p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-35106-6-7 © 2024
https://doi.org/10.36315/2024inpact055

WORK ADDICTION AND WORK-RELATED DEPRESSION IN JAMAICA: WHAT IS THE COST OF TOO MUCH WORK?

Tracy A. McFarlane, & Sophia S. Morgan
Department of Sociology, Psychology & Social Work, University of the West Indies, Mona (Jamaica)

Abstract

Long working hours and occupational stress are well-recognized contributors to the global burden of disease (World Health Organization, 2019). Work addiction has relatively high prevalence rates and is strictly related to high stress in and outside work, overworking, stress-related diseases and disorders (Atroszko, Demetrovics, & Griffiths, 2020). Considering these findings, Jamaica was part of an international study to identify the risk factors for work addiction. Work addiction is a relatively new concept and has relevance beyond workplaces/organizations to a range of applied contexts, including health. In an increasingly diverse and globally interconnected workforce, it is important to establish the precursors and consequences of work addiction in varying countries and cultural contexts. These insights are necessary for psychosocial interventions to mitigate negative effects of work addiction and for identifying where there needs to be preventive efforts at the individual, organizational and government levels. The project was approved by the Research Ethics Committees in Katowice, Poland and the University of the West Indies, Mona, Jamaica. Two hundred and seventy-seven (277) adult Jamaican citizens who were working full-time for at least one year with organizations that have at least 10 employees in total, were recruited via work organizations and social media platforms to complete an online survey. Participation in the study was anonymous and voluntary. The Impact 2024 presentation is focused on the prevalence of Work Addiction (assessed using the Bergen Work Addiction Scale by Andreassen, Griffiths, Hetland, & Pallesen, 2012) and its relationship to Work-Related Depression (assessed using the Occupational Depression Inventory by Bianchi & Schonfeld, 2020). Frequencies and multiple regression analyses show high levels of work addiction and that higher levels of work addiction are significantly related to work-related depression. This presentation will extend beyond the findings to considering how such findings may inform Jamaican public and private sector organizations' policies and procedures regarding working conditions, work climate and organizational values.

Keywords: *Work addiction, work-related depression, job stress, Caribbean.*

1. Introduction

Work addiction and work-related depression are significant concerns in Jamaica, as is the case in many parts of the world. Achieving a balance between work and wellbeing can be especially challenging in work environments where there is a strong cultural emphasis on work and productivity, which might sometimes eclipse the importance of mental health and work-life balance. Studies of the workplace climate in Jamaica have focused largely on issues such as organizational trust (Mcleary & Cruz, 2015), employee engagement (Hines, 2015; Jamaica Business Development Corporation, 2016), commitment (Cowell, 2004), and worker productivity (Downs, 2003; Hines, 2015; Ramkissoon et al., 2016). Much of this work has explored worker–management relations and organizational culture regarding role expectations and individuals' attitudes toward work (Carter, 1997; Cowell, 2004; Lindo, 1997, 2002; Stone, 1982; Taylor, 2014).

Carter's (1997) pioneering studies on worker attitude in Jamaican organizations were conducted over fourteen years (1974-1988) involving 10877 participants. Carter found that "only 24 percent of the workforce could be characterized as being motivated and therefore, work-oriented" (p. 37), with 22 percent "critically withdrawn" (p. 38). Nearly a decade later, Cowell (2004) debunked Carter's dismal image of the worker. Cowell's study was based on data from a national survey of worker attitudes drawn from a population of 1026 workers in private-sector companies. The focus on business organizations was based on the intent for the survey to yield insights into relationships among market conditions, workplace practices, and worker attitudes. Overall, the study found that workers were strongly committed to work,

their jobs, and their organization. Cowell's (2004) study revealed that just under a quarter of the sample population was dissatisfied with their job. Cowell (2004) concluded that workers were not lazy but committed and motivated. The most recent of studies with similar findings was a study of employee engagement by Jamaica Business Development Corporation (JBDC; 2016) which found that 75.5 percent of the 500 workers surveyed were engaged; 35 percent were moderately engaged, and 41 percent were actively engaged.

The studies appear to highlight a transition in worker attitude from lazy and demotivated to committed and engaged. Despite this ostensible shift, a major concern over worker productivity persists.

In recent times, studies have focused on the effect of working conditions on workers' well-being. Burnout has been a topic of concern, even though much of this research has focused on those in service-related occupations. For example, a study examining the prevalence of stress, burnout, and coping among emergency physicians in Kingston, Jamaica showed 50% of participants scoring highly on emotional exhaustion and 53% of the participants reporting levels of perceived stress above the group average; stress was found to be positively correlated with emotional exhaustion (Hutchinson, Haase, French & McFarlane, 2014). This current study contributes to this emerging topic, shifting the conversation from a focus on worker productivity to identifying the critical consequences of workforce management and socio-economic health of the work environment for employees. Specifically, this paper explores the prevalence of work addiction and its relationship to work-related depression.

Clarke, et al (2016), defined workaholism as "an addiction to work that involves feeling compelled or driven to work because of internal pressures, having persistent and frequent thoughts about work when not working, and working beyond what is reasonably expected (as established by the requirements of the job or basic economic needs) despite potential negative consequences." (p. 5). Andreassen, et al (2012) observed a controversy among researchers regarding work addiction being a "positive attribute or behaviour tendency encompassing high work motivation" while others emphasize the negative aspects such as "compulsiveness and rigidity" (p. 265). Work addiction may be associated with positive consequences such as job satisfaction, however, it is important to highlight the negative consequences as a distinguishing element of work addiction. Workaholism is related to negative outcomes such as burnout, job stress, work conflict, and a decrease in physical and mental health (Clarke, et al, 2014), and can be influenced by cultural factors, economic demands, and personal traits.

Considering global trends in workplace wellness it is important to investigate the prevalence and effects of work addiction. More and more, organizations are adopting practices to enhance employee well-being and mental health. These practices include a focus on occupational wellness, mental health support, and incorporating sustainability into well-being initiatives. Jamaica's historical background warrants a better understanding of attitudes towards work and its effects on Jamaicans, leading to the following objectives for this study.

2. Objectives

What is the prevalence of work addiction?
What is the prevalence of work-related depression?
Is work addiction elated to work-related depression?

3. Design

The cross-sectional study was conducted in collaboration with researchers in 85 cultures from all over the world (from Africa, Asia, Australasia, Europe, North America, and South America). All researchers involved in the study were identified based on their expertise, invited to collaborate, and supervised in their tasks by team leaders in Poland, who disseminated the study protocol and maintained online communication with the international collaborators. The project was approved by the Research Ethics Committees in Katowice, Poland and, in Jamaica, by the University of the West Indies, Mona.

4. Methods

4.1. Participants

The non-probability sample consisted of two hundred and seventy-seven (277) adult Jamaican citizens who were working full-time for at least one year with organizations that have at least 10 employees in total. There were 219 women and 58 men in the study; the mean age of respondents was 43.16 years (SD = 12.41; ranging from 19 to 70 years old) with most persons (94.2%) having completed undergraduate or post graduate degrees. Five percent (5%) reported secondary or vocational education and one person had

p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-35106-6-7 © 2024
https://doi.org/10.36315/2024inpact055

completed primary education. Approximately forty-six percent (46%) reported having no children; 24% and 21% reported having 1 child and 2 children, respectively. Nine percent (9%) reported having 3 to 5 children. Thirty-five percent (35%) were married. A range of 115 occupations were reported (open-ended question) and grouped by the researchers into the following 10 categories: Art & Design (0.87%), Business and Finance (25.22%), Education (4.35%), Healthcare (14.78%), Information Technology (5.22%), Legal, Management and Consulting (12.17%), Marketing and Communications (6.09%), Science and Engineering (5.22%), and Social Services (19.13%). The occupations were in the public (61.4%) and private (38.6%) sectors.

4.2. Procedure

4.2.1. Recruitment. Potential participants were recruited by distributing recruitment materials through work/professional organizations and social media platforms.

4.2.2. Data collection. The electronic flyers included a link or QR code whereby volunteers accessed the informed consent form and survey.

4.3. Instruments

4.3.1. Work addiction. Work addiction was assessed using the 7-item Bergen Work Addiction Scale (BWAS; Andreassen, Griffiths, Hetland, & Pallesen, 2012). A sample item is, “How often during the past year have you thought of how you could free up more time to work?” Responses were recorded on a 5-point Likert scale ranging from never (1) to always (5). Higher scores on the scale indicate a higher level of work addiction. Andreassen, et al (2012) suggest a cut-off score of at least 4 out of 7 items endorsed as "often" or "always" to categorize someone as a workaholic. If a significant portion of the sample meets this criterion, it may indicate a higher prevalence of work addiction in the sample. Following this strategy, a cut-off score of 16 was established for this study.

4.3.2. Work-related depression. Work-related depression was assessed with the 9-item Occupational Depression Inventory (ODI; Bianchi & Schonfeld, 2020). A sample item is, “My work was so stressful that I could not enjoy the things that I usually like doing.” According to Bianchi & Schonfeld, a provisional diagnosis of job-ascribed depression is made if an individual exhibits a score of 3 on at least five of the nine ODI's symptom items, and one of these symptom items is anhedonia (item 1) or depressed mood (item 2). The symptoms should be experienced "nearly every day" over the past two weeks. If these criteria are met, the individual can be considered to have work-related depression. For the purposes of evaluating work-related depression in this group the following criteria was established: scores of at least 3 on items 1 or 2, plus an overall ODI score of at least 15.

5. Results

5.1. How prevalent is work addiction?

Work addiction scores ranged from 7 to 35, with a group mean of 19.35 (SD = 6.02). Chronbach’s alpha for the BWAS in this study is .85, indicating a high level of internal consistency (reliability). To determine the prevalence of work addiction, the percentage of valid cases (n = 265) scoring at least 16 (n = 187) was calculated. Therefore, 70.57% of the participants in this study met the criteria for work addiction.

5.2. How prevalent is work-related depression?

Work-related depression scores ranged from 0 to 25, with a group average of 8.46 (SD = 6.47). Chronbach’s alpha for the ODI in this study is .91. Of the valid cases (n = 252) the percentage with an overall score of at least 15 (n = 40) is 15.87%. *Further analysis will be conducted to identify the sub-group meeting the additional criteria for work-related depression.

5.3. Is Work addiction related to work-related depression?

The statistically significant ($p < 0.01$) Pearson correlation coefficient (2 tailed) between work addiction and work-related depression is 0.634. The regression model is statistically significant ($F=168.36$, $p < .001$) and shows that 40.2% of the variance in work-related depression is explained by work addiction ($R^2 = 0.402$).

6. Discussion

Work addiction is a complex issue that has garnered much attention in recent years, particularly as the lines between work and personal life have increasingly blurred due to changes in workplace culture and technological advancements. The data indicate a high prevalence of work addiction. At first glance these findings could be seen to align with Cowell's (2004) portrayal of an industrious Jamaican workforce, however, work addiction goes beyond being diligent to being a compulsive worker. The high prevalence of work addiction opposes the stereotype of Jamaica as simply a land of sea and sun. Still, every playground must be maintained, and leisure is facilitated by work. Indeed, the tourist industry is a significant contributor to Jamaica's GDP. In addition to tourism, the Jamaican job market is characterized by a diverse range of opportunities, with sectors such as agriculture, manufacturing, and services playing significant roles. Yet, unemployment remains a challenge, particularly among youth and those with limited access to education and training. Cultural expectations around work, along with heightening economic pressures, may be fuelling work addiction among those who are employed. It is important to note that this sample had a very high number of persons with graduate degrees and who were in occupations with high levels of responsibility. Work addiction is often associated with working long hours and leadership positions (Clark et al., 2016; Dutheil, et al., 2020). Hence, this profile is consistent with the higher prevalence of work addiction in the sample.

Work addiction is a threat to well-being, as work is pursued to the exclusion of other balancing aspects of the worker's life. This contrasts with a highly engaged worker, who, with the coping resources available to members of a work group, benefits from psychosocial modification of the effect of stress on health. Thus, it is possible to be committed to work and yet have protective factors that mitigate health vulnerabilities. The evidence of work-related depression in this study can stem from factors such as job stress, poor work-life balance, and unsupportive workplace environments. In Jamaica, economic fluctuations, job insecurity, or high work demands are among factors that could contribute significantly to work-related depression.

The statistically significant relationship between work addiction and work-related depression among this group demonstrates the likelihood that individuals with work addiction may be more prone to experiencing work-related depression. The mechanism whereby this occurs may be explained by excessive work leading to stress, burnout, and ultimately depression. Conversely, individuals with work-related depression might immerse themselves in work either as a maladaptive coping mechanism or due to increased pressure to perform, thereby leading to work addiction. Thus, the relationship highlights the mutually reinforcing nature of work-addiction and work-related depression.

This study expands the conversation about worker attitudes in the Jamaican workplace context, from issues of employee motivation, commitment, and engagement, to exploring the prevalence of work addiction and work-related depression. Given the high educational attainment of the sample, care should be taken in generalizing these results to the entire working population of Jamaica. Also, the non-probability sample and self-report data further limit generalizability.

With these cautions in mind, future research designs incorporating nationally representative samples, together with qualitative techniques (e.g., ethnographies and participatory action research) for unearthing the meanings of work and the collective identity of the worker would extend the gains of this study. Scrutiny of the context of work, examining factors such as work climate, working conditions, and organizational values will be useful for amplifying the sociohistorical and contemporary contributions to work addiction and its threats to employee well-being. Further, the current findings suggest the need for workplace interventions to implement more sustainable and effective work practices. These might include targeted and innovative programs for better work-life balance, mental health support, and stress management. At the policy level, regulations must go beyond mandatory pay rates for overtime work, to legislation protecting all levels of employees from extreme work demands. National public education campaigns and social marketing strategies can raise awareness about work addiction, reduce stigma against mental illnesses and promote mental health.

In conclusion, the data present a compelling picture of the negative effects of pathological work environments in Jamaica, suggesting an urgent need for culturally appropriate, multifaceted responses at all levels of society. By better understanding the precursors and consequences of work addiction and actively supporting wellbeing, Jamaican organizations can enhance employee engagement, reduce turnover and absenteeism, improve productivity, and create a positive brand image. It's a long-term investment in human capital, which can lead to sustainable success.

p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-35106-6-7 © 2024
https://doi.org/10.36315/2024inpact055

Acknowledgments

This paper is based on data collected in a project conducted by an international team led by Dr. Edyta Charzyńska from the University of Silesia in Katowice, Poland, and Dr. Paweł Atroszko from the University of Gdańsk, Poland.

References

Andreassen, C. S., Griffiths, M. D., Hetland, J., & Pallesen, S. (2012). Development of a work addiction scale. *Scandinavian Journal of Psychology, 53*(3), 265-272. doi:10.1111/j.1467-9450.2012.00947.x

Atroszko, P. A., Demetrovics, Z., & Griffiths, M. D. (2020). Work Addiction, Obsessive-Compulsive Personality Disorder, Burn-Out, and Global Burden of Disease: Implications from the WHO's ICD-11. *International Journal of Environmental Research and Public Health, 17*(2), 660. doi:10.3390/ijerph17020660

Bianchi, R., & Schonfeld, I. S. (2020). The Occupational Depression Inventory: A new tool for clinicians and epidemiologists. *Journal of Psychosomatic Research, 138*, 110249. doi:10.1016/j.jpsychores.2020.110249

Carter, K. (1997). *Why Workers Won't Work: The Workers in a Developing Economy, A Case Study of Jamaica, London and Basingstoke*. Macmillan Education Ltd.

Clark, M. A., Michel, J. S., Zhdanova, L., Pui, S. Y., & Baltes, B. B. (2016). All work and no play? A meta-analytic examination of the correlates and outcomes of workaholism. *Journal of Management, 42*(7), 1836-1873.

Cowell, N. (2004, September). Is work a four-letter word? Work attitudes and the myth of the lazy Jamaican worker. *Social and Economic Studies, 53*(3), 1-29.

Dutheil, F., Charkhabi, M., Ravoux, H., Brousse, G., Dewavrin, S., Cornet, T., ... & Pereira, B. (2020). Exploring the link between work addiction risk and health-related outcomes using job-demand-control model. *International Journal of Environmental Research and Public Health, 17*(20), 7594.

Hines, H. (2015). *An investigation of the influence of leadership engagement on employee engagement*. [Unpublished Doctoral Dissertation, University of the West Indies Mona].

Hutchinson, T. A., Haase, S., French, S., & McFarlane, T. A. (2014). Stress, Burnout and Coping among Emergency Physicians at a Major Hospital in Kingston, Jamaica. *West Indian Medical Journal, 63*(3), 262-263. doi:10.7727/wimj.2013.330

Jamaica Business Development Corporation (2016). *JBDC employee engagement Report*. Retrieved from https://www.jbdc.net/index.php/news/299

Lindo, L. I. (1997). *Caribbean Organizations*. Mona: UWI Press.

McLeary, C. N., & Cruise, P. A. (2015). A context-specific model of organizational trust: An examination of cognitive and socio-affective trust determinants in unique cultural settings. *Cross Cultural Management, 22*(2), 297-320.

Ramkissoon, M., Tennant, V. M., & Clarke, S. (2016). *Human Factors Affecting Productivity in Jamaica: Technical Report on Preliminary Findings*. Retrieved from https://www.researchgate.net/publication/299604127_Human_Factors_Affecting_Productivity_in_Jamaica_Technical_Report_on_Preliminary_Findings

Stone, C. (1982). *The Survey of Work Attitudes, Browns Town, Jamaica*. Muskegon, MI: Earle Press.

Taylor, C. (2014). The Refusal of Work: From the Postemancipation Caribbean to Post-Fordist Empire. *Small Axe, 44*, 1-19.

World Health Organization. (2019). *World health statistics overview 2019: monitoring health for the SDGs, sustainable development goals*. Geneva: World Health Organization.