

## Workaholism, Burnout, and Work Engagement -Three Different Components of Nurses Well-being-An overview

Dr.R.Vijayapriya, M.B.A.,M.phil.,Phd.,

Associate Professor,  
Department of Management Science,  
Kongu Arts and Science College, Erode

Mrs.P.Geetha

Maheswari, M.B.A.,M.phil.,PGDCA  
Ph.d Research Scholar,  
Department of Management Science,  
Kongu Arts and Science College, Erode

---

### Abstract:

Workaholic nurses had higher risks for impaired awakening, insufficient sleep, and workplace sleepiness which affects the well being. Workaholics work harder than their job prescriptions requirements and they put much more effort into their jobs than is expected by the people with whom or for whom they work, and in doing so they neglect their life outside their job. Typically, they work so hard out of an inner compulsion, need, or drive, and not because of external factors such as financial rewards, career perspectives, organisational culture, or poor marriage. This is contingent with the idea that workaholics are motivated by a strong inner drive rather than by external motivators (Spence & Robbins, 1992). Nevertheless, it appears that a weak positive relationship exists between workaholism, and job satisfaction and organisational commitment. The major work outcomes that have been studied in relation to burnout are job satisfaction and organisational commitment. The large aggregation of previous studies focused on the correlation between workaholism and well-being, while some on the psychological mechanism of workaholics. Studies have indicated that there are two aspects of the behavior pattern of workaholics: on the one hand, long hours of work and dilemma to separate from work scarcely provide workaholics enough time and opportunity to recover energy, resulting in fatigue, burnout, negative emotions and other negative consequences; on the other hand, immersion in work produces favourable work experience, high job satisfaction and positive psychological feelings. This study explores the psychological mechanism between workaholics and well-being, hoping to further reveal the relationship and influence path between them

**Key words –Burnout, Workaholics, Subjective well being, Financial rewards, exhaustion**

---

Date of Submission: 11-10-2021

Date of Acceptance: 25-10-2021

---

### I. Introduction:

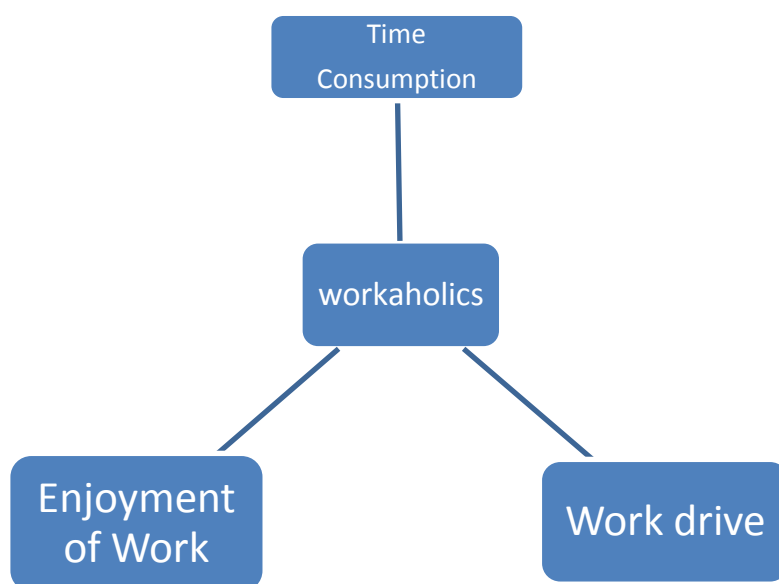
“Working around the clock” has in effect gained normality within modern working environment. A host of employees give up their leisure time and then invest it in work, though some of them are required to overwork involuntarily, majority of them choose to do so initially. Those people who indulge themselves in work day and night are often defined as "workaholics". Workaholics work harder than their job prescriptions requirements and they put much more effort into their jobs than is expected by the people with whom or for whom they work, and in doing so they neglect their life outside their job. Typically, they work so hard out of an inner compulsion, need, or drive, and not because of external factors such as financial rewards, career perspectives, organisational culture, or poor marriage. For many individuals, work is an integral and meaningful part of life that serves as a source of financial security and contributes to one's personal identity (Burke, 2000a). Jacobs and Gerson (2004) found that in the United States, 25% of men and 11% of women work over 50 hours per week. Additionally, Ng and Feldman (2008) reported that the portion of American employees working at least 40 hours per week has increased to 80% over the last decade. Although these numbers are striking and reveal the demanding nature of today's workplace, the concept of workaholism is not only characterized by long work hours, but also by intrinsic work motivation and the adrenaline rush from hard work (Bonebright, Clay, & Ankenmann, 2000). These data also suggest that individuals are becoming increasingly committed to their work and, consequently, work is becoming a more prominent aspect of life. Van den Bosch and Taris (2014) found that employees who feel that the organizational culture is congruent with their core authentic self feel more authentic at work. Autonomy, which is the extent to which an individual can manage his or her own work, is also positively related to authenticity in the workplace (van den Bosch & Taris, 2014). Similarly, role clarity and variability can affect levels of authenticity in the context of work. Finally, high job demands, work overload, and work stress can cause tension between an individual's work and home life, thereby contributing to the experience of

inauthenticity (van den Bosch & Taris, 2014). This support for state authenticity highlights the value of studying this construct in various domains of life. Therefore, the current paper highlights on work related factors and focuses on nurses well being by focusing on the components Workaholism, Burnout, and Work Engagement.

### I. Workaholism:

For instance, although workaholism is not diagnosed as a mental disorder, Robinson (1998) defined it as an obsessive-compulsive disorder portrayed by overindulgence in work. Workaholics, compared to others, are also viewed as working extensive hours, usually at the expense of personal activities and social endeavors, both of which are necessary for optimal functioning (Clark et al., 2014). Despite the fact that workaholism does not identify a recognized mental illness, Aziz and Zickar (2006) thought of it as a syndrome. According to Vodanovich and Piotrowski (2006), in the earlier stages, behaviors exist and can negatively affect one's work-life patterns and personal relationships, but these behaviors do not yet affect overall health. Workaholism is characterized by the behavioral pattern of over-investment of time and energy in the field of work. Workaholic is defined by some scholars as the individual who invests a great deal of constant time and energy in work activities as a result of their internal motivation.

#### Core Characteristics of Workaholics



#### Scott et al. stressed three core characteristics of workaholics:

- (1) a lot of time will be consumed by them in their work activities when they are offered autonomy in work;
- (2) they often remind themselves of work-related issues after leaving their work, in which there is a tendency of unwilling to separate themselves from work;
- (3) they will work at a level which is beyond the requirements of the organization and economy.

In the field of empirical study about workaholics, two components, **enjoyment of work and work drive**, are discussed.

**Enjoyment of work** refers to the degree of interest felt from work itself, and its resulting actions are completely autonomous and intrinsic.

**Work drive** refers to the actions caused by internal pressure, which is to fulfill job obligations or complete important work tasks. Although there are various definitions of workaholic, they all reflect the high level of work motivation. In other words, workaholics are often considered as the product of self-selection.

Robinson (1998) defined it as an obsessive-compulsive disorder portrayed by overindulgence in work. Workaholics, compared to others, are also viewed as working extensive hours, usually at the expense of personal activities and social endeavors, both of which are necessary for optimal functioning (Clark et al., 2014). Despite the fact that workaholism does not identify a recognized mental illness, Aziz and Zickar (2006) thought of it as a syndrome. According to Vodanovich and Piotrowski, in the earlier stages, workaholic behaviors exist and can negatively affect one's work-life patterns and personal relationships, but these behaviors do not yet affect overall health.

Workaholics experience higher work involvement, more work-life imbalance, and less life satisfaction than non-workaholics (Aziz & Zickar, 2006). However, higher work involvement does not always translate to positive organizational outcomes because the inevitable work-life strain on workaholics can hinder their overall productivity. Additionally, workaholism can present a psychosocial risk in that workaholics encounter negative social outcomes such as poor emotional adjustment, difficulties maintaining close relationships, and marital conflict. This imbalance of work and life makes them more likely to display irritability, self-neglect, and impatience. The compilation and weight of these negative outcomes eventually influence one's overall health, both psychological and physical. Despite the negative consequences linked to workaholism, given differing contexts, workaholism as a behavior is socially acceptable and encouraged within companies across various industries. Furthermore, found that workaholics who were enthusiastic about their work had significantly greater life satisfaction and purpose in life than their non-enthusiastic counterparts.

Workaholics might be working harder than others but do not receive more rewards for their efforts (Burke, 2001). This is contingent with the idea that workaholics are motivated by a strong inner drive rather than by external motivators. **Workaholics tend to be achievement-oriented, proactive and have strong self-improvement requirements.** Therefore, for workaholics who are eager to show themselves or prefer to embrace challenges, the work field is undoubtedly a perfect arena. The work process and its achievements provide the experience of obtaining a sense of competence and achievement, which will promote the individual's well-being. Motivations based on autonomy rather than control rules bring positive psychological experience and better performance

### **Workaholism and its Impact on Nurses:**

A research conducted by Burke et al. used an ad hoc measuring scale to study workaholism in a sample of 496 Norwegian nurses. They demonstrated that workaholism may affect well-being at work, when associated with specific personality traits and certain work features. They also showed that a strong drive to work can lead to a lower level of work satisfaction. Kubota carried out a study on 312 Japanese hospital nurses; they focused on the relationship between workaholism and a series of sleep disorders reported on a checklist. They found that nurses with the highest scores for workaholism tended to work excessively and compulsively, and reported having trouble sleeping, feeling tired at work, and having difficulties to wake up, as well as showing signs of fatigue in the morning. Van Beek et al. conducted a study on a sample of Chinese healthcare professionals, which mainly comprised nurses (n = 544). They sought to better understand the relationship between the motivational factors postulated by Deci and Ryan's Self-Determination Theory [40] and the outcomes of their research in terms of well-being/unease at work, including workaholism.

## **II. Burnout:**

**Burnout** was first defined in as a state characterized by a sense of physical and mental exhaustion, excessive irritability, impatience combined with cynicism, a tendency to isolate oneself, suppressing the emotions, and feelings of chronic boredom. Burnout is the body's response to long-term overload with obligations, too many responsibilities and difficult tasks, as well as exhausting, monotonous and boring work, and most of all, to chronic work-related stress. Therefore, we suggest that the two dimensions of workaholism (Working Excessively and Working Compulsively [35, 36]) have an impact on all the dimensions that pertain to burnout, that is complaints of psychophysical exhaustion, relational deterioration, professional inefficacy, and disillusion. Burnout is a metaphor that is commonly used to describe a state of mental weariness. Although there is some discussion about the nature of burnout the most widely used conceptualisation originates from Maslach (1993), who describes burnout as a three-dimensional construct that consists of: (1) exhaustion (i.e. the depletion or draining of mental resources); (2) cynicism (i.e. indifference or a distant attitude towards one's job); and (3) lack of professional efficacy (i.e. the tendency to evaluate one's work performance negatively, resulting in feelings of insufficiency and poor job-related self-esteem). It has been estimated that over 90 per cent of the studies on burnout use the Burnout. The fact that studies on burnout and workaholism are virtually lacking is all the more remarkable because already

20 years ago it was suggested that workaholism may act as a the root cause of burnout since excessively and frantically working employees use up their mental resources, leaving them depleted and "burned out" Clearly, this contention implies that workaholism and burnout are different constructs that can also be discriminated empirically. Burnout as a three-dimensional construct that consists of: (1) exhaustion (i.e. the depletion or draining of mental resources); (2) cynicism (i.e. indifference or a distant attitude towards one's job); and (3) lack of professional efficacy (i.e. the tendency to evaluate one's work performance negatively, resulting in feelings of insufficiency and poor job-related self-esteem)

**Job burnout** is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by three dimensions of emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach et al., 2001). Emotional exhaustion refers to feelings of being overextended and depleted of emotional and physical resources, depersonalization reflects negative and detached responses, and sense of personal

accomplishment represents feelings of competence and achievement at work. The significant relation between workaholism and burnout has been reported in a recent meta-analysis by Clark et al. (2016)

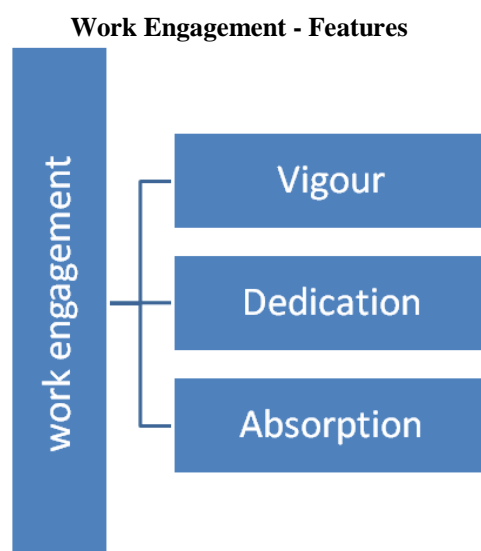
**Burnout among Nurses** -The successive decrease in the number of professionally active nurses is affected by such issues as lack of employment in the profession despite obtained qualifications, financially-motivated emigration, and leaving the profession. The scientific literature has identified a number of factors that are the most frequent reasons for nurses leaving the profession. Among them, low wages, too many responsibilities, health problems, psychosocial burden in the workplace, and burnout are usually indicated. Nurses are particularly at risk of being affected by professional burnout because of the unique patient – caregiver relationship, which requires strong emotional involvement. As a professional group, nurses are highly subject to burnout due to the specific patient and caregiver relationship. This relationship requires emotional involvement, where the caregiver must deal with various possible situations, including the patients’ suffering, fear, aggression, or lack of respect for their work.

#### **The Impact of Workaholism on Nurses’ Burnout:**

**Workaholism** may act as a root cause of burnout.. Moreover, other aspects such as the patient-caregiver relationship and the vocational dimension that this profession entails deserve attention **Workaholism and Burnout**. The last few decades have witnessed a swift increase in research on workaholism and burnout, which has also focused on different aspects of their relationship. The relationship between these two dimensions is complex and multifaceted. For instance, Andreassen et al. [42] carried out a study on a sample of Norwegian bankers (n = 235) and found an existing correlation between the dimensions of workaholism and burnout. The same results were gathered by Schaufeli et al. [36] who completed a cross-cultural research project using a sample of Japanese and Dutch workers (respectively n = 3.311 and n = 7.594). Guglielmi et al. [43], in a study conducted on a sample of Italian public school headmasters (n = 224) found that some of the job demands they are subject to (work-family conflict and inequity) contribute to mediating between workaholism and burnout. Some other studies have also focused on other aspects of this relationship, including the dimensions that both constructs share. For instance, Schaufeli, Bakker, van der Heijden and Prins’s study of a sample of Dutch junior doctors (n = 2.115), demonstrated that role conflict mediated between workaholism, burnout and well-being [44]. Taris et al. [33] conducted a study on a sample of Dutch managers (n = 199) revealing that workaholism contributes to amplify perfectionism, which can increase the risk of burnout.

**Workaholism on Job Burnout Across Countries** Although workaholism is hypothesized to correlate with job burnout, such association is determined by multiple factors, such as gender (Eagly, 1987; Pleck, 1993), personality (e.g., Burke et al., 2006; Andreassen et al., 2010), work characteristics (e.g., Molino et al., 2016), among others. As suggested by the COR model, when we want to understand the stress-coping process, it must be understood within the frame of individuals in social context (e.g., family, neighborhood, organization).

**Work engagement** – emerged from burnout research, namely as an attempt to cover the entire spectrum running from employee unwellbeing (burnout) to employee well-being (Maslach, Schaufeli, & Leiter, 2001). Unlike those who suffer from burnout, engaged employees have a sense of energetic and effective connection with their work activities and they see themselves as able to deal well with the demands of their job. More specifically, Schaufeli, Salanova, González-Romá, and Bakker (2002a) define work engagement as a positive, fulfilling, work-related state of mind that is characterised by three factors.



(1) vigor (i.e. high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence also in the face of difficulties);

(2) dedication (i.e. a sense of significance, enthusiasm, inspiration, pride, and challenge); and

(3) absorption (i.e. being fully concentrated and engrossed in one's work,

Absorption comes close to what has been called "flow" (Csikszentmihalyi, 1990)—a state of optimal experience—although flow refers to short-term peak experiences instead of a more pervasive and persistent state of mind, as is the case with absorption. Work engagement and burnout are moderately negatively related, with correlations typically ranging from  $-0.30$  to  $-0.65$  (for an overview see Schaufeli & Salanova, in press). Recently, it was found that exhaustion and vigor as well as cynicism and dedication each span a dimension that might be labeled activation and identification, respectively (González-Romá, Schaufeli, Bakker, & Lloret, 2006).

**Work engagement** (Schaufeli et al., 2001) suggested that engaged employees do not neglect their social life outside work; rather, they spend time on socialising, hobbies, and work as volunteers. This agrees with recent findings of Grzywacz and Marks (2000) that suggest a positive spill-over effect from work to private life: having a fulfilling job has a positive impact on family life. In a similar vein, Montgomery, Peters, Schaufeli, and Den Ouden (2003) found that employees who take the positive feelings from their work

home exhibit higher levels of engagement compared to those where there is no positive cross-over between both life domains. Schaufeli and Bakker (2004) showed that engagement was negatively related to the intention to quit, which might be interpreted as a proxy of organisational commitment. Workaholism and engagement are positively related to work outcomes (i.e. job satisfaction and organisational commitment), whereas burnout is negatively related with these outcomes. Workaholism is a pervasive phenomenon that urges people to spend as much time as possible at their jobs at the cost of other activities, workaholics should differ from non-workaholics as regards the quality of their interpersonal relationships, as well as their social functioning outside work

### **Subjective well-being**

(SWB) reflects an individual's evaluation of his or her purpose and overall satisfaction with life. The three primary components associated with SWB are positive affect, negative affect, and life satisfaction. Together, positive and negative affect comprises the affective or emotional aspect of SWB, while life satisfaction represents one's cognitive assessment of his or her life. Moreover, the life satisfaction component of SWB correlates with both of the affective components (Pavot & Diener, 2008). Research also indicates that SWB is associated with happiness, optimism, greater quality of life, social connectedness, and perceived social support (Diener & Chan, 2011). Subjective well-being is a personal evaluation; however, research suggests that it correlates positively with health and longevity. Similarly, evidence suggests that there is a negative relationship between SWB and cardiovascular disease (Williams & Schneiderman, 2002). A study on elderly individuals revealed that low life satisfaction nearly doubled one's risk for mortality (Lyrra, Törmäkangas, Read, Rantanen, & Berg, 2006). Although subjective well-being is typically viewed as a stable characteristic, there are several factors that influence these evaluations. First, personality traits, such as extraversion and neuroticism, are correlated with each of the three sub-dimensions of SWB and can affect how an individual perceives life happenings (Costa & McCrae, 1980; DeNeve & Cooper, 1998). Specifically, extraversion is positively related to SWB, while neuroticism is negatively related to it. Life satisfaction judgments are also influenced by one's current mood, but this effect is relatively small (Eid & Diener, 2004).

### **Workaholism and Subjective Well-being**

The long-term strains associated with workaholism highlight its debilitating effects on personal health and well-being. Specifically, this work addiction has been linked to numerous negative outcomes including, stress, work-family conflict (Chen, 2006), work-life imbalance (Aziz & Zickar, 2006), burnout (Bakker et al., 2006), anxiety, and poor emotional adjustment (Clark et al., 2014; van Wijhe et al., 2010). Evidently, the culmination of these negative consequences raises concerns about workaholics' overall mental and physical well-being. The direct relationship between workaholism and well-being has also been investigated, and an increasing amount of evidence suggests that a negative correlation exists between these two variables (Burwell & Chen, 2008; Clark et al., 2014). Workaholics report more health complaints, (Burke, Matthiesen, & Pallesen, 2006; Chamberlin & Zhang, 2009), more depressive symptoms (Bakker, Demerouti, Oerlemans, & Sonnentag, 2013), and lower energy levels than non-workaholics (Schaufeli, Bakker, van der Heijden, & Prins, 2009). More recently, Caesens, Stinglhamer, and Luybaert (2014) found that workaholism was linked to negative markers of well-being such as job dissatisfaction, health complaints, stress, and sleep problems. Workaholism even appears to be negatively related to the primary component of subjective well-being, namely, life satisfaction (Aziz & Zickar, 2006; Bonebright et al., 2000; Burke, 2000a; Vodanovich & Piotrowski, 2006). In a sample of professional employees from different 'white collar' organizations (e.g., consulting firms, oil companies, government agencies), Aziz and Zickar (2006) found that workaholics had significantly higher life dissatisfaction

than other worker types. The results of Bonebright et al. (2000) also showed workaholics to have lower life satisfaction scores compared to their non-workaholic counterparts. Similarly, Burke (2000a) found workaholism to be negatively associated with happiness or subjective well-being. According to Vodanovich and Piotrowski (2006), workaholics find it challenging to separate from work and cannot enjoy leisure activities, which in turn can have a negative influence on their quality of life. Essentially, there seems to be a negative link between workaholism and subjective wellbeing. There are a variety of factors that might contribute to making workaholics experience lower SWB. For instance, as indicated in Matuska (2010), in comparison to non-work addicts, work addicts report more conflict with both social and personal relationships, which could result in reduced SWB. The work stress experienced by workaholics predicts marital disaffection and less positive affect toward spouses (Robinson, Flowers, & Ng, 2006), which may also decrease SWB. Additionally, the children of a workaholic parent(s) experience greater levels of anxiety and depression, as well as loneliness and abandonment (Carroll & Robinson, 2000), further leading to lower SWB. Finally, Bovornusvakool, Vodanovich, Ariyabuddhiphongs, and Ngamake (2012) tested a model in which they found leisure boredom and loneliness to mediate the relationship between workaholism and life satisfaction, thereby suggesting that these mediators may cause a reduction in SWB.

Diener argues that well-being is an individual's overall evaluation of his or her life state, which is not only an emotional joy, but also a sense of meaning. As a result of self-selection, workaholics represent a strong motivation to devote oneself into work to satisfy psychological needs. Self-determination theory holds that individuals are capable to improve their well-being by satisfying their psychological needs. So far, the relationship between workaholism and well-being has not been examined. workaholism and well-being disagreed with each other, which is probably brought by different definitions of workaholism. Scholars argued that work enjoyment should be included in workaholism, while others did not. Defined by different components, workaholism may have diverse effects on employees' well-being. The variety in the definition of workaholism was often ignored because of which, the studies on workaholics adopted the method of calculating composite scores of various dimensions of workaholics or comparing different types of workaholics. Additionally, the large aggregation of previous studies focused on the correlation between workaholism and well-being, while some on the psychological mechanism of workaholics.

## **II. Conclusion:**

Work Outcomes seems that workaholics might be working harder than others but do not receive more rewards for their efforts (Burke, 2001). This is contingent with the idea that workaholics are motivated by a strong inner drive rather than by external motivators (Spence & Robbins, 1992). Nevertheless, it appears that a weak positive relationship exists between workaholism, and job satisfaction and organisational commitment. The major work outcomes that have been studied in relation to burnout are job satisfaction and organisational commitment. The large aggregation of previous studies focused on the correlation between workaholism and well-being, while some on the psychological mechanism of workaholics. Studies have indicated that there are two aspects of the behavior pattern of workaholics: on the one hand, long hours of work and dilemma to separate from work scarcely provide workaholics enough time and opportunity to recover energy, resulting in fatigue, burnout, negative emotions and other negative consequences; on the other hand, immersion in work produces favorable work experience, high job satisfaction and positive psychological feelings. In other words, workaholics may also have a positive or negative impact on happiness. Based on above reason, this study attempts to explore the psychological mechanism between workaholics and well-being, hoping to further reveal the relationship and influence path between them.

## **References:**

- [1]. Taris, T. W., Schaufeli, W. B., and Shimazu, A. (2010). "The push and pull of work: About the difference between workaholism and work engagement," in *Work Engagement: A Handbook of Essential Theory and Research*, eds A. B. Bakker and M. P. Leiter (Hove: Psychology Press), 39–53.
- [2]. Snir, R., and Harpaz, I. (2012). Beyond workaholism: towards a general model of heavy work investment. *Hum. Resour. Manage. Rev.* 22, 232–243. doi: 10.1016/j.hrmr.2011.11.011
- [3]. VanWijhe, C., Peeters, M., Schaufeli, W., and Van den Hout, M. (2011). Understanding workaholism and work engagement: the role of mood and stop rules. *Career Dev. Int.* 16, 254–270. doi: 10.1108/13620431111140156
- [4]. Vinokur, A. D., Schul, Y., Vuori, J., and Price, R. H. (2000). Two years after a job loss: long-term impact of the JOBS program on reemployment and mental health. *J. Occup. Health Psychol.* 5, 32–47. doi: 10.1037/1076-8998.5.1.32
- [5]. Greenberger, E., Chen, C., Tally, S. R., and Dong, Q. (2000). Family, peer, and individual correlates of depressive symptomatology among U.S. and Chinese adolescents. *J. Consult. Clin. Psychol.* 68, 209–219. doi: 10.1037/0022-006X.68.2.209
- [6]. Harpaz, I., Honig, B., and Coetsier, P. (2002). A cross-cultural longitudinal analysis of the meaning of work and the socialization process of career starters. *J. World Bus.* 37, 230–244. doi: 10.1016/S1090-9516(02)00090-1
- [7]. Hu, Q., Schaufeli, W., Taris, T. W., Hessen, D. J., Hakanen, J., Salanova, M., et al. (2014). "East is East and West is West and never the twain shall meet" Work engagement and workaholism across Eastern and Western cultures. *Procedia* 1, 6–24
- [8]. Ng, T. W., Sorensen, K. L., and Feldman, D. C. (2007). Dimensions, antecedents, and consequences of workaholism: a conceptual integration and extension. *J. Organ. Behav.* 28, 111–136. doi: 10.1002/job.424

- [9]. Molino, M., Bakker, A. B., and Ghislieri, C. (2016). The role of workaholism in the job demands-resources model. *Anxiety Stress Coping* 29, 400–414. doi: 10.1080/10615806.2015.1070833
- [10]. Masuda, A. D., Poelmans, S. A., Allen, T. D., Spector, P. E., Lapierre, L. M., Cooper, C. L., et al. (2012). Flexible work arrangements availability and their relationship with work-to-family conflict, job satisfaction, and turnover intentions: a comparison of three country clusters. *Appl. Psychol.* 61, 1–29. doi: 10.1111/j.1464-0597.2011.00453.x
- [11]. Matsudaira, K., Shimazu, A., Fujii, T., Kubota, K., Sawada, T., Kikuchi, N., et al. (2013). Workaholism as a risk factor for depressive mood, disabling back pain, and sickness absence. *PLoS One* 8:e75140. doi: 10.1371/journal.pone.0075140
- [12]. Taris, T. W., Schaufeli, W. B., and Shimazu, A. (2010). “The push and pull of work: About the difference between workaholism and work engagement,” in *Work Engagement: A Handbook of Essential Theory and Research*, eds A. B. Bakker and M. P. Leiter (Hove: Psychology Press), 39–53.
- [13]. VanWijhe, C., Peeters, M., Schaufeli, W., and Van den Hout, M. (2011). Understanding workaholism and work engagement: the role of mood and stop rules. *Career Dev. Int.* 16, 254–270. doi: 10.1108/13620431111140156
- [14]. Graves, L. M., Ruderman, M. N., Ohlott, P. J., and Weber, T. J. (2012). Driven to work and enjoyment of work: effects on managers’ outcomes. *J. Manag.* 38, 1655–1680. doi: 10.1177/0149206310363612
- [15]. Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., and Podsakoff, N. P. (2003). Common method biases in behavioral research: a critical review of the literature and recommended remedies. *J. Appl. Psychol.* 88, 879–903. doi: 10.1037/0021-9010.88.5.879
- [16]. Van Wijhe, C., Peeters, M., Schaufeli, W., and Van den Hout, M. (2011). Understanding workaholism and work engagement: the role of mood and stop rules. *Career Dev. Int.* 16, 254–270. doi: 10.1108/13620431111140156
- [17]. Maslach C., Leiter M. P., Schaufeli W. B. (2009). “Measuring burnout,” in *The Oxford Handbook of Organizational Well-Being*, eds Cooper C. L., Cartwright S. (Oxford: Oxford University Press; ), 86–108. [Google Scholar] [Ref list]
- [18]. T. W., Schaufeli W. B., Verhoeven L. C. (2005). Workaholism in the Netherlands: measurement and implications for job strain and work-nonwork conflict. *Appl. Psychol.* 54 37–60. 10.1111/j.1464-0597.2005.00195.x [CrossRef] [Google Scholar] [Ref list]
- [19]. Borritz M., Christensen K. B., Bültmann U., Rugulies R., Lund T., Andersen L., et al. (2010). Impact of burnout and psychosocial work characteristics on future long-term sickness absence. Prospective results of the Danish PUMA Study among human service workers. *J. Occup. Environ. Med.* 52 964–970. 10.1097/JOM.0b013e3181f12f95 [PubMed] [CrossRef] [Google Scholar]
- [20]. Buerhaus P., Donelan K., Ulrich B., Norman L., DesRoches C., Dittus R., et al. (2007). Impact of the nurse shortage on hospital patient care: comparative perspectives. *Health Affairs* 26 853–862. 10.1377/hlthaff.26.3.853 [PubMed] [CrossRef] [Google Scholar]
- [21]. Chou L., Li C., Hu S. C. (2014). Job stress and burnout in hospital employees: comparisons of different medical professions in a regional hospital in Taiwan. *BMJ Open* 4:e004185. 10.1136/bmjopen-2013-004185 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [22]. Cullati S., Cheval B., Schmidt R. E., Agoritsas T., Chopard P., Courvoisier D. S. (2017). Self-rated health and sick leave among nurses and physicians: the role of regret and coping strategies in difficult care-related situations. *Front. Psychol.* 8:623. 10.3389/fpsyg.2017.00623 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [23]. Da Silva F. F., Jr., Diaz Merino E. A. (2017). Proposal for management of absenteeism among hospital nurses: a systematic review. *Acta Paulista Enfermagem* 30 546–553. 10.1590/1982-0194201700079 [CrossRef] [Google Scholar]
- [24]. Dall’Ora G. P., Ball J., I, Simon M., Aiken L. H. (2015). Association of 12 h shifts and nurses’ job satisfaction, burnout and intention to leave: findings from a cross-sectional study of 12 European countries. *BMJ Open* 5:e008331. 10.1136/bmjopen-2015-008331 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [25]. De Oliveira DR, Griep R. H., Portela L. F., Rotenberg L. (2017). Intention to leave profession, psychosocial environment and self-rated health among registered nurses from large hospitals in Brazil: a cross-sectional study. *BMC Health Serv. Res.* 17:21. 10.1186/s12913-016-1949-6 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [26]. Dyrbye L. N., Shanafelt T. D., Johnson P. O., Johnson L. A., Satele D., Colin P., et al. (2019). A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among American nurses. *BMC Nurs.* 18:57. 10.1186/s12912-019-0382-7 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [27]. Giorgi G., Mancuso S., Perez F. F., D’Antonio A. C., Mucci N., Cupelli V., et al. (2016). Bullying among nurses and its relationship with burnout and organizational climate. *Int. J. Nurs. Pract.* 22 160–168. 10.1111/ijn.12376 [PubMed] [CrossRef] [Google Scholar]
- [28]. Haddad L., Toney-Butler T. (2019). “Nursing shortage,” in *StatPearls* [Internet], eds Bayot M. L., Abdelgawad I. (Treasure Island, FL: StatPearls Publishing; ). [Google Scholar]
- [29]. Haegdorens F., Van Bogaert P., De Meester K., Monsieurs K. G. (2019). The impact of nurse staffing levels and nurse’s education on patient mortality in medical and surgical wards: an observational multicentre study. *BMC Health Serv. Res.* 19:864. 10.1186/s12913-019-4688-7 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [30]. Nielsen M. B., Indregard R., Marthe A., Krane L., Stein K. (2019). Workplace bullying and medically certified sickness absence: direction of associations and the moderating role of leader behavior. *Front. Psychol.* 10:767. 10.3389/fpsyg.2019.00767 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [31]. Nonnis M., Massidda D., Cuccu S., Cortese C. G. (2018). The impact of workaholism on nurses’ burnout and disillusion. *Open Psychol. J.* 11 77–88. 10.2174/1874350101811010077 [CrossRef] [Google Scholar]

Dr.R.Vijayapriya, et. al. “Workaholism, Burnout, and Work Engagement -Three Different Components of Nurses Well-being-An overview.” *IOSR Journal of Business and Management (IOSR-JBM)*, 23(10), 2021, pp. 31-37.