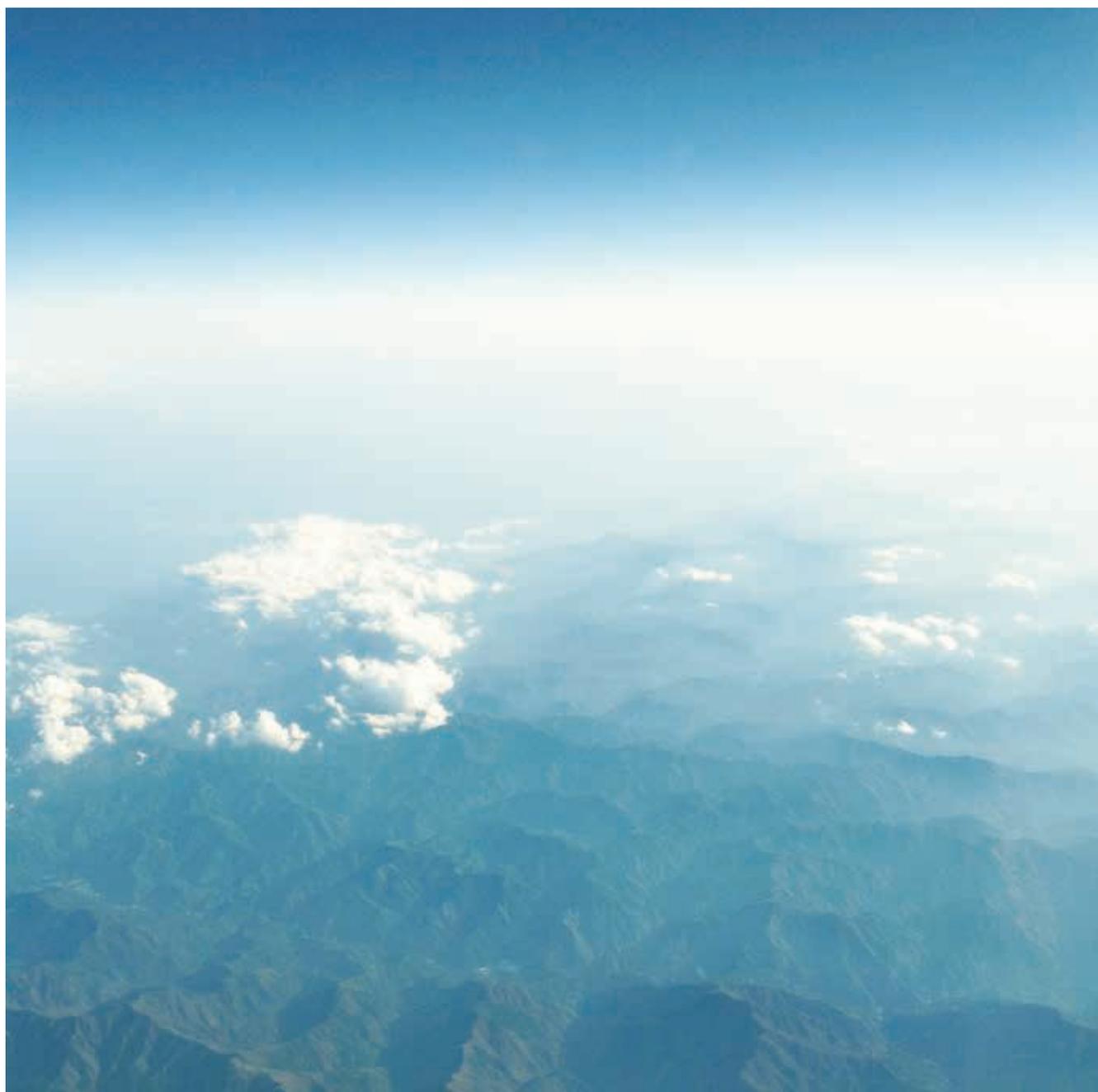


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Workaholism Determinant Variables of Social Workers and Care Workers in Senior Welfare Centers in Korea

Jungdon KWON¹⁾, Miok YEO²⁾, Eunju LEE³⁾, Myunghee LEE⁴⁾

- 1) Professor, School of Social Work, Mokwon University
Mokwon Univ. Doan-dong, Seo-gu, Daejeon, Korea. 302-729
kjd716@hanmail.net
010-5457-1234
- 2) Ph.D Student, The Graduate School of Mokwon University
- 3) Director, Dobong Senior Welfare Center
- 4) Vice-Director, Senior Welfare Center of Seoul

ABSTRACT

South Korea has an organizational culture that stresses the value of labor and performance. This has increased the possibility that employees of senior welfare centers will become workaholics and that working hours will increase to boost performance outputs. Until now, however, there are hardly any studies that deal with the problems caused by the workaholism of employees of senior welfare centers.

This study was conducted to measure the level of workaholism of employees of senior welfare centers and to determine the factors that affect such workaholism.

A quantitative research was conducted using a questionnaire for 646 social workers and care workers in senior welfare centers in Seoul. The results of the study showed that one-third of the subjects had experienced workaholism; 25.5% were mild workaholics; and 9.4% were severe workaholics. The statistically significant variables that included approval motivation, the average wage per month, the average number of working hours per week, family cohesion, and achievement motivation were found to have affected the workaholism of the subjects. To prevent or ease the workaholism of employees of senior welfare centers, some suggestions were given that included the improvement of working conditions, benefit packages, and the organizational culture and personnel management of senior welfare centers, and efforts to change family culture.

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Workaholism, senior welfare center, social worker, approval motivation, family cohesion

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I . Introduction

Korean society has cherished the values of diligence and sincerity in their rise to modernization (National Council of the Saemaul Undong Movement in Korea, 2012) and the workplace was shown to have such a significant role in Koreans' lives that Koreans are criticized for not having a life outside work (JIN, 2007). The OECD Better Life Index reported that Koreans spend the longest time (2,193 hours a year) working among people in OECD member countries-44 hours more than most people in other OECD member countries (2012b). The Koreans' long working hours have caused an imbalance between their work and life as well as much stress, and have eventually lowered their life satisfaction.

The Korean value of hard work is also seen among the country's social workers. According to Korea's Ministry of Health and Welfare and the Korea Association of Social Workers (2011), 31.4% of social workers in social welfare centers in the country still work six days a week and 8.85 hours a day even under the country's official five-day work week, but are not properly paid for overtime and holiday work. Under these circumstances, most such social workers have experienced work-related stress and burnout, which has spawned a high rate of turnover of social workers. Among the respondents of the survey of Ministry of Health and Welfare and the Korea Association of Social Workers (2011), 55.5% changed jobs more than once and 57.1% wanted to change their job.

The oversupply of social workers and the limited work places, however, have made social workers hesitate to change jobs and instead, work for even more hours under the trap of a performance-oriented organizational culture and their responsibility to support their family.

The economics academic circle in South Korea considers workaholism a social problem among employees who try to improve their performance by increasing their working hours, as they regard their job as an object of competition due to their organization's performance-oriented culture, and has studied such problem (JUNG & TAK, 2009). Such studies have mainly dwelt, however, on methods of decreasing turnover, stress, and burnout by understanding their causes (YOON, 1991; KIM, 2011; HAN, 2012), and hardly on the workaholism of social workers. According to the studies of western scholars, even though employees are immersed in their work and contribute much to their organization as they show higher levels of workaholism (Machlowitz, 1980), higher levels of workaholism have negatively influenced employees' health (Killiner, 1991) and caused

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problems related to their relationships with their co-workers because of their obsession with their work (Porter, 1996). Likewise, employees' workaholism negatively affects their personal life and interpersonal relationships, as well as the effectiveness and growth of their organization, and is expected to play a negative role in the provision of services to consumers.

Therefore, the workaholism of social workers and care workers in senior welfare centers, whose number has rapidly increased, is highly likely to be a critical issue in the personnel management of senior welfare organizations, as will work-related stress, burnout, and turnover. In this context, this study aimed to find practical methods of preventing workaholism among employees of senior welfare centers by measuring the level of workaholism of such employees and identifying the factors that affect it.

II. Theoretical Background

1. Concept of Workaholism

The Naver Korean Dictionary (krdic.naver.com) defines workaholism as a state of sustained anxiety if one does not work continuously. Oates (1971) defines workaholism as the state of indulging in work due to the uncontrollable desire to work. Machlowitz (1980) defines a workaholic as a person who is always immersed in work and tries to work more than he or she is asked to. Even though workaholism has been diversely defined and even then, it still has no universally agreed-upon definition, the definition "a tendency to work excessively" is most common (Taris, Schaufeliand, & Verhoenen, 2005).

Scott, Moore, & Miceli (1997) proposed three types of workaholism: compulsive-dependent workaholism in which more time is spent working than being with one's family or doing personal activities; perfectionist workaholism in which one thinks about his/her job even when he/she is not working; and achievement-oriented workaholism in which one expands his/her work much more than is needed. Specifically, a compulsive-dependent workaholic generally works longer than he/she planned to and acknowledges that he/she spends too much time at work but still cannot reduce his/her work hours. A perfectionist workaholic has an abnormally strong desire for control and sternness, and the tendency to aggressively see his/her work or environment. The achievement-oriented workaholic is very interested in succeeding or in achieving difficult tasks, and usually focuses on long-term goals while enjoying competition (JUNG & TAK, 2009).

In this study, workaholism is defined as the state in which one loses control of work and is too immersed in his/her work to the extent of ignoring his/her family or social relationships and threatening his/her own health and life.

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2. Review of Preceding Studies on Factors that Affect Workaholism

1) Workaholism and Family Cohesion

With the increase in the number of couples who are jointly working for a living, the increasing number of women who are entering the workforce, and the rising attention to the quality of work life, conflicts or problems between work life and family life have become issues and have been increasingly studied (LEE, 2009). Work-family conflict is the term that describes the conflict between work and family; i.e., it is the conflict between the roles that are required in the workplace and those in family (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). Greenhaus & Beutell (1985) clarified that the conflict between work and family, which is one of the conflicts among roles, is caused by the incompatible needs of work and family roles. Conflicts between work and family manifest as depression (Frone, Russell, & Cooper, 1992), dissatisfaction with life (Kossek & Ozeki, 1998), mental health problems (Frone, 2000), absence from work without notice (Geoff, Mount, & Jamison, 1990).

Due to the importance of work-family conflicts, there have been studies on the factors that affect such conflicts (Byron, 2005), but not many studies on the conflicts between work and family caused by workaholism. Robinson (1998), who studied the effect of workaholism on family life, found problems with family functions when the workaholic is the head of the household, including with communication, solution of family problems, expression of emotions, respect for others' interests, couple relationship, and cooperation among family members. He reported that a high level of workaholism in which one considers work very important causes diverse problems related to one's family and personal lives. As the members of a workaholic's family show a high tendency to be co-dependent, children raised by a workaholic are very likely to be unable to establish their identity, which may make them rely heavily on their workaholic parents or to become addicts (JUNG & TAK, 2009).

2) Workaholism and Achievement Motivation

Achievement motivation is the disposition to pursue and make efforts to derive satisfaction from success in competitions, with some standard of excellence. McClelland (1975) explained in his achievement motivation theory that human beings are motivated by the need for achievement, power, and affiliation. McClelland & Winter (1969) defined motivation achievement as the need to (a) accomplish something difficult, (b) establish lofty goals that require overcoming obstacles, (c) think and act quickly, thoroughly, and independently, (d) compete with and surpass other people by driving oneself hard, and (e) attain instant recognition and compensation for one's efforts. They further argued that a person with a great need for achievement tends to lead in solving problems and proposing goals, and to do his/her best to accomplish such goals.

Steers (1975) showed that employees with greater achievement motivation accomplish more, by studying the relationship among job satisfaction, performance, and achievement

motivation in employees. Even though there have been almost no studies on the relationship between achievement motivation and workaholism, based on the finding that the greater one's achievement motivation is, the more one will achieve, greater achievement motivation is expected to cause serious workaholism.

3) Workaholism and Approval Motivation

All humans need to build positive relationships with others and to be recognized by others in their social life. Approval motivation is a person's need for his/her traits or achievements to be recognized by others (krdic.naver.com). That is, it is the motivation to be accepted and recognized in meaningful social relationships (LEE, 2005). As strong approval motivation acts as a psychological stress factor in social life, persons with strong approval motivation experience more serious depression due to the negative feedback they receive from others (LEE, 2010). Frost et al. (1995) suggested that persons with higher levels of approval motivation strongly tend to blame themselves when they make mistakes in their work or interpersonal relationships. Flett et al. (1995) suggested that persons with a higher level of approval motivation often feel helpless as they recognize society as critical, and worry about not producing a perfect outcome, as is demanded by society. Even though there have been almost no studies on the relationship between approval motivation and workaholism, persons with greater approval motivation are likely to become workaholics because they spend more time in working to win greater approval from others and from their organization.

III. Research Methods

1. Model

This study established the study model shown in the below Figure by comprehensively reviewing the precedent studies on the factors to affect workaholism and by assuming that personal characteristics, working condition, psychological factors and family factors of employees of senior welfare centers may affect workaholism.

2. Research Subjects and Methods

For this study, the social workers and care workers who are working in 29 senior welfare centers that were established and are operated by the Seoul Metropolitan Government were surveyed. On May 1, 2012, 770 social workers and care workers, from 615 social workers and 712 care workers (Seoul Association of Senior Welfare Centers, 2012; www.longtermcare.or.kr), were given questionnaires based on the self-report method. The study was conducted for 40 days, from May 1 to June 10, 2012.

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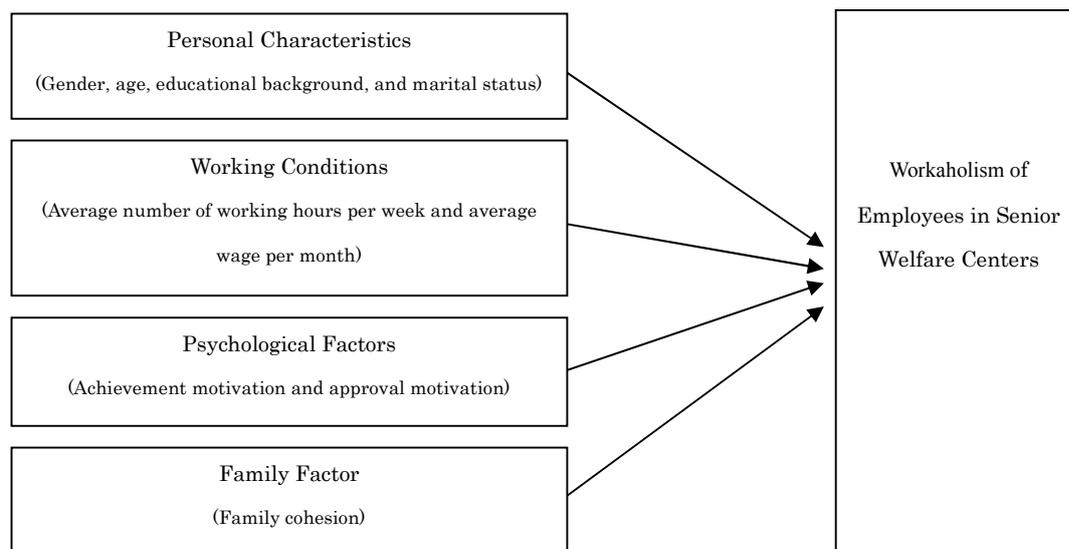


Figure 1. Model

3. Measures

A structured questionnaire was used as the measures for the data collection. The questionnaire was composed of demographic characteristics, working conditions, psychological characteristics, family characteristics, and workaholism. In addition, the demographic characteristics were measured (gender, age, educational background, and marital status) with the working conditions (average working hours per week and average wage per month).

To measure the achievement motivation of employees of senior welfare centers, questions were selected from those for achievement motivation in McClelland's questionnaire (1969). Achievement motivation was measured with five (5) questions, each of which was assigned five scores. The higher the score was, the higher the level of achievement motivation was. It was found that because Cronbach's α value was = .865, there was a high level of internal consistency.

To measure the approval motivation of employees of senior welfare centers, Martin (1984)'s Revised Martin-Larsen Approval Motivation Scale (RMLAM) was used. Approval motivation was measured with 20 questions, each of which was scored up to five points. The higher the score was, the higher the level of approval motivation was. It was found that because Cronbach's α value was = .713, the required degree of reliability for the study of social science was reached.

To measure the family cohesion of employees of senior welfare centers, questions were selected from those for family cohesion in the Family Cohesion & Adaptability Evaluation Scale of Olsen, Sprenkle, & Russel (1983). Family cohesion was measured with 10 questions, each of which was scored up to five points. The higher the score was,

the higher the level of family cohesion was. It was found that because Cronbach's α value was = .823, a high level of internal consistency was secured.

To measure the level of workaholism of employees of senior welfare centers, the Work Addiction Risk Test of Robinson (1999) was used. The level of workaholism was measured with 25 questions, each of which was scored up to four points. The higher the score was, the higher the level of workaholism was. A score of 49 or lower indicated non-workaholism; 50-69, mild workaholism; and 70 or higher, severe workaholism. It was found that because Cronbach's α value was .870, the required reliability for the study of social science was secured.

4. Analyses

The responses of 646 social workers and care workers (453 social workers and 193 care workers) in 29 senior welfare centers in Seoul in the questionnaire were analyzed. The collected data were analyzed with SPSSWIN ver. 18 via coding, error checking, and editing. For the demographic characteristics, frequency and cross-analyses were used; for the working conditions and psychological factors, a t-test and ANOVA; for the test of the hypothesis on the differences in the level of workaholism, ANOVA; and for the test of the effects of independent variables on workaholism, hierarchical regression.

IV. Results

1. Demographic Characteristics of the Subjects

Table 1 shows the demographic characteristics of the respondents who were social workers and care workers in senior welfare centers. Among them, 75.4% were female and there were much more females among the care workers than among the social workers. As for the age, there were significant differences between the social workers and care workers. While 89% of the respondents who were social workers were in their 20s and 30s, 95% were care workers in their 40s and 50s. As for the educational background, 93% of the social workers graduated from four-year universities, and 55.4% of the care workers reached high school or below. This difference reflects the differences in the qualifications of social workers and care workers. As for the marital status, two-thirds of the social workers were single, and 96% of the care workers were married. This difference stems from the difference in the age when the person entered the workforce. While social workers often start working right after graduation from university when they are still single, care workers often start working after spending many years as housewives.

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Table 1. Demographic Characteristics of the Subjects

Variable		Total	Social Workers	Care Workers	χ^2/p
Gender	Male	24.6	32.0	7.3	44.69 / .000
	Female	75.4	68.0	92.7	
Age	20-29	38.1	53.4	2.1	457.47 / .000
	30-39	26.0	36.0	2.6	
	40-49	14.1	8.6	26.9	
	50 and above	21.8	2.0	68.4	
Educational background	High school or below	16.7	0.2	55.4	381.12 / .000
	Junior college	11.9	6.8	23.8	
	College or university	54.2	69.1	19.2	
	Graduate school	4.2	6.0	0.0	
	Beyond graduate school	13.0	17.9	1.6	
Marital status	Single	46.9	65.1	4.1	205.50 / .000
	Married	53.1	34.9	95.9	
Total		100.0	100.0	100.0	
(N)		(646)	(453)	(193)	

The working conditions, psychological characteristics, and family characteristics of the respondents are shown in Table 2. The average number of working hours of all the respondents was 43.80, which is 0.45 hour short of the average number of working hours of all the employees of all social welfare facilities in South Korea (Ministry of Health and Welfare, Korea Association of Social Workers, 2011), but it was found that social workers work 3.60 hours more. The average wage per month of employees of senior welfare centers is 1,545,000 *won*, but the wages of social workers and care workers significantly differ. The average wage per month of social workers is 1,831,000 *won*, and of care workers, 871,000 *won*. They differ due to the different wage payment plans for social workers and care workers; the wages of social workers are paid monthly, and those of care workers, hourly.

The achievement motivation score, among the psychological characteristics, was 18.13, which is 3.1 higher than 15 at the mid-level. This means the achievement motivation of care workers is relatively greater than that of social workers. The difference in the levels of achievement motivation can be considered caused by the difference in the wage payment plans. The approval motivation score was 59.71, which is close to 60 at the mid-level, and the level of approval motivation of the social workers was higher than that of the care workers, which differs from the achievement motivation results. This may have been due to the manner of evaluation of performance and promotion. Positive recognition of one's supervisors and co-workers became advantageous for promotion.

Table 2. Statistics on Number of Working Hours, Wages, Motivations, and Family Cohesion

Variables		N	Mean	Std. Dev.	t/p
Working hours per week	Social Workers	453	47.81	9.17	16.95 / .000
	Care Workers	193	34.26	9.39	
Wage per week	Social Workers	453	183.14	59.13	21.09 / .000
	Care Workers	193	87.18	34.15	
Achievement motivation	Social Workers	453	18.05	2.26	-1.36 / 0.10
	Care Workers	193	18.31	2.08	
Approval motivation	Social Workers	453	60.55	7.01	4.58 / .000
	Care Workers	193	57.70	7.49	
Family cohesion	Social Workers	453	37.43	5.27	-2.62 / .009
	Care Workers	193	38.55	4.18	

2. Levels of Workaholism of Employees of Senior Welfare Centers

In the results of the implementation of the Work Addiction Risk Test, in which the scores are arranged between 25 and 100 points, the workaholism score of the respondents was 53.25, which is 12.25 points lower than the median of 62.5. Even though the workaholism score is lower than the median, it is dangerous to find that the workaholism of employees of senior welfare centers is not serious; that is to say, 25.5% were mild workaholics (scores: 50-69); and that 9.4% were severe workaholics (scores: 70-100), which means that one-third of the respondents were workaholics. The workaholism score of the social workers was 55.20, which is 6.59 higher than the 48.61 score of the care workers. While 41.8% of the social workers were mild and severe workaholics, 34.9% of the care workers were, which show that the workaholism of social workers is more serious than that of care workers.

Table 3. Levels of Workaholism of Social Workers vs. Care Workers

(Unit: score, %)			
	Total	Social Workers	Care Workers
Mean score for workaholism	53.25	55.20	48.61
No workaholism	65.1	58.2	81.5
Mild workaholism	25.5	29.8	25.5
Severe workaholism	9.4	12.0	9.4
Total	100.0 (639)	100.0 (450)	100.0 (189)

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As for the level of workaholism according to the genders of the respondents, the average score of the male respondents tended to be relatively higher than that of the females, and the percentage of the male mild and severe workaholics tended to be higher than that of the females. That is, it was found that the gender and the level of workaholism had a statistically significant relationship. As for the age, the employees in their 30s showed the highest level of workaholism and a significantly higher percentage of mild and severe workaholism than any other age category. As for the educational background, the more highly educated respondents had higher levels of workaholism and those who completed four-year university courses or beyond tended to have a relatively higher percentage of mild and severe workaholism than those in other educational achievement categories. The more the average number of working hours per week and the higher the average wage per month were, the higher the level of workaholism and the higher the percentage of mild and severe workaholism were, which show that the average number of working hours per week and the average wage per month had a statistically significant relationship with the level of workaholism. While achievement motivation had a statistically significant relationship with the level of workaholism, approval motivation did not; i.e., the higher the level of approval motivation of a respondent was, the higher his/her level of workaholism and the higher the percentage of mild and severe workaholism were. As for family cohesion, even though it was found that the respondents with weaker family cohesion tended to show lower levels of workaholism, the percentage of mild and severe workaholism was higher among the respondents with stronger family cohesion.

Table 4. Levels of Workaholism According to the Characteristics of the Respondents

(Unit: score, %)

Variable		Mean Score	No Workaholism	Mild Workaholism	Severe Workaholism	Total (N)
Gender **	Male	54.93	60.1	24.7	15.2	100.0(158)
	Female	52.70	66.7	25.8	7.5	100.0(639)
Age ***	20-29	54.24	61.0	28.9	10.2	100.0(246)
	30-39	56.95	54.9	29.5	15.7	100.0(166)
	40-49	50.49	70.5	23.9	5.7	100.0(88)
	50 and above	48.83	81.3	15.8	2.9	100.0(139)
Educational background **	High school and below	48.42	81.3	15.0	3.7	100.0(107)
	Junior college	50.09	77.3	20.0	2.7	100.0(75)
	College or university	54.76	59.2	29.3	11.5	100.0(348)
	Graduate school	56.85	55.6	25.9	18.5	100.0(27)
	Beyond graduate	54.87	61.0	28.0	11.0	100.0(82)

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	school					
Marital status ***	Single	51.33	72.4	21.5	6.1	100.0(330)
	Married	55.31	57.3	29.8	12.9	100.0(309)
Number of working hours per week ***	Below 40 hours	49.73	78.2	19.4	2.4	100.0(252)
	41-50 hours	54.85	59.6	27.8	12.6	100.0(277)
	51-60 hours	56.91	48.9	36.7	14.4	100.0(90)
	60 hours and above	62.13	40.0	26.7	33.3	100.0(15)
Wage per month ***	Below 1 million won	49.35	77.6	19.0	3.4	100.0(174)
	1.01-2 million won	53.95	63.1	27.0	9.8	100.0(366)
	2.01-3 million won	57.15	51.7	31.0	17.2	100.0(87)
	3.01 million won and above	60.60	41.7	33.3	25.0	100.0(12)
Achieve-ment motivation	Low	52.00	50.0	50.0	0.0	100.0(22)
	Middle	52.51	69.5	22.4	29.5	100.0(341)
	High	54.19	59.6	29.5	10.9	100.0(275)
Approval Motivation ***	Low	47.41	77.3	13.6	9.1	100.0(22)
	Middle	53.20	65.9	25.3	8.8	100.0(589)
	High	62.60	25.0	45.0	30.0	100.0(20)
Family Cohesion **	Low	54.33	100.0	0.0	0.0	100.0(21)
	Middle	53.86	66.3	25.4	8.3	100.0(586)
	High	52.86	35.7	28.6	35.7	100.0(28)

** = $p < .001$ and *** = $p < .000$

3. Results of the Regression Analysis of the Factors that Affect the Workaholism of Senior Welfare Center Employees

In the results of the analysis of the correlation between the level of workaholism and other related variables (See Table 5), even though it was found that the variables such as the age, educational background, average number of working hours per week, average wage per month, approval motivation, and family cohesion had a static correlation with the level of workaholism, the correlation was not strong, which shows that the basic hypothesis in the regression analysis was satisfied.

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Table 5. Correlation between the Levels of Workaholism and Related Variables

Variable	Age	Educational Background	Working Hours per Week	Wage per Month	Achievement Motivation	Approval Motivation	Family Cohesion	Workaholism
Age	-							
Educational background	-.449***	-						
Working hours per week	-.458***	.423***	-					
Wage per month	-.339***	.653***	.505***	-				
Achievement motivation	.129**	.016	-.002	.114*	-			
Approval motivation	-.252***	.019	.120*	-.007	-.136**	-		
Family cohesion	.024	.038	.032	.098*	.158***	.126*	-	
Workaholism	-.238***	.225***	.295***	.296***	.070	.264***	.149***	-

Moreover, in the results of the multicollinearity test, all the VIF (Variation Inflation Factor) values were arranged between 1 and 2, which shows that there was no problem with the multicollinearity. Because the basic hypothesis in the regression was satisfied, hierarchical regression was performed to determine the factors that affect the level of workaholism and to test the significance of each variable (See Table 6).

Model 1, in the results of the regression analysis of the effect of the demographic characteristics of the respondents on their level of workaholism, only the educational background was statistically significant. That is to say, the higher the educational achievement was, the higher the level of workaholism tended to be. In addition, the explanatory power of the four variables of the demographic factors of the respondents was 7.5%. In Model 2, the results of the regression analysis after the addition of the

variables of the working conditions, marital status, average number of working hours per week, and average wage per month showed a statistically significant static relationship with workaholism. That is, the married respondents tended to show a higher level of workaholism than the single respondents, and the respondents with more average working hours per week and a higher average wage per month tended to show a higher level of workaholism. The explanatory power of all the independent variables that were inputted in Model 2 for workaholism was 12.3%, and the explanatory power of the two variables related to the working conditions was 5.1%.

Table 6. Results of the Regression Analysis of the Effect on the Levels of Workaholism

Variables		VIF	Model 1	Model 2	Model 3	Model 4
			β	β	β	β
(constant)			(53.438)***	(45.030)***	(14.893)*	(4.582)
Demographic factors	Gender # (male = 1)	1.145	.047	-.008	-.022	.002
	Age	2.458	-.098	-.020	.045	.035
	Educational background	1.972	.148**	-.018	.003	-.012
	Marital status # (married = 1)	1.896	.096	.122*	.127*	.125*
Working conditions	Working hours per week	1.558		.152**	.139**	.146**
	Wage per month	2.156		.212***	.218***	.205***
Psychological factors	Achievement motivation	1.076			.092*	.083*
	Approval motivation	1.126			.255***	.229***
Family factor	Family cohesion	1.039				.146***
F			13.885***	15.783***	18.237***	18.297***
R ²			.081	.131	.191	.212
Adjusted R ²			.075	.123	.181	.201
R ² change			-	.051	.058	.020

= Dummy variable

*p < .05, **p < .01, and ***p < .000

In Model 3, in the results of the regression analysis after the addition of the psychological factors, the five variables of the marital status, average number of working hours per week, average wage per month, achievement motivation, and approval motivation had a statistically significant relationship to the level of workaholism. That is, the married respondents showed a higher level of workaholism; and the more the average number of working hours per week was, the higher the average wage per month and the stronger the achievement motivation and approval motivation were, the higher the level of workaholism tended to be. The explanatory power of all the independent variables that were inputted in Model 3 was 18.1%, and the explanatory power of the two variables

related to the psychological factors was 5.8%.

Finally, in the results of the regression analysis after the addition of the family factors, the six variables of the marital status, average number of working hours per week, average wage per month, achievement motivation, approval motivation, and family cohesion showed statistically significant relationships to the level of workaholism. That is, the respondents who were married, worked for more hours per week, had a higher average wage per month, and had a stronger achievement motivation, approval motivation, and family cohesion tended to have a higher level of workaholism. The explanatory power of all the independent variables that were inputted in Model 4 was 20.1%, and the explanatory power of family cohesion was 2.0%.

Looking at the statistically significant impact of each independent variable on the level of workaholism of the employees of senior welfare centers based on the results of the regression analysis in the last Model 4, the approval motivation was statistically most significant ($\beta = .229$), followed by the average wage per month ($\beta = .205$), family cohesion ($\beta = .149$), average number of working hours per week ($\beta = .146$), marital status ($\beta = .125$), and achievement motivation ($\beta = .083$), in descending order.

V. Conclusion and Suggestions

Korean society, which cherishes the value of hard work, has become a competitive society that emphasizes performance ever since it experienced the IMF cold wave. As social welfare fields have also been affected by this tendency, employees of senior welfare centers have had to spend more time working than employees of for-profit organizations, are experiencing job-related stress and burnout, and, as shown in the results of study, are very likely to be workaholics. Studies on workaholism among employees of senior welfare centers have rarely been conducted in the social welfare academic circle, though. This study measured the level of workaholism of employees of senior welfare centers to determine the factors that affect workaholism and to analyze the relative impact of each variable.

Questionnaires were used to examine the demographic characteristics, working conditions, psychological characteristics, family characteristics, and levels of workaholism. The accomplished questionnaires were collected from 646 social workers and care workers in 29 senior welfare centers in Seoul. The collected data were analyzed via a frequency analysis, t-test, ANOVA, and hierarchical regression using SPSSWIN.

Even though the level of workaholism did not seem serious, one-third of the respondents turned out to be workaholics; 25.5%, mild workaholics; and 9.4%, severe workaholics. In addition, it was found that social workers are more likely to experience workaholism than care workers. This is because of the vicious circle of excessive workloads caused by repetitive overtime work due to the too heavy case load and administrative workload,

which lead to workaholism. Among the respondents, married male employees in their 30s who had completed a four-year university course often showed a high level of workaholism. As for the working conditions, the employees who were more likely to be workaholics were those who had more average working hours per week and a higher average wage per month; those with higher levels of achievement motivation and approval motivation; and those with stronger family cohesion.

Among the variables that affected the level of workaholism of the employees of senior welfare centers, such as the marital status, average number of working hours per week, average wage per month, achievement motivation, approval motivation, and family cohesion, the employees who were married, worked longer per week, earned more per month, and had stronger achievement motivation, approval motivation, and family cohesion showed a higher level of workaholism. It was found that the explanatory power of the nine variables that were inputted in the regression was 20%, and that the approval motivation, average wage per month, average number of working hours per week, family cohesion, marital status, and achievement motivation affected the level of workaholism strongest, in descending order.

Based on the results of this study, the following suggestions are made to prevent or ease workaholism among employees of senior welfare centers.

First, the working conditions and benefit packages of senior welfare center employees must be improved. In the results of this study, the employees who worked longer and earned more tended more to be workaholics. Because the number of workers in senior welfare centers in South Korea is far short of the required number, extension of the average number of working hours per week cannot be avoided. In addition, the wage structure is such that one is paid more if one works more, because the payment for overtime work is included in the average wage per month. Given this situation, by hiring more employees and reducing caseloads and administrative work, it is possible to prevent employees of senior welfare centers from being workaholics.

Second, the organizational culture and personnel management style of senior welfare centers must be improved. According to the results of this study, the stronger the achievement motivation and the approval motivation of the employees are, the more likely they are to become workaholics. Even though achievement motivation and approval motivation can be regarded as personal dispositions, they are often reinforced by an organizational culture that emphasizes results more than the process of job performance, and interpersonal relationships among employees more than business relationships. Therefore, efforts to change the methods of performance evaluation, to improve the wage structure to include bonus, and to establish equal business relationships instead of the hierarchical relationships in position-focused organizations must be made.

Third, efforts must be made to change family culture. In this study, the stronger the family cohesion of the employees was, the more likely they were to be workaholics.

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Because Korean society has a strong sense of family, the sense of responsibility for supporting one's family tends to be very strong. Therefore, employees who have a strong sense of family tend to try to earn money with which to support their family through overtime and holiday work. Therefore, the family culture must be changed to one in which family members help each other make a living and support each other, instead of putting all the responsibility onto only one person in the family.

Fourth, follow-up studies must be conducted to overcome the limitations of this study. This study is significant because it is the first study on workaholism among employees of senior welfare centers. As the research subjects and research area were limited, however, the results of the study could not be generalized nationwide. Therefore, a quantitative research for a sample group that will aptly represent the population and a qualitative research that will analyze the development path of workaholism needs must be implemented in the future.

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