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WORKAHOLISM, BURNOUT AND MENTAL WELL-BEING: A COMPARATIVE STUDY AMONG PROFESSIONALS FROM MENTAL HEALTH AND NON-MENTAL HEALTH BACKGROUND

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Abstract

The current study aimed to investigate and compare the level of workaholism, burnout, and mental well-being among working professionals from mental health and non-mental health backgrounds. In this study, 80 working professionals participated. Random, stratified, and snowball sampling were the techniques used for the samples. The age range of the participants was 18 to 59. The sample consists of professionals from mental health and non-mental health backgrounds. The findings indicate that mental health professionals had greater rates of workaholism and burnout than their non-mental health counterparts, as well as worse levels of mental well-being. Overall, the study emphasises the complexities of the factors that influence work-related well-being, as well as the importance of personalised interventions to encourage healthy work practices.

Keywords*: Workaholism, Burnout, Mental well-being, Mental Health*

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Introduction

Workaholism

The word "workaholic" was established 27 years ago to describe those who have an insatiable need to work forever to disrupt health, happiness, and relationships (Oates, 1971). Work plays a major role in every adult's life as it allows them to make a living and grow as individuals. It promotes learning, fosters connections, and offers a feeling of purpose, dignity, and self-worth as well as a sense of well-being. Employees are motivated by both internal and external factors. However, some fail to set boundaries and become workaholics without realizing it (Andreassen et al., 2014).

Workaholics are those who devote excessive time to work. This indicates that they have insufficient time to recover from their excessive efforts abandoning them emotionally or mentally tired with time. Work addiction is driven by a strong internal motivation rather than external circumstances like financial issues, failing marriage, organizational culture, supervisory pressure, or a desire for professional progress. Workaholism has been linked to increased work-life conflict, family hardship, and life unhappiness (Piotrowski & Vodanovich, 2006).

Burnout

Burnout is a "progressive emotional depletion and lack of motivation among individuals who initially worked with devotion and enthusiasm" (Bakker et al., 2009). Excessive work or workaholism can result in burnout, which includes tiredness, cynicism, and inefficiency (Cheung et al., 2018). This event implies a deterioration in values, dignity, spirit, and will. According to the World Health Organization, burnout is considered an occupational problem caused by prolonged occupational stress that has not been effectively controlled. Work-related stress develops gradually in healthy persons due to expectations not aligning with

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reality. Burnout is a result of prolonged emotional and interpersonal pressures at work, impacting how individuals respond to tasks, organizations, co-workers, clients, and themselves. Burnout, characterized by unpleasant but non-threatening symptoms, can be useful and indicate life concerns (Balducci et al., 2018). Burnout has three levels: physical, mental, and emotional. Burnout affects not just the individual but also others around them (Cole et al., 2012).

Mental well-being

Mental well-being is the condition of an individual's psychological and emotional health, which includes many facets of their total mental state and functioning. It entails having pleasant emotions, remaining resilient in the face of hardship, and cultivating healthy relationships and social ties. Mental well-being is more than just the absence of mental disease; it represents a person's capacity to cope with stress, adapt to change, and live a full life. It includes emotions of fulfilment and purpose, as well as self-esteem and inner calm. Mental well-being is the ability to traverse life's ups and downs with emotional fortitude and adaptation. It requires the capacity to deal well with stress, hardship, and failures while preserving perspective and optimism. Strong, supportive relationships and social ties are essential for mental well-being. It entails the ability to form and sustain meaningful connections with people, instilling a sense of belonging, connection, and support.

Review of Literature

Relationship between Workaholism and Burnout

According to Schaufeli et al. (2011) rewarding employees might lead to workaholism Research indicates that personnel in higher positions, comparable to workaholism, are more likely to experience burnout than those in lower positions (Bandelj, 2023). In another study it was discovered that males and older employees having greater levels of education tend to be

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more burnt out (Gorji, 2011). In a study by Dias and Angélico (2018) it was analysed empirical data to identify the frequency and correlates linked to burnout syndrome. Amigo et al. (2014) reported similar results in their investigation.

Burnout and its Effects

Burnout is indicated by gradual emotional exhaustion and lack of enthusiasm in those who initially worked with commitment and passion (Bakker et al., 2009). Burnout is characterised by a decline within values, respect, spirit, and will. It was initially studied in terms of relationships at work, feelings as well as values, it has since included clinical perspectives on symptoms, mental health issues, and social factors related to relationships between people and Situational circumstances (Cheung et al., 2018).

According to Kaiser et al. (2021) job demands are the strongest predictors of burnout, as shown by multiple regression analysis. Burnout is a psychiatric illness characterised by emotional weariness, diminished efficiency, and depersonalisation (Halbeslen & Buckley, 2004). According to researchers, burnout, a bad work-related mood, develops gradually in healthy persons due to expectations not matching reality (Moczydłowska, 2016).

Subjective well-being and Workaholism

Subjective well-being is an “evaluation of living situations that involves cognitive judgements of life satisfaction and the frequency of positive and negative feelings” (Dieneret al., 1999). Employees with low work-related well-being are dissatisfied with their jobs, experience pleasant feelings seldom, and experience negative emotions regularly (Bakker & Oerlemans, 2011). This condition can be influenced by workaholism, which is an addictive behaviour with a variety of harmful repercussions (Bakker et al., 2008). Furthermore, individuals have persistent and frequent thoughts about work regardless of whether they are

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not working (Taris et al., 2005), that can cause sympathetic arousal and feelings of unease. Workaholics' overwhelming desire to work gives little opportunity for leisure and recuperation from work, allowing for the building of a large amount of stress (Sonnentag & Zijlstra, 2006). Unsurprisingly, workaholism has primarily related to poor human consequences such as increased work-family conflict (Aziz & Cunningham, 2008), poor job satisfaction (Del Libano et al., 2012), and poor life satisfaction as well (Bonebright et al., 2000). According to Ogungbamila (2013), those who have unfavourable feelings about their work are more inclined to behave badly.

Methodology

Aim

The study aims to explore the relationship between workaholism, burnout, and mental well-being varied across professionals, particularly focusing on the contrast between Mental health professionals and non-mental health professionals.

Variables of the Study

- **Independent Variable**

  ***Professional Background*:** It refers to the individual's background, experience, and skill in a specific occupation or field.

- **Dependent Variables**

  ***Workaholism*:** Workaholism, defined as an excessive and obsessive need to work, has grown in popularity across a wide range of sectors.

  ***Burnout*:** Burnout is a psychiatric condition characterised by feeling of emotional weariness, depersonalisation, and decreased personal accomplishment caused by continuous working stress.

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***Mental Well-Being*:** It relates to mental wellness, resilience, and a good attitude towards life. It entails the ability to handle stress, sustain rewarding relationships, and participate in meaningful activities.

Research Objectives

- To compare workaholism levels among mental health professionals and individuals from non-mental health backgrounds.
- To compare burnout levels among mental health practitioners and individuals having non-mental health backgrounds.
- To evaluate and compare the level of mental well-being of mental health professionals compared to individuals from non-mental health backgrounds.

Hypothesis

- Non - Mental health professionals will show higher levels of mental well-being compared to mental health professionals.
- Mental Health Professionals will show higher level of burnout in comparison of non-mental health Professionals.
- Mental health professionals will show a greater degree of Workaholism as compared to professionals from non-mental health professionals.

Participants of the Study

In the study, 80 working professionals participated. Random, stratified, and snowball sampling were the techniques used for the samples. The age range of the participants was 18 to 59.

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Data Collection Instrument

The "Maslach Burnout Inventory, Bergen Work Addiction Scale, and Warwick-Edinburgh Mental Well-being Scale" were the three instruments used for data collection.

- ***Bergen Work Addiction Scale***

A 7-item instrument called Bergen Work Addiction Scale (BWAS) is used to measure aspects of work habits or behaviour related to work addiction. It was developed by a clinical psychology Professor from the University of Bergen in Norway named Cecilie Schou Andreassen. It is seven items came each of them are rated on a five-point Likert scale which ranges from 1(Never) to 5 (always). The total score will range from 7 to 35. Higher total scores suggest a greater likelihood of job addiction or harmful work behaviours.

Reliability and Validity: The criterion α coefficient and ICC for the tool were 0.837 and 0.905, respectively. Hence, we can say that this scale has a high reliability and adequate validity.

- ***Maslach Burnout Inventory***

The Maslach Burnout Inventory (MBI) is a popular self-report questionnaire used to assess burnout, a psychiatric illness defined by emotional weariness, depersonalisation (cynicism), and decreased personal success at work. Christina Maslach and Susan E. Jackson, psychologists, created the MBI in the 1970s. There are a total of 22 items distributed in three subscales: Emotional exhaustion, depersonalisation, and personal accomplishment.

Reliability and Validity: Schwab reported Cronbach alpha scores of 0.90 for emotional weariness, 0.76 for depersonalisation, and 0.76 for personal accomplishment.

- ***The Warwick Edinburgh Mental Well-Being Scale***

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a self-report instrument used to measure mental well-being, with an emphasis on positive elements of mental health rather than psychopathology. Researchers from the University of Warwick along

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with the University of Edinburgh collaborated on its development. The WEMWBS comprises 14 items, each of which assesses a distinct element of mental health, which includes positive affect, life satisfaction, and function. Respondents use a five-point Likert scale to score each item based on their experiences in the previous two weeks, which ranges from "None of the time" to "All of the time."

Reliability and Validity: Cronbach's alpha coefficients for the WEMWBS are commonly reported to be high, frequently exceeding 0.80. This implies that the items have a high level of internal consistency, implying that the scale evaluates mental health accurately.

Statistical Analysis

The research employed SPSS software for data analysis. T test and Pearson correlation analysis were utilized for validation, and descriptive statistics tests were employed to explore the hypothesis. This paper will use descriptive statistics and t-tests determine if there are any significant differences in workaholism, burnout, as well as mental well-being among mental health and non-mental health professionals. These analyses will improve the validity and consistency of the findings, revealing important information for the purpose of this study.

Data Collection Procedure

For this study, 3 standardized questionnaires were carefully selected. These instruments were chosen to comprehensively assess various aspects relevant to the study's objectives. Participants were provided with these questionnaires, and a detailed explanation of the study's aims was sent to participants. A comprehensive discussion of the questionnaires and study procedures was scheduled to occur over a ten-minute session.

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Results

The chapter of the study aims to compare workaholism, burnout, and mental well-being among professionals from mental health and non-mental health backgrounds is to determine if there are statistically significant differences between the two groups in terms of these variables. This paper will use Descriptive statistics and t-tests to gain an in-depth comprehension of the relationships between variables to determine if there are any significant differences in workaholism, burnout, and mental well-being among mental health and non-mental health professionals. These analyses will improve the validity and consistency of the findings, revealing important information for this study.

Table 1

Descriptive statistics for all variables

	Workaholism	**Mental - Well-being**	**Burnout**
Mean	**24.2**	**34.03**	**66.08**
Standard Deviation	**4.27**	**11.07**	**10.52**
N	**80**	**80**	**80**

Table 2

T- test of Bergen Work Addiction

Group statistics

	N	**Mean**	**Standard Deviation**	**Standard Error Mean**
Non- Mental Health Professionals	**40**	**22.225**	**4.2092**	**.6655**
Mental Health Professionals	**40**	**26.175**	**3.3580**	**.5309**

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Table 3

T test for Determining Significant differences in the level of burnout

Group statistics

	N	Mean	Standard Deviation	Standard Error Mean
Non- Mental Health Professionals	**40**	**62.100**	**12.4196**	**1.9637**
Mental Health Professionals	**40**	**70.075**	**6.1117**	**.9663**

Table 4

T test for Determining Significant differences in the level of Mental Well Being

Group statistics

	N	Mean	Standard Deviation	Standard Error Mean
Non- Mental Health Professionals	**40**	**40.325**	**10.6130**	**1.6781**
Mental Health Professionals	**40**	**27.750**	**7.4032**	**1.1706**

Discussion

The results indicate that mental health professionals exhibit higher levels of workaholism, and burnout compared to their counterparts from non-mental health backgrounds. This aligns with prior research suggesting that professionals in high-pressure roles, such as those in the mental health sector, are more susceptible to burnout due to the emotional demands and workload associated with their work (Schaufeli et al., 2018; Dias & Angélico, 2020). The findings underscore the need for targeted interventions aimed at addressing workaholism and preventing burnout among mental health professionals, such as implementing stress management programs and promoting work-life balance initiatives.

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As expected, non-mental health workers reported better levels of mental well-being than their mental health colleagues. This conclusion is consistent with prior studies demonstrating the influence of occupational pressures on mental well-being, with professionals in high-stress situations reporting lower levels of subjective well-being (Bakker & Oerlemans, 2011).

Interventions aimed at creating resilience, offering social support, and encouraging self-care behaviours may benefit mental health practitioners' mental health. Workaholism's negative consequences on subjective well-being, such as higher stress, poor sleep quality, and worse job and life satisfaction, are consistent with earlier studies (Taris et al., 2005; Aziz & Cunningham, 2008).

The study's findings support prior research, which found that occupational demands, long-term stress, and interpersonal issues all lead to burnout (Balducci et al., 2010). The more demanding nature of their employment, as well as the emotional toll of working in the mental health field, may explain why mental health workers experience greater degrees of burnout.

Conclusion

Maintaining a careful balance between work commitments and personal well-being is critical in the professional world. This study investigated the complex dynamics of workaholism, burnout, and mental well-being among professionals from both mental health and non-mental health fields. Through careful research utilising t-tests and descriptive statistics, we discovered intriguing findings that shed light on the problems and intricacies of these fields.

First, our data revealed a significant disparity in mental well-being levels between mental health practitioners and their non-mental health counterparts. Non-mental health professionals reported much greater levels of mental well-being than mental health

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professionals. This gap highlights the urgent need for specific support structures and treatments in the mental health field to protect the well-being of professionals devoted to helping others with their mental health.

Furthermore, our findings demonstrated that mental health practitioners are more likely to be workaholics than professionals from non-mental health backgrounds. This research provides insight on the complicated interplay between work addiction and the nature of professional responsibilities, implying that the passion and dedication that motivates mental health professionals may occasionally emerge as excessive work engagement, potentially harming their well-being.

Furthermore, this comparative study emphasises the complex character of workaholism, burnout, and mental well-being among mental health and non-mental health practitioners. It emphasises the importance of customised treatments and support techniques designed to address the unique issues that mental health practitioners encounter.

Limitations of the study

Employing self-reported measures in research can introduce biases like social desirability or recollection bias, potentially leading individuals to either underreport or overreport their experiences with menstruation discomfort and overall health, thus impacting data accuracy. Furthermore, while standardized scales such as the Bergen Work Addiction Scale, Maslach Burnout Inventory, and Warwick-Edinburgh Mental Well-being Scale are commonly used, they may not fully capture the complexity of workaholism, burnout, and mental well-being, suggesting the need for alternative measures or qualitative methods for a more comprehensive understanding.

Moreover, the sample characteristics of the study, potentially unrepresentative of the broader population of professionals in mental health and non-mental health

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sectors due to convenience sampling methods and a limited sample size, could introduce selection bias and restrict the generalizability of findings.

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