M}$= 2.74) followed by Self-Worth ($\underline{M}$= 2.34) and Mental Preoccupation ($\underline{M}$= 2.08). The lowest mean sub-scale score was Intimacy ($\underline{M}$= 1.87) followed by Perfectionism ($\underline{M}$= 2.07). Please refer to non-hypothesized findings for an examination of the sub scales of the WART and demographic variables.

The major municipal recreation and parks professionals had a higher mean WART score ($\underline{M}$= 56.40) than the females ($\underline{M}$= 55.75). A one-way analysis of variance (ANOVA) was used to determine whether WART scores differed by gender. It was found that the WART scores were not significantly different ($\underline{F}$[1, 256]=.292, $\underline{MSE}$= 89.55, p>.05). With an estimated power of .20 (beta= .75, Harmonic Mean = 125) it does not appear that gender is a predictor of work addiction.

The professionals with children had a higher mean WART score (M=56.59) than professionals without children ($\underline{M}$= 55.13). A one-way ANOVA was used to determine whether WART scores differed by having children. It was found that WART scores were not significantly different ($\underline{F}$[1, 256]= 1.28, $\underline{MSE}$= 89.21, p>.05). With an estimated power of .20 (beta=.75, Harmonic Mean=111.11) it does not appear that not having children is a predictor of work addiction.

A Pearson $\underline{r}$ was used to determine the correlation between years of municipal recreation and parks experience and WART score.

The correlation revealed that years of experience had little correlation with the WART scores ($\underline{r}$=.045, $\underline{p}$ > .05). If fact, as years of experience increased there was a slight increase in WART scores, although this increase was not significant.

The master's degree and doctoral degree groups were combined to form the advanced degree group, due to the low number of participants who held the doctoral degree (2). Municipal recreation and parks professionals with the highest WART score were those who had completed only high school ($\underline{M}$= 59.17) followed by the advanced degree group (M=57.74), bachelor's degree group (M=55.52), and associate's degree (M=53.94). A one-way ANOVA was used to determine whether WART scores differed by education level attainment. It was found that the WART scores were not significantly different,($\underline{F}$[3, 254]= 1.598, $\underline{MSE}$= 88.685 p>.05). With an estimated statistical power of .25 (beta= .75, Harmonic Mean= 24.54) it does not appear that education level attainment is a predictor of work addiction. Having children and WART scores ($\underline{p}$ > .05).

DISCUSSION

The first hypothesis stated that work addiction, as measured by the WART would be present in the selected municipal recreation and parks professionals. The second part of the hypothesis stated that the majority of the participants surveyed would score in the mildly or highly work-addicted range.

The first part of the hypothesis was proven correct. The overall mean WART score for this study was 56.15, which translates to mildly work addicted. In addition, 34.1% of the participants were in the mildly work addicted category, and 14% were in the highly

work addicted category. These findings are consistent with the works of Bruner (7), Malnar (37), Nagy (39), and Schibsted (60) who recorded work addiction in human service administration with qualitative studies. Spence and Robbins (66) investigated workaholism among social workers with academic positions, and found that 11.26% of their participants were workaholics. Doerfler and Kammer (15) used Machlowitz's (36) procedure to collect work addiction data on attorneys, physicians, and psychologists/therapists. They concluded that 23% of the subjects were workaholics. It should be noted that Machlowitz (36) estimated that only 5% of the general population is workaholic. Robinson and Post (54) in a study of work addiction and family functioning, used members of Workaholics Anonymous. This study used the Work Addiction Risk Test and the participants had a mean score of 70. These studies all investigated work addiction in professional positions that have a high level of education attainment, such as educational administration, academia, nursing administration, and not "blue-collar" or hourly workers or a cross section of a profession.

The second part of the first hypothesis stated that a majority of the participants would be classified as work addicted. This part of the hypothesis proved false- 48.1% of the participants suffered from work addiction not 50.01%. While this is not a majority, work addiction is prevalent in the municipal recreation and parks field to a point where nearly one professional out of two has unhealthy work attitudes. These attitudes have negative effects on the workaholics family such as transferring the behavior to their children (47, 54); extramarital affairs; and non work time becomes an extension of work (44).

Work addiction can also lead to common emotional problems of stress, depression and anxiety (18). These emotional problems may result in physical problems such as an increased risk of cardiovascular disease and cancer, and increase the likelihood of alcohol abuse and a rise in blood pressure and stress levels (18, 25, 65). When this addiction is recognized the emotional and familial health of the professional may be improved, potentially increasing the quality of service to their community.

The second hypothesis stated that women municipal recreation and parks professionals would exhibit higher levels of work addiction than their male counterparts. Results of this study suggest that male municipal recreation and parks professionals have a higher mean WART score ($\underline{M}$= 56.40) than the females ($\underline{M}$= 55.75). A one-way analysis of variance (ANOVA) was used to determine if the WART scores differed by gender, and no significant difference was found. These non-significant differences between gender and work addiction are consistent with those found by Doerfler and Kammer (15).

The lack of a significant difference could be a result of the diminishing gender difference in the workplace. As women expand into the work force and the municipal recreation and parks profession they may have changed their work attitudes from the traditional feminine sex role to a masculine or androgynous sex role in order to be successful (15). In addition, several studies have reported that women need to display the traditional male work attitudes in order to move up the career ladder and be successful (30, 75).

The third hypothesis stated that childless municipal recreation and parks professionals will exhibit higher levels of work addiction

compared to professionals with children. Results of this study differed from this hypothesis. The professionals with children had a higher mean WART score (M=56.59) than professionals without children (M= 55.13). A one way- ANOVA was used to determine whether WART scores differed by having children, and no significance difference was found. A number of studies suggest that professionals with work addiction lack marital sexual relations and do not want children due to time commitment and career concerns In this study, the professionals with children were in the mildly work addicted range and would contradict the above studies.

The differences between professionals with and without children concerning work is negligible. Those professional with children have a higher level of work addiction which may be due to the conflict between work and children. This conflict between work and the raising of children has been well documented in a number of studies ((15, 30, 37, 44, 73, 78)

The fourth hypothesis stated that the more experienced municipal recreation and parks professionals would exhibit lower levels of work addiction than professionals with less experience. A Pearson r was used to determine the correlation between years of municipal recreation and parks experience and WART scores. The correlation reveled that years of experience had little correlation with WART scores (r=.045, p > .05). In fact, as year of experience increased, there was a slight increase in WART scores, although this increase was not significant. The rationale behind this hypothesis was due to Malnar (37) who reported more experienced superintendents having lower levels of work addiction as compared with less experienced superintendents.

Results of the current study suggest that a professional may have differing levels of work addiction during their career. The varying levels of work addiction may follow changes in a professionals job or location change. Busser and Bannon (8) reported that the average time a municipal recreation and parks professional spends at one position is less the ten years, and the professional will change position or location twice during a career. The peaks of work addiction, years 5-9 (M= 56.91), 15-19 (M= 58.49), and 25-29 (M= 56.68), seem to indicate some correlation between changing jobs or locations and an increase in the level of work addiction.

The fifth hypothesis stated that professionals with higher levels of education will exhibit higher levels of work addiction as compared to professionals with lower levels of education. For this hypothesis, the master's degree and doctoral degree groups were combined, forming the advanced degree group, due to the low number of participants who held the doctoral degree (2). A one-way ANOVA was used to determine whether WART scores differed by education level attainment, and no significant difference was found. Again, the results of this study suggest that professionals will experience different levels of work addiction across the educational level spectrum. It should be noted that a number of studies used a sample with highly educated individuals (15, 16, 37, 44, 66).

Results of this study suggest that a professional will have differing levels of work addiction as their education level changes. Individuals with only a high school education have the highest level of work addiction (M= 59.17). This could be a result of those individuals having to "work harder" in order to function due to the lack of critical thinking skills and practical applications that

further education encourages or develops (41).

When the education level increases beyond the high school degree the level of work addiction also increases. Those who have an associates degree reported a WART (51) score of 53.94, compared to bachelor's degree 55.15, and advanced degree 57.80. It appears that as education is furthered a higher level of work addiction exists. As the level of education is increased further critical thinking skills and practical application are developed. By having these additional abilities, the professional may become entangled in the process. One of the hallmarks of a workaholics is being inefficient, i.e. get bogged down with details and trivial matters, i.e. savoring workaholics (51).

Non-Hypothesized Findings

It is interesting to note findings of this research that were not hypothesized. The WART has five sub-scales: Overdoing, Self-Worth, Perfectionism, Intimacy, and Mental Preoccupation. Results of the study indicate that professionals scored highest on the Overdoing Sub-Scale ($M=$ 2.74) and lowest on the Intimacy Sub-Scale ($M=$ 1.81). These scores are based on a 4 point Likert scale. From this study, it appears that the professionals do not have notable problems with intimacy. Robinson, (51) stated that one of the hallmarks of individuals with work addiction is the failure to maintain social and intimate relationships.

The demographic variables and the WART sub scales were also investigated. It should be noted that no reliability nor validity test have been conducted on the WART subscales. It was found that professionals with children had a higher self-worth sub-scale score ($M=$ 11.95) then professional without

children ($M=$ 11.21) A higher self worth sub-scale is interpreted as lower self worth. A one way ANOVA was used to determine whether the self worth sub-scale scores differed by having children. It was found that the self worth sub-scale scores were significantly different, ($F[1, 256]=$ 4.163, $MSE=$ 29.78, $p<.05$). Other relationships were examined and none were found to be significant.

Gender and WART sub scales was also investigated. It was found that males scored higher on the intimacy sub sale ($M=$ 3.77) and lower on the mental preoccupation's sub scale ($M=$ 4.06) then females ($M=$ 3.40) and ($M=$ 4.34) respectively. A one way ANOVA was used to determine whether the intimacy and mental preoccupation subscale scores differed by gender. It was found that intimacy sub scale scores were significantly different, ($F[1, 256]=$ 4.153, $MSE=$ 8.05, $p<.05$); and mental preoccupation scores were significantly different, ($F[1, 256]=$ 4.74, $MSE=$ 5.02, $p<.05$). Other relationships were examined and none were found to be significant. No significant differences were found between education levels or professional municipal recreation and parks experience and the WART SubScales.

An additional non-hypothesized finding was that of demographic variables. Busser and Bannon (8) noted the following demographic variables in their study on the work activities performed by municipal recreation and parks professionals: (a) 85% of professionals were male, (b) approximately 50% were 40 years or older, and (c) 90% had at least a baccalaureate degree. The results of this study indicated some differences with the Busser and Bannon (8) study: (a) 61.6% of the professional were male, (b) 60.4% were over 40 years old, and (c) 89.8% of the professionals held at least a bachelor's de-

gree. Overall, there is an increased presence of females in the recreation and parks professional as there is in most professions (VanDerveer, 23), and just as America is getting older, the age of the professionals is also increasing (8).

RECOMMENDATIONS

This study has revealed a number of areas which merit further examination. Given the results of this investigation it is recommended that:

1. Continuing research should be conducted on work addiction on municipal recreation and parks professionals. Robinson (51) has classified workaholics into five categories of workaholics (Relentless, Bulimic, Attention-Deficit, Savoring, and Careaholic). By researching the five type of workaholics it would enable professionals to identify how and why are addicted to work. Therefore, they could make changes that could benefit them personally and professionally.

2. Further research should be conducted on the Overdoing Sub-Scale of the WART. The participants in this study scored the highest on this sub-scale so further research should be conducted in this area. By researching the Overdoing Sub-Scale the professionals would be cognitive of their "over doing it" and thus have the ability to make changes to improve their professional and personal lives.

3. Further research should be conducted on work addiction and job effectiveness. This research could determine if the person addicted to work is detrimental to the organizational effectiveness.

4. A relatively high number of municipal recreation and parks professionals is classified as either mildly or highly work addicted. A qualitative study on work addiction should be undertaken so more demographic and psychographic variables could be examined.

5. The study examined professionals from the New England region. Other studies should be undertaken to examine possible regional differences. By studying different regions cultural variables may be determined or revealed.

6. The majority of professionals in this study worked at either one or two person municipal recreation and parks departments. Further research is needed to examine any differences between small and large municipal recreation and parks departments. Specific aspects of work addiction could be tied to support services that a large department may have versus the smaller department.

7. Further research should be conducted on the family structure of the municipal recreation and parks professionals. One of the hallmarks of work addiction is the deterioration of the family structure.

8. Many of the work addictive traits are associated with family of origin. Research to determine if work addictive behaviors are passed on by generation might prove beneficial.

REFERENCES

1. E. M. Adderholdt, Perfectionism and Under Achievement, <u>Gifted Child Today,</u> Vol. 12(1), pp. 19-21, 1989.

2. E. M. Adderholdt, A Comparison of the Stress Seeker and the Perfectionist, <u>Gifted Child Today,</u> Vol. 13(3), pp. 50-51, 1990.

3. A. Alpert, Burning the Candle at Both Ends, <u>Real Estate Today,</u> Vol. 27(5), pp. 61, 1994.

4. T. A. Beehr and T. D. Taber, Perceived Intra-organizational Mobility: Reliable Versus Exceptional Performance as a Means of Getting Ahead, <u>Journal of Organizational Behavior,</u> Vol. 14, pp. 579-594, 1993.

5. J. R. Bigus, Speaking Out, <u>Foreign Service Journal,</u> Vol. 73(10), pp. 5-8, 1996.

6. J. Brophy, <u>Working With Perfectionist Students</u> (Report No. EDO-PS-96-9), Urbana, Illinois: ERIC Clearinghouse on Education and Early Childhood Education, (ERIC Document Reproduction Service No. ED 400 124), 1996.

7. C. C. J. Brunner, By Power Defined: Women in the Superintendency, <u>Dissertation Abstracts International,</u> Vol. 54(9), p. 3274, 1994.

8. J. A. Busser and J. J. Bannon, Work Activities Performed by Management Personnel in Public Leisure Organizations, <u>Journal of Parks and Recreation Administration,</u> Vol. 2(3), pp. 1-16, 1982.

9. E. Cantarow, Women Workaholics, <u>Mother Jones,</u> Vol. 4(6), pp. 56-62, 1979.

10. N. Chaska, S. Eaton, C. Shaw, P. Bryant, A. Campbell, and D. Koening, <u>Balance in Work Approaches Among Nurse Managers,</u> Unpublished manuscript, Indiana University, Indianapolis, Indiana, 1992.

11. D. J. Cheerington, <u>Work Ethic,</u> AMACOM, American Management Association, New York, New York, 1980.

12. L. B. Chonko, Job Involvement as Obsession-compulsion: Some Preliminary Empirical Findings, <u>Psychological Reports,</u> Vol. 75, pp. 1191-1197, 1983.

13. R. E. Cole, Work and Leisure in Japan, <u>California Management Review,</u> Vol. 34(3), pp. 52-63, 1992.

14. L. de Rosario, Dropping in Harness, <u>Far Eastern Economic Review,</u> p. 30-31, 1991.

15. M. C. Doerfler and P. P. Kammer, Workaholism, Sex, and Sex Role Stereotyping Among Female Professionals, <u>Sex Roles,</u> Vol. 14(9/10), pp. 551-460, 1986.

16. S. E. Dougherty, Analysis of a Selected Number of Female Workaholics, <u>Dissertation Abstracts International</u>, Vol. 50(6), p.1642, 1989.

17. N. B. Epstein, L. W. Baldwin, and D. S. Bishop, The McMaster Family Assessment Device, <u>Journal of Marital and Family Therapy</u>, Vol. 9, pp. 171-180, 1983.

18. D. Fassel, <u>Working Ourselves to Death</u>, Harper and Row, San Francisco, California, 1990.

19. D. Fassel, The Addictive Organization, <u>Dissertation Abstracts International</u>, Vol. 49(01), p. 114, 1989.

20. D. Fassel and A. W. Schaef, The High Cost of Workaholism, <u>Business and Health</u>, Vol. 7(1), pp. 38-42, 1989.

21. K. L. Ferguson and M. R. Rodway, Cognitive Behavioral Treatment of Perfectionism: Initial Evaluation Studies, <u>Research on Social Work Practice</u>, Vol. 4(3), pp. 283-308, 1994.

22. B. Garson, <u>Work Addiction: Organizational Boom or Doom?</u>, Unpublished manuscript, 1990.

23. L. S. Green and E. C. Bentley, <u>Upward Mobility Determinants from Elementary Principalships</u>, (Report No. EA-019-777), Office of Educational Research and Improvement, Gatlinburg, Tennessee, (ERIC Document Reproduction Service No. ED 289 243), 1987.

24. D. B. Greenberger, S. Strasser, L. S. Cummings, and R. B. Dunham, The Impact of Personal Control on Performance and Satisfaction, <u>Organizational Behavior and Human Decision Processes</u>, Vol. 43, pp. 29-51, 1989.

25. D. L. Jackson, Correlates of Physical and Emotional Health Among Male and Female Workaholics, <u>Dissertation Abstracts International</u>, Vol. 53(10), p. 5446, 1992.

26. K. W. Jackson and D. J. Shaw, <u>Motivation Training in Perspective</u>, Goodyear Publishing, Pacific Palisades, California, 1976.

27. J. Kagan and J. Segal, <u>Psychology; An Introduction</u>, Harcourt Brance Jovanovich College Publishers, Austin, Texas, 1992.

28. W. Kiechel, The Workaholic Generation, <u>Fortune</u>, Vol. 116, pp. 50-62, 1989.

29. B. Killinger, Workaholics: <u>The Respectable Addicts</u>, Simon and Schuster, New York, New York, 1991.

30. S. H. Kim, Women Secondary School Administrators in the Republic of Korea: Factors Associated with the Success and Failure, <u>Dissertation Abstracts International</u>, Vol. 53(12), p. 4153, 1993.

31. R. P. Klaft and B. H. Kleiner, Understanding Workaholics, <u>Business,</u> Vol. 38(3), pp. 37-40, 1988.

32. B. H. Kleiner and G. Francis, Understanding Workaholism, <u>Business,</u> Vol. 37(1), pp. 52-54, 1987.

33. E. R. Korn, G. J. Pratt, and P. T. Lambrou, <u>Hyper-performance: The A.I.M. Strategy for Releasing Your Business Potential,</u> John Wiley and Sons, New York, New York, 1987.

34. J. Langan-Fox and S. Roth, Achievement Motivation and Female Entrepreneurs, <u>Journal of Occupational and Organizational Psychology,</u> Vol. 68, pp. 209-218, 1995.

35. M. London, Toward a Theory of Career Motivation, <u>Academy of Management Review,</u> Vol. 8, pp. 620-630, 1983.

36. M. Machlowitz, <u>Workaholics: Living With Them, Working With Them,</u> Addison-Wesley, Reading, Massachusetts, 1980.

37. K. A. Malnar, Personal and Professional Balance Among Female Superintendents in Michigan's Public Schools, <u>Dissertation Abstracts International,</u> Vol. 57(10), pp. 4210, 1996.

38. M. Maqsud and M. F. Coleman, The Role of Parental Interaction in Achievement Motivation, <u>Journal of Social Psychology,</u> Vol. 113(6), pp. 859-861, 1993.

39. S. Nagy, The Relationship of Type A and Type B Personalities, Workaholism, Perceptions of the School Climate, and Years of Teaching Experience to Burnout of Elementary and Junior High School Teachers in a Northwest Ohio School, <u>Dissertation Abstracts International,</u> Vol. 43(9), p. 2899, 1982.

40. T. J. Naughton, A Conceptual View of Workaholism and Implications for Career Counseling and Research, <u>Career Development Quarterly,</u> Vol. 35, pp. 180-187, 1987.

41. D. G. Nummedal, <u>Designing a Process to Assess Higher Order Thinking Skills in College Graduates,</u> (Report No. 0466-A-03), U.S. Department of Education, Office of Educational Research and Improvement, Washington, D.C., (ERIC Document Reproduction Service No. ED 1.310/2:340761), 1991.

42. W. Oates, <u>Confessions of a Workaholic: The Facts About Work Addiction,</u> World, New York, New York, 1971.

43. A. Pacht, Reflections of Perfection, <u>American Psychologist,</u> Vol. 39, pp. 386-390, 1982.

44. A Pietropinto, The Workaholic Spouse, <u>Medical Aspects of Human Sexuality,</u> Vol. 20, pp. 89-96, 1986.

45. R. W. Rice, M. R. Frone, and B. B. McFarlin, Work-Non Work Conflict and the Perceived Quality of Life, Journal of Organizational Behavior, Vol. 13, pp. 155-162, 1992.

46. B. E. Robinson, Work Addiction, Health Communications, Deerfield Beach, Florida, 1989.

47. B. E. Robinson, Concurrent Validity of the Work Addiction Risk Test as a Measure of Workaholism, Psychological Reports, Vol. 79(3), pp. 1313-1314, 1996.

48. B. E. Robinson, The Psychological and Familial Dimensions of Work Addiction: Preliminary Perspectives and Hypothesis, Journal of Counseling and Development, Vol. 74, pp. 447-452, 1996.

49. B. E. Robinson, Work Addiction: Implications for EAP (Employee Assistance Program) Counseling and Research, Employee Assistance Quarterly, Vol. 12(4), p. 1, 1997.

50. B. E. Robinson, Chained to the Desk: A Guide for Workaholics, Their Partners and Children, and the Clinicians Who Treat Them, NYU Press, New York, New York, 1998.

51. B. E. Robinson, The Workaholic Family: A Clinical Perspective, American Journal of Family Therapy, Vol. 26, pp. 65-75, 1998.

52. B. E. Robinson and B. Phillips, Measuring Workaholism: Content Validity of the Work Addicted Risk Test, Psychological Reports, Vol. 77(2), pp. 657-658, 1995.

53. B. E. Robinson and B. Phillips, Split-half Reliability of the Work addicted Risk Test: Development of a Measure of Workaholism, Psychological Reports, Vol. 76(3), pp. 1226, 1995.

54. B. E. Robinson and P. Post, Validity of the Work Addiction Risk Test, Perceptual and Motor Skills, Vol. 78(1), pp. 337-338, 1994.

55. B. E. Robinson and P. Post, Risk of Addiction to Work and Family Functioning, Psychological Reports, Vol. 81, pp. 91-95, 1997.

56. B. E. Robinson, P. Post, and J. F. Khakee, Test-retest Reliability of the Work Addiction Risk Test, Perceptual and Motor Skills, Vol. 74(3), p. 926, 1992.

57. R. Rohrer, Workaholics are Seldom Anonymous, Supervision, Vol. 54(6), p. 14, 1993.

58. C. Sansone, A Question of Competence: The Effects of Competence and Task Feedback on Intrinsic Interest, Journal of Personality and Social Psychology, Vol. 51, pp. 918-931, 1986.

59. A. W. Schaef and D. Fassel, The Addictive Organization, Harper and Row, San Francisco, California, 1988.

60. J. A. Schibsted, A Recovery Strategy for Workaholic Pastors, Dissertation Abstracts International, Vol. 55(8), p. 2435, 1994.

61. H. S. Schwartz, Job Involvement as Obsession-compulsion, <u>Academy of Management Review,</u> Vol. 7(3), pp. 429-432, 1982.

62. K. S. Scott, K. S. Moore, and M. P. Miceli, Exploration of the meaning and Consequences of Workaholism, <u>Human Relations,</u> Vol. 50(3), pp. 287-314, 1997.

63. D. Seligman, The Curse of Work, <u>Fortune,</u> Vol. 129, p. 133, 1994.

64. B. L. Sells, Workaholism, <u>American Bar Association Journal,</u> Vol. 70, pp. 70-72, 1993.

65. K. Seybold and P. R. Salomone, Understanding Workaholism: A Review of Causes and Counseling Approaches, <u>Journal of Counseling and Development,</u> Vol. 73, pp. 4-9, 1994.

66. J. T. Spence and A. S. Robbins, Workaholism: Definition Measurement, and Preliminary Results, <u>Journal of Personality Assessment,</u> Vol. 58(1), pp. 160-178, 1992.

67. G. Spruell, Work Fever, <u>Training and Development Journal,</u> Vol. 41(1), pp. 41-45, 1987.

68. R. M. Steers and L. Potter, <u>Need Theories of Motivation,</u> McGraw-Hill, New York, New York, 1983.

69. M. Strock, <u>Obsessive-compulsive Disorder: Decade of the Brain,</u> National Institute of Mental Health, Rockville, Maryland, 1997.

70. F. Taills, <u>Obsessive Compulsive Disorder: A Cognitive and Neuropsychological Perspective,</u> Wile, New York, New York, 1995.

71. D. Topolnicki, Workaholics: Are You One?, <u>Psychology Today,</u> Vol. 23, 25, 1989.

72. U.S. Census <u>Households by Type and Selected Characteristics.</u> Available: <u>www.census.gov/population/socdemo/hh-fam/98appla.txt,</u> 1998.

73. B. J. VanDerveer, Management Behaviors of Women Directors in Leisure Service Agencies in the United States, <u>Abstracts from the Symposium on Leisure Research,</u> p. 62, 1992.

74. G. Vaughn, Workaholism, <u>AORN (American Operating Room Nurses) Journal,</u> Vol. 56(5), pp. 873-877, 1992.

75. A Vierra and S. Vogel, Childlessness and Workloads of University Faculty Women, Manuscript submitted for publication, 1982.

76. C. H. Ward and R. M.Eisler, Type A Behavior, Achievement Striving, and a Dysfunctional Self Evaluation System, <u>Journal of Personality and Social Psychology,</u> Vol. 53(2), pp. 318-326, 1987.

77. C. Warnemuende, Stress/burnout: Are You Handling it Effectively?, <u>Montessori Life,</u> Vol. 8(4), pp. 18-19, 1996.

78. R. I. H. Williams, Women Superintendents and Their Work, <u>Dissertation Abstracts International,</u> Vol. 22(1), p. 40, 1983.

79. J. Zhou, Feedback Valence, Feedback Style, Task Autonomy, and Achievement Orientation: Interactive Effects on Creative Performance, <u>Journal of Applied Psychology,</u> Vol. 83(2), pp. 261-276, 1998.