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Article

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Workaholism as Predictor of Work-Family Conflict and Mental Well-Being: Comparison of Public and Private Sector Employees

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Abstract

Workaholism is employee's unnecessary deep immersion into his/her work to the extent that it affects his/her health. Present day work environment and competition foster such traits that propel an employee to opt for such work style. Current study is about the predictive relationship of workaholism with work-family conflict and mental well-being of employees. Participants for present study are from different public and private sector organizations. The study meets its objectives in two phases; phase I is tryout and phase II is main study. WorkBat, Work and Family Conflict Scale, and Warwick Edinburgh Mental Well Being Scale along demographic sheet and consent form are used for data collection. Besides determining psychometric properties of scales, *t*-test, correlation coefficient, and regression analysis are run. Findings of the study reveal significant positive relationship between workaholism and work-family conflict and significant negative correlation between workaholism and mental well-being. Significant differences emerge in study variables with reference to public and private sector, gender, and marital status. Moreover workaholism significantly predicts work family-conflict and mental well-being. Study highlights the significant predictive relationship of workaholic trait that contributes towards raised work-family conflict and poor mental well-being. Limitations of the study are highlighted and future implications are also discussed.

Keywords: workaholism, work-family conflict, mental well-being, workbat, and public and private sector employees

1. Introduction

Today's world is marked with number of challenges to meet. With every passing moment it is getting difficult for a common man to survive and combat with these competitive challenges. It is observed that individuals get failed to maintain balance between their work and family life because they devote much of their time to their work, ignoring their family relationships. This not only affects their family life but also their mental health in many ways. Work is an important element in one's life. For some it is to meet the basic

necessities and to achieve the designated goals whereas others view it as passion and get immerse to the extent that they forget their own health, family, and entertainment. Researchers label such fanatical employee characteristics as workaholics (McMillan, O'Driscoll, & Burke, 2003). Though previous research has mainly focused on the conflict between work and family life, yet additional research is required to explore the diverse nature of employees' pursuits other than required work as everyone has to perform multiple social roles but for some the family life is priority and for others friends and entertainment (French, Dumani, Allen, Shockley, 2017).

2. Literature Review

Workaholism is an individual's stability and extensive distribution of time to job-related actions and belief which does not compel from peripheral variables. Workaholism defines a person who works compulsively and excessively hard for long hours. Workaholism is not as same the hard working; it is somehow different from hard working and work addition. A person who works compulsively all the time without having any break or leisure time at the expense of other pursuits is known a workaholic (Mirza, 2012). In research, the workaholics who had high scores are highly involved and being compelled to their work and have a high level of work enjoyment. Enthusiastic workaholic had three main and high scoring components which include perfectionism, non-delegation of responsibility and the stress of job (Spence & Robbins, 1992). In other words, workaholism is also a kind of 'work addition, or this word can also be characterized by doing work excessively for long working hours it also includes a pressure of workload and lack of leisure time. It is also be associated with some forms of stress, social anxiety, obsessive-compulsive personality traits, impulse control disorder, and work-related obsessive-compulsive disorder (Aziz & Moyer, 2018).

Clark et al. (2010) originated many personality factors such as narcissism, negative effect, positive effect, and perfectionism, to be appreciably connected to workaholism. For such type of workaholics, their work is a part of their identity and they engulf into it beyond the job requirements. Workaholism has some positives and some negative outcomes, such as professional expertise, better career prospects, stress, burn out, poor mental and physical health, and more significantly its negative effects on workaholics' families (Andreassen 2013; Clark et al., 2016; Taylor et al., 2019). The term workaholism was initially coined by Oates (1971), who viewed it as compulsive or irresistible desire to work persistently. Most researchers agree that the term encompasses cognitive and behavioral components. The cognitive component indicates being overly occupied with work incessantly that worker cannot resist whereas behavioral aspect is related to investing much time and effort into work, far beyond the requirements (Clark et al. 2014; Taris et al., 2014).

Some other researchers have viewed workaholism in both positive and negative connotations such as workaholism in negative perspective and work engagement in positive dimension due to their work style (Schaufeli et al., 2008). Workaholics usually exhibit different patterns of work commitment. By showing over commitment to their work and willingness to take extra responsibilities without optimal rewards or incentives, they remain physically committed for excessive hours in the workplace (Schaufeli et al., 2008) even in absence of any specific task delegation they have a strong urge to continue working and face difficulty to get themselves disengaged from their workplace

(McMillan et al., 2003). Due to the compulsive nature of workaholics they frequently have to face work-family conflict that not only affects their psychological well-being but also their physical health. Work family conflict is a type of clash that arises within an individual when there are role pressures from both work and family (Greenhaus & Beutell, 1985). This type of incongruence creates a quandary within the individual regarding prioritizing family (work affecting family or WFC) and work (family affecting work or FWC). Previous research findings report negative relationship between work and family as more the individual is obsessed with work more it leads to conflict (Byron, 2005).

Several factors have been identified related to family and work experience such as women are inclined to experience higher levels of conflict than men, but the gap is narrower between younger men and women than older men and women (Dabbs et al., 2016; Bruening & Dixon, 2008; Graham & Dixon, 2014). Byron (2005) has identified number of other work- and nonwork-related factors as antecedents to work family conflict. Moreover, those individuals who are in persistent relationship (marriage and partnership) likely to have greater levels of work family conflict (WFC) and family work conflict (FWC) than those who are single (Schenewark & Dixon, 2012). Dysfunctional family relations (Matthiesen 2006), negative health outcomes, poor well-being of family members, and lessened life satisfaction (Bakker et al. 2008; Jung, 2019) are the consequences of such type of conflict. Some other personal variables have been recognized as determinants of WFC, for instance support from family, number and ages of children etc.

Wellbeing is a state of general mental health which consists of positive self-regard, integrated functioning, competence, and autonomy (Warr, 1999, cited in Burke, 2001). Ryff and Keyes (1995) model of psychological well-being consider well-being as multifaceted construct that encompasses six components i.e. autonomy, environmental mastery, purpose in life, positive relations with others, personal growth and self-acceptance. Previous research findings relating to workaholism reveal that it has detrimental consequence on employee wellbeing (Vodanovich & Piotrowski, 2006). Workaholics are more prone for coronary heart disease and burnout (McMillan & O' Driscoll, 2004). Other physical and psychological health issues are more frequently reported by workaholics (Spence & Robbins, 1992). Existing research literature shows mixed findings regarding relationship between workaholism and psychological wellbeing, varying from sample to sample and from culture to culture. With reference to Pakistan Sahar and Waqar (2014) found positive association between workaholism and psychological well-being of employees working in banking and telecom sector. Bank employees exhibited greater level of workaholism whereas no significant differences were observed across gender, marital status, management hierarchy, and income level.

Workplace setting plays a significant role in employee's productivity and mental well-being. Optimizing work place settings is crucial for wellbeing of employees and their families (Torp et al., 2018). Like other countries, in Pakistan also a broad demarcation exist between public and private sector organizations on the basis of organizational culture, their objectives and, productivity. Organization culture consists of certain factors such as vision, norms, language, symbols, gestures, assumptions, and beliefs etc. Values

of each organization culture are imparted and transferred to new members so that they and other members can think alike. In Pakistan, since the beginning of 21st century private sector organizations are constantly outgrowing in number and swiftly taking place of public sector organizations. Generally it is observed that private sector organizations are offering good employment opportunities, pleasant work environment, good salary packages, and maximum level of job satisfaction to its employees as compared to public sector organizations. Organizations are quite well aware that, to have a valuable and competent work force a dynamic, challenging, accepting, supportive and career oriented work environment is crucial. Realizing quickly changing world economies, markets, and investments, organizations are accordingly bringing a striking change in their conventional set up and are moving towards adopting more democratic organizational culture. Besides these radical steps adopted by organizations, in the race of excelling competitors and to attract investors, organizations creates such an atmosphere that promotes and rewards workaholic behavior that in turn gives rise to work family conflicts and poor mental well-being (Johnstone & Johnston, 2005). Though workaholic employees are considered as valuable assets for an organization yet, in the longer run, such employees turn out to be incompetent and a nuisance for the organization (Kuneca & Hundert, 2019). To our knowledge, little research has been conducted that has explored workaholism and its relationship with other study variables in different public and private sector employees.

Due to the consequences of workaholism discussed in literature and keeping in view the Pakistani organizational milieu and research gap in indigenous setting, the study aimed to investigate the relationship between workaholism, work family conflict, and mental well-being of public and private sector organizations. Moreover study intended to see the predictive role of workaholism in determining work family conflict and well being of employees and organization wise differences on study variables. To have more conceptual understanding Figure 1 shows predicted relationship among study variables

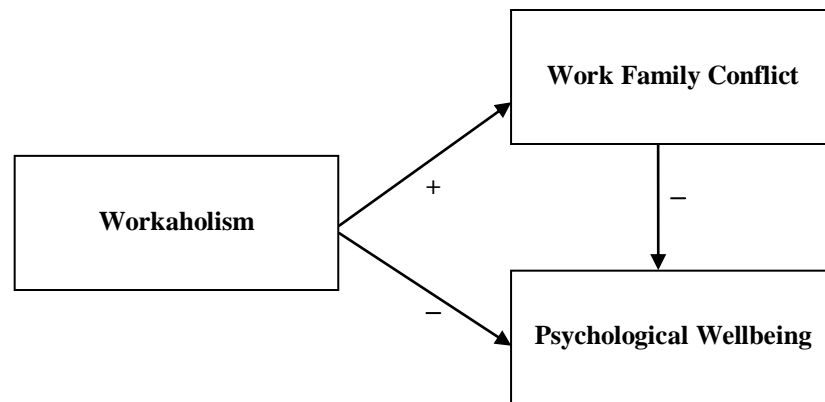


Figure 1: Hypothesized Relationship among Variables

3. Methodology

Present study was conducted in two phases to meet the following objectives:

3.1 Objectives

- To examine the association between workaholism, work-family conflict, and mental well-being.
- To explore the difference between private and public sector employees in workaholism, work-family conflict and mental well-being
- To see the predictive role of workaholism in work-family conflict and mental well-being of employees.

3.2 Hypotheses

To meet the objectives of study following hypotheses were formulated:

- Workaholism is positively related to work-family conflict.
- Workaholism is negatively related to mental well-being.
- Work-family conflict is negatively related to mental well-being.
- Public and private sector employees differ with each other in workaholism, work-family conflicts and mental well-being.
- Married employees have higher level of workaholism and work-family conflict and lower mental well-being than unmarried employees.
- Workaholism significantly predicts level of employees' work-family conflict.
- Workaholism significantly predicts level of employees' mental well being.

3.3 Instruments

A set of questionnaires comprising of consent form and demographic information was used to collect data. Following measures were used to collect data on study variables:

3.3.1 WorkBAT

WorkBAT (Spence & Robbins, 1992) is a four point likert scale which consist of 25-items and is a self-reported questionnaire with response options ranging from 1 (strongly disagree) to 4 (strongly agree). This scale was in simple English that can be easily comprehended by the participants. Possible score range on WorkBAT is 30 to 80. It has three sub-scales that are work Involvement (1-8 items; $\alpha = .59$), drive (9-15 items; $\alpha = .68$), and work Enjoyment (16-25 items; $\alpha = .73$). The reliability of total scale is .78. Item number 1, 2, 3, and 21 are negatively phrased. Construct validity of WorkBAT was determined through validation of its factor structure and criterion validity established by having positive correlation with Jenkins Activity Survey-Type A Behavior subscale (Erosy-Kart, 2005).

3.3.2 Work-Family Conflict Scale (WAFCS)

Work-Family Conflict Scale (WAFCS) was developed by Haslam, Filus, Morawska, Sanders and Fletcher (2015). The scale is in seven point likert format which consist of 10 items. It comprises of two sub scales; Work to Family Conflict Scale (item no. 1-5) with reliability of .80 and Family to Work Conflict Scale (6-10 items) with reliability of .84.

The reliability of total scale is .80. Respondents were asked to rate their level of agreement and disagreement 1 (very strongly disagree), to 7 (very strongly agree). The score ranges lie in 5-35 of both sub-scales. Authors reported sound construct, concurrent and predictive validity of scale.

3.3.3 Warwick Edinburgh Mental Well-Being Scale (WEMWBS)

Warwick Edinburgh Mental Well-Being Scale was developed by NHS Health Scotland (2008). It is a five-point likert scale which is used to assess the psychological functioning such as self-autonomy, self-acceptance, personal growth and special development of life. The reliability of 7 items scale was found to be .80. To assess respondents' level of mental well-being they are asked to rate the statements on response options from 1 (none of the time) to 5 (all of the time). On WEMWES average score is 51 and score range is 14 to 70. For scoring of WEMWES guidelines provided by Putz, Kate O'Hara, Taggart and Stewart-Brown (2012) were used. Internal construct validity of WEMWBS indicated unidimensionality of measure (Stewart-Brown et al., 2009).

4. Research Design

Correlational research design was adopted to discover the relationship between workaholism, work-family conflict and mental well-being of employees in public and private sector organizations. This research was conducted in two phases. Phase I was tryout of scales and Phase II was the main study to meet the objectives of research.

4.1 Phase I: Tryout

4.1.1 Objectives

The tryout was conducted out to see whether respondents comprehend the items of instruments clearly. The scales used in the study were Work Battery Scale, Work-Family Conflict Scale and Mental Well Being Scale.

4.1.2 Participants

Try out was done with employees of different public and private sector organizations from Islamabad and Rawalpindi. Total number of participants was 20 (40 % private sector, 60 % public sector; 20% females, 80% males). Lower and middle management employees participated in this phase.

4.1.3 Feedback from Participants

Participants' feedback was sought and from their comments it was found that no item was perceived as ambiguous or difficult to comprehend. On the basis of respondents' views it was decided to use the questionnaires in its original form.

4.2 Phase II (Main Study)

Phase II is the main study in which predicted hypotheses were tested and objectives of the research were met.

4.2.1 Procedure

Before conducting the study, as per ethical principles for utilizing the instruments it was deemed necessary to attain permission from authors for use of scales in research. For this permission was sought from authors of Work Battery, Work-Family Conflict Scale and Mental Well Being Scale. After getting permission researcher personally contacted the

head of different public and private organizations and briefed them about the nature and purpose of study. They were told that survey is about work related attitudes of employees and its impact on their personal and family life. It has no hidden purpose and researcher is merely interested to know about their work style, and how it influences them. After getting informed consent of participants they were asked to thoroughly read the statements and choose the best response option. After data collection participants were given opportunity to give their feedback and were acknowledged for their participation.

4.2.2 Sample

For present study purposive sampling technique was used for data collection. Organizations working only in Rawalpindi and Islamabad (two cities in Pakistan) were approached. As the study was planned to see the differences in public and private sector employees so organizations from both settings were approached on convenient basis. Those organizations that showed their willingness to cooperate were recontacted for data collection. In total of 218 employees (41.7% females and 58.2% male; $M_{\text{age}} = 1.41$ years; $SD = 1.64$; age range = 31-40 years) from different public ($n = 100$) and private ($n = 113$) organizations were contacted, out of which 213 volunteered to participate in this research. Data was collected from National Incubation Centre H-9/1, Islamabad ($n = 53$), PTCL Sale Centre I-9/3-Islamabad ($n = 50$), Pakistan Atomic Energy Commission Red Zone, Islamabad Capital Constitution Ave ($n = 10$), Radio Pakistan, G-5/1, Constitution Ave Islamabad ($n = 40$), NADRA Executive Office Exe Mall Road, Saddar, Rawalpindi ($n = 20$), Govt. Girls Degree College B-Block ($n = 20$), Govt. Islamia School for Girls, Waris Khan, Rawalpindi ($n = 10$).

5. Results

After data collection, to confirm the robustness data screening and cleaning was done. Moreover assumptions were tested such as homogeneity of variance for different groups was ascertained. Data was analyzed, and for this purpose alpha reliability coefficient of scales, correlation coefficient, regression analysis and *t*-test were run. SPSS-20 was used for analysis the data.

Table 1: Psychometric Properties of the Scales (N = 213)

Scales	No. of items	M	SD	α	Range		Skewness	Kurtosis
					Potential	Actual		
WH	25	73.6	12.3	.93	25-100	36-80	-1.58	.88
WFC	10	58.5	12.7	.97	7-70	13-70	-1.68	1.37
TFC	5	28.4	5.29	.91	5-35	8-35	-1.86	2.31
FTWC	5	30.0	7.74	.97	5-35	5-35	-1.70	1.42
MWB	7	14.9	5.85	.95	5-50	12-35	1.68	1.41
WI	8	20.6	3.05	.49	8-32	8-31	-1.55	2.66
D	7	18.0	2.27	.39	7-28	7-21	-2.47	5.87
WE	10	34.9	7.72	.97	10-40	13-39	-1.51	.64

Note. WH = Workaholism; WFC = Work-Family Conflict; MWB = Mental Well-Being; WI = Work Involvement; D = Drive; WE = Work Enjoyment; WTFC = (Work To Family Conflict; FTWC = Family To Work Conflict.

Table 1 showed psychometric properties of the measures which indicate that all the scales and subscales have sound reliabilities.

Table 2: Correlation Coefficient on Workaholism, Work-Family Conflict and Mental Well-Being of Employees with their Sub-Scales (N = 213)

Scales	WFC	MWB
WH	.83**	-.91**
WFC	-	-.89**
MWB	-	-

Note. WH = Workaholism; WFC = Work-Family Conflict; MWB = Mental Well-Being; WI = Work Involvement; D = Drive; WE = Work Enjoyment; WTFC = (Work to Family Conflict; FTWC = Family to Work Conflict. ** $p < .001$

Results of Table 2 showed significant positive correlation between workaholism and work-family conflict and significant negative relationship with mental well-being. These results highlight that those employees who have workaholic tendencies are more likely to experience work family conflict and tend to have low level of mental well being. Work-family conflict also shows significant negative relationship with mental well-being signifying that those who experience greater work family conflict have lower level of mental well-being.

Table 3: Public and Private Sector-Wise Difference in Workaholism, Work-Family Conflict and Mental Well-Being (N = 213)

Scales	Public (n = 100)		Private (n = 113)				95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (211)	<i>p</i>	<i>LL</i>	<i>UL</i>	
WH	80.00	.000	67.97	14.76	8.14	.000	9.11	14.93	1.152
WFC	65.00	.000	52.87	15.43	7.85	.000	9.08	15.16	1.11
MWB	12.00	.000	17.62	7.06	-7.96	.000	-7.022	-4.23	-1.12

Note. WH = Workaholism; WFC = Work-Family Conflict; MWB = Mental Well-Being; CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

Table 3 indicates the results of independent sample *t*-test for public and private sector differences on workaholism, work family conflict and mental well-being of employees. From findings it is evident that there is a significant ($p < .01$) difference among employees of public and private sector on workaholism and work family conflict. Workaholism and work family conflict exist more in public sector employees as compared to private sector employees. It is also evident from the table that there is a significant difference ($p < .01$) in mental well being of employees in both sectors. Employees of private sector reported greater level of mental well being than public sector. These differences are in accord to previous findings that reported negative outcomes of workaholism on personal relations and health (Aziz & Moyer, 2018; Clark et al., 2016).

Table 4: Marital Status-Wise Differences in Workaholism, Work-Family Conflict and Mental Well-Being (N = 213)

Scales	Married (n = 92)		Unmarried (n = 121)				95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (211)	<i>p</i>	<i>LL</i>	<i>UL</i>	
WH	77.71	7.77	70.50	14.10	-4.70	.000	-10.2	-4.22	0.63
WFC	62.31	9.44	55.71	14.61	-4.06	.000	-9.79	-3.04	0.53
MWB	13.17	3.96	16.36	6.65	4.08	.000	1.64	4.73	-0.26

Note. WH = Workaholism; WFC = Work-Family Conflict; MWB = Mental Well-Being; CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

Findings of Table 4 show marital status-wise differences in workaholism, work-family conflict and mental well-being of employees. Results indicated significant difference ($p < .01$) on study variables between married and unmarried employees. A closer analysis to mean scores revealed that married employees are more workaholic and experience high work-family conflict than unmarried employees. On the other hand unmarried employees reported high level of mental well-being than married ones. These findings offers plausible justification as being married brings additional responsibilities on individual

and to tackle with them one has to put more effort, time and energies that may give rise to workaholic tendencies. Previous findings (Robinson, Carroll, & Flowers, 2001) also lend support regarding difference between married and unmarried people on workaholism and work family conflict being and due to being positively associated to it each other work family conflict may also be high in married employees and demonstrates less marital cohesion.

Findings in Table 5 show the role of workaholism in predicting work family conflict and it is revealed through results that 69% of the variance in the work-family conflict can be explained by employees' workaholism tendencies. The model is significantly better at predicting the work-family conflict than having no model. Results indicate the beta values in the outcome variable change due to a unit change in predictor. Results of *t*-test are significant ($p < .01$) and beta coefficient is positive which indicates that work-family conflict rises as there is increase in workaholic tendencies.

Table 5: Linear Regression of Public and Private Sector Employees of Workaholism as a Predictor of Work-Family Conflict (N=213)

Model	B	SE	β	T	p	95% CI	
						LL	UL
Constant	-4.87	-	-	-1.64	<.001	-10.70	.95
WFC	.86	.04	.83	21.74	<.001	.78	.94
R ²	.69	-	-	-	-	-	-
F	472.90	-	-	-	-	-	-
ΔR^2	.69	-	-	-	-	-	-

Note. WFC = Work-Family Conflict; LL = lower limit; UL = upper limit.

Table 6: Linear Regression of Public and Private Sector Employees of Workaholism as a Predictor for Mental Well-Being (N=213)

Model	B	SE	β	t	p	95% of CI	
						LL	UL
Constant	46.88	1.01	-	46.17	.000	44.87	48.88
MWB	-.43	.014	-.91	-31.84	.000	-.460	-.40
R ²	.82	-	-	-	-	-	-
F	1014.13	-	-	-	-	-	-
ΔR^2	.82	-	-	-	-	-	-

Note. MWB = Mental Well-Being; LL = lower limit; UL = upper limit.

Results of Table 6 highlight the predictive role of workaholism in mental wellbeing of employees and it can be seen that 82% variance in mental wellbeing of employees can be attributed to workaholism. The model is significantly better at predicting the mental wellbeing. Values of *t*-test are significant ($p < .01$) and beta coefficient is negative which

indicates that level of perceived mental wellbeing goes down with increase in employees' workaholism. These findings are the extension of results shown in Table 2 that demonstrate negative relationship between workaholism and mental well-being. Predictive relationship between workaholism and mental well-being highlights that those employees who have greater tendencies of being obsessed with work (workaholic) are at risk of lower mental well-being. Previously Neto, Chambel, and Carvalho (2018) also reported similar sort of findings and considered work family conflict as important determinant of employee well-being.

6. Discussion

This study was designed with an aim to investigate the relationship among study variables and to see the predictive role of workaholism in work-family conflict and mental well-being of employees from public and private sector organizations. Findings showed significant positive correlation between workaholism and work family conflict and significant negative correlation of workaholism and work family conflict was observed with mental well-being. These findings lend support to hypothesis no. 1 and hypothesis no. 2 that stated positive relationship between workaholism and work family conflict and negative relationship between workaholism and mental well-being respectively. Both hypotheses were confirmed as results were in the hypothesized direction. Earlier studies also reported that increase in workaholism leads to increase in work and family conflicts (Robbinson, et al., 2006). Taylor et al. (2019) and Clark et al. (2016) also reported similar findings, as their study revealed a significant positive relationship between workaholism and work family conflict but this relationship was mediated through burnout. Results of Jung (2019) revealed that work obsession component of workaholism is positively associated with work family conflict but work enjoyment and work commitment have negative relationship with WFC. These findings indicate plausible justification for above cited results as workaholics are obsessed with their work even in the absence of tangible rewards to the extent of their own personal discomfort and experience work family conflict which leads to strained family relations. Due to limited resources in terms of money, time, energy and attention to spend on family life roles, and work demands exceed the available resources required to meet the demands of family life, work-family life conflict arises (Greenhaus & Buttel, 1985). Such as an employee working beyond required working hours may feel that the time spent at work infringes upon family and leisure time. Likewise, an employee also have to deal with number of workplace stressors that leads to stress and may create problems in maintaining a positive and healthy relationship with family and friends. Results of current study also confirmed hypothesis no. 3 that presumed a negative relationship between WFC and mental well-being signifying that greater the level of work family conflict lower will be the mental well-being. This can be further illustrated in the light of role conflict theory that advocates when pressures in one role are not aligned with other roles, conflict emerges. These findings are in accord to a study of Nohe, Meier, Sonntag, and Michel (2015) who also reported work family conflict as predictor of employees' mental well-being. Graham and Dixon (2017) provide support to current findings by highlighting men's role in struggle to balance competing role demands that put him under great deal of pressures and stress.

Significant differences across public and private sector on study variables confirm hypothesis no. 4 that assumed significant difference in workaholism tendencies, work family conflict, and mental well-being of employees working in public and private organizations. Results showed that public sector employees are high on workaholism and have more work family conflict than private sector employees whereas private sector employees have high level of mental well-being than public sector employees. With reference to Pakistan Yousaf and Hussain (2011) elucidated culture of private organization as more prolific, competitive, enthusiastic, and more concerned about employee well-being as compared to public sector. Moreover due to bureaucratic nature of public sector organization marked with fuzzy vision, discouraging culture and short of leadership skills, employees lack clarity regarding their roles and demands they have to fulfill. This leads to work family conflict, less job satisfaction and poor mental well-being (Ahmed et al., 2014).

Results of the study also supported hypothesis no. 5 by revealing significant differences on study variables between married and unmarried employees. Results showed that married employees are more workaholic and face more work family conflict and have lesser level of mental well-being than unmarried employees. These findings are in line to study of Keeney et al. (2013) that emphasized the family role which generally holds the primary position for married people due to which they experience higher level of work family conflict and specially who have young children, whereas unmarried give more importance to friends and leisure time. Findings of Graham and Dixon (2014, 2017) also provide unique lens to interpret the above mentioned results with reference to work family literature. Relevant to indigenous setting findings of Khan et al. (2014) and Aslam et al. (2011) provide support to above reported findings. Results also supported hypothesis no. 6 and 7 related to predictive role of workaholism in work family conflict and mental well-being of employees. This suggested that as workaholic tendencies increase, work family conflict also raises and level of mental well-being goes down. Midje, Nafstad, Syse, and Torp (2014) observed similar relationship between variables in Norwegian setting.

7. Theoretical Contributions

Above mentioned findings provide a deep understanding of the phenomenon of workaholism, its correlates and predictive role. Results support the previous findings and offer plausible explanation as due to being obsessed with work related thoughts and behaviors, not only affects individual's personal health and well-being but also create family clashes/conflicts that leads to divorces and separations. A person over occupied with work and ignoring health and family suffer from adverse consequences. Several important implications can be gleaned from results of this study. The significant relationship between workaholism and well-being, and workaholism and work family conflict signify organizations must set realistic goals and expectations from employee in an effort to keep their morale high and to their mental well-being. Setting impractical and unrealistic objectives, and raised work expectations act as precursors to workaholism (Schaufeli, et al., 2009). Reducing unnecessary work expectations lowers workaholism tendencies, which in turn raise the level of mental wellbeing. Realistic work demands set by the organization cultivate a healthy work environment for its employees and improve their efficiency and accomplish departmental goals (Lee & Chelladurai, 2018). Moreover

it seems justified that married employees face more work-family conflicts consequently leading to lower level of mental well-being than unmarried employees. The working environment of public sector organizations put the employees under more work pressures and leads to more work-family conflict than private sector employees. While working with workaholics practitioners may specially work on the negative effects workaholism has on individual's life and create awareness that how it does adversely affects their mental and physical health.

8. Limitations and Suggestions

Though current study has its implications but not free from potential limitations such as data was collected only from Rawalpindi and Islamabad. Small sample size also limits the generalizability of the findings. The study used cross sectional research design that does not probe the consistency of responses in longer run and to see progressive changes related to workaholism, work-family conflict and mental well-being. Future research may employ a longitudinal design to have better understanding of effects related to job characteristics which may clarify the possible reciprocal effect of employees' well-being and work-life conflict. Keeping in view above mentioned limitations it is suggested that upcoming researches may focus on employees from all over the Pakistan. Further studies may also explore the causal factors that contribute to workaholism. Moreover role of mediating factors may also be explored as study does not signify that whether its poor mental well-being contributes towards work family conflicts or vice versa. Indigenous measures must be developed so that employees/workers from different professions may also easily respond in local language. More collaborative studies should be designed to know more representative problems related to current study. Extending these findings to other populations such as sports, medicine, flying (pilots), and forces etc. would be a valuable opportunity for further studies.

9. Conclusion

Today's era is marked with growing concern about mental and emotional health and well-being. Present research mainly focuses on workaholism, work environments, and work family roles as work is central to healthy human survival. This study provides deep understanding and fertile ground for future inquiry. Findings have highlighted the significant impact of workaholism on work-family conflict and mental well-being. Apparently workaholic employees seem to be valuable assets for any organization but in the longer run they turn out to be inefficient and are less productive. Thus considering the nature or work requirements it seems prudent to discourage such tendencies specifically in those professions where health and financial matters of other people are at stake. Due to high risk of developing workaholism, it is recommended that directed actions may be taken to create awareness regarding how to maintain a healthy relationship between professional and private lives of employees. These findings paves way to further studies and have implications for organizational managements, practitioners, health care professionals and counselors while providing services to incumbents.

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