

The Relationship between Workaholism, Depressive Symptoms and Job Burnout Among Employees in The Central Region of Malaysia

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This study investigates the relationship between workaholism and depressive symptoms as well as the relationship between workaholism and job burnout among workers. The study employed a cross-sectional quantitative survey design in which the data collected by using an online survey method. Dutch Work Addiction Scale (DUWAS-10), Major Depression Inventory (MDI), Oldenburg Burnout Inventory (OLBI) were used in this study. A data from $N=146$ workers in Selangor, Putrajaya and Kuala Lumpur ($n = 93$ female, $n = 53$ male) were gathered and analysed. Pearson's correlation analysis revealed that there was a positive correlation between workaholism and depressive symptoms ($r(146) = 0.194, p = 0.019$). It was found that there was significant relationship between workaholism and depressive symptoms among workers, which raises the possibility that the increase level of workaholism also increase and depressive symptoms among workers or vice versa. It was also found out there was no significant relationship between workaholism and job burnout, even though the result shows there was negative correlation between workaholism and job burnout ($r(146) = -0.036, p = 0.667$). This raises the possibility that increase the workaholism level does not necessarily lowers the job burnout among workers or vice versa.

Keywords: workaholism, depressive symptoms, job burnout, workers

Introduction

The harmful effects of job-related stress on both physical and mental well-being, moderated by factors related to the individual's work environment as well as their personal traits, have been widely studied in relation to work addiction. Workaholism has been explored extensively by researchers. Milicev et al. (2021) conducted a study examining mental health outcomes and their association with various demographic, trait, academic, policy, and social support variables among 479 postgraduate researchers aged 21 to 73 years from 47 universities in the UK. The results indicated that workaholism was a predictor associated with more severe depression and was linked to a higher

number of mental health outcomes compared to other variables studied.

Kang (2020) finding a prevalence rate of 39.7% among Korean employees. Socio-demographic factors influencing workaholism were also investigated, revealing differences across gender, job security, work hours, age groups, and educational levels. In Korea, men tended to exhibit higher levels of workaholism compared to women. Those with job security showed higher tendencies towards workaholism than those without. Employees working more than 50 hours per week demonstrated higher levels of workaholism than those working 40 hours

or less. Numerous studies on workaholism consistently show a link to both physical and mental health issues (Akutsu et al., 2022). For instance, workaholic behaviours have been connected to anxiety (Matsudaira et al., 2013), burnout (Galdino et al., 2021), cardiovascular disease (Balducci et al., 2021), and depression (Dutheil et al., 2020; Yang et al., 2020).

Mental illnesses represent a significant global public health concern. According to the Global Health Data Exchange (GDRX) and the World Health Organization (WHO) in 2021, depression ranks among the most prevalent mental disorders worldwide, affecting 3.8% of the population, equating to over 280 million individuals. This includes 5.0% of adults and 5.7% of those aged 60 and above. In Malaysia, the National Health and Morbidity Survey (2019) reported a national depression prevalence of 2.3% among Malaysian adults, amounting to approximately half a million people. According to a survey conducted by Employment Hero, a human resource solutions provider, 58% of employees reported experiencing burnout, with 51% indicating average or poor work-life balance in their 2022 Employee Wellness Report, which surveyed over 1,000 Malaysian employees. Burnout is characterized by three primary components: emotional exhaustion, depersonalization, and reduced personal accomplishment. As per this analysis, people who are persistently engaged in their jobs without taking adequate breaks risk developing burnout due to insufficient recovery time from intensive workload demands being an essential part of it all particularly for those under high internal pressure regarding their employment status where persistent feelings like guilt or worry can result in further degradation of one's overall psychological health condition too. Malinowska et al. (2018) define workaholism as excessive involvement in labor, prolonged working hours beyond job requirements, and strong dedication to

work. Judd and Akiskal (2000) suggest that symptoms of depression ranging from mild to major depressive disorder exist on a severity spectrum in individuals with unipolar major depressive disorder. Each level is marked by increasing levels of psychosocial impairment. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) characterizes depression according to various indicators such as sadness, apathy, fatigue, sleep disturbances, changes in weight or appetite, cognitive difficulties like decreased concentration and slowed thinking, reduced libido, feeling guilty, negative thoughts, suicidal ideation potentially all being potential markers for this condition.

The term "burnout" was originally coined in 1975 by U.S. psychologist Herbert J. Freudenberger (1926–1999) to describe workers in clinics facing heavy caseloads. Jin et al. (2023) defined burnout as a condition characterized by emotional fatigue, depersonalization, and decreased personal achievement. Emotional fatigue, a central aspect of burnout, manifests as feelings of being overwhelmed and depleted of emotional and physical resources. Depersonalization involves adopting a negative or overly distant attitude towards others. Lastly, diminished personal accomplishment refers to a decline in feelings of competence and effective performance at work, often stemming from prolonged physical or mental strain or an overwhelming workload.

Problem Statement

According to Nur Jannah Abdullah and Syazwana Aziz in 2023, recent statistical studies demonstrate that work stress has a significant impact on workers' health. This discovery corresponds with the National Health and Morbidity Survey of 2018 in Malaysia which found high rates of depression where work pressure contributed to about 20% reported cases.

Globally, statistics show around 450 million individuals facing severe depression at their workplace. The World Health Organization (WHO) notes that by the year of its estimation (2016), over two million suicides resulted from occupational troubles; almost two-thirds were people residing within Asia. Thus, addressing mental well-being is an urgent matter for maintaining psychological equilibrium among Malaysian employees since factors such as long working hours or limited autonomy may lead them towards issues like "workaholism" or low wages-ultimately contributing not only nationwide labour shortages but also increasing mental strain populace-wise consequently posing its consequential threats on society's efficiency further along into time.

The American Psychological Association's Striving for Mental Health in the Workplace initiative launched in 2022 revealed that employees experiencing high levels of stress are highly likely to have decreased engagement and commitment, leading to absenteeism and negatively impacting a company's financial performance. Research by Hassard et al. (2018) estimated nationwide job-related stress costs as much as \$187 billion annually, with up to 90% being due to reduced productivity. The pandemic has exacerbated this issue further emphasizing mental health problems at work; thus, it is crucial identifying triggering factors or risks involved.

Studies indicate that psychological disorders such as anxiety depression, exhaustion can result from addiction or excessive zeal for work peculiarly called "workaholism" Fernandez et al., (2020). However, research on Workaholism specifically within Malaysia remains scanty despite these findings Hence, it becomes essential examining the relationship between employee wellbeing exhibited through depressive symptoms among Malaysian workers considering their

inclination toward overworking i.e. (Workaholics). Job burnout and workaholism are closely related and present significant issues in the workplace. It is a syndrome caused by chronic stress that persists due to ineffective management, leading to emotional exhaustion along with detachment or negativity. Organizations face serious consequences such as absenteeism, job dissatisfaction, psychological distress, physical health concerns when employees experience job burnout. Research highlights the increased risk of prolonged workplace absence exceeding two weeks from illness (57%), developing depressive disorders (180%), Type 2 diabetes risks at 84%, and hypertension risks at 40% for those suffering true workplace burnout. When burnout spreads within an organization, it can harm not only individuals but also the productivity, service quality, and innovation of that organization.

Research Objectives

Drawing upon this statement, this study aims to (1) determine the level of workaholism, depressive symptoms and job burnout among workers, (2) to examine the relationship between workaholism and depressive symptoms among workers and (3) to examine the relationship between workaholism and job burnout among workers. Prior research largely concentrated on countries like Korea, Japan, China, Poland and Pakistan creating a noticeable void in literature specifically concerning Malaysia. Therefore, the objective of this study is to supply novel viewpoints pertaining to workaholism especially within the Malaysian demographic. The research has extensive societal implications by benefiting not only employees but also human resources experts within companies and scholars exploring this field of study.

Additionally, the objective of this research was to increase recognition and broaden

comprehension regarding the paramount significance of improving mental well-being in work settings and establishments by addressing these urgent matters. It accentuated worker prioritization towards their psychological wellness while urging top-level executives within Malaysian enterprises to acknowledge and tackle such challenges related to employees' mental health. Through promoting a constructive leadership approach that incorporates rational task allotment along with timelines, organizations have the potential ability to cultivate an atmosphere that augments workers' sentiments of positivity, contentedness, as well as eagerness (Arnold et al., 2007). This technique can enable them effectively to manage their workload without relying on overworking that leads directly towards exhaustion or burnout.

Andreassen et al. (2016) found that workaholism is associated with indications of underlying mental health conditions, including depression. Their study, involving over 16,000 adults, assessed work addiction and mental health. Approximately 8% met the criteria for workaholism, characterized by excessive work concerns, uncontrollable motivation, and neglect of other life areas. Workaholics showed significantly higher levels of psychiatric symptoms, up to four times more than non-workaholics, aligning with the link between workaholism and depressive symptoms.

The studies mentioned above thus far provide evidence that depressive symptoms have a positive relationship with workaholism. The theoretical rationale for this is derived from the Self-Determination Theory (SDT), pioneered by Edward Deci and Richard Ryan that explores how autonomy influences motivation. self-determination involves an individual's capacity to make choices and manage their own life. The theory posits that humans are inherently proactive and seek personal growth, facilitated by the fulfillment of

three fundamental psychological needs: autonomy, competence, and relatedness (Deci et al., 2017). Autonomy pertains to the freedom to choose and initiate actions (Deci and Ryan, 2000), while competence involves successfully completing challenging tasks and achieving desired outcomes (White, 1959). Relatedness focuses on forming positive relationships and experiencing mutual respect (Baumeister and Leary, 1995). Research suggests that some individuals may use work as a coping mechanism for anxiety and depression, rather than workaholism developing solely from intrinsic motivations (Andreassen et al., 2016). This behavior may stem from cultural values that prioritize hard work as a means to bolster self-worth and achieve external recognition and rewards (Taris et al., 2020; Griffiths, 2005; 2011).

According to the Job Demands-Resources (JD-R) theory, stress arises from an imbalance between job demands and the resources available to meet them. Demerouti et al. (2001) proposed that when job demands exceed an employee's perceived physical or mental resources, it leads to exhaustion, depletion, and negative health outcomes such as burnout. Workaholism fits this framework as it involves excessive work addiction or overworking, which depletes energy and resources, thereby increasing the risk of burnout (Andreassen et al., 2018; Aziz & Moyer, 2018; Shimazu et al., 2010; Sun et al., 2022). Workaholics struggle to effectively manage job demands and often fail to recover their personal resources or energy due to their compulsive and addictive work behaviors (Bakker & Oerlemans, 2011). According to Schaufeli et al. (2008), workaholics impose excessive demands on themselves, driven by their inability to detach from work and their compulsive work habits. Sustained high levels of work demands contribute significantly to burnout (Schaufeli et al., 2008).

Hypothesis

Therefore, by drawing on the concept of both theories, we hypothesize:

H₀₁: There is no significant relationship between workaholism and depressive symptoms among workers.

H₁: There is a significant relationship between workaholism and depressive symptoms among workers.

Recent studies have highlighted a connection between workaholism and depressive symptoms. Rogowska et al. (2022) conducted a cross-sectional study to investigate this association among university students, examining gender as a potential moderator. The study involved 182 undergraduates, including 102 women, aged 20-28 years, who volunteered from a university in South Poland. Depressive symptoms were measured using The Beck Depression Inventory (BDI), while workaholism was assessed using The Work Addiction Risk Test (WART), both employing four-item scales. The findings revealed a positive association between depression and workaholism. This study contributes to the theoretical understanding of how workaholism and depression relate, although it acknowledges limitations such as a small sample size and the potential for bias due to standard methods.

Back to previous literature review, Sun et al. (2022) conducted a study examining the relationship between workaholism and burnout among 199 mental health professionals in Macao, China. The findings indicated a positive association between work addiction and burnout. Specifically, work addiction mediated the relationship between psychological empowerment and job burnout among mental health professionals. This suggests that workaholism plays a significant role in linking psychological empowerment with

the experience of burnout in this occupational group.

On the other hand, study by Makhdoom et al. (2022) findings revealed a notable negative relationship between workaholism and burnout. Specifically, workaholism was found to significantly predict higher levels of Psychological Capital (PsyCap), which in turn negatively predicted burnout. This suggests that individuals with stronger psychological resources, such as PsyCap, may be less susceptible to experiencing burnout despite exhibiting workaholic tendencies. The research highlights the complexity of the relationship between workaholism and burnout, indicating that factors like Psychological Capital can mitigate burnout symptoms by fostering positive coping strategies and personal resilience.

Based on the consideration of literature review before, thus we hypothesized:

H₀₂: There is no significant relationship between workaholism and job burnout among workers.

H₂: There is a significant relationship between workaholism and job burnout among workers.

Method

Research Design

The current study utilized a cross-sectional research design to explore the relationship between workaholism, depressive symptoms and job burnout. Additionally, it aimed to investigate how workaholism relates to both depressive symptoms and burnout, and whether they mutually influence each other. Data were collected using online survey questionnaires distributed via the Google Form platform, chosen for its convenience in sharing with participants who could complete it at their convenience.

Sample and Location of The Study

This study involves gathering information from $N=151$ employees by using a convenience sampling method for its ease of access and proximity to the researcher. The targeted employees were located in Selangor, Putrajaya and Kuala Lumpur. According to (Department of Statistics Malaysia, 2022) it shows the Annual Economic Statistics (AES) 2022 economic sector of agriculture, mining, and quarrying, manufacturing, construction, and services. Based on state-level economic indicators, the leading states included Selangor, W.P. Kuala Lumpur, contributing 60.8% to the total value added. These areas were strategically chosen for data collection due to their substantial worker populations.

The inclusion criteria for the subject populations are defined based on several key factors such as participants must be workers aged 23 years old and above, holding at least a diploma or equivalent in educational qualifications. Additionally, they must have a minimum of one year of working experience and can be employed in the government or private sector. These criteria ensure that the study targets a specific and relevant demographic for accurate and meaningful results.

Ethical Consideration

Initially, after this study being approved by UPSI Human Research Ethics Board, data collection commenced using an online questionnaire created on Google Forms, this is due to ensure compliance with ethical standards for this study (Reference: 2024-0352-01). Participation was entirely voluntary, and participants had the right to withdraw from the study at any time without facing penalties. They were informed about both the benefits and risks associated with participation. The informed consent assured participants that their

identities would remain confidential, and only the researcher would have access to their data. Additionally, the researcher's contact information was provided for participants to address any questions, doubts, or concerns about the study or their rights. To participate, volunteers were required to read and comprehend all provided materials and sign the informed consent form. Of the total number of questionnaires completed, five were excluded due to missing data and response biases, leaving a final total of $N=146$ respondents.

Instruments

Instrument comprised five sections of online questionnaires. The first and second section included informed consent and demographic information, capturing background details of the participants. The rest of sections incorporated three instruments utilized in the study. Dutch Work Addiction Scale (DUWAS-10; Schaufeli et al., 2009), In a study by Ovardia et al. (2014), the Cronbach's alpha coefficient for the overall scale was reported as 0.78, with values of 0.70 for the working compulsively subscale and 0.61 for the working excessively subscale. While the internal consistency for the working excessively subscale was somewhat low, test-retest reliability was satisfactory for both subscales, contributing to overall scale reliability. Next, Major Depression Inventory (MDI; Bech et al., 2001), In a study involving Greek patients with depression, Kalogeropoulos et al. (2006) reported Cronbach's alpha coefficients of 0.89 for the total scale and 0.86 for both the somatic and affective subscales, indicating excellent internal consistency. Lastly, Oldenburg Burnout Inventory (OLBI; Demerouti et al., 2001). According to Reis et al. (2015), the OLBI demonstrates high scale reliability with Cronbach's alpha coefficients of 0.63 for the overall inventory, and 0.87 for exhaustion and 0.81 for disengagement

subscales. Additionally, the inventory shows acceptable factorial, convergent, and discriminant validity as demonstrated by Halbesleben and Demerouti (2007). For statistical analysis, Pearson correlation coefficient is being analysed by using IBM SPSS Statistics version 26.

Workaholism

Workaholism were measured using The Dutch Work Addiction Scale (DUWAS-10), developed by Schaufeli, Shimazu, and Taris (2009), of 10 items, divided into two 5-item subscales measuring two dimensions (working excessively and working compulsively). Examples include items like "I seemed to be in a hurry and racing against the clock" for working excessively and "I felt obliged to work hard, even when it's not enjoyable" for working compulsively. Respondents rate their agreement on a Likert-type scale ranging from 1 (almost never) to 4 (almost always). The original DUWAS-10 underwent in the back translation process in Malay and English by the expert.

Depressive symptoms

Depressive symptoms were operationalized using Major Depression Inventory (MDI), developed by Bech et al. (2001) consists of twelve items. Functionally, the MDI consists of 10 items, as items 8 and 10 each have two sub-items where only the higher score between them (a or b) is counted. The inventory utilizes a 6-point Likert scale ranging from 0 (at no time) to 5 (all the time). For example, a sample item asks, "How much of the time have you felt low or sad?" Respondents indicate their feelings over the past two weeks. The MDI has been translated into Bahasa Melayu by Abas et al. (2015) for use in Malaysian contexts.

Job burnout

Two sub-dimensions of job burnout which is exhaustion and disengagement were measured using Oldenburg Burnout

Inventory (OLBI; Demerouti et al., 2001) consist of 16 items. These dimensions include both positively and negatively worded items. For instance, under the exhaustion dimension, an example item is "I can tolerate the pressure of my work very well," while under disengagement, an example is "I always find new and interesting aspects in my work." Responses on the OLBI are rated on a four-level Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). Reverse scoring is applied to negative items. Higher scores on both dimensions indicate higher levels of burnout. The OLBI has been translated into Bahasa Melayu by Mahadi et al. (2018).

Results

Descriptive Analysis

Respondent's Sociodemographic Data

Highest respondent of the current study is female ($n=93$, 63.7%) while the number of male respondents in this study is 53 with a percentage of 36.3%. Respondent with 10 years above of working experience ($n=68$, 46.6%) answered the most in this study. The majority of respondent have a bachelor's degree in academic qualification ($n=47$, 32.2%) and the least respondent have doctorate ($n=30$, 20.5%). Moreover, workers in government sector ($n=90$, 61.6%) answered the most in this study. From the data collection, workers from the age 40-50 years old ($n=49$, 32.9%) have the highest participation in this study.

Level of Workaholism, Depressive Symptoms and Job Burnout

The study assessed the level of workaholism, depressive symptoms, and job burnout among workers. As shown in Table 1 below, the mean workaholism score was 2.45 (SD=0.426), indicating a high level of workaholism among respondents, surpassing the scores of construction

workers and farmers in a previous study in the Netherlands (Taris et al., 2012). For depressive symptoms, the mean score was 19.73 (SD=10.28), categorizing the respondents as having no or doubtful depression according to Bech et al., (2015). Moreover, the mean job burnout score was

39.16 (SD=4.24), with components of disengagement (M=19.93, SD=2.82) and exhaustion (M=19.23, SD=2.88), both indicating a low level of job burnout, as all scores fell below the moderate range. workers in this study have a lower level of job burnout.

Table 1
Descriptive Statistics

Variables	M (SD)
Workaholism	2.45 (0.426)
Depressive Symptoms	19.73 (10.28)
Job Burnout	39.16 (4.24)

N=146

Inferential Analysis

Correlation between Workaholism and Depressive Symptoms

Table 2 shows relationship between workaholism and depressive symptoms. The results have been done by using Pearson correlation test. Relationship between workaholism and depression symptoms were found low positively correlated, ($r = 0.194, p = 0.019$). Increase the level of workaholism will increase depression symptoms. The *P*-value indicate that the correlation is significant at the significance level of *alpha* 0.019. Thus, it concludes that it rejects the null hypothesis, whereas there is significant relationship between workaholism and depressive symptoms.

Correlation between Workaholism and Job Burnout

Table 3 shows relationship between workaholism and job burnout. The results have been done by using Pearson correlation, ($r=-0.036, p=0.667$). Based on the *P*-value, it indicates that the correlation is not significant at the significance level of *alpha* 0.667. In other words, since the results are not significant, it concludes that there is no significant relationship between workaholism and job burnout among workers. Thus, it concludes that failed to reject the null hypothesis.

Table 2
Correlation between Workaholism and Depressive Symptoms

Variables	M (SD)	r	p
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Workaholism	2.45 (0.426)	0.194	*0.019
Depressive Symptoms	19.73 (10.28)		

N=146, Significant at the 0.05 (p-value <0)

Table 3
Correlation between Workaholism and Job Burnout

Variables	<i>M (SD)</i>	<i>r</i>	<i>p</i>
Workaholism	2.45 (0.426)	-0.036	0.667
Job Burnout	39.16 (4.24)		

N=146

Discussion

Based on the previous results, the findings stated that there is a significant relationship between workaholism and depressive symptoms among workers, hence H₁ is supported. According to SDT, workaholism may stem from frustration when these basic psychological needs are unmet. For example, concerning autonomy, workaholics often perceive a lack of control over their work and may view their tasks as driven more by external pressures than intrinsic motivation (Deci et al., 2000). The ongoing stress and sense of unfulfillment associated with workaholism, including the inability to satisfy the psychological needs for autonomy, competence, and relatedness, can lead to feelings of helplessness and worthlessness, common indicators of depression.

The majority in gender representation females compared to males in this study could be a contributing factor to the observed correlation between workaholism and depressive symptoms among workers. Females are notably more susceptible to developing depression compared to males, influenced by a variety of factors such as social dynamics, hormonal fluctuations, biological variances, and other psychological factors.

The unique characteristics and behaviour of the female participants in this study may have influenced the overall correlation

between workaholism and depressive symptoms among workers.

Majority sample had over 10 years of working experience, which may have contributed to the significant relationship between workaholism and depressive symptoms among workers. One contributing factor could be that individuals with extensive work experience are likely to accumulate stress from prolonged exposure to job demands and long hours over the years. This idea is supported by research conducted by Zadow et al. (2020), which demonstrated that prolonged exposure to challenging work conditions and extended hours heightens the risk of developing depressive symptoms, particularly among those with longer tenure in the workforce due to cumulative stress. The accumulation of stress and work patterns over time can significantly impact mental well-being.

Next, the study also revealed that there is no significant relationship between workaholism and job burnout. Therefore, H₂ is supported. The possible explanation is that workers may have developed high efficacy beliefs and resilience when facing stressful situations at work, serving as personal resources that were positively associated with employees' work engagement rather than with being workaholics. High efficacy beliefs can lead workers to feel more competent and capable of managing their tasks, while resilience helps them to recover quickly

from setbacks and remain positive in challenging situations. It is worth noting that the mean scores for workaholism are high and that the scores for job burnout are low, suggesting that the participants exhibited reasonable personal resources, including characteristics such as self-efficacy, resilience, and optimism (Bakker & Demerouti, 2008; Salmela-Aro & Upadyaya, 2014; Xanthopoulou et al., 2009). These traits likely helped the workers to cope effectively with the demands of their jobs and to maintain a positive outlook despite high levels of workaholism.

This statement can be supported by relating it with theoretical context of Job Demands-Resources (JD-R) Model, where distinct energy-driven and motivational processes influence work engagement and burnout symptoms, which are associated with job demands and resources. For instance, a higher workload can lead to exhaustion and other burnout symptoms, resulting in absenteeism. Conversely, maybe abundant workplace resources also may enhance motivation, engagement, and reduce turnover (Bakker, Demerouti, & Schaufeli, 2003; Schaufeli, Bakker, & Van Rhenen, 2009). This theory is proved by the previous researched conducted by Upadyaya et al. (2016) that emphasized that high resilience was negatively associated with burnout and that resilience at work is an important personal resource which hinders the appearance of burnout. It is possible that workers high in resilience are effective in adapting to changing situations both at work (Bakker & Demerouti, 2008).

Significance of The Study

This study could enhance individual awareness regarding their mental health states and address their work habits by providing the workers with the valuable information from this study, so they were

aware that workaholism may lead to depressive symptoms and other negative outcomes. This allows individual to take early intervention strategies, such as seek a better balance between work and personal life, have a good coping mechanism in managing stress in the workplace and change their work behaviour by being more work engagement rather than being workaholics.

It is crucial for managers in every organization to proactively identify workaholic employees and provide support to mitigate the negative impacts of workaholism. Managers can play a pivotal role by developing training programs aimed at educating employees on recognizing the signs of workaholism and depression, as well as offering strategies to address these issues effectively within the organization. Organizations should consider implementing new policies that promote a healthier working environment. These could include flexible working hours and regular breaks, such as coffee breaks, which allow employees to refresh their minds and take time away from work tasks. Such measures can significantly reduce stress and burnout in the workplace.

Although this study found no significant relationship between workaholism and job burnout, it highlights the need for further research in the field of employee mental health. To validate our findings, additional studies are necessary to compare results and enhance our understanding of the dynamics between workaholism and job burnout. This study could also prompt a re-evaluation of whether workaholism and job burnout are distinct constructs, given that each is defined, measured, and understood in different contexts. Furthermore, this research can contribute to the broader knowledge base in psychology, particularly in academic settings.

Limitations

Indeed, every study has its limitations and it is important to acknowledge them to provide a balanced interpretation of the results. Firstly, the limitation of this study is the unbalanced number of participants based on gender, it is important to consider that gender differences may influence to the study regarding the correlation between workaholism and job burnout, as females are reported more prone to experience burnout compared to male.

Small sample size could also be one of the limitations of this research. Although, the study included 146 of workers, a larger sample size would have provided more statistical power and improved the accuracy of the results. This is due to the variability of the experiment would be more accurately determined by the standard deviation of the population.

The emphasis on sample of workers only from three area which is Putrajaya, Selangor and Kuala Lumpur limits the generalizability of the findings to a broader population. This limited geographic scope reduces the population diversity and decreases the variability of the samples, which in turn affects the study's results. Smith et al. (2019) found that increasing the sample size and including participants from different regions improved the detection of significant relationships to their study.

Suggestion for Future Research

Future research should expand the study to a larger sample size, encompassing workers of multiple organizations from various states across Malaysia. This would provide a more accurate generalizability of respondent to ensure the outcomes and findings of gathered data have high validity and reliability. Since workaholism has been linked to low level of job burnout, future studies might would like to see whether or not motivation plays a confounding variable in this relationship. According to Van Beek et al., (2012) high levels of

extrinsic motivation are likely to be positively associated with workaholism, since workaholic employees is working for its instrumental value, and that the different types of motivations may function as a mediator between these two relationships. Thus, understanding of potential risk factor can be gained by analyzing the relationship between motivation and the level of job burnout among workers.

Conclusion

The current study contributes to the growing body of literature on the importance of addressing mental health in the workplace, particularly in managing workaholism to prevent depressive outcomes while focusing the need for further research on the complex relationship between workaholism and burnout.

Acknowledgement

The author wishes to extend heartfelt gratitude to my research supervisor for her invaluable guidance, expertise, and unwavering support throughout this research journey. Special thanks are also due to the staff of *Jabatan Pembangunan Wanita, Putrajaya*, for their invaluable assistance and contributions during the data collection and survey process. Deep appreciation goes to my family, friends, and everyone who supported and encouraged me throughout this study.

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