



The Impact of Workaholism on Employees' Wellbeing: An Investigation in a Non-Western Economy

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Abstract: Amid the aftermath of the 'Great Resignation' following COVID-19, employees increasingly demand improved work-life balance due to the challenges posed by modern workplaces. This study first examines the impact of workaholism on work-family inter-role conflicts. Second, it explores how work-family inter-role conflicts affect the physical and psychological health of workaholics. Third, the study assesses the impact of ill health on workaholics' job and life satisfaction. Out of 350 distributed questionnaires, 242 Pakistani employees working in the manufacturing and service sectors completed the survey. As hypothesized, workaholism is positively associated with work-family inter-role conflicts and significantly harms the health of workaholics. This diminished wellbeing leads to reduced job satisfaction and decreased life satisfaction. The study provides implications for HR managers and policymakers in Pakistan, highlighting workaholism's pervasive influence on employee wellbeing. Specifically, the results demonstrate the role of work-family inter-role conflicts in exacerbating ill health, urging organizations to prioritize work-life balance to improve workforce wellbeing and productivity.

Keywords: Workaholism, wellbeing, ill health, job satisfaction, life satisfaction, inter-role conflict, work-family conflict.

JEL Classification: I31, J81, J83.

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1. Introduction

In today's competitive landscape, rapid advancements in business technology, global market dynamics, and a shift toward task-oriented employment structures have significantly transformed the labor market (Herbert et al., 2020; Molino et al., 2019). As a result of these evolving work paradigms, individuals are increasingly driven by an intrinsic desire to excel in their careers and achieve success in life. Work has evolved beyond its traditional role, now serving as a source of income, a component of personal identity, and a pathway to a purposeful life. However, amid the many benefits of work, a troubling issue has emerged: workaholism (Chan, 2023; Daniel, 2019; Schaufeli et al., 2008a).

Workaholism is characterized by an excessive preoccupation with work, marked by strong determination and motivation to engage in work-related activities (Andreassen et al., 2014; Molino et al., 2019). The rise of computer-based work environments and the constant connectivity provided by the internet have further blurred the boundaries between personal life and work, especially for workaholics (Molino et al., 2019; Van Beek et al., 2012).

While existing studies have explored the effects of modern work environments and the erosion of work-life boundaries (Herbert et al., 2020; Molino et al., 2019; Van Beek et al., 2012), a comprehensive understanding of workaholism and its effects is still needed. Although monetary incentives and personal ambitions have been identified as motivating factors for work (Chan, 2023), there is a lack of research addressing the drivers that either exacerbate or mitigate workaholism—a critical concern in today's workforce. Previous research has highlighted the negative impact of workaholism on individuals' wellbeing (Schaufeli et al., 2008a), but further investigation is necessary to fully understand the psychological and health implications, including stress and burnout, associated with workaholism in the context of evolving work dynamics.

Moreover, as the emphasis on work-life balance strategies grows (Derks & Bakker, 2010), it is crucial to examine the strategies that organizations and employees utilize to achieve and maintain this balance, particularly in preventing workaholism. Current research has

predominantly focused on Western contexts, highlighting the need to explore how cultural and regional differences may affect the prevalence and consequences of workaholism in varied settings, such as Pakistan. Addressing these research gaps presents valuable opportunities for further investigation, potentially illuminating the intricate relationship between modern work environments, wellbeing, and workaholism.

To address existing research gaps, the current study investigates the intricate relationship between modern work environments, wellbeing, and workaholism. Modern computer-based work settings, monetary incentives, personal ambitions, work-life balance strategies, and cultural differences can affect employees' vulnerability to workaholism and result in psychological and physical health consequences amid changing work dynamics. The primary objective is to thoroughly examine the influence of workaholism on work-family inter-role conflicts and explore how work-family inter-role conflicts affect the physical and psychological health of workaholics. Additionally, this study also assesses the impact of ill health on workaholics' job and life satisfaction.

The research questions guiding this study are: (i) Does workaholism exist in Pakistan, and if so, what is the extent among working professionals? (ii) Does workaholism contribute to inter-role work-family conflict, preventing workaholics from maintaining a balance between their work and family lives? (iii) Is there a significant connection between work-family conflict and negative health outcomes that affect the wellbeing of workaholics? (iv) How satisfied are workaholics with their jobs, and to what extent are they content and happy in their lives? This study enhances the existing literature by employing a structural equation model (SEM) to investigate workaholism in the context of a developing economy like Pakistan, allowing for a comprehensive analysis of this phenomenon and the testing of complex hypotheses.

We acknowledge that workaholism, marked by an excessive and compulsive work tendency, often results in work-life conflicts, as employees find it challenging to balance their professional and personal roles. This struggle can adversely affect their physical and psychological wellbeing and may lead to health issues (Khatri & Shukla, 2024). Compromised overall health can subsequently diminish life satisfaction and decrease job performance among workaholics, ultimately impacting their job satisfaction (Gillet et al., 2021).

This research is structured into several sections. Section 2 reviews the literature and formulates the hypotheses. Section 3 outlines the research design, questionnaire, and data collection methods. Section 4 presents the study's results. Section 5 discusses the findings and managerial implications, while Section 6 addresses the limitations and suggests directions for future research.

2. Theoretical Background and Hypotheses Development

2.1. The Theory of Human Capital

Human capital theory posits that employees have access to a limited set of resources, which they allocate to various behaviors and energies—both psychological and physical—over time (Becker, 1991, 1993). This theory is closely related to the concept of workaholism (Tan et al., 2023). It further suggests that employees categorize their activities into broad spheres such as family, leisure, and work, allowing them to decide how to distribute their resources among these areas (Becker, 1991, 1993; Noam, 2019). Typically, workaholics devote a significant amount of time to work, often at the expense of non-work activities. Since energy and time are finite resources, the time and energy spent on work cannot be allocated to other aspects of life, such as relationships with family and friends (Schaufeli et al., 2009a). This can lead to work-home conflict and may result in the fragmentation of human capital. The psychological and physical stress associated with workaholism can negatively impact both life and job satisfaction (Wong & Chan, 2018).

2.2. Workaholism

Workaholism, a term that draws on the concept of alcoholism, was first introduced by Oates (1971, p. 1), who associated workaholism with heavy drinking, defining it as 'an excessive compulsion to work which resulted in negative outcomes brought about by an addiction to work.' Earlier definitions of workaholism often described it as employees working 50 hours or more per week (Andreassen, 2013; Chan, 2023; Snir & Harpaz, 2021). Today, this characterization applies to many workers, especially at the management level, where individuals typically commit at least 50 hours to their jobs each week (Brett & Stroh, 2003). However, viewing workaholism solely through the lens of lengthy working hours is misleading, as it overlooks the addictive nature of this behavior (Shimazu & Schaufeli, 2009).

Workaholics tend to constantly ruminate about their jobs and experience a strong, intrinsic drive to put forth maximum effort, which they

find difficult to resist (McMillan & O'Driscoll, 2006; Tahir & Aziz, 2019). Consequently, these individuals often feel compelled to perform their tasks (Van Beek et al., 2012). It is important to note that some employees may work long hours without genuine engagement due to various factors, such as financial pressures (Atroszko & Atroszko, 2020; Porter, 2004), peer influence, marital issues (Mir & Kamal, 2018; Schaufeli et al., 2008a), or aspirations for career advancement (Schaufeli et al., 2009b; Van Beek et al., 2012). As a result, workaholism can be understood through three common attributes identified across multiple definitions.

First, workaholics invest significant time in job-related tasks, characterized by excessive hard work (Gomes et al., 2023; Schaufeli et al., 2008b). Second, they find it challenging to detach from their work, often ruminating about job tasks even outside the workplace. Other studies have described workaholics as individuals who devote more energy and time to their jobs than is necessary (Gordon, 2021; Machlowitz, 1979), indicating a passion and fanaticism for their work, which reflects the affective dimension of workaholism. Thus, workaholics exhibit compulsive work behavior.

Third, workaholics operate beyond rational expectations to meet organizational and administrative demands. This characteristic is a culmination of the first two attributes, driving both excessive effort and compulsive work habits in individuals (Shimazu & Schaufeli, 2009; Xu et al., 2023). Schaufeli et al. (2008b) define workaholism as an obsession with work, ultimately leading to hard work. This perspective aligns with other academic definitions, which note that intense effort and long hours, often at the cost of other important life roles, combined with a strong internal drive, are the primary factors contributing to workaholism (Shimazu & Schaufeli, 2009; Ng et al., 2007). Therefore, workaholism comprises two main components: a strong internal drive and a commitment to hard work (Schaufeli et al., 2009b).

Some researchers argue that workaholism can be seen as a positive trait, emphasizing the benefits that arise from additional work efforts (Di Stefano & Gaudiino, 2018). In a positive light, workaholics are viewed as dependable workhorses, while in a negative context, they may be likened to 'Seven-Eleven' associates, waking early for work and returning home late, thus spending less time with their families (Gordon, 2021; Ishiyama & Kitayama, 1994). Consequently, workaholism is conceptualized as a state of mind in which an individual is overly preoccupied with their work, driven by strong determination and motivation, and channeling this energy into work-related activities (Andreassen et al., 2014; Molino et al., 2019).

2.3. Workaholism and Work-Home Conflict

The outcomes of workaholism have been the subject of much speculation but lack sufficient controlled research. It is widely believed that workaholism negatively affects personal happiness, wellbeing, health, and increases stress and tension (DeMott et al., 2022). This belief aligns with the role scarcity hypothesis proposed by Edwards and Rothbard (2000), which suggests that conflicting expectations from work and non-work domains contribute to mixed-role inconsistency. Workaholism is associated with various negative consequences for employees, their partners, and their organizations (Zakaria et al., 2022). Specifically, the extreme commitment of workaholics to their jobs often results in frustration due to their inability to engage in home and family life.

Previous studies consistently show that workaholics experience greater work-home imbalance compared to other employees, with married workaholics facing higher levels of depression and sleep issues (Ariapooran, 2019; Cheung et al., 2018; Khatri & Shukla, 2024). For example, workaholic employees experience more relational conflict and challenges at work (Mudrack, 2006), report lower job satisfaction (Burke & MacDermid, 1999), experience greater work and personal life interference (Sahar & Waqar, 2014; Schaufeli et al., 2009a), and have fewer social interactions outside of work (Abdi et al., 2018; Bonebright et al., 2000; Khatri & Shukla, 2024). Furthermore, the incidence of marital separation is higher among workaholics compared to non-workaholics (Kenyhercz et al., 2022; Robinson et al., 2001). Therefore, we propose the following hypothesis:

Hypothesis 1: Workaholism has a significant positive impact on work-family conflict.

2.4. Work-Family Role Conflict and Ill-Health

Constant conflict in managing work and personal life can pose a significant obstacle to effectively addressing domestic responsibilities and demands. This conflict may challenge an individual's ability to develop and maintain a positive self-perception related to household roles (Lee et al., 2022). Since both family and work responsibilities are essential components of adult identity, difficulties in forming and preserving professional and familial identities can be experienced as traumatic (Frone et al., 1997; Tabassum et al., 2017). Such challenges may result in stress, anxiety, alcohol abuse, psychological strain, high blood pressure, and depression (Allen & Meyer, 1990; Kayaalp et al., 2021). Theories on job

pressure and role strain indicate that conflicts arising from the demands of occupational, parental, and spousal roles contribute to an imbalance and conflict between work and family life. The mental challenges associated with managing multiple roles can lead to negative health outcomes (Chandola et al., 2004; Chandola et al., 2019).

Despite the many positive aspects of their jobs, some employees are motivated—both externally and internally—to perform excessively and compulsively. These individuals are known as workaholics (Andreassen, 2013; Schaufeli et al., 2008b). Workaholism can give rise to work-family conflict, leading to negative physical, psychological, and social consequences, including social isolation (Adamovic, 2022; Chan et al., 2018; Di Stefano & Gaudiino, 2018; Qayyum et al., 2022). The primary negative impact of excessive work is stress, which can disrupt an employee's physical health, thoughts, emotions, and behavior. If work-related stress is not managed, it can result in various health issues, including high blood pressure, obesity, anxiety, substance use (such as alcohol and tobacco), sleep disturbances, and even death. Based on the discussion of the existing literature, the following hypothesis is proposed:

Hypothesis 2: Work-family role conflict is positively related to ill-health.

2.5. Ill-Health and Job Satisfaction

Physical and mental health refers to an individual's overall wellbeing. Poor mental health can indicate underlying physical health issues, and employees experiencing physical complaints often have a higher likelihood of suffering from distress, anxiety, and depression (Sjöberg et al., 2020; Wong & Chan, 2018). Additionally, dynamic and fluctuating work environments may introduce unknown risks, presenting both challenges and opportunities for employees, companies, and authorities (Haarhaus & Liening, 2020). Workaholics, burdened by physical ailments and psychological strain, also face consequences regarding their sense of fulfillment, including satisfaction with both family and work (McCauley et al., 2018).

Workaholics tend to exert intense effort in their jobs not because they love their work, but due to an uncontrollable intrinsic motivation. As a result, they often report low levels of job satisfaction, feeling that they are not performing up to expectations (Kruglanski et al., 2021; Nizami et al., 2006). Their negative moods and irritable behavior can disrupt the organizational environment, causing problems for colleagues and

subordinates and ultimately damaging their relationships with others (Burke, 1999; Taris et al., 2010). Furthermore, previous studies have indicated that workaholism is associated with lower job and career satisfaction (Di Stefano & Gaudiino, 2018). Based on this existing literature, the following hypothesis is proposed:

Hypothesis 3a: The ill-health of employees has a negative effect on their job satisfaction level.

2.6. Ill Health and Life Satisfaction

Life satisfaction is a measure of wellbeing, defined as how individuals evaluate their lives and futures based on factors such as economic status, relationships, mood, and education (Kaya & Çenesiz, 2020). Family dynamics also play a crucial role in life satisfaction. Research indicates that women who choose not to have children often report higher levels of life satisfaction (Stahnke et al., 2020). Conversely, parenthood can significantly affect an individual's overall life satisfaction (Hussain et al., 2020). Studies have shown that parents frequently experience lower marital and overall life satisfaction, which can lead to increased levels of depression and stress (McLanahan & Adams, 1987; Temitope, 2015).

Furthermore, workaholics tend to invest excessive time and energy into their jobs while neglecting important personal roles (Ng et al., 2007), which can compromise family structure (Knies et al., 2016). Consistent with this view, previous research has found that workaholics who experience high levels of work-related stress and anxiety—often accompanied by physical symptoms such as muscular tension and restlessness—report low family and overall life satisfaction (Di Stefano & Gaudiino, 2018; Taris et al., 2010; Temitope, 2015) and poor relationship quality with their partners (Karapinar et al., 2020; Robinson et al., 2001). Based on the literature reviewed, the following hypotheses are proposed:

Hypothesis 3b: The ill-health of employees is negatively associated with life satisfaction.

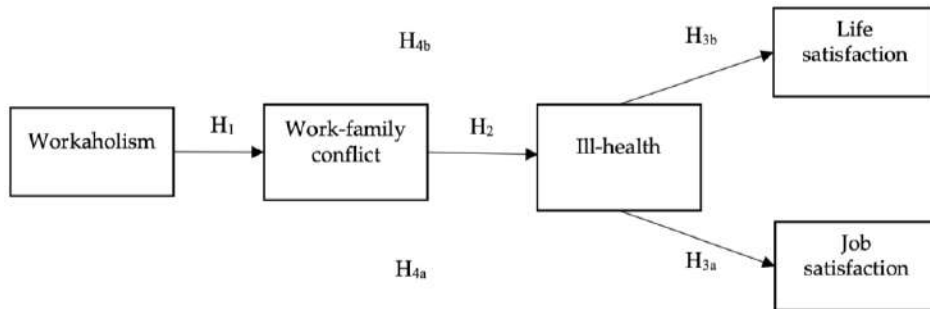
Hypothesis 4a: Work-family conflict and the ill-health of employees sequentially mediate the relationship between workaholism and job satisfaction.

Hypothesis 4b: Work-family conflict and the ill-health of employees sequentially mediate the relationship between workaholism and associated life satisfaction.

2.7. Research Model

Figure 1 demonstrates the theoretical framework for the study. This model proposes that workaholism affects work-life conflict, which further contributes to ill-health. Subsequently, ill-health has an undesirable impact on work as well as personal life gratification.

Figure 1: Theoretical framework



3. Methodology and Data Collection

3.1. Participants and Procedure

Research indicates that workaholism is commonly found among white-collar professionals (Aziz & Cunningham, 2008). In Pakistan, studies suggest that many white-collar workers are dissatisfied with their work-life balance and exhibit a higher tendency towards workaholism (Ghazi, 2015; Sultan & Hanif, 2013). This study utilized purposive sampling to focus specifically on white-collar professionals to understand the effects of workaholism in relation to job demands and pressures. The sample consisted of all professionals in white-collar positions in Pakistan, which encompasses professional, suit-and-tie desk jobs that make up over 37 percent of the Pakistani workforce. Previous research has also identified workaholism in sectors such as banking (Hameed et al., 2013; Tufail et al., 2021) and healthcare (Saleem et al., 2022).

While Ellahi et al. (2021) suggested exploring workaholism in service industries, Adil and Qaiser (2020) and Abbas et al. (2019) examined stress and burnout within the manufacturing sector. Consequently, our study includes both manufacturing and service firms in the sample. For structural equation modeling (SEM), Kyriazos (2018) recommends a sample size greater than 200. In this study, we distributed 350 questionnaires to full-time professional men and women, many of whom often work overtime and hold demanding emotional and physical positions.

Initially, purposive sampling was implemented. Respondents received the questionnaire upon meeting two criteria: 1) they were full-time employees, and 2) they specified the number of hours they worked. The sampling frame consisted of full-time employees working at least 40 hours per week. Once the criteria were confirmed, data collectors requested participation in the study, and upon agreement, the questionnaire was provided. Completing the questionnaire took approximately 12-15 minutes. In the first round, we collected 145 questionnaires. To increase the sample size, respondents were asked to suggest at least two colleagues (Faugier & Sargeant, 1997), resulting in the identification of an additional 110 respondents.

Subsequently, we asked the new group of respondents the filter questions and inquired if they wished to participate in the study. Out of the 110 nominated professionals, 97 completed the questionnaire. The final usable dataset consisted of 242 surveys, yielding a response rate of 69.14 percent. To assess potential non-response bias, we conducted a Chi-square analysis comparing the demographic characteristics of early and late respondents (Neufeld et al., 2023). The results showed no significant differences, indicating a lack of non-response bias.

3.2. Operationalization of Variables

Workaholism is measured by the ten-item Dutch workaholism scale (DUWAS) established by de Beer et al. (2022). Examples include 'I seem to be in a hurry and racing against the clock' and 'I feel guilty when I take time off work'. The questions were evaluated on a Likert scale (4 = totally agree to 1 = totally disagree). See the Appendix for the list of items.

To measure conflict, the work-family conflict scale (WFC) (Loscalzo et al., 2019; Netemeyer et al., 1996) is used, which is a five-item construct. An example item is 'My job produces strain that makes it difficult to fulfill my family duties'. Each question is evaluated on a five-point Likert scale (5 = strongly agree to 1 = strongly disagree).

To gauge the ill-health of an employee, psychological misery and physical illnesses are measured. This was calculated by employing the subscales of the brief job stress questionnaire (BJSQ) (Hidaka et al., 2021; Shimomitsu et al., 1998). Ill-health is calculated using 25 items: for example, 'I have felt angry', 'I have felt extremely tired', 'I have felt worried or insecure', 'I have been depressed' and 'I have a pain in the back'. For each item, a six-point Likert scale is used (1 = almost never to 6 = almost always).

Life satisfaction is gauged with the satisfaction with life scale (SWLS) (Diener et al., 1985; Merino et al., 2021). The SWLS is estimated on a seven-point Likert scale, and this instrument contains five items to calculate life satisfaction (1 = strongly disagree to 7 = strongly agree). Sample questions include 'I am satisfied with my life' and 'In most ways, my life is close to my ideal'.

Five items were used to estimate general job satisfaction (Dayal & Verma, 2021; Price & Mueller, 1986): for example, 'All in all, how satisfied are you with the work itself of your job?' All satisfaction items used a five-point scale (1 = very unsatisfied to 5 = very satisfied).

The demographic variables used include marital status, gender, age, education level, position in the organization, job experience, income, industry, sector, and department.

3.3. Data Analysis

SEM is conducted using Amos 18. The threshold for factor loadings of all items is set at 0.5, as per Wu et al. (2011). Items with factor loadings below this threshold are excluded from the analysis. Standardized confirmatory factor analysis (CFA) is then employed to assess the composite reliability (CR) of the latent factors, adhering to a cut-off value of 0.7 (Shook et al., 2004). The data is further evaluated for both discriminant validity and convergent validity. To test the model's goodness of fit, we utilize the root mean square error of approximation (RMSEA) and the chi-square divided by the degrees of freedom (CMIN/df). Additionally, various incremental fit indices are analyzed, including the incremental fit index (IFI), comparative fit index (CFI), non-normed fit index (NNFI or TLI), and normed fit index (NFI). The results from these indices indicate that the model fit is satisfactory.

4. Empirical Results

4.1. Sample Demographics and Correlations

The sample demographics are shown in Table 1. The total sample was 242. This sample comprises 54.5 percent males and 45.5 percent females, mostly aged 31–40 (40.5 percent), and most were married (52.4 percent). Most respondents had a master's degree (70.3 percent) and were working as middle managers (52 percent) with 6–15 years of work experience (23.1 percent). Most respondents (42.2 percent) had an income

of Rs 100,000–500,000. Lastly, respondents worked both in manufacturing (50 percent) and services (50 percent).

Table 1: Sample Demographics

Demographics	Frequency (n)	Percentage (%)
Gender		
Male	132	54.5%
Female	110	45.5%
Age (years)		
20-25	38	15.7%
25-30	46	19.0%
31-40	98	40.5%
41-50	60	24.8%
Marital status		
Married	127	52.5%
Married with children	90	37.2%
Single/not married	25	10.3%
Education		
Bachelor's degree	58	23.9%
Master's degree	170	70.3%
MPhil/PhD	14	5.8%
Managerial position		
Top management	39	16.0%
Middle management	126	52.0%
Lower-level management	77	31.8%
Job experience (years)		
0-5	51	21.07%
6-15	56	23.14%
16-20	53	21.9%
21-30	38	15.7%
31-40	31	12.8%
40+	13	5.37%
Income		
Rs 20,000-40,000	37	15.3%
Rs 40,001-99,999	51	21.0%
Rs 100,000-500,000	102	42.2%
Rs 500,001+	52	21.5%
Industry		
Manufacturing	121	50.0%
Services	121	50.0%
Total	242	100%

Table 2 illustrates the correlations among the study variables, highlighting the impact of these variables on one another and the direction of their relationships. As anticipated, there is a positive correlation between ill-health and work-family conflict ($p < 0.01$), with a correlation strength of 38 percent. Additionally, job satisfaction is negatively correlated with the ill-

health of a workaholic ($p < 0.01$), showing a correlation strength of 19.3 percent. Job satisfaction is also negatively correlated with work-family conflict, though this correlation is weaker at 7 percent and is statistically insignificant. Moreover, ill-health is negatively correlated with life satisfaction ($p < 0.01$), with a correlation strength of 20.8 percent. Finally, workaholism demonstrates a positive correlation with both work-family conflict and ill-health, with correlation strengths of 46 percent and 25 percent, respectively ($p < 0.01$).

Table 2: Correlations

	Ill-health (IH)	W-FC	JS	LS
Work-family conflict (W-FC)	0.383***			
Job satisfaction (JS)	-0.193***	-0.007		
Life satisfaction (LS)	-0.208***	0.010	0.596***	
Workaholism (WRKHLISM)	0.257***	0.460***	0.022	0.009

*** Correlation is significant at the 0.01 level.

4.2. Common Method Variance

Common method variance was assessed using two approaches. The first approach utilized Harman's one-factor test. In this test, the eigenvalues of the variables must exceed 1 to suggest the existence of multiple factors (Harman, 1967; Podsakoff et al., 2003). The initial factor accounted for 45.918 percent of the total 68.729 percent variance extracted, indicating that the discrepancy was not solely captured by the initial factor but also by other variables. Additionally, Harman's one-factor test was evaluated using CFA. In this analysis, all items were loaded onto a single latent variable, and the model indices were tested. The model fit did not satisfy the established criteria, suggesting a lack of common method variance.

4.3. Measurement Model

The CFA results indicate that model fit is acceptable. The factor loadings for all items across all variables are above 0.5; therefore, no items from any variable were eliminated. Table 3 presents the factor loadings for all items. The composite reliability (CR) values range from 0.845 to 0.969, demonstrating an acceptable level of consistency across all factors. Additionally, Table 3 illustrates the convergent validity, which is assessed using discriminant validity (DV) and average variance extracted (AVE).

Table 3: Results of Confirmatory Factor Analysis

Construct	Items	Factor loading	Reliability CR	Convergent validity AVE	Discriminant validity DV
Workaholism	WH1	0.675	0.845	0.732	0.856
	WH2	0.521			
	WH3	0.546			
	WH4	0.545			
	WH5	0.581			
	WO1	0.592			
	WO2	0.617			
	WO3	0.69			
	WO4	0.672			
	WO5	0.535			
Work-family conflict	WF1	0.738	0.872	0.577	0.76
	WF2	0.788			
	WF3	0.823			
	WF4	0.777			
	WF5	0.662			
Ill health	ILH1	0.71	0.969	0.942	0.971
	ILH 2	0.743			
	ILH 3	0.728			
	ILH 4	0.796			
	ILH 5	0.784			
	ILH 6	0.733			
	ILH 7	0.832			
	ILH 8	0.765			
	ILH 9	0.801			
	ILH 10	0.691			
	ILH 11	0.68			
	ILH 12	0.777			
	ILH 13	0.84			
	ILH 14	0.757			
	ILH 15	0.646			
	ILH 16	0.771			
	ILH 17	0.711			
	ILH 18	0.814			
	ILH 19	0.824			
	ILH 20	0.725			
	ILH 21	0.754			
	ILH 22	0.761			
	ILH 23	0.78			
	ILH 24	0.828			
	ILH 25	0.812			
Job satisfaction	JS1	0.52	0.896	0.449	0.67
	JS2	0.806			
	JS3	0.831			
	JS4	0.619			
	JS5	0.501			

Construct	Items	Factor loading	Reliability CR	Convergent validity AVE	Discriminant validity DV
Life satisfaction	LS1	0.776	0.889	0.618	0.786
	LS2	0.811			
	LS3	0.893			
	LS4	0.8			
	LS5	0.626			

Indices of the model are divided into incremental and absolute fit indices (Bollen, 1989). The model fitness is estimated using several indices: CFI, TLI, NFI, CMIN/df, IFI, and RMSEA. The CMIN/df value is 2.841, falling within the acceptable range of 1-3, and the RMSEA is 0.028, which is below the threshold of 0.05. The incremental fit index (IFI) is 0.935, the comparative fit index (CFI) is 0.937, the non-normed fit index (NNFI or TLI) is 0.918, and the normed fit index (NFI) is 0.948. All indices exceed 0.90, indicating a good model fit.

4.4. Path Analysis

Table 4 presents the results of the structural analysis, which includes demographics as control variables. Hypothesis 1 examines the relationship between workaholism and work-family conflict. As anticipated, workaholism is positively associated with work-family inter-role conflict ($\beta = 0.604$, $p < 0.01$). This estimate suggests that a 1 percent increase in workaholism leads to a 60 percent increase in work-family role conflict ($\beta = 0.604$). In Hypothesis 2, work-family role conflict is regressed on ill-health, encompassing both physical distress and psychological issues experienced by workaholics.

Table 4: Results of Structural Model

Relationships	R ²	β	p-value
H1: Workaholism → Work-family conflict	0.19	0.604	0.00
H2: Work-family conflict → Ill health	0.39	0.406	0.00
H3a: Ill health → Job satisfaction	0.68	-0.213	0.00
H3b: Ill health → Life satisfaction	0.56	-0.172	0.00

The results indicate a positive impact ($\beta = 0.406$, $p < 0.01$) of work-family conflict on ill health. This finding suggests that a 1 percent increase in the imbalance between work and life leads to a 40.6 percent increase in overall illness among workaholics, including both physical illnesses and psychological strain. Hypotheses 3a and 3b examine the effects of ill health on job satisfaction and life satisfaction, respectively. The results show that

the ill health of workaholics is associated with low job satisfaction ($\beta = -0.213$, $p < 0.01$) and diminished overall life satisfaction ($\beta = -0.172$, $p < 0.01$). This implies that a 1 percent increase in ill health among workaholics results in a 21.3 percent decrease in job satisfaction ($\beta = -0.213$) and a 17.2 percent decrease in overall life satisfaction ($\beta = -0.172$), as anticipated.

4.5. Additional Analysis

Table 5 shows the sequential mediation of work-family conflict and ill-health between workaholism and job and life satisfaction. The results indicate that the indirect effect is insignificant ($p > 0.05$), suggesting that neither ill health nor work-family conflict mediates the relationship between workaholism and life satisfaction or job satisfaction.

Table 5: Results of Mediation

Relationships	β	p-value	Results
Mediation with life satisfaction	0.61	0.507	No Mediation
Direct effect			
Workaholism \rightarrow life satisfaction			
Workaholism \rightarrow ill-health	0.783	0.052	
Ill-Health \rightarrow life satisfaction	0.551	0.04	
Indirect effect			
Workaholism \rightarrow ill-health \rightarrow life satisfaction	0.437	0.681	
Mediation with job satisfaction	0.321	0.608	No Mediation
Direct effect	0.674	0.050	
Workaholism \rightarrow job satisfaction	0.752	0.041	
Workaholism \rightarrow ill-health			
Ill-Health \rightarrow job satisfaction			
Indirect effect			
Workaholism \rightarrow ill-health \rightarrow job satisfaction	0.347	0.76	
Sequential mediation			
Indirect effect			
Workaholism \rightarrow work-family conflict \rightarrow ill-health \rightarrow job satisfaction	0.42	0.92	No mediation
Workaholism \rightarrow work-family conflict \rightarrow ill-health \rightarrow job satisfaction	0.35	0.84	No mediation
CMIN/DF = 2.367			
IFI = 0.967			
TLI = 0.917			
CFI = 0.912			
RMSEA = 0.041			

5. Discussion and Managerial Implications

This study explores the impact of workaholism on the conflict between work and personal life among employees in Pakistan.

Distinguishing itself from prior research, this study centers on workaholism within the context of a developing economy, employing SEM for data analysis. This approach sheds light on the complex interplay between workaholism, work-life balance, wellbeing, and job satisfaction, offering valuable insights for both academics and practitioners seeking to address these critical issues in non-Western settings.

The findings reveal that workaholism positively affects the conflict between work and personal life among employees identified as workaholics (Bakker et al., 2009; Burke, 2008; Karapinar et al., 2020; Shimazu & Schaufeli, 2009). This relationship aligns with previous studies indicating that workaholic employees experience heightened conflict between work and personal obligations (Mudrack, 2006), report greater work-family interference (Schaufeli et al., 2009a; Taris et al., 2005), and tend to have weaker and less fulfilling social relationships outside of work.

Additionally, work-family role conflict is shown to have a direct influence on the wellbeing of workaholics. When workaholics struggle to balance their work and family responsibilities, fail to meet family demands, and continually ruminate on work during personal time, they may experience increased anger as well as mental and physical stress. Accordingly, theories on multiple-role strain suggest that conflicts between professional, spousal, and parental roles can contribute to adverse health outcomes and heightened stress levels among workaholics (Chandola et al., 2004; Chandola et al., 2019).

Finally, the impact of poor health on job and overall life satisfaction is evident in the path analysis results, which indicate a significant negative relationship between ill health and both job satisfaction and life satisfaction. This suggests that workaholics often feel dissatisfied with their jobs because they push themselves beyond the required performance levels. Due to deteriorating health, they struggle to meet the high standards they impose on themselves. This finding is consistent with previous research (Kruglanski et al., 2021). Similarly, an unhealthy workaholic, who is neither mentally relaxed nor physically fit, typically experiences unhappiness with life, resulting in low life satisfaction. This supports existing theories about the detrimental effects of workaholism on job and life satisfaction (Spagnoli et al., 2020).

The results of the sequential mediation analysis showed that workaholism's impact on life and job satisfaction, as mediated by work-family conflict and ill health, was not significant. This finding contradicts

previous research (Shimazu et al., 2020), which suggested that workaholism contributes to dissatisfaction in both life and job, primarily through work-family conflict and health issues. This discrepancy indicates a need for further investigation into the relationship between workaholism and satisfaction.

The findings of this research present several important implications for management, particularly regarding the need to mitigate workaholism. Stress levels are reportedly increasing, with work serving as a major factor exacerbating individual stress (Daniel, 2019). In organizations where long working hours are equated with success, it is crucial to reassess the prevailing culture and values. The emphasis on extended hours should be replaced with a culture that promotes working smarter rather than harder, prioritizing work-life balance as a fundamental value. Additionally, training programs should be implemented for employees on the verge of workaholism to help them cultivate healthier work habits (Hassett, 2022).

Training sessions and workshops that focus on problem-solving skills and effective time management may be beneficial since workaholics often take on more tasks than they can manage, frequently starting new responsibilities before completing existing ones (Ouweneel et al., 2012). Programs that foster determination and decisiveness could also help workers manage the increasing demands of the workplace by using techniques such as saying 'no' to colleagues, supervisors, or clients (Schabracq, 2005). Furthermore, to combat workaholism, employees must be encouraged to disconnect and recharge after a hectic workday, which can be facilitated by distractions in their demanding environments, allowing them to detach and recover. Lastly, incorporating practices such as meditation and religious activities may help workaholics achieve better mental and physical balance.

6. Conclusion, Limitations and Future Research Recommendations

The aim of this study is to measure the association between workaholism and employees' wellbeing by assessing how work-family conflict, along with physical and psychological health, influences life satisfaction and job satisfaction. The research has some limitations, primarily due to time constraints. Future studies should consider specific months in relation to organizational activities; for instance, the period from January to February may align with audit seasons, which can significantly heighten employee stress.

Additionally, workaholism could be examined in other industries, such as among entrepreneurs managing small to medium-sized enterprises. However, due to time limitations, this research focused exclusively on two sectors in Pakistan. As a result, the generalizability of the findings may be restricted, as data was primarily collected from a specific geographic region and predominantly from manufacturing and service-oriented industries.

This study has explored the impact of workaholism on employees' overall mental and physical wellbeing, job satisfaction, and life happiness. Nonetheless, the underlying factors that lead to workaholism still require further investigation. Future research could explore whether personality traits or organizational culture play a more significant role in fostering workaholism. Furthermore, it would be beneficial to investigate workaholism in relation to gender to determine which gender experiences it more frequently. Lastly, examining the long-term effects of workaholism would also provide valuable insights.

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Questionnaire

Workaholism	I seem to be in a hurry and racing against the clock. I find myself continuing work after my co-workers have called it quits. I stay busy and keep my irons in the fire. I spend more time working than socializing with friends, on hobbies, or on leisure activities. I find myself doing two or three things at one time such as eating lunch while talking on the phone. It's important for me to work hard even when I don't enjoy what I'm doing. I often feel that there's something inside me that drives me to work hard. I feel obliged to work hard, even when it's not enjoyable. I feel guilty when I take time off work. It is hard for me to relax when I'm not working.
Work-family conflict	The demands of my work interfere with my home and family life. The amount of time my job takes up makes it difficult to fulfill family responsibilities. Things I want to do at home do not get done because of the demands my job puts on me. My job produces strain that makes it difficult to fulfill family duties. Due to work-related duties, I have to change my plans for family activities.
Ill-health	I have felt angry I have been inwardly annoyed or aggravated I have felt irritable I have felt extremely tired I have felt exhausted I have felt weary or listless I have felt tense I have felt worried or insecure I have felt restless I have been depressed I have thought that doing anything was a hassle I have been unable to concentrate I have felt gloomy I have been unable to handle work I have felt sad I have felt dizzy I have experienced joint pains I have experienced headaches I have had a stiff neck and / or shoulders I have had lower back pain I have had eyestrain I have experienced heart palpitations or shortness of breath I have experienced stomach and / or intestine problems I have lost my appetite I have experienced diarrhea and / or constipation

Job satisfaction	All in all, how satisfied are you with the work itself of your job? All in all, how satisfied are you with your co-workers? All in all, how satisfied are you with the supervision? All in all, how satisfied are you with the promotional opportunities? All in all, how satisfied are you with the pay?
Life satisfaction	In most ways my life is close to my ideal. The conditions of my life are excellent. I am satisfied with life. So far, I have gotten the important things I want in life. If I could live my life over, I would change almost nothing.
Demographics	Age, gender, marital status, education, managerial position, job experience, income, industry, department and sector.
