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Engagement et *sur*engagement au travail: composantes psychologiques, antécédents potentiels et association avec le bien-être personnel

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Sommaire

L'objectif des études composant cette thèse consiste à différencier l'engagement au travail et le surengagement au travail. À la lumière d'une nouvelle conceptualisation de l'engagement, le surengagement est défini comme une implication trop intense face à un travail, nuisant potentiellement au bien-être personnel. Il est postulé que le surengagement est *qualitativement* différent de l'engagement élevé, faisant intervenir des composantes psychologiques distinctes. L'engagement au travail serait composé de: (1) l'enthousiasme vis-à-vis de son travail; (2) l'acceptation de ses aspects négatifs; et (3) la persévérance dans les tâches qu'il comporte. Même intense, cet engagement serait bénéfique. À l'inverse, il est proposé que le surengagement fait intervenir: (1) un intérêt prépondérant pour son travail; (2) la négligence de sa vie personnelle pour son travail; et (3) une persistance compulsive dans les tâches qu'il comporte.

Une première étude fut effectuée afin de mesurer l'engagement et le surengagement de professionnels vis-à-vis de leur travail et d'examiner la relation entre ces deux formes d'implication et le bien-être personnel. Des administrateurs (n = 200) ont complété un questionnaire incluant une mesure d'engagement au travail, une mesure différente de surengagement ainsi que des questions touchant au temps consacré au travail. Plusieurs aspects du bien-être subjectif et physique ont aussi été évalués. Les résultats révèlent que l'engagement au travail est positivement relié au bien-être psychologique, même lorsqu'il est élevé. Le surengagement au travail est quant à lui négativement associé au bien-être psychologique et physique.

Ces résultats ont été répliqués dans une seconde étude menée auprès de médecins (n = 220). La deuxième étude avait aussi pour but d'examiner les relations entre l'engagement au travail, le surengagement au travail et des dimensions du bien-être

personnel spécifiques à certains domaines de vie. Les résultats d'une analyse acheminatoire suggèrent que l'engagement contribue au bonheur général parce qu'il favorise la satisfaction aux plans professionnel et interpersonnel, tout en diminuant le stress occupationnel. À l'inverse, le surengagement au travail pourrait contribuer au stress occupationnel et entraîner des insatisfactions aux plans interpersonnel et professionnel, ce qui expliquerait son impact négatif sur le bonheur général et la santé physique. Le surengagement objectif au travail, défini comme un investissement de temps élevé dans le travail mais faible dans les autres secteurs, n'est que faiblement relié au bien-être des participants. Une analyse de profils confirme que même si les médecins *surengagés* consacrent plus de temps à leur travail et moins de temps aux autres secteurs d'activités que les médecins *engagés*, c'est principalement leur orientation psychologique face à leur travail qui est responsable de leur moindre bien-être.

Une troisième étude a été effectuée afin d'identifier certains facteurs occupationnels et personnels associés à la présence du surengagement au travail et susceptibles de lui être antécédents. Des médecins (n = 215) ont complété un questionnaire évaluant leur engagement et leur surengagement au travail, le temps qu'ils investissent au travail et dans les autres secteurs d'activités, les caractéristiques de leur travail, leurs dispositions motivationnelles, leurs aspirations de vie et leur satisfaction dans les sphères professionnelle et intime (aujourd'hui et dans le passé). Les résultats révèlent que l'engagement au travail est associé à des bénéfices occupationnels importants, à une recherche d'accomplissement auto-induite et au fait d'être aujourd'hui satisfait de sa vie professionnelle. En comparaison, le surengagement au travail est associé à des demandes et des pressions élevées dans le travail occupé, à une recherche d'excellence et de performance auto-induite mais aussi perçue comme imposée des autres et au fait d'être insatisfait de sa vie intime, présente mais surtout passée. En somme, les résultats de cette

troisième étude démontrent la diversité des déterminants potentiels du surengagement au travail et permettent de mieux comprendre ce qui le distingue de l'engagement.

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Dédicace

Je dédie ma thèse à ma mère, feu Raymonde Desrochers-Jodoin. Ma mère m'a appris qu'aussi passionnant que notre travail puisse être, il n'y a pas de plus grande source de bonheur que le don de soi et l'amour de ses proches. Après m'avoir tant entendu parler de ma thèse, elle n'est malheureusement pas là pour me voir la terminer. D'où qu'elle soit, j'espère qu'elle partage ma satisfaction.

Avant-propos

Cette thèse est présentée sous la forme de deux articles scientifiques rédigés en anglais, tel qu'autorisé par Richard Bodeus, de la Faculté des études supérieures, ainsi que par le directeur du département de psychologie, M. Luc Granger. Ces deux articles seront soumis sous peu au *Journal of Personality and Social Psychology* pour fin de publication.

CHAPITRE 1

Introduction générale

La psychologie sociale nord-américaine se trouve depuis une quinzaine d'années influencée par deux mouvements. On remarque d'une part une tendance à considérer conjointement les aspects émotionnels, cognitifs et motivationnels de l'expérience humaine et d'autre part, un intérêt grandissant pour la recherche appliquée visant à comprendre des phénomènes concrets reliés à la santé des individus, au monde du travail et à la justice (Brehm, Kassin et Fein, 1999). La présente thèse de doctorat s'inscrit dans ces deux courants de la psychologie sociale contemporaine, examinant dans une perspective intégrative l'engagement excessif au travail, ses antécédents et ses conséquences potentielles sur le bien-être personnel. Son objectif général consiste à différencier l'engagement excessif au travail, que nous appelons *surengagement au travail*, de l'engagement élevé mais bénéfique. Notre hypothèse de départ, dont les fondements sont expliqués dans cette introduction générale, stipule que l'engagement et le surengagement au travail font intervenir des composantes psychologiques différentes, ce qui explique leur association opposée avec le bien-être personnel.

La notion de surengagement au travail n'est pas sans rappeler ce que plusieurs auteurs conviennent de nommer le «syndrome de l'ergomanie » ou « *workaholism* », selon l'expression maintenant entrée dans la culture populaire. Au cours des deux dernières décennies, plusieurs auteurs ont décrit comment certains individus en viennent à s'investir excessivement au plan professionnel (par ex., Killinger, 1991; Klaft et Kleiner, 1988; Koeske et Kelly, 1995; Kofodimos, 1993; Naughton, 1987; Robinson, 1997; Scott, Keirstein, et Miceli, 1997; Seybold et Salomone, 1994; Spence et Robbins, 1992). L'ergomanie constitue en fait un sujet très actuel, dont l'étude comporte une pertinence scientifique et sociale évidente. Dans un contexte de rationalisation, où de plus en plus de milieux organisationnels favorisent un engagement intense au travail, alors même que le stress et l'épuisement professionnel occasionnent des coûts énormes en perte de productivité et en soins de santé (Ishiyama et Kitayama, 1994; Schaef et Fassel, 1988), il

n'est pas surprenant que l'on cherche à mieux comprendre l'engagement excessif au travail et ses conséquences négatives (voir Lowman, 1993; Hallstein, 1993).

On retrouve cependant des lacunes importantes dans les écrits portant sur l'ergomanie, la plus flagrante étant le caractère anecdotique de la grande majorité d'entre eux. Il s'agit le plus souvent d'essais rédigés par des intervenants dans lesquels ces derniers décrivent, sur la base de leur expérience clinique, les caractéristiques de l'engagement excessif au travail, ses conséquences et ses causes potentielles. Or, il n'y a généralement aucune donnée empirique pour appuyer les affirmations de ces auteurs, si intéressantes soient-elles. En outre, il n'y a toujours pas consensus quant à la définition de l'ergomanie. Jusque dans les années '90, la plupart des auteurs s'entendaient pour voir l'ergomanie comme une forme de dépendance face à *l'acte de travailler*, analogue à l'alcoolisme (par ex., Killinger, 1991; Klaft et Kleiner, 1988; Machlowitz, 1980; Naughton, 1987; Oates, 1971; Ottenberg, 1975). Selon cette approche, l'individu « ergomane » ressent un besoin incessant de travailler et des sensations désagréables lorsqu'il ne travaille pas. Quoique intéressante et potentiellement utile au plan clinique, une telle approche de l'engagement excessif au travail se prête mal à l'investigation empirique au sein de la population générale, définissant un rapport pathologique au travail caractérisant une proportion somme toute restreinte d'individus dans la société.

Dans la présente recherche, nous désirons plutôt examiner le rapport excessif – trop passionné, exclusif, déséquilibré -- que certains individus entretiennent avec le travail qu'ils occupent. En outre, en accord avec Scott, Moore et Miceli (1997), nous ne posons pas comme a priori que l'engagement excessif constitue une dépendance analogue à l'alcoolisme. L'engagement au travail pourrait en fait être qualifié d'*excessif* à partir du moment où il atteint une intensité telle qu'il se vit au détriment de l'engagement dans les autres domaines de vie. Vu sous cet angle, l'engagement excessif au travail

caractériserait une proportion assez importante d'individus dans certaines milieux organisationnels (Kofodimos, 1993; Lowman, 1993). Afin de distinguer les études constituant la présente thèse de doctorat des travaux antérieurs ayant porté sur l'ergomanie, nous préférons, à l'instar de Lowman (1993), utiliser le terme de « surengagement au travail » (« *work overcommitment* ») afin de désigner l'engagement excessif au travail.

Si le surengagement au travail ne relève pas nécessairement d'une dynamique addictive, il s'agit peut-être tout simplement d'un niveau "quantitativement" trop élevé d'engagement. Toutefois, les rares études ayant examiné les corrélats de différents niveaux d'engagement au travail n'ont réussi qu'à souligner son caractère positif, l'engagement démontrant une relation linéaire avec la santé mentale, l'assiduité, la performance au travail et l'intention de continuer à occuper le même emploi (Bailey & Miller, 1998; voir Brown, 1996; Romsek, 1989; Wiener, Muczyk, et Gable, 1987). Or il est permis de penser que le surengagement au travail existe, qu'il est possible de le mesurer, de démontrer son lien négatif avec le bien-être et d'identifier les caractéristiques occupationnelles et personnelles qui lui sont associées. C'est en résumé les objectifs des trois études composant cette thèse de doctorat.

Afin d'atteindre ces objectifs, il fallait se doter d'une définition plus précise du surengagement au travail, laquelle fut inspirée d'une nouvelle définition de l'engagement, proposée par Dubé (Dubé, Kairouz et Jodoin, 1997) à partir des travaux de Brickman (1987). Les positions théoriques à l'origine de cette définition de l'engagement sont maintenant brièvement présentées. Suivront les définitions de l'engagement et du surengagement au travail qui sont utilisées dans la présente thèse de doctorat.

Vers une nouvelle définition de l'engagement

En proposant une nouvelle conceptualisation de l'engagement, Brickman (1987) visait à définir cette expérience en considérant l'ensemble de ses facettes. Cette position était plutôt novatrice par rapport à la recherche antérieure sur l'engagement. En effet, bien que la plupart des auteurs s'accordaient auparavant pour voir dans l'engagement une force qui assure la stabilité du comportement en dépit des obstacles rencontrés, c'était généralement soit sur le pouvoir des actions passées, soit sur le pouvoir des désirs et valeurs présentes que les auteurs avaient mis l'accent pour le définir. Ces deux types de déterminants réfèrent respectivement à l'approche comportementale et à l'approche personnelle de l'engagement (Brickman, 1987).

Au cours des années '60 et '70, les tenants de la théorie de la dissonance cognitive (Festinger, 1957) ont adopté une approche *comportementale* pour expliquer le maintien d'une ligne d'action. Pour Becker (1960) puis Kiesler (1971), c'est avant tout afin d'être cohérent avec ses propres actions et décisions passées, éviter de se sentir incohérent avec lui-même ou alors éviter de paraître irrationnel ou inconvenant face aux autres que l'individu maintient un engagement. L'engagement est défini ici comme un phénomène d'origine cognitive et comportementale, référant à une obligation perçue plutôt qu'à un choix basé sur des désirs. Selon cette approche, une personne demeure engagée vis-à-vis de son travail parce qu'elle y a investi de plein gré temps et énergie qui perdraient leur sens si elle le quittait, et parce qu'elle devrait justifier à elle-même et aux autres la dissolution éventuelle de son engagement. À cause de ses propres normes de cohérence, mais aussi des normes sociales, l'individu persistera donc dans son travail. Dans sa version stricte, cette approche de l'engagement est quelque peu tombée en désuétude au cours des années '80, en Amérique à tout le moins. Elle a toutefois donné lieu à des applications dans les secteurs du travail et des relations interpersonnelles, et a influencé

certaines conceptualisations intégratives de l'engagement, dont celle de Dubé et al. (1997).

Un peu plus récemment, c'est l'approche *personnelle* de l'engagement qui a surtout retenu l'attention des psychologues. Radicalement différente de l'approche comportementale, cette conception se base sur le fait que les individus s'engagent à cause de l'attirance qu'ils ressentent face à quelque chose ou quelqu'un (Dubé et al., 1997). L'engagement est ici vu comme un processus par lequel l'individu exprime ses désirs et ses valeurs. La persistance de l'individu dans une ligne d'action proviendrait avant tout de l'enthousiasme qu'il ressent face à l'objet de son engagement qui aurait pour lui une valeur intrinsèque. Les positions théoriques d'Antonovksy (1987), Csikszentmihalyi (1990) et Kobasa (1979) s'inscrivent dans cette perspective. Notons que dans le secteur de la psychologie du travail, la majorité des auteurs ayant considéré ce type d'engagement ont utilisé le terme "implication" (*involvement*) pour le distinguer d'un engagement (*commitment*) plus comportemental[1].

S'inspirant des approches comportementale *et* personnelle de l'engagement, Brickman (1987) a proposé une vision intégrative de ce concept, dans un livre paru au milieu des années '80, *Commitment, conflict and caring*. Selon Brickman, il n'existe pas deux mais bien un seul type d'engagement, dont il est impossible de capter l'essence en ne mettant l'accent que sur une seule des facettes. L'engagement réel émanerait de la capacité de l'individu à concilier son enthousiasme face à un objet social et son besoin d'être cohérent avec lui-même et de répondre aux normes sociales. Dans cette perspective, la personne réellement engagée vis-à-vis de son travail éprouve de l'enthousiasme face à ce travail, à cause de la valeur et du sens qu'il a pour elle, mais est aussi capable de faire

[1] Dans la présente thèse, le terme « implication » sera plutôt utilisé dans son sens général et englobant, afin de désigner l'ensemble des manifestations d'engagement vis-à-vis de son travail, que ces manifestations soient objectives ou subjectives, bénéfiques ou néfastes.

preuve de persévérance lorsque cela est nécessaire, afin de surmonter les obstacles et tentations à abandonner auxquels elle est confrontée. En d'autres mots, la personne qui ne ressentirait que de l'enthousiasme pour son travail manifesterait un engagement purement personnel: elle aimerait son travail, mais risquerait de le quitter lorsque des difficultés et des obstacles majeurs se présenteraient. À l'opposé, la personne qui ne ferait preuve que de persévérance manifesterait un engagement exclusivement comportemental ou normatif. Éventuellement, cette personne risquerait de se sentir aliénée face à un travail pour lequel elle ne ressent pas d'enthousiasme et de s'en désengager. Enfin, la personne qui manifesterait enthousiasme *et* persévérance face à son travail serait pleinement engagée et serait susceptible d'y manifester selon Brickman une réelle stabilité comportementale. On constate qu'avec un modèle étonnamment simple, Brickman a su révéler la nature fondamentalement dynamique de l'engagement, lequel repose sur une tension constante entre les forces positives et négatives qui favorisent le maintien d'une ligne d'action.

Malgré ses qualités évidentes, force est d'admettre que la théorie développée par Brickman comporte plusieurs aspects obscurs, notamment en ce qui a trait au processus par lequel une personne concilie l'enthousiasme qu'elle ressent face à un objet social et la nécessité de persévérer dans une ligne d'action reliée à cet objet. Brickman n'aura malheureusement pas le temps de clarifier sa théorie, étant décédé en 1986. S'inspirant du modèle original de Brickman, Dubé et al. (1997) ont tenté de clarifier la nature dynamique du processus d'engagement. Selon Dubé et al. (1997), l'engagement est plus que la somme ou la présence concomitante de l'enthousiasme et de la persévérance. L'engagement serait défini comme l'interaction de *trois* éléments expliquant qu'une personne initie puis maintient une ligne d'action reliée à un objet social: 1) un élément affectif, l'*enthousiasme* ressenti vis-à-vis de cet objet social (par ex., un travail), qui réfère à l'attirance pour cet objet, la passion et le plaisir qu'il suscite; 2) un élément

comportemental, la *persévérance*, qui réfère à la capacité de maintenir une ligne d'action reliée à l'objet d'engagement malgré les obstacles rencontrés (par ex., la capacité de terminer sans la bâcler une tâche reliée au travail malgré la pression et la surcharge); mais aussi 3) un élément cognitif, *l'acceptation des aspects négatifs de l'objet d'engagement,* qui émane de la prise de conscience du fait que les aspects négatifs de l'objet d'engagement (par ex., dans le cadre du travail, les échéanciers rigides) sont nécessaires à la jouissance de ses aspects positifs (par ex., sentiment de valorisation, salaire).

Afin de valider sa définition de l'engagement, l'équipe du Dr Dubé a élaboré une mesure de la disposition générale à s'engager. Dans une série d'études empiriques (voir Dubé et al., 1997), il fut démontré que les trois composantes proposées de l'engagement sont distinctes bien qu'interreliées. L'intérêt premier de cette analyse psychométrique venait d'un désir d'examiner la relation entre l'engagement et le bien-être psychologique. Dubé et al. (1997) avaient en effet émis l'hypothèse que l'engagement permet aux individus d'accepter les aspects négatifs de leur vie et de se prémunir contre leur impact néfaste sur leur bien-être. C'est en offrant aux individus la possibilité d'exprimer leurs valeurs, mais aussi de donner un sens à leurs souffrances et à leurs sacrifices que l'engagement contribuerait au bien-être. Cette hypothèse s'est vue confirmée empiriquement dans trois recherches menées auprès d'étudiants universitaires et d'adultes plus âgés (Dubé et al.,1997). Les résultats de ces études ont révélé que l'engagement, vu comme une disposition générale, est positivement associé à la perception de bonheur, à la satisfaction globale face à sa vie et au sentiment que sa vie a du sens. Bien que ces recherches n'aient pas porté spécifiquement sur l'engagement au travail, le modèle général proposé par Dubé et al. (1997) a l'avantage de pouvoir s'appliquer à différents objets d'engagement spécifiques.

Proposition d'une définition du surengagement au travail

C'est en tentant d'intégrer le modèle de l'engagement développé par Dubé et al. (1997) à certains écrits touchant à l'engagement excessif au travail que s'est articulée la définition du surengagement au travail qui est adoptée dans les études composant cette thèse de doctorat. Selon cette définition, le surengagement au travail représente une implication trop intense vis-à-vis de son travail, vécue de façon exclusive et compulsive, et interférant avec les autres domaines de vie. De façon plus précise, le surengagement au travail se définit par la présence de trois composantes psychologiques, pouvant chacune être vue comme la contrepartie excessive de l'une des trois composantes de l'engagement:

1. *Un intérêt prépondérant pour son travail.* Les individus surengagés manifestent plus d'intérêt pour leur travail que pour les autres aspects de leur vie, étant en fait caractérisés par un nombre restreint d'intérêts de vie («*narrow range of life interests*»), voire une difficulté à ressentir de l'enthousiasme ailleurs que dans leur travail. Alors que l'enthousiasme qui caractérise l'engagement au travail peut être intense sans pour autant impliquer que l'individu ressent moins d'enthousiasme face aux autres aspects de sa vie (par ex., loisirs, ami(e)s, partenaire amoureux), le surengagement fait intervenir, par définition, un tel déséquilibre dans les champs d'intérêt.

2. *La négligeance de sa vie personnelle à cause de son travail.* Les individus surengagés tendent à négliger leurs relations intimes (amoureuses, parentales, d'amitié), leurs loisirs, voire leur propre santé (heures de sommeil) à cause de leur travail. Alors qu'au cœur de l'engagement se trouve la capacité à

accepter qu'il faut tolérer certains aspects négatifs de son travail pour pouvoir bénéficier de ses aspects positifs, au cœur du surengagement se trouve la perception de faire des sacrifices excessifs à cause de son travail.

3. *Une persistance compulsive dans les tâches reliées au travail.* Les individus surengagés ont de la difficulté à délaisser, mettre en attente ou déléguer une tâche lorsqu'ils sont fatigués et/ou débordés, ressentant une obligation à travailler fort et à terminer ce qu'ils commencent. Alors que l'engagement implique une persévérance flexible, le surengagement fait intervenir une obstination rigide et compulsive.

Le surengagement « objectif »

Selon une approche psychologique du surengagement au travail, c'est principalement la qualité du rapport que l'individu entretient avec son travail qui détermine sa nature excessive, puisqu'il est proposé qu'une diminution de bien-être n'apparaît que lorsque l'implication élevée au travail est *vécue* par l'individu de façon exclusive et compulsive. On peut toutefois se demander s'il n'existe pas d'indicateur plus objectif du surengagement au travail. Dans les écrits portant sur l'engagement au travail, le critère objectif le plus souvent considéré est la stabilité comportementale (voir Brown, 1996). L'engagement d'une personne vis-à-vis de son travail serait associé au maintien concret de son implication (elle ne change pas de travail). Or, rien ne permet de stipuler que la personne manifestant un surengagement demeurera *plus longtemps* impliquée dans son travail que celle qui n'y est qu'engagée. Dans l'étude transversale du surengagement, il semble plus pertinent d'examiner la quantité de temps consacrée au travail et aux autres activités comme indicateur objectif de l'implication au travail. Puisqu'ils sont moins susceptibles que les mesures auto-administrées (*self-report*) d'être influencés par la

désirabilité sociale, les indicateurs du temps consacré au travail et aux autres activités possèdent un avantage important, qui sera mis à profit dans la présente recherche afin de: (1) déterminer la validité critériée des mesures auto-administrées d'engagement et de surengagement au travail (cet engagement et ce surengagement ne représentent-ils que des perceptions?); (2) examiner la relation entre le surengagement objectif au travail (investissement élevé de temps au travail associé à un faible investissement de temps dans les autres activités) et le bien-être personnel; et (3) identifier le profil complet de la personne surengagée au travail, défini à l'aide de son niveau d'engagement et de surengagement, mais aussi de la quantité de temps qu'elle investit dans son travail et dans les autres secteurs.

Les facteurs occupationnels et personnels associés au surengagement au travail ou vers un profil plus complet de la personne surengagée

La première étape de la compréhension du surengagement au travail consiste à le distinguer de l'engagement élevé et à examiner sa relation avec différents aspects du bien-être personnel. Une compréhension plus complète de ce phénomène nécessite toutefois que l'on identifie aussi les caractéristiques qui lui sont potentiellement antécédantes. Quels facteurs sont susceptibles de contribuer au surengagement? Le surengagement au travail n'est-il que la réaction à un travail trop exigeant? S'agit-il d'un mécanisme de compensation d'une vie intime insatisfaisante? Les individus surengagés sont-ils caractérisés par un profil de personnalité particulier? L'un des objectifs de cette recherche consistait à répondre à ces questions.

Dans les écrits portant sur la psychologie du travail, on retrouve deux grandes approches des déterminants de l'importance que les individus accordent à leur travail: l'approche

situationniste et l'approche des *différences individuelles* (Brown, 1996). Selon la première de ces deux approches, ce sont des facteurs reliés au travail même qui affectent directement la mesure dans laquelle les individus, peu importe leurs caractéristiques personnelles, vont s'y investir (Brown, 1996; Hackman et Oldham, 1980; Lorence et Mortimer, 1985). À l'inverse, l'approche des différences individuelles propose que l'importance que les individus accordent au travail en général, et à tout travail particulier, résulte de processus reliés à la socialisation (Loscocco, 1989). Dans l'examen des antécédents potentiels du surengagement au travail, il semble essentiel de considérer conjointement ces deux approches. En ce qui touche l'approche situationniste, il est logique de penser qu'un travail exigeant, comportant par exemple des surcharges fréquentes de travail et des échéanciers rigides, puisse contribuer à ce qu'un individu s'y surengage. Par ailleurs, les résultats des études ayant porté sur les bénéfices intrinsèques et extrinsèques apportés par le travail (« *job rewards* ») pourraient suggérer que certains individus se surengagent dans leur travail parce qu'ils y sont intensément renforcés. Un problème de l'approche situationniste est toutefois de ne pas considérer que c'est l'interprétation que l'individu fait de son environnement de travail, le *climat psychologique* qu'il y perçoit, davantage que les caractéristiques objectives de cet environnement qui détermine la mesure dans laquelle cet individu s'y engage psychologiquement (voir Brown et Leigh, 1996). Dans la présente étude, la perception qu'ont des professionnels de leur environnement de travail sera examinée.

En ce qui touche l'approche des différences individuelles, il apparaît évidemment pertinent d'examiner le lien entre certaines caractéristiques renvoyant à la socialisation et le surengagement au travail. Par exemple, de par leur éducation différente, les hommes et les femmes ont souvent internalisé différentes normes quant à l'importance que l'on doit accorder à son travail et à sa famille (Gutek, Searle et Klepa, 1991). L'éducation particulière qu'a reçue un individu peut aussi être à l'origine de certaines

dispositions motivationnelles pouvant contribuer au surengagement au travail, telles que la recherche d'accomplissement, de perfection et de contrôle, ou l'évitement de l'intimité interpersonnelle. Ceci étant dit, l'approche des différences individuelles comporte elle aussi ses limites, mettant l'accent sur des expériences renvoyant à l'enfance. Or, dans l'examen des caractéristiques personnelles associées au surengagement au travail, il semble aussi essentiel de tenir compte des expériences ultérieures, parfois assez récentes. On pourrait a priori supposer que certaines expériences vécues dans la sphère professionnelle (par ex., reconnaissance professionnelle) et dans la sphère interpersonnelle (par ex., difficultés amoureuses) peuvent jouer un rôle dans le développement du surengagement. On constate donc la diversité des facteurs à considérer en tant que corrélats du surengagement au travail et l'importance de déterminer lesquels lui sont le plus fortement associés.

Structure de la thèse

La thèse qui suit est constituée de trois études empiriques, lesquelles sont regroupées en deux articles rédigés en anglais. Le premier article rapporte les résultats des deux premières études, qui ont examiné les liens entre l'engagement au travail, le surengagement au travail et le bien-être personnel. Cet article, intitulé « *High Work Commitment and Work* Over*commitment: Their Relation to Personal Well-Being* », sera soumis au *Journal of Personality and Social Psychology*. Dans ces deux premières études, la même méthodologie a été utilisée. Les répondants ont complété un questionnaire auto-administré comprenant une mesure d'engagement au travail, adaptée de la mesure générale d'engagement de Dubé et al. (1997), une mesure *ad hoc* de surengagement au travail, des questions touchant au temps consacré au travail ainsi que différentes mesures de bien-être personnel. Le traitement statistique des données recueillies s'est effectué de façon similaire dans les deux études. Les qualités

psychométriques des mesures d'engagement au travail, de surengagement au travail et de bien-être personnel ont tout d'abord été examinées à l'aide d'analyses factorielles et d'analyses de corrélations. D'autres analyses de corrélations et des analyses de régression multiple ont ensuite permis de tester l'hypothèse selon laquelle l'engagement est positivement relié au bien-être personnel, même à un niveau élevé, de même que l'hypothèse selon laquelle le surengagement est *négativement* relié au bien-être. Les relations entre l'investissement de temps au travail et les différentes formes de bien-être à l'étude ont aussi été examinées. La deuxième étude a toutefois comporté une étape additionnelle. Afin d'établir un profil des individus engagés et surengagés vis-à-vis de leur travail, une analyse de regroupements a été effectuée (« *cluster analysis* »). Différents groupes de participants ont été identifiés sur la base de leurs niveaux d'engagement et de surengagement au travail, ainsi que de leur investissement de temps au travail et dans les autres secteurs. Certains des profils ainsi obtenus ont alors été comparés au niveau du bien-être.

Malgré leur rationnel de base identique, on retrouve plusieurs différences entre les deux premières études. La première constitue l'étape préliminaire de la recherche. Menée auprès de 200 administrateurs travaillant dans le domaine de l'éducation, cette étude a examiné uniquement les liens unissant l'engagement, le surengagement et le temps investi au travail au bien-être *général*, psychologique (perception générale de bonheur, de satisfaction de vie et de sens; absence d'affects négatifs) et physique (absence de problèmes physiques mineurs reliés au stress et évaluation subjective de sa santé physique). La seconde étude se veut une confirmation mais aussi une extension de la première. Son objectif était non seulement de reproduire les résultats de la première étude, mais aussi de combler certaines de ses lacunes méthodologiques. Entre autres choses, cette deuxième étude a été menée auprès d'un échantillon mieux ciblé, des médecins spécialistes (n = 220), reconnus pour être particulièrement vulnérables au

surengagement (Krawkowski, 1982, 1984; Ottenberg, 1975). En outre, des dimensions additionnelles, plus spécifiques, du bien-être personnel ont été ajoutées au questionnaire : satisfaction face à la vie professionnelle, stress au travail et bien-être relationnel (relié aux relations intimes). L'intérêt de considérer ces dimensions spécifiques du bien-être est venu, entre autres choses, d'un désir d'examiner leur rôle médiateur dans la relation différente qu'ont l'engagement et le surengagement avec le bonheur général et la santé physique.

La troisième étude fait l'objet d'un article indépendant. Cet article s'intitule « *Understanding Work Overcommitment Among Physicians: A Look at Job Characteristics, Personal Strivings and Domain Satisfaction*», et doit lui aussi être soumis sous peu au *Journal of Personality and Social Psychology*. L'objectif général de cette étude consiste à mieux comprendre les différences entre l'engagement au travail élevé et le surengagement. De façon plus précise, il s'agissait d'identifier certains facteurs, ayant trait à la perception de son travail, de soi et des autres, associés à la présence du surengagement au travail. Bien que cette étude n'ait pas la prétention d'identifier les « causes » du surengagement au travail, il est clair que plusieurs des caractéristiques examinées pourraient y contribuer. L'étude a été menée auprès de médecins spécialistes, différents des médecins ayant participé à l'étude portant sur le bien-être (n = 215). Les participants ont complété un questionnaire incluant des mesures d'engagement et de surengagements au travail, ainsi que du temps consacré par semaine au travail et aux autres secteurs d'activités. Toutefois, à l'inverse du premier groupe de médecins qui ont complété des mesures de bien-être, les médecins participant à la présente étude ont répondu à des questionnaires visant à évaluer la perception qu'ils ont de leur travail (perception des bénéfices intrinsèques et extrinsèques ainsi que des demandes objectives et subjectives), leurs dispositions motivationnelles (recherche de l'accomplissement, de la perfection et du contrôle; évitement de l'intimité

interpersonnelle) et leurs aspirations de vie (reliées à la croissance personnelle, à l'affiliation, au succès matériel et à l'altruisme). Les participants ont aussi répondu à des mesures de satisfaction face à leur vie professionnelle et personnelle, au moment présent et dans le passé. Les données recueillies ont été analysées en deux étapes. Dans un premier temps, les corrélats de l'engagement et du surengagements au travail ont été séparément identifiés. La comparaison de ces corrélats a permis d'identifier ceux qui sont spécifiques au surengagement. Cette première étape a été complétée par une analyse intégrative de profils, similaire à celle réalisée dans l'autre étude impliquant des médecins spécialistes. Ici encore, différents groupes de participants ont été identifiés sur la base de leur engagement et surengagements, ainsi que leur investissement de temps au travail et dans les autres secteurs d'activités. Les facteurs distinguant le mieux certains de ces profils ont ensuite été identifiés.

Le dernier chapitre fait la synthèse des principaux résultats des trois études. Ces résultats appuient l'hypothèse générale selon laquelle l'engagement et le surengagement au travail représentent deux formes distinctes d'implication occupationnelle qu'il est possible de différencier empiriquement. Engagement et surengagement au travail sont *qualitativement* différents, ne faisant pas intervenir le même ensemble de composantes psychologiques. En fait, c'est essentiellement à cause de ces composantes psychologiques distinctes que l'engagement et le surengagement sont différemment associés au bien-être personnel. Alors que l'engagement au travail semble favoriser le bien-être personnel, le surengagement pourrait lui être néfaste.

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CHAPITRE 2

Premier article

High Work Commitment and Work Overcommitment: Their Relation to Personal Well-Being

RUNNING HEAD: Work Commitment and Overcommitment

High Work Commitment and Work Overcommitment: Their Relation to Personal Well-Being

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Abstract

This research examined the relation between work commitment (WC), work overcommitment (WOC) and personal well-being. WOC is defined as an excessive occupational involvement, qualitatively different from high but beneficial WC. Data of Study 1 came from 200 school administrators who indicated their time investment in work and completed measures of WC, WOC and well-being. The results showed that contrary to WC, WOC is negatively related to subjective and physical well-being. These results were replicated in Study 2, using a sample of physicians (n = 220) and considering domain-related aspects of well-being. Overcommitted physicians reported lower happiness and physical health than highly committed ones, because they were less satisfied with their professional and interpersonal lives, and more stressed by their job. In both studies, participants' time investment in work was weakly related to their well-being. An integrative profile analysis confirmed that although overcommitted physicians show an intense time investment in their work, their psychological orientation toward that work explains the most their reduced well-being.

Key words: commitment, overcommitment, work, happiness/life satisfaction, physical health, physicians, school administrators.

High Work Commitment and Work Overcommitment: Their Relation to Personal Well-Being

Introduction

Being able to invest oneself in the professional sphere has long been seen as a core component of personal well-being, and many of the values modeled and encouraged by society suggest that happiness depends heavily on individuals' participation in the labor force. Over the last century, the rise of individualism may have even reinforced this assumption. In a post-industrial culture that intensely values personal achievement, it is often believed that professionals who are passionate in their work possess one key ingredient for a meaningful and satisfying life. Scientific research has confirmed this contention, having showed that the level of psychological commitment individuals manifest toward their work is associated to several aspects of their well-being. Highly work committed professionals are highly satisfied with their job, but also with their overall life, experience low emotional distress and are in good physical condition (Florian, Mikuliner & Taubman, 1995; Jayaratne, Himle, & Chess, 1991; Kobasa, 1979, 1982a, 1982b; Riipinen, 1997; Sekeran, 1989; Wiener, Muczyk, & Gable, 1987). In sum, work commitment seems to represent an intrinsically beneficial and desirable characteristic for professionals, and it is difficult to imagine occupational settings that would not value its typical features.

Paradoxically, the notion that intense work commitment may also come at the cost of considerable psychological, and sometimes physical, distress and trauma is explicit in the literature on the "workaholism syndrome" (Killinger, 1991; Kofodimos, 1993; Lowman, 1993; Pietropinto, 1986; Robinson, 1997; Schaef & Fassel, 1988; Seybold & Salomone, 1994; Spence & Robbins, 1992). Why does intense commitment appear to be beneficial in some instances, while being detrimental in some others? We propose that the apparent contradiction observed in existing literature might arise from a confusion between two different manifestations of high occupational participation: (1)

intense but beneficial work commitment (WC); and (2) detrimental work overcommitment (WOC). But what exactly is WOC? What is the difference between being highly committed and overcommitted in one's work? Given the societal relevance of the issue of occupational overcommitment, it is surprising that there has been very few systematic attempts to answer such questions. In comparison to the impressive number of studies that have dealt with the definition of work commitment and the demonstration of its positive correlates, research on excessive and/or unhealthy forms of commitment has been sparse, sporadic and highly speculative.

The general purpose of the two studies reported in this article was to differentiate detrimental WOC from high but beneficial WC among high-level professionals. WOC is broadly defined as an excessive involvement[1] in one's work, such that one's well-being is potentially impaired. Such detrimental WOC might be quantitatively different from beneficial WC, implying a higher time investment in one's work. However it is our contention that WC and WOC are also qualitatively different, implying different psychological components. WC would includes: 1) an enthusiasm toward one's work; 2) the acceptation of its negative aspects and 3) perseverance in work-related tasks. Even if this WC is associated to an intense time investment in work, it would still contribute to personal well-being. In contrast, WOC would imply three other psychological components -- overriding interest, neglecting of personal life and compulsive persistence for one's work – that would be detrimental to well-being. Within a group of professionals, it is proposed that certain individuals manifest an intense WC but not WOC, as opposed to others who manifest both WC and WOC. It is expected that the former group of individuals will report higher subjective and physical well-being than the latter group.

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[1] Throughout this article, we will refer to the term "involvement" as a general expression that encompasses psychological as well as objective indicators of commitment, beneficial as well as detrimental ones.

Study 1 was undertaken to compare the relation WC, WOC and time investment in work have to domain-free personal well-being. The goals of Study 2 were to replicate the findings of Study 1, expand the examination of the differential correlates of WC and WOC to domain-related dimensions of well-being and identify profiles of professionals based on their WC, WOC and time investment in work and off-work activities. After having briefly defined the dimensions of personal well-being under study, the evidence regarding their association with time investment in work is presented. Then a new three-component model of WC (adapted from Dubé, Kairouz, & Jodoin, 1997) is described, followed by the evidence supporting the positive association between WC and personal well-being. Based on this model of commitment and the literature on workaholism, our definition of WOC is presented after.

Time Investment in Work, Work commitment and Personal Well-Being

Personal well-being defined. General (domain-free) subjective well-being has most often been defined as the interplay of three elements: (1) frequent positive affect or happiness; (2) infrequent negative affect or the absence of emotional distress, and (3) life satisfaction (Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976; see Diener, 1984, 1994; Diener & Emmons, 1984; Diener, Sandvick, & Pavot, 1991). More recent empirical studies have come to question this three-component model, having found that positive affect and life satisfaction items measure only one construct, general happiness (e.g., Crooker & Near, 1998; Masse, Poulin, Dassa, Lambert, Belair, & Battaglini, 1998). Furthermore, some authors have argued that the perception that one's life has meaning should also be included as a component of positive subjective well-being (Dubé et al., 1997; McGregor & Little, 1998; Reker & Wong, 1988; Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 1998). And aside from subjective well-being, some authors have proposed to include physical health in a broader conception of personal well-being (Antonovsky, 1979, 1987; Argyle, 1987). According to Brief, Butcher, George and Link (1993), one has to distinguish between objective health, which includes

the absence of somatic health complaints, and subjective health, which refers to how individuals subjectively assess their health.

In the current study, the different aspects of personal well-being described above are considered as dependent variables, to be explained by individuals' patterns of work involvement. In the following sections, time-related and psychological aspects of work involvement are discussed.

Time investment in work and personal well-being. Some researchers have used the number of hours devoted to one's work as a criterion of work involvement (e.g., O'Driscoll, Ilgen, & Hildreth, 1992). Mosier (1983) has defined workaholics as individuals who work at least 50 hours per week. Such reliance on a sheer amount of time is not without limitations, but leads to an interesting question: is there objective indicators of the beneficial/detrimental nature of one's work involvement? It has been found that among professionals, the number of hours per week spent at work is positively related to work-family conflict, which is in turn negatively related to psychological and physical well-being (Adams, King, & King, 1996; Aryee, 1992; Gutek, Searle, & Klepa, 1991; Judge, Boudreau, & Bretz, 1994; Netermeyer, Boles, & McMurrian, 1996; O'Driscol, Illgen, & Hildreth, 1992; Parasuraman, Purohit, Godshalk, & Beutell, 1996). In most studies however, the number of hours worked per week is not directly related to well-being (Aryee, 1992, 1993; Judge, Boudreau, & Bretz, 1994; O'Driscol et al., 1992; Parasuraman et al., 1996). The latter results concur with Spence and Robbins' (1992) findings. These authors have identified several profiles of social workers differing in terms of job stress and somatic health complaints. Individuals from these profiles also differed in terms of their psychological work involvement, but not much in terms of their time investment. In sum, available evidence would suggest that, within a group of professionals, the mere number of hours worked per week does not represent a good indicator of the beneficial or detrimental nature of individuals'

involvement. This might suggest that one has to also consider the psychological commitment individuals manifest toward their work.

Work commitment and personal well-being. In the field of industrial/organizational psychology, an extensive body of literature has dealt with individuals' psychological commitment to the work role. Several concepts have been proposed. Since the work of Morrow (1983), it is generally recognized that the various conceptualizations of work commitment can be categorized into four main groups, according to the foci of the commitment: (1) work in general (Kanungo, 1979, 1982; Mirels & Garrett, 1971); (2) the career (Blau, 1985; Greenhaus, 1971; Hall, 1971); (3) the specific job/work (Aryana & Jacobson, 1975; see Brown, 1996; Dubin, 1956; Kanungo, 1979, 1982; Lodahl & Kejner, 1965; Paullay, Alliger, & Stone-Romero, 1994; Rusbult & Farrell, 1983); and (4) the organization (e.g., Mowday, Steers, & Porter, 1979; Meyer & Allen, 1991; see Mathieu & Zajac, 1990). The present research specifically considers the psychological commitment toward a particular work[2], because what is of interest here is the attachment of individuals toward a particular social object rather than their attitudes toward work in general. Thus, we will refer through this article to work commitment (WC), and will define this concept using the definition of commitment provided by Dubé et al. (1997; see also Brickman, 1987). In this perspective, WC will be defined as the interplay of three elements: (1) an affective element, enthusiasm toward one's work, referring to the interest felt toward one's work, the pleasure felt while working; (2) a cognitive element, the acceptation of the negative aspects of one's work, referring to the acceptance of the negative aspects of one's work as necessary for the positive ones to be present; and (3) a behavioral element, perseverance in work-related tasks, referring to the dedication to not giving up work-related activities until they are completed and, despite difficulties, doing a "good work". Even if this definition of commitment does not exclude the presence of objective

[2]We preferred to use the term "work" rather than the more restrictive term "job", since several professionals in our samples simultaneously hold several jobs.

manifestations, it clearly represents a primarily psychological, and even subjective, experience. Furthermore, it is clearly assumed that WC is likely to be associated to a broader and long-lasting commitment toward work in general and/or the career (Blau, Paul, & St-John, 1993; Elloy & Terpening, 1992; Paullay et al., 1994).

There is empirical evidence to suggest that WC is positively related to subjective well-being (Dubé et al., 1997; Jayaratne, Himle, & Chess, 1991; Pleck, 1985; Riipinen, 1997; Sekaran, 1989; Wiener et al., 1987). However, one could argue that when WC is very high, a reduction of well-being should occur. It intuitively makes sense that an intense work commitment might be so absorbing that it becomes detrimental. Still, there is no clear empirical support for this hypothesis (Bailey & Miller, 1998; Frone, Russell, & Cooper, 1992; Romsek, 1989; Wiener et al., 1987). In an attempt to examine the level of well-being associated with different levels of WC, Wiener et al. (1987) have found that subjective well-being was related in a linear fashion with commitment. In other words, individuals at the highest level of WC report higher well-being than those at more moderate levels of WC. Therefore, it might be concluded that existing measures of psychological commitment are not sensitive enough to adequately discriminate individuals who are excessively committed from those who are simply highly committed. It might also be argued that to adequately define and measure excessive WC, it is necessary to identify specific components of that excessive commitment. The results of some studies indeed suggest that different component of work involvement are differently related to well-being and those negatively related to well-being can often be seen as excessive forms of work commitment (Greenberg & O'Neil, 1993; Korn & Pratt, 1987; Spence, Helmreich, & Pred, 1987; Spence & Robbins, 1992). But it is mostly the literature on workaholism, which is briefly reviewed next, that suggests that excessive work commitment entails other components than those of high but beneficial work commitment.

Toward a Definition of Excessive Work Commitment

Workaholism. Oates (1971) is credited with coining the word workaholism in his description of work addiction. Even if the term has since entered popular culture, the notion of workaholism has rarely been the object of scientific investigation (Naughton, 1987; Robinson, 1997; Seybold & Salomone, 1994; Scott, Keirstein, & Miceli, 1997; Spence & Robbins, 1992). Most authors agreed that workaholism has at its core excessive work commitment (Elder, 1991; Ishiyama & Kitayama, 1994; Machlowitz, 1980; Maslach, 1986; Naughton, 1987; Scott et al., 1997; Spence & Robbins, 1992). Nevertheless, divergence exists concerning the composition of such excessive commitment. Whereas the majority of authors have defined workaholism as an addiction to the act of working comparable to alcoholism (Killinger, 1991; Klaft & Kleiner, 1988; Oates, 1971; Schaef & Fassel, 1988; Spence & Robbins, 1992), certain authors have been less extreme and have seen in workaholism the combined presence of an obsessive-compulsive personality and high career commitment (e.g., Chonko, 1982; Naughton, 1987; Schwartz, 1982) or an important imbalance in the individual's system of commitment (Kofodimos, 1993). The only element shared by most definitions is that workaholism represents a personal orientation directed toward work in general rather than a specific work and that workaholic individuals manifest other characteristics beyond what is generally seen as a high work commitment (see Scott et al., 1997).

To date, there has only been one attempt to assess workaholism empirically, provided by Spence and Robbins (1992). These researchers have defined workaholics as persons who "are highly work involved, feel compelled or driven to work because of inner pressures, and are low in enjoyment of work" (p. 162). Individuals who manifest these three characteristics report more job stress and health complaints than work enthusiasts, who are high in job involvement but also in work enjoyment and are not driven. Spence and Robbins also identified Enthusiastic workaholics, who are high in work involvement, driveness and enjoyment, and score between workaholics and work

enthusiasts on job stress and health complaints. Despite its scientific interest and innovative nature, it might be argued that Spence and Robbins' pioneer work has important limitations. For example, by defining workaholics as persons who are necessary low in work enjoyment, Spence and Robbins convey a restrictive vision of workaholism that is at odds with clinical descriptions of this phenomenon (see Scott et al., 1997). Another problem is that the components used to define workaholism are exclusively related to work. To adequately define an excessive work commitment, it seems essential to also consider the (lack of) interests and commitments toward other areas (Kofodimos, 1993). Also, Spence and Robbins' definition rests exclusively on individuals' thoughts and attitudes toward work, all behavioral manifestations being considered as correlates. This is not in accordance with most writings on excessive work commitment (see Scott et al., 1997). Clearly additional study on excessive work commitment would be welcome.

Work Overcommitment. We propose a definition of WOC, based on a new model of commitment (Dubé et al., 1997) and on previous work on workaholism. According to that definition, WOC represents an excessive identification with, and involvement in, one's current work, such that personal well-being is potentially impaired. WOC would be defined as the presence of three psychological components that can be seen as the three detrimental counterparts of the three beneficial components of WC. These components are:

1) Overriding interest for one's work. One component of commitment is enthusiasm. To feel intense enthusiasm toward one's work does not necessarily imply that one only feels enthusiasm in that domain. On the contrary, we propose that WOC implies an overriding interest for one's work, that is, an interest for one's work that is unbalanced, being higher than, and exclusive of, interest for other activities. One of the recurring theme in the literature on overcommitment to the work role is the narrow range of interest of work overcommitted individuals (Cherrington, 1980; Ishiyama &

Kitayama, 1994; Killinger, 1991; Kofodimos, 1993; Lowman, 1993; Naughton, 1987; Rohrlich, 1980, 1981; Schaef & Fassel, 1988; Scott et al., 1997). According to Lowman (1993) and Scott et al. (1997), two essential characteristics of overcommitted individuals are a difficulty to feel enthusiasm in any other environment than work and a tendency to think about their work even when not at work. We hypothesize that such an imbalance in the sources of interests is associated to a low subjective well-being.

2) Neglecting one's personal life because of one's work. One component of WC is the acceptation of the negative aspects of one's work. Such acceptation would be beneficial for well-being, even when intense, because by accepting that the negative aspects of their work are tied to its positive aspects, individuals would come to find meaning in those negative aspects. In contrast, WOC would include the perception of neglecting one's personal life because of one's work. Specifically, work overcommitted individuals would perceive that they neglect their interpersonal relationships (romantic and parental relationships; friendship), leisure activities and resting time because of their work. The contention that an individual's work involvement becomes excessive when it interferes with other life aspects is widespread in the literature on workaholism (Killinger, 1991; Kofodimos, 1993; Robinson, 1997; Schaef & Fassell, 1988; Seybold & Salomone, 1994). The perception of neglecting non work domains would reflect excessive sacrifices for one's work. Such internal conflict should be negatively related to psychological and physical well-being (Dixon, Dixon, & Spinner, 1991; Kofodimos, 1993; Seybold & Salomone, 1994).

3) A compulsive persistence in work-related tasks. Perseverance has at its core conscientiousness, a dedication not to give up activities until they are completed and, despite difficulties, to do a "good job" at it. Problems arise when this tendency becomes a rigid obstinacy or stubbornness, and when the individual feels driven to work hard (Spence & Robbins, 1992). We propose that WOC involves a compulsive persistence in work-related tasks. Specifically, work overcommitted individuals would feel an

uneasiness to put aside, give up or delegate tasks when they are overloaded or fatigued, as well as inner pressures toward hard working and task completion. This is in accordance with some authors who have suggested that an excessive dedication at work may come from compulsive dynamics (Chonko, 1983; Naughton, 1987; Schwartz, 1982) and that compulsivity in work-related tasks is detrimental to psychological and physical well-being (see Scott et al., 1997; Spence & Robbins, 1992).

Work Overcommitment, Personal Well-Being and Social Desirability

A classic issue in measuring psychological characteristics using self-report questionnaires pertains to the possibility that respondents might fail to report their undesirable characteristics because of self-serving biases, or social desirability. It is generally recognized that social desirability includes (1) impression management, or conscious effort to create a favorable impression, and (2) self-deception, or unconscious defense against psychological threat to the oneself (Paulhus, 1984). Initially, social desirability was seen as an artifact response and source of error variance to be minimized by methodological and/or statistical procedures (e.g., Crowne & Marlowe, 1960). More recently, authors have considered self deception and even impression management as substantive personal characteristics that contribute to psychological adjustment. Both aspects of social desirability would represent a resilient set of defenses that helps individuals cope with life difficulties (Aspinwall & Taylor, 1992; Erez, 1994; Hagedorn, 1996; Paulhus & Reid, 1991; Taylor & Brown, 1988; Taylor, 1989; Thompson et al., 1993). When the relation between self-reported WC, WOC and well-being is examined, it seems essential to consider the two components of social desirability. If they represent methodological artifacts, some work overcommitted individuals might inflate their well-being level or deny their WOC. If they represent characteristics that truly influences well-being, then their influence might confound that of WC and WOC on reported well-being.

Study 1

Research Objectives and Hypotheses

Study 1 was a first attempt to distinguish WOC from high WC, by separately measure these two forms of involvement and examining their respective association with personal well-being. Specifically, the goals were to: (1) measure the WC, WOC and time investment in work of a group of professionals, and (2) examine the interrelations between WC, WOC and time investment in work; and (3) examine and compare the relation WC, WOC and time investment in work have to subjective well-being (happiness/life satisfaction and absence of negative affect) and physical health (absence of somatic health complaints and subjective physical health). The following hypotheses have been formulated to guide this investigation:

Hypothesis 1: WC will be positively related to happiness/life satisfaction and negatively related to negative affect;

Hypothesis 1b: There will be no curvilinear (quadratic) relation between WC and subjective well-being (happiness/life satisfaction and absence of negative affect)

Hypothesis 2: WOC will be negatively related to happiness/life satisfaction and positively related to negative affect and somatic health complaints;

Hypothesis 3: Time investment in work will be unrelated to personal well-being.

Method

Sample

The sample consisted of 200 administrators working in the educational realm. The mean age was 47.76 (SD = 8.31). Sixty-six were women and 134 were men. These individuals were chosen because they occupy a position that involves several responsibilities. Eighty per cent of the participants were currently involved in an intimate relationship, eight per cent were single, 11 percent were separated or divorced, and one percent were widowed. Eighty nine per cent had one or more children. Participants worked on average 47.87 hours per week in paid work, spent 24.32 hours per week with

his/her family, and devoted 8.87 hours per week to leisure activities. The average annual salary was 63 500 $ (SD = 5600) (Canadian). Administrators had been in their current position for an average of 8.35 years. The respondents' education was distributed as follows: undergraduate studies, 62.4 %, and graduate studies, 37.4 %. Participants were all French speaking residents from the province of Québec (Canada).

Procedure

Participants were recruited by two different modes. Some participants were recruited during the annual convention of their professional association. A questionnaire was included in their congress envelope. At the end of his presidential address, the president of the association reminded members to complete the questionnaire. Follow-up calls were made one month after the convention. In addition, a memo was published in the journal of the association eight weeks after the convention. Members were reminded to complete their questionnaire and to send it to the University of Montréal. Of the 200 questionnaires distributed this way, 80 were returned completed. Other administrators were individually contacted by phone. One hundred and eighty individuals were randomly chosen among the 300 remaining members of the professional association and contacted at their office by the first author. They were told the general purpose of the study and asked to participate. If they agreed, the questionnaire was mailed at their office. Accompanying the survey was a letter from the two authors of the current article soliciting the administrator's participation and a pre addressed and stamped envelope. Overall, 120 questionnaires were sent back. A series of analyses of variance were performed to determine if respondents differed on the basis of the mode through which they had been recruited. No difference was found. When the two methods of recruitment were combined, the response rate was 53%.

Measures

Work commitment. Participants' commitment to their work was measured with 12 items, adapted from the scale of dispositional commitment used by Dubé et al.

(1997). This scale assesses the general tendency to commit oneself in life and include three components: (1) the tendency to be enthusiastic in life; (2) the capacity to accept the negative aspects of things; and (3) the tendency to persevere in what one is involved in. Items of this measure were reformulated to refer specifically to work (see Table 1 for the specific items). The following instructions were used to favor honest responses from the participants: "Evaluate to what extent you agree to say the following statements characterize you over the last six months. There is no good or bad answers. Please answer according to who you truly are and not according to the person you would like to be. Do not hesitate to use middle-range numbers (e.g., 2, 3, 4, 5 or 6)". Each item was scored on a 9-point scale, ranging from 0 (Does not characterize me at all) to 8 (Characterizes me completely).

Work overcommitment. A measure of WOC, that reflected the three proposed components, was specifically elaborated for this study. Most items were formulated on the basis of a review of the literature on work overcommitment and workaholism. Other items were drawn from existing measures of job involvement and rephrased to assess the proposed components of WOC. For example, "I live, eat and breathe my job" of Lodhal and Kejner's (1965) job involvement scale became "I live, eat and breathe solely for my work", to assess the presence of an overriding interest for work. Using these methods, 30 items were generated. WOC items were answered on the same scale as WC items. Items of the two scales were actually presented all together, mixed on a random basis, to prevent response set and biases in impression management.

Time investment in work. Time investment in work was operationalized as the average number of hours worked per week. Participants were asked to indicate how many hours per day, on average, they worked at their workplace and at home and how many days they work per week. By adding the numbers of hours worked per day at the workplace and at home, the total number of hours worked per day was obtained. This

number was multiplied by the number of days worked per week to obtain the average number of hours devoted to one's work per week.

Subjective well-being. Subjective well-being was assessed with several measures intended to complement each other. The cognitive aspect of subjective well-being was assessed by using the Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985), a five-item measure of life satisfaction consisting of such statements as "In most ways my life is close to my ideals"). The SWLS has been used successfully in organizational research (Judge, Boudreau, & Bretz, 1994). In the present study, the French version of the SWLS was used (Blais, Vallerand, Pelletier, & Brière, 1989). Respondents rated the items on a 9-point scale, ranging from 0 = Not at all to 8 = Totally. To assess the perception of meaning and purpose in one's life, we used four items taken from Dubé, Jodoin & Kairouz (1998) ("I have the impression that I have not yet found my place in life (reversed item)"; "I have succeeded in giving meaning to my life"; "I see my life as having a definite meaning and purpose"; "I am at peace with myself"). These items were answered on the same scale as the SWLS items. The positive emotional aspect of general subjective well-being, happiness, was assessed using four additional items from Dubé et al. (1998) ("I am in a good mood"; "I am happy"; "I am joyful"; and "I am content"). Happiness items were presented altogether with the life satisfaction and meaning items and were answered on the same 9-point scale. This short measure of happiness was completed by four items selected from the Intensity and Time Affect Survey (Diener et al., 1994). Respondents rated the frequency to which they experience four positive affective states over the last month ("Joy"; "Happiness"; "Pride"; and "Satisfaction")[3] on a 7-point scale in which 0 = Never, 1 = Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Generally, and 6 = Always. Finally, the negative emotional aspect of general subjective well-being, negative affect's frequency, was

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[3] There was actually seven postive affect items included in the questionnaire. However, three of them ("affection", "tenderness" and "love") were not domain free and were therefore excluded from the analyses.

measured by ten items representing ten negative affective states ("Fear"; "Anger"; "Sadness"; "Worry"; "Irritation"; "Culpability"; "Anxiety"; "Regret"; "Shame"; "Unhappiness"). These ten items were presented altogether with the items measuring positive affective states and were measured on the same frequency scale.

Physical health. Ten items were used to assess objective health, operationalized in this study as an absence of somatic health complaints. Respondents had to indicate if they had experienced a number of physical conditions in the last six months, using a scale from 0 = Never to 6 = Very often. These symptoms included difficulty breathing, heart palpitations, back pain, peptic pain, chest pain, headaches, muscular tensions and cough (α = .76). An english version of this measure has been used previously by Judge, Boudreau & Bretz (1994). Subjective health was measured by a non-graphic version of the health ladder (Suchman, Philips, & Strieb, 1978). The measure used consisted of a 7-point scale; where the number 0 represents total and permanent disability and the number 6 represents perfect health. Respondents indicated which step was most descriptive of their current health status.

Social desirability. Social desirability was measured using the Balanced Inventory of Desirably Responding, Version 6 - Form 40 (BIDR-6; Paulhus, 1984), validated in French by Cournoyer and Sabourin (in prep). The BIDR comprises two 20-item scales to assess impression management and self deception. All items were answered on a 7-point Likert scale ranging for 1 (Not true) to 6 (Very true). Zerbe and Paulhus (1987) have suggested that the BIDR can be used successfully in the organizational context. In the present study, the Cronbach's alpha was .69 for the Impression Management subscale and .71 for the Self Deception subscale.

Socio-demographic variables. Age, ethnicity, sex, educational level, salary and marital status were each measured with the help of individual questions.

Two forms of the questionnaire were randomly distributed to control for a potential order effect. In one version, the well-being items were presented before the WC

and WOC items. In the other, the WC and WOC items were presented first. Preliminary analyses did not reveal any effect of the questionnaire's version either on variables' mean or interrelations.

Results

The results of the analyses are described in two sections. The psychometric properties of the measures of WC, WOC and well-being, as well as gender differences regarding the variables under study, are examined in the first section. Then are reported the results of the analyses that have examined the relation time investment in work, WC and WOC have to personal well-being.

Preliminary Analyses

The Psychometric Properties of the Measures of Work Commitment and Work Overcommitment

Factorial structure. An initial examination revealed that the distribution of most WC items was not normal, being negatively skewed. A principal-axis factor analysis (using oblimin rotation) was therefore chosen to test the factor structure of the WC measure, because this method of extraction does not necessitate strict normality of the distribution of the items (McDonald, 1985). The scree test and analysis of the residuals confirmed that a three-factor solution should be retained. The Kaiser-Meyer Olkin measure of sampling adequacy was .80. The three-factor solution accounted for 55.2 % of the total variance of the scale, and the three factors reflected, respectively, enthusiasm (four items; eigen value = 3.83); perseverance (four items; eigen value = 1.65); and acceptation of the negative aspects (four items; eigen value = 1.15). The three factors of the measure of WC explained 31.9, 13.8, and 9.6 %, respectively, of the total variance of the scale. The Pearson correlation between the components were as follows: enthusiasm and acceptation of the negative aspects, .48, $p < .01$; enthusiasm with perseverance, .25, $p < .01$; and acceptation of the negative aspects with perseverance, .30, $p < .01$. The results of this factor analysis are presented in Table 1.

Insert Table 1 about here

Contrary to WC items, most preliminary items of the WOC measure were normally distributed. A maximum likelihood factor analysis, using oblimin rotation, was therefore chosen because this method provides a test of fit of the factorial solution. A first analysis was performed with the 30 WOC items. An item was selected if it had a mean grater than 1.5, a variance greater than 1.5, a MSA (measure of sampling adequacy) value over .75 and a correlation lower than .30 with either impression management or self deception. These criteria lead to the deletion of 10 items. A second factor analysis was performed on the remaining 20 items. The scree-test and examination of the residuals indicated that a three-factor solution should be retained. Items were retained if they showed a factor loading of at least .35 on the factor they were supposed to measure and a loading of less than .30 on other factors, which lead to the deletion of four additional items. The final 16 items solution explained 55.8% of the total variance (Keiser-Meyer-Olkin global measure of sampling adequacy = .89) and showed an acceptable fit to the data, χ^2 (75) = 82.11, $p > .05$. The first factor included six items and reflected the neglecting of personal life (eigen value = 6.13), the second factor was made up of five items reflecting the overriding interest for work (eigen value = 1.53), whereas the third factor included five items reflecting the compulsive persistence (eigen value = 1.27). The three factors explained 38.3, 9.6, and 7.9 %, respectively, of the total variance of the scale (see Table 2) and were interrelated: overriding interest with neglecting of personal life, .57; $p < .001$; overriding interest with compulsive persistence, .51; $p < .001$; and neglecting of personal life with compulsive persistence, .63, $p < .001$.

Insert Table 2 about here

Internal consistency reliability. Cronbach alphas were used to assess the internal consistency reliability of the measure. The reliability coefficient for the WC measure was .77, and for the separate components, .81 (enthusiasm), .61 (perseverance), and .71 (acceptation of the negative aspects). For the WOC measure, alphas were as follows: total scale, .90; overriding interest, .79; neglecting of personal life, .85; and compulsive persistence, .74.

Convergent validity. Table 3 presents the descriptive results pertaining to the various criteria of time investment in work as well as their association to WC and WOC. Overall, it can be seen that both WC and WOC are positively related to time investment into work.

Insert Table 3 about here

Discriminant validity. WC and WOC were unrelated, [r (198) = - .02, ns]. The correlations between WC, WOC and the two aspects of socially desirable responding -- impression management and self deception -- were also computed. WC scores were positively related to both impression management [r (198) = .21, p < .01] and self deception [r (198) = .42, p < .001]. The more an individual reported being work committed, the more he/she was prone to impression management and self deception. WOC scores were unrelated to both impression management [r (198) = - .05, ns] and self deception [r (198) = - .16, ns].

Participant scores on the final 12-items WC measures ranged from 48 to 96/96, with an average score of 74.18/96 (men = 73.74, women = 75.10), and a standard deviation of 10.31 (men = 9.72, women = 11.48), whereas participant scores on the final 16-items WOC measure ranged from 15 to 93/128, with an average score of 51.25/128 (men = 49.35, women = 52.08), and a standard deviation of 17.48 (men = 18.13, women = 15.84).

Psychometric Properties of the General Subjective Well-Being Measure

Factorial structure. We hypothesized that four dimensions of subjective well-being (life satisfaction, happiness, meaning and absence of negative affect) might be measured by the 27 items included in the questionnaire. However, the results of the principal-axis-factor analysis revealed that two factors could adequately represent the results. This more parsimonious solution was adopted. The Kaiser-Meyer Olkin measure of sampling adequacy was .92. The two-factor solution accounted for 53.5 % of the variance of the scale and reflected: (1) General happiness (the four items reflecting the frequency of positive affective states from the Intensity and Time Affect Survey, the five items of the Satisfaction With Life Scale, and the eight items of happiness and meaning in life from Dubé et al. (1998); eigen value = 11.58); and (2) Negative Affect (the 10 items reflecting negative affective states from Intensity and Time Affect Survey; eigen value = 2.31). The two factors explained 44.6 and 8.9 %, respectively, of the variance of the scale and were negatively related, r (198) = - .64, $p < .001$.

Internal consistency reliability. Cronbach alphas for the measure of general subjective well-being were as follows: .92 for the total scale (after having reversed scores of negative affect items); .94 for general happiness and .87 for negative affect.

Gender Differences

Separate univariate analyses of variance (ANOVAs) were first run to examine gender differences on all major study variables. There were few differences between men and women with respect to the variables under study. Men were, on average, older (M = 49.42) than women (M = 44.56), t (198) = 6.01, $p < .001$, reported higher annual salary (M = 62 045 $ for men and 51 515 $ for women), t (198) = 7.86, $p < .001$), and occupied their current position for a longer period (M = 9.45 years for men and 5.93 years for women), t (198) = 4.01, $p < .001$. Regarding the variables under study, women reported slightly more frequent somatic health complaints than men (1.66/10 for women and M = 1.28/10 for men), t (198) = 2.57, $p < .05$.

Primary Analyses

The Association Between Time Investment in Work, Work Commitment, Work Overcommitment and Personal Well-Being

Table 4 presents the means and standard deviations for major study variables and their intercorrelations. To examine the potential contribution of the interaction between gender and either time investment in work, WC or WOC in the prediction of the four well-being variables (general happiness, negative affect, somatic health complaints and subjective health), multiple regression analyses were conducted. Of the 12 possible interactions, none was significant at $p < .05$. As a result, all remaining analyses are collapsed across gender.

Insert Table 4 about here

To test our first hypothesis – according to which WC is positively related to subjective well-being -- a series of hierarchical multiple regression analyses was executed. Relevant demographic variables (age, gender, personal income, and number of children) were entered as a block in the first step to statistically adjust for the influence these variables may have on the well-being variables. WC and the two aspects of socially desirable responding (impression management and self deception) were entered as a block in step 2, which permitted an examination of the variance attributed to WC in the prediction of well-being, while minimizing the possible confounds of impression management and self deception. As expected, WC was positively related to general happiness ($b = .38$, $p < .001$) and negatively related to the frequency of negative affect ($b = -.45$, $p < .001$). However, WC was unrelated to somatic health complaints ($b = -.13$, ns) nor subjective physical health ($b = .08$, ns). Hence, the first hypothesis was supported by the results. Hypothesis 1b stated that there would be no curvilinear relation between WC and well-being. To verify this hypothesis, another series of multiple regression

analyses was run, with the quadratic term of WC being included in the set of independent variables. This new independent variable was entered at the second step in the regression equation, with WC at the first power, self deception and impression management. There was no evidence of a diminution of any aspect of well-being when the level of WC was very high, confirming Hypothesis 1b.

Hypothesis 2 stated that at the opposite of WC, WOC would be negatively related to well-being. A third series of hierarchical multiple regression analyses was performed to test this hypothesis. Again, relevant demographic variables were entered first, whereas WOC and the two forms of socially desirable responding were entered at the second step. The results indicated that WOC was negatively related to general happiness ($b = -.23$, $p < .01$). At the opposite, WOC was positively related to the frequency of negative affect ($b = .20$, $p < .05$) and somatic health complaints ($b = .47$, $p < .001$). Like WC, WOC was unrelated to subjective health ($b = -.14$, ns). Hypothesis 2 was thus mostly confirmed.

Finally, a third series of hierarchical multiple regression analyses was executed to examine the relation between time investment in work and aspects of well-being. The results revealed that time investment was unrelated to general happiness ($b = .11$, ns), negative affect ($b = -.07$, ns), somatic health complaints ($b = .06$, ns) and subjective health ($b = -.03$, ns). Additional regression models including the quadratic term of time investment did not indicate any curvilinear relation between the amount of time devoted to one's work in a typical week and one's well-being.

Brief Discussion

Basically, the results of this preliminary study suggest that work overcommitment can be assessed and is empirically distinguishable from high but beneficial work commitment. Three different measures of work involvement have been examined: time investment, commitment and overcommitment. Our results first revealed that the level of WOC of the professional under study was unrelated to their level of

WC, which supports the contention that they are distinct. Yet, even if mutually unrelated, WC and WOC are both positively related to time investment in work, suggesting that they both reflect a genuine work involvement and are not only subjective self-perceptions. Whereas feeling intensely committed to one's work is related to high subjective well-being, reporting WOC is associated not only to low subjective well-being but also more frequent stress-related physical symptoms. Thus it appears that intense work involvement, which positive consequences have been the main focus of previous research, can become excessive and detrimental. Another important finding of this first study is that time investment in work in itself is unrelated to personal well-being. Hence, a diminution of well-being would be likely to occur only when individual who devote high amount of time to their work becomes aware that their work represent their main life interest, perceive that they neglect important life aspects for that work, and feel compulsive in that work. Yet if an individual works 56 hours per week but does not feel psychologically overcommitted to his/her work, he/she may not report lower well-being. It would primarily be the way individuals experience their high work involvement that would be either beneficial or detrimental on their well-being.

Study 2

Introduction

The results of Study 1 indicated that WC is positively associated with subjective well-being, even when very high, that WOC is negatively associated to both subjective and physical well-being, whereas the amount of time invested in work, in itself, is unrelated to participants' ratings of life quality. Before we could consider these results conclusive, however, we wanted to test their replicability using a different sample of professionals. On the one hand, one may wonder whether the professionals examined in Study 1 -- school admistrators -- included a significant proportion of truly work overcommitted individuals. On the other hand, it might be argued that school administrators do not benefit from high work rewards in terms of social recognition and

financial compensation, which might explain the lower well-being of those who manifest WOC. One of our goals in this second study was to replicate the results of Study 1 within a professional group likely to be more work involved and rewarded.

Physicians, especially those with a specialization, seem to represent a group of professionals highly relevant in this regard. Several authors have indeed described how specialists are prone to overcommitment to the work role (Krakowski, 1982, 1984; Ottenberg, 1975; Pietropinto, 1986; Rhoads, 1977). The medical career is an extremely demanding one, implying long studies and when established, a physician's career implies high involvement, in terms of time and energy. Most physicians occupy more than one position, often working as clinicians in hospitals and private offices, in addition to teaching at University. Specialists often work more than 50 hours per week and most are "on call" for some hours every week. The medical career is also demanding at the affective level, as physicians often have to deal with sickness, suffering and even death (Burnard, 1994). Therefore it is not surprising to find among physicians a large proportion of idealistic, obsessive and driven individuals, prone to neglect their personal life (Ottenberg, 1975). It might be argued that these important work demands are compensated by the rewards from which physicians benefit, in terms of salary, social prestige and recognition. Yet it would be interesting to examine if, even among highly rewarded professionals, overcommitment is negatively associated to personal well-being.

A second goal of Study 2 was to reexamine the association between time investment in work and well-being. Several authors (e.g., Kofodimos, 1993, Scott et al., 1997) have proposed that at the core of WOC lies an imbalance in the system of commitments. Work overcommitted individuals would neglect their family, social relationships, leisure activities and even their health. Yet, this imbalance was not taken into account in the measure of time investment used in Study 1, which might explain its non association with personal well-being. Hence, in this second study, we have also used a measure of time investment in off-work activities to examine if "time overcommitment

to work", that is, intense time investment in work paired with low time investment in other life domains (family, romantic and social life; resting), is negatively associated to personal well-being.

Besides its potential methodological weaknesses, the first study left many questions unanswered, focusing exclusively on the bivariate association between time investment in work, WC, WOC and personal well-being. To complement this preliminary study, we have conducted, in Study 2, a profile analysis in which groups of physicians have been identified on the basis of their level of WC, WOC and time investment (at work and off-work activities). The aim of this analysis was to provide a clearer and more complete description of work overcommitted physicians. Another goal of this second study was to examine the differential relation of WC and WOC to additional, more specific, dimensions of personal well-being. Such key aspects of adaptive functioning as satisfaction specific to the professional life, well-being experienced in the context of intimate relationships and the absence of excessive job stress have been included by some authors in broader models of well-being (e.g., Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 1998) and a complete examination of the different correlates of WC and WOC necessitates that we also consider these domain-related aspects of well-being. Since according to the bottom-up approach, the well-being experienced in specific domains such as marriage, family and work combine to determine overall life satisfaction/happiness (e.g., Andrews & Withey, 1976; Bryant & Marquez, 1986; Campbell, Converse, & Rodgers, 1976; Haring, Okun & Stock, 1984; Michalos, 1985; Weingarten & Bryant, 1987; Wood, Rhodes & Whelan, 1989), it might be hypothesized that these domain-related dimensions of well-being mediate the different relation WC and WOC have to general well-being. One of the goals of this second study was to test this hypothesis.

So, Study 2 aimed at replicating and extending the findings of Study 1 within a sample of physicians with specializations and considering additional aspects of time

investment and personal well-being. In the following sections, the three domain-related dimensions of well-being under study – satisfaction specific to the professional life, the absence of job stress and the well-being specific to intimate relationships -- are defined and their potential association with WC, WOC, general happiness and physical health is outlined.

A Further Examination of the Well-Being Correlates of Work commitment and Work Overcommitment.

In the literature dealing with occupational involvement, the specific dimension of well-being most frequently related to WC is job satisfaction (see Brown, 1996, for a meta-analysis). Most researchers now agree that WC contributes to job satisfaction in a causal sense (Adams, King, & King, 1996; Duxbury & Higgins, 1991; Judge, Boudreau, & Bretz, 1994; Judge & Watanabe, 1993; O'Driscoll, Ilgen, & Hildreth, 1992). In this light, we could infer that WC will also be positively related to the satisfaction regarding the overall professional life, which can be defined as an individual's perception that his/her professional life (current work, but also professional success, recognition, and material earnings) corresponds to what he/she would like it to be. The association between WOC and professional satisfaction is more difficult to predict. Overcommitted individuals, because they are extremely invested in their work, should benefit from promotions, recognition and other sources of professional satisfaction (Killinger, 1991). On the other hand, these individuals would tend to hold excessive expectations toward their work (to give their life a meaning, to compensate for unsatisfied interpersonal needs), which, because of their irealistic nature, are likely to be frustrated and provoke dissatisfaction (Hallstein, 1993). Furthermore, it has been shown that when individuals come to neglect off-work activities because of their work, they are likely to experience unsatisfactions regarding their demanding professional life (O'Driscoll, Ilgen, & Hildreth, 1992).

Besides professional satisfaction, another work-related dimension of well-being that may be differently associated with WC and WOC is job stress. Job stress can be defined as an unpleasant state arising form a mismatch between individuals' perceptions of the work-related demands on them and their ability to cope with those demands (see Cooper & Payne, 1988; Cox, 1990). In several studies on the concept of hardiness, it has been found that compared to less committed individuals, highly committed ones evaluate potentially stressful events in less threatening terms (primary appraisal) and are more likely to perceive that they have resources for coping with these events (secondary appraisal) (Allred & Smith, 1989; Berwick, 1992; Florian, Mikuliner, & Taubman, 1995; Kobasa, 1979; Pagana, 1990; Sharpley, Dua, Reynolds, & Acosta, 1995; Westman, 1992; Wiebe, 1991). It is proposed that WC also reduces primary appraisal. By being enthusiastic in their work and accepting that certain negative aspects are inherent to it, individuals would come to appraise these negative aspects as less threatening. At the opposite, WOC should be related to an increased job stress. Compulsive individuals, because they avoid delegating tasks and putting things aside when overloaded, would create more demanding and hence stressful situations for themselves (Smith & Anderson, 186; Suls & Sanders, 1989). This is in accordance with the propositions and results of several researchers (e.g., Booth-Kewley & Friedman, 1987; Kofodimos, 1993; Korn & Pratt, 1987; Schaef & Fassell, 1988; Spence & Robbins, 1992) who have found that compulsivity in work-related tasks is positively related to job stress.

Besides dimensions of well-being related to the work sphere, it is also essential to examine relational well-being, or the subjective well-being specific to intimate relationships, to fully understand the different association WC and WOC have to personal well-being. It has been proposed that high commitment in one sphere (e.g., work) contributes to well-being in an other sphere (e.g., intimate relationships) through a spillover mechanism (Lambert, 1990). A positive spillover would be present if one's positive work-related experiences (e.g., intense passion) would contribute to positive

behaviors and attitudes toward significant others and satisfaction with one's intimate relationships. However, in empirical studies, work commitment has been found to be weakly related to relational well-being (Aryee, 1992; Duxbury & Higgins, 1991; Greenberg & O'Neil, 1993; Parasuraman et al., 1996). In contrast, WOC should clearly be associated with a low relational well-being. Several authors have indeed suggested that the little attention work overcommitted individuals devote to their family and friends as well as their mental preoccupations with their work when they are with these people are likely to provoke the alienation of the friends and children, marital conflict and even sexual problems (Killinger, 1991; Kofodimos, 1993; see Lowman, 1993; Pietropinto, 1986; see Seybold & Salomone, 1994).

The Interrelationships Between the Domain-Free and Domain-Specific Well-Being Correlates of Work Commitment and Overcommitment

In the preceding section, the mechanisms through which WC and WOC could be differently related to various aspects of personal well-being have been discussed. Yet domain-free and domain-related dimensions of well-being are likely to be themselves interrelated according to a certain dynamic. The bottom-up model of life quality indeed proposes that the well-being experienced in specific life areas combine additively, according to a summation weightened by individuals' values and life aspirations, to determine general happiness (e.g., Andrews & Withey, 1976; Bryant & Marquez, 1986; Campbell, Converse, & Rodgers, 1976; Haring, Okun, & Stock, 1984; Michalos, 1985; Weingarten & Bryant, 1987; Wood, Rhodes, & Whelan, 1989). In this light, the three domain-related dimensions of well-being under study would influence overall feelings of happiness and judgments of satisfaction with one's life. This contention has been supported by empirical studies that have showed that general happiness/life satisfaction is predicted by professional satisfaction (Adams, King, & King, 1996; Duxbury & Higgins, 1991; Judge, Boudreau, & Bretz, 1994; Judge & Watanabe, 1993; O'Driscoll, Ilgen, & Hildreth, 1992), the absence of job stress (Tait, Padgett, & Baldwin, 1989;

Judge & Watanabe, 1993; Schmitt & Bedeian, 1982; Theorell, 1993) and relational well-being (Argyle, 1987; Baumeister, 1991; DeLongis, Folkman & Lazarus, 1988; Diener, 1994; Finkenauer & Baumeister, 1997; Myers & Diener, 1996).

If professional satisfaction, job stress and relational well-being are associated with general happiness/satisfaction, we might hypothesize that these domain-related dimensions of well-being mediate the different association WC and WOC have with general happiness/life satisfaction. Specifically, individuals who are highly committed to their work would be happier than those who are less committed because they are more satisfied with their professional life and show less job stress. In contrast, individuals who are overcommitted in their work would be less happy than those who do not manifest WOC because they are less satisfied with their intimate relationships and feel more stress on the job. It is even possible to extend this mediational hypothesis to physical well-being. Indeed, studies have showed that somatic health complaints can be provoked by job stress (Cooper & Payne, 1988; Rahim & Psenicka, 1996) and conflicts in one's intimate relationships (DeLongis, Folkman, & Lazarus, 1988; Finkenauer & Baumeister, 1997; Myers & Diener, 1995). Hence, we can hypothesize that WOC is detrimental to physical well-being in part because it contributes to job stress and interpersonal problems.

Putting it All Together: An Integrative Profile Analysis of Work Overcommitment

Thus far WC, WOC and time investment in work and off-work activities have then been considered independently from each other. But are all work overcommitted physicians highly committed to their work? Do these individuals necessarily devote the highest amount of time into their work and the lowest amount of time to off-work activities? To complement the examination of the independent association WC, WOC, time investment in work and time investment in off-work activities have to well-being, it was necessary to determine how these different measures of involvement combine and define overall profiles of individuals. Spence and Robbins (1992) have performed such

an analysis and have identified two distinct profiles of workaholic social workers that differed in terms of job stress, physical health and perfectionism. In the current study, we hypothesize that WOC will be associated with a high time investment in work and a low time investment in other domains, in accordance with Scott et al. (1997) who have proposed that two core characteristics of work overcommitted individuals are working beyond organizational and economic requirements, and spending a great deal of time in work activities to the point of giving up important social, family or recreational activities. Furthermore, on the basis of our first study, it can be predicted that WC will also be associated to high time investment in work. However, WC should be unrelated to WOC and not related to a low time investment in off-work activities. Therefore, within a group of physicians, certain individuals – the Overcommitted ones -- should manifest high time investment in work, low time investment in off-work activities, high WC and high WOC. A second group of physicians – the Highly Committed -- should report high time investment in work and in off-work activities, high WC, but low WOC. Our goals here were to determine whether groups of physicians corresponding to these definitions could be identified, examine what other groups are present and compare some of these groups on personal well-being.

Research Objectives and Hypotheses

The general objective of Study 2 was to demonstrate further the distinction between work overcommitment and high work commitment among a sample of physicians with specializations. Specifically, we aimed at (1) confirming the different relation WC and WOC have to general subjective well-being and physical health; (2) examining their relation to three domain-specific dimensions of well-being (professional satisfaction, the absence of job stress and relational well-being); (3) examining the association between time overcommitment to work (high time investment in work paired with low time investment in off-work activities) and the various well-being aspects

under study and (4) identifying profiles of physicians on the basis of the psychological and time-related indicators of involvement under study. The hypotheses were as follows:

Hypothesis 1: WC will be positively related to general subjective well-being and professional satisfaction, but negatively related to somatic health complaints and job stress.

Hypothesis 2: WOC will be negatively related to general subjective well-being and relational well-being, but positively related to somatic health complaints and job stress.

Hypothesis 3: Professional satisfaction, the absence of job stress and relational well-being will mediate the different association WC and WOC have with general subjective well-being and somatic health complaints.

Hypothesis 4: It will be possible to identify clusters of physicians corresponding to our definitions of Highly Committed and Overcommitted individuals.

Hypothesis 4b: Overcommitted physicians will report lower general subjective well-being, relational well-being and job stress than Highly Committed physicians, but more frequent somatic health complaints.

Method

Sample

The sample consisted of 220 physicians, all specialists, members of the Fédération des Médecins Spécialistes du Québec (FMSQ). Physicians from 30 different specialties were represented in the sample, including cardiologists, oncologists, pediatricians and psychiatrists. The average age was 46.82 (SD = 11.90). In the sample, there was 160 male and 60 female physicians. Most physicians (81%) were married and 86% had one or more children. On average, participants worked 53.27 hours per week in paid work, spent 15.40 hours per week with their family, and devoted 6.78 hours per week to leisure activities. The annual salaries was, on average, 101 670 $ (SD = 31 750)

(Canadian). The average physician had been in his/her current position for 14.21 years. Participants were all residents from the province of Québec (Canada).

Procedure

Participants were recruited through their professional association. Among the 7700 members of the association, 600 individuals were randomly selected. A systematic procedure was used to selected every seventh physician in the list. Each questionnaire was sent with a letter from both authors of the current article soliciting the physician's participation as well as a self addressed envelope to be returned to the first author. In order to increase the response rate, a personalized letter from the president of the association was included. In this letter, the president asked the physicians to participate and ensured them of the relevance of their participation. Four weeks after the initial mailing of the questionnaires, and again two months after, a memo was mailed to each physician, asking them to complete and return their questionnaire if they had not yet done it. Of the 600 surveys distributed this way, 230 were returned completed. Fifteen more questionnaires were returned uncompleted because of incorrect addresses, which resulted in an overall response rate of 230/585 = 39 %[4]. Of the 230 completed questionnaires, ten had to be discarded. Three questionnaires were eliminated because of too many missing data, whereas seven other questionnaires could not be used because the respondents were in pre-retirement. This gave a final sample of 220 participants.

Measures

Work commitment and work overcommitment. WC was assessed with the 12 items used in Study 1, whereas WOC was assessed with a revised version of the measure used in that first study. WC and WOC items were presented together, mixed on a

[4] It is important to consider that the questionnaire was in French. Since some English speaking physicians in Quebec can not read French, these physicians might not have been compelled to return their questionnaire, which might have artificially lowered the response rate. For this reason, the actual response could be above 39%, which is satisfying considering the length of the questionnaire (13 pages) and the nature of the sample.

random basis to prevent a response set. As in Study 1, items were scored on a 9-point scale, ranging from 0 (Not characteristic of me at all) to 8 (Very characteristic of me). Four items were added to the original version of the measure of WOC. One item was added to the "overriding interest for work" subscale ("Nothing really interests me beyond my work"), one item was added to the "compulsive persistence in work-related tasks" subscale to better tap the driveness or compulsivity in that component of WOC ("At the work, I feel pressured to work hard all the time") and two items were added to better tap the "neglecting of one's personal life for one's work" subscale ("I limit my hours of sleep because of my work"; and "I neglect my love life because of my work"). The later item was added because in the original version of the scale, individuals who were not currently involved in an intimate relationship could not answer the only item pertaining to an intimate relationship ("Because of my work, I give less attention than I should to my spouse"). Four items of the preliminary measure of WOC were dropped in the revised version because they were considered too general ("I am ready to suffer to obtain what I want in my work"; "I give more importance to my work than to my health"; "If I did not have my work, I do not know what I would be doing in life") or irrelevant to physicians ("At work, I can easily delegate tasks when I am overburdened" (reversed item)).

Time investment in work. Participants indicated the average number of hours per day they devoted to their work, at their office and at home, the number of days per week they usually worked and the number of days off they took in the last six months. They also indicated the average number of hours per week they spent (on average) with their spouse, their entire family (spouse and child(ren)), and doing leisure activities. Finally, participants were asked to indicate how many hours they slept per night on average. Time investment in work was computed by multiplying the sum of the hours worked per day at the office and outside the office by the number of days usually worked per week. Time investment in off-work activities was computed by summing up the standardized

scores of the number of hours per week devoted to sleep, leisure activities, spouse and the entire family. This measure did not yield a net number of hours as time investment in work because certain elements were not independent (the time spent doing leisure activities and spent with the family). A score of time overcommitment to work was then computed by multiplying scores of time investment in work and off-work activities. Because time overcommitment to work is defined by an intense time investment in work paired with a low investment of time in other activities, scores of time investment in off-work activities had to be transformed in this computation to reflect a low amount of time. A minus sign was simply added to participants' original scores.

General subjective well-being. General subjective well-being was assessed with the measures used in Study 1. Overall life satisfaction was assessed using the French version of the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), validated in French by Blais et al. (1989). Happiness was assessed with three of the four items used by Dubé et al. (1998) ("I am in a good mood"; "I am happy"; "I am joyful"), as was meaning in life ("I have the feeling that I have not yet found my place in life (reversed item)"; "I have succeeded in giving a meaning to my life"; "I see my life as having a definite meaning and purpose"). Participants rated the items of happiness, meaning and life satisfaction on the same 9-point scale, ranging from 0 = Not at all to 8 = Totally. These measures were completed by a measure of positive affect's frequency, adapted from the Intensity and Time Affect Survey (Diener et al., 1994). Respondents rated the frequency to which they experienced four positive affective states over the last month ("Joy"; "Happiness"; "Pride"; and "Satisfaction"), on a 7-point scale in which 0 = Never, 1 = Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Generally, and 6 = Always. Three items of the subscale of positive affect had to be disregarded from the measure of general subjective well-being because they directly referred to intimate relationships ("Affection"; "Tenderness"; "Love"). These items were instead included in the measure of relational well-being, which is described below. Finally, negative affect

was assessed using ten items from the Negative Affect subscale of the Intensity and Time Affect Survey ("Fear", "Anger"; "Sadness"; "Worry"; "Irritation"; "Guilt"; "Anxiety"; "Regret"; "Unhappiness"; and "Shame"). Respondents rated the frequency to which they experience these negative affective states on the same scale as the positive affect items. Two items of this latter subscale had to be eliminated because they referred to interpersonal relationships ("Loneliness" and "Jealousy").

Somatic health complaints. Respondents completed the ten items used in Study 1. They had to indicate the frequency of these health complaints during the last six months, using a scale from 0 = Never to 6 = Very often. The symptoms included the flu, cough, heart palpitations, muscular tensions, back and gastric pain, and headaches (α = .70).

Domain-related dimensions of well-being. Professional satisfaction was measured with four items taken from the measure of domain satisfaction used by Dubé et al. (1997). Participants were instructed to consider four aspects of their professional life ("My work in general"; "The quality of work I have to accomplish"; "My professional success"; "The net income that my work provides me") and to indicate the extent to which their life regarding these specific aspects corresponded to what they would like it to be, on a scale ranging from 0 = Not at all how I would like it to 8 = Exactly how I want it to be. Relational well-being was assessed using two types of items. Four of these items were similar to the items measuring professional satisfaction, presented altogether with these items and answered on the same scale. Participants had to indicate their degree of satisfaction regarding their relationships with their family members, their sexual life, their romantic relationship, and their relationships with friends. The measure of relational well-being was completed by four items taken from the Time and Intensity Affect Survey (Diener et al., 1994). Participants rated the frequency to which they experienced four affective states that directly pertains to intimate relationships ("Love"; "Affection"; "Tenderness"; and "Loneliness"), on a 7-point scale in which 0 = Never, 1 =

Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Generally, and 6 = Always. Scores on the item assessing the frequency of experienced loneliness were recoded to indicate an absence of loneliness. To assess job stress, a seven-item measure was constructed for the purpose of the present study. Although several measures of job stress already exist, most of these measures possess inconvenients that have prevented their use in our study. First, most measures of job stress are very long – for example, the Hassles and Uplifts Scales (Lazarus, 1984) contain 117 items -- and would have taken too much time to complete. Second, most measures contain items that are irrelevant for the population under study. Our ad hoc measure directly asked participants to indicate the degree to which distinct factors had produced stress at their work for the last six months, on a scale ranging from 0 = Causes me no stress to 4 = Causes me a lot of stress ("number of projects/tasks I have to accomplish"; "work under pressure"; "responsibilities required by my job"; "difficulty to clearly understand what is expected of me"; "competition with other people"; "the fact of being close to suffering and death"; "my work in general"). Scores of the job stress measure were reversed to reflect an absence of stress.

Socially desirable responding. As in Study 1, socially desirable responding was measured using the French version of the Balanced Inventory of Desirable Responding, Version 6 - Form 40 (BIDR-6; Paulhus, 1984), validated in French by Cournoyer and Sabourin (1989). The BIDR comprises two 20-item scales to assess conscious impression management and unconscious self deception. All items were answered on a 7-point Likert scale ranging for 1 (Not true) to 6 (Very true). In the present study, the Cronbach alpha was of .75 for impression management and .72 for self deception.

Socio-demographic variables. Age, ethnicity, sex, educational level, marital status, number of children, and salary were each measured by individual questions.

Results

Preliminary Analyses

Psychometric Properties of the Measures of Work Commitment and Work Overcommitment

Factorial structure. It was hypothesized that the measures of WC and WOC each include three components. In Study 1, independent exploratory factor analyses have been performed on the two measures and a three-factor structure was identified in both. In the present study, a single factor analysis was performed with the 28 items of the two measures. Because it is recommended to have at least 10 participants per item when performing factor analysis (Stevens, 1996), this analysis was conducted using a pool of 435 physicians. This pool was made up of the 220 participants of the present study and 215 other physicians who have completed the measures of WC and WOC, in addition to measures relevant to another study, whose results are presented in another article. The principal-axis factoring method of extraction was used. The scree test and analysis of the residuals confirmed that a six-factor solution should be retained. The Kaiser-Meyer-Olkin measure of sampling adequacy was .87. The six-factor solution accounted for 56.6 % of the total variance of the scale. The six factors extracted reflected the neglecting of the personal life (six items; eigen value = 6.43), enthusiasm (four items; eigen value = 3.36), overriding interest (five items; eigen value = 2.17), compulsive persistence (five items; eigen value = 1.53), acceptation of the negative aspects (four items; eigen value = 1.24) and perseverance (four items; eigen value = 1.11). Factor loadings of the six factors solution are shown in Table 5.

Insert Table 5 about here

Internal consistency reliability. Cronbach alphas were used to assess the internal consistency of the WC and WOC measures. The reliability coefficient estimate for the

overall WC measure was .75, and those for the separate subscales were as follows: .73 (enthusiasm), .67 (perseverance), and .68 (acceptation of the negative aspects). The coefficients were higher for the WOC measure: total scale, .86; overriding interest, .84; neglecting of the personal life, .79; and compulsive persistence, .75.

Criterion-related validity. Table 6 presents the mean and standard deviations of the time-related criterias of involvement under study as well as their correlation with WC and WOC. As expected, scores of WOC were significantly related to most indicators of time investment in work and negatively related to most indicators of time investment in off-work activities. As WOC, WC was positively related to time investment in work, but unrelated to indicators of time investment in off-work activities.

Insert Table 6 about here

Discriminant validity. Scores of WC and WOC were unrelated [r (218) = - .05, ns]. Moreover, WOC was unrelated to both impression management [r (218) = - .05, ns] and self-deception [r (218) = - .16, ns]. WC was unrelated to impression management [r (218) = .09, ns], but positively related to self-deception [r (218) = .32, $p < .001$].

Psychometric Properties of the Well-Being Measures

Factorial structure. Given that several dimensions of well-being were under study, there was a risk of conceptual redundancy. Exploratory factor analyses were therefore conducted to derive parsimonious dimensions of well-being. Because the sample only consisted of 220 participants, two separate factor analyses were performed, one with the 24 items measuring general subjective well-being and a second with the 19 items measuring specific dimensions of well-being. Principal-axis-factor analysis, using oblimin rotation, was chosen because almost all well-being items were not normally distributed.

The factor analysis performed on the 24 items of general subjective well-being revealed, as in Study 1, two factors. The Kaiser-Meyer Olkin measure of sampling adequacy was .90. The two-factor solution accounted for 49.8 % of the variance of the scale and reflected: (1) General happiness (the five items of the Satisfaction With Life Scale; the three items of happiness from Dubé et al. (1998), the four items of meaning from Dubé et al. and the four items reflecting the frequency of positive affective states from the Intensity and Time Affect Survey; eigen value = 10.20); and (2) Negative Affect (the nine items reflecting negative affective states from Intensity and Time Affect Survey; eigen value = 2.26). The two factors explained 42.5 and 9.42 %, respectively, of the total variance of the scale and were negatively interrelated, r (218) = - .54. The principal axis factor analysis of the 19 items measuring specific dimensions of well-being clearly revealed three distinct factors, which explained 53.8 % of the variance of the scale. The Kaiser-Meyer-Olkin measure of sampling adequacy was .79. The three factors reflected relational well-being (eight items; eigen value = 4.43), professional satisfaction (four items; eigen value = 2.12) and the absence of job stress (seven items = 1.77).

Internal consistency reliability. The Cronbach alphas of the well-being measures, domain specific as well as domain free, were high, being all above .80. The alpha of the subscale of general happiness was .93, whereas the alpha of the subscale of negative affect was .85. Regarding measures of specific dimensions of well-being, alphas were as follows: professional satisfaction, .84; job stress, .82 and relational well-being, .85.

Gender Differences

Separate univariate tests were run to examine sex differences on all study variables. In terms of socio-demographic variables, men were on average older (M = 48.86) than women (M = 39.02), t (213) = 9.66, $p < .001$. Men also had more children (M = 2.40, compared to 1.64 for women), t (213) = 3.84, $p < .001$, reported higher annual salaries (M = 105 432$ for men and 92 104$ for women), t (213) = 4.31, $p <$

.001, and occupied their work for a longer period (M = 15.83 years for men and 8.54 for women, t (213) = 8.06, p < .001. In terms of the concepts under study, women reported a higher neglect of their personal life because of their work [M = 5.21/10 for women and 4.43/10 for men), t (213) = 3.13, p < .01], as well as more frequent negative affect [M = 4.09/10 for women and 3.51/10 for men), t (213) = 4.19, p < .001] and somatic health complaints [M = 2.21/10 for women and 1.71/10 for men), t (213) = 3.70, p < .001]. Because they were few gender differences with respect to the major study variables, subsequent analyses were collapsed across gender.

Primary Analyses

The Association Between Work Commitment, Work Overcommitment and Well-Being

Table 7 presents the means, standard deviations, and intercorrelations for the major study variables[5]. As it can be seen, WC was positively related to general happiness, [r (218) = .52, p < .001], whereas it was negatively related to negative affect, [r (218) = -.28, p < .001] and somatic health complaints, [r (218) = - .19, p < .01]. WOC was negatively related to general happiness, [r (218) = - .35, p < .001] and positively related to negative affect, [r (218) = .37, p < .001] and somatic health complaints [r (218) = .38, p < .001]. Examination of Table 7 also shows that all hypothesized relations between WC, WOC and domain-related dimensions of well-being were significant. Moreover, the three domain-related dimensions of well-being were moderately interrelated. Finally, apart from professional satisfaction, which was unrelated to somatic health complaints, the specific dimensions of well-being were all related to general happiness, negative affect and somatic health complaints. The results also revealed that time investment in work was unrelated to all aspects of well-being. However, time overcommitment to work was negatively related to professional satisfaction [r (218) = -.22, p < .01] and relational well-being [r (218) = - .26, p < .01]. To compare the

[5] A series of hierarchical multiple regression analyses, allowing to statistically control the potential impact of demographic variables (age, gender, personal income, and number of children) and social desirability on the well-being dimensions was also performed. Because these analyses simply confirmed pearson correlations, their results are not reported here.

predictive power of WOC and time WOC on these two well-being dimensions, two multiple regression analyses were performed in which both measures of WOC were considered as independent variables. The results of these analyses revealed that WOC still predicted professional satisfaction ($\underline{b}$ = -.19, $\underline{p}$ < .05) and relational well-being ($\underline{b}$ = -.47, $\underline{p}$ < .001). However, when the influence of WOC was controlled, time WOC was no longer predictive of professional satisfaction and relational well-being.

Insert Table 7 about here

To further examine the relations between WC, WOC and the various aspects of well-being under study, a path analysis was performed. The measure of negative affect's frequency was not included in this analysis to increase the parsimony of the model to be tested. The overall adequacy of the model depicted in Figure 1 was tested using the AMOS 3.6 program (Arbuckle, 1994). Overall scores of WC and WOC were used instead of scores of their components because two components of WOC, compulsive persistence and the neglecting of the personal life, were highly interrelated, which might have created multicolinearity problems. Furthermore, overall WC was more strongly related to professional satisfaction and general happiness than any of its three components alone, whereas overall WOC was more strongly related to relational well-being and general happiness than any of its three components. It is recommended in these cases to use overall scores over specific components. To maintain a favorable ratio of participants to the number of estimated parameters, we used mean imputation to adjust for missing values. For most variables, there was little bit of data missing. However, some scales had more missing data because they were contingent on the participants' life circumstances. For example, all non parents had missing data on the measures of neglect of the personal life because of work. Following Cohen and Cohen

(1983), participants who were contingently missing a particular item were assigned a value equal to the mean score among non-missing participants.

Examination of the preliminary model revealed that all nine hypothesized relations in Figure 1 were supported by the data. Several statistics were used to evaluate the fit of the preliminary model. The most widely used measure of fit is the chi-square statistic. Other conventional fit statistics include the ratio of chi-square relative to the degrees of freedom, the goodness-of-fit index (GFI) and the adjusted goodness-of-fit index (AGFI). The normed fit index (NFI; Bentler & Bonnett, 1980), the parsimony goodness of fit index (PGFI), and the comparative fit index (CFI) (Bentler, 1990) are also important and were considered here because they have been found to depend less of the sample size than other fit statistics. The results of the analysis indicate inadequate fit between the model presented in Figure 1 and the set of data: there was a significant difference between the model's implied covariance and the data covariance matrix (χ^2 = 101.15, $\underline{df}$ = 12, $\underline{p} < .001$), the ratio of chi-square relative to the degrees of freedom was higher than two (8.43) and the GFI (.89), AGFI (.74), NFI (.78), CFI (.80) and PGFI (.38) were relatively low, indicating that the model could be improved.

Insert Figure 1 about here

An examination of the modification indexes proposed by the AMOS 3.6 program suggested to add three paths to the model: positive paths from WC to relational well-being and general happiness and a negative path from WOC to professional satisfaction. A second path analysis was thus performed with the three suggested paths added. The results of the revised path analysis, presented in Figure 2, indicated adequate fit between the model and the set of data: there was a nonsignificant difference between the model's implied covariances and the data covariance matrix (χ^2 = 16.76, $\underline{df}$ = 9, $\underline{p} > .05$), the ratio of chi-square relative to the degrees of freedom was 1.86, and the GFI (.98), AGFI (.94),

NFI (.96) and CFI (.98) indicated an acceptable fit to the data. It should be noted that when the influence of the specific dimensions of well-being was considered, WOC did not have any direct relation to general happiness nor the absence of somatic health complaints. There was still, however, a direct path from WC to general happiness, but this relation was of much less magnitude than when the influence of specific well-being dimensions were not accounted for. Hence, these results supported the hypothesis that the specific dimensions of well-being partially mediate the different relation WC and WOC have to general happiness and somatic complaints.

Insert Figure 2 about here

Identification of Profiles of Work Commitment and Work Overcommitment

To examine how the psychological and time-related indicators of involvement under study combine to form different clusters of participants, a cluster analysis was performed, using the Quick Cluster program of SPSSx. Participants were classified into groups on the basis of their scores on the three WC components, the three WOC components, time investment in work and time investment in off-work activities. Raw scores were transformed into z scores to standardize their variance. Examination of the intra cluster variances for different solutions suggested that a solution involving five clusters would yield the most parsimonious, yet interpretable, description of the sample. Profile and percentages of sample belonging to each group are presented in the Table 8. Means -- reported on a scale ranging from 0 to 10 -- are presented, in addition to mean in z-scores, to facilitate the interpretation of the profiles. Because the means of the WC components were higher than those of WOC, the use of standardized scores only might have biased the interpretation of the clusters' composition (e.g., a below average perseverance in z-scores still reflects a high perseverance, because the mean of perseverance across the sample is very high).

Insert Table 8 about here

Table 8 shows that one group was characterized by high WC, low WOC, moderate time investment in work and rather high time investment in off-work activities. These Highly Committed physicians represented 12 % of the sample. Another group of physicians (13 % of the sample) was characterized by high WC and relatively high WOC, very high time investment in work and low time investment in off-work activities. These physicians corresponded to our a priori definition of Overcommitted individuals. The cluster analysis revealed another group of physicians (10% of the sample) characterized by relatively high WOC. Specifically, these physicians manifested relatively high compulsive persistence in work-related tasks and neglect of their personal life, but no overriding interest for their work. They were also characterized by high perseverance, but lower (clearly below average) work enthusiasm and acceptance of the negative aspects of their work. These physicians reported average time investment in work but slightly above average time investment in off-work activities. Because they manifested signs of WOC without the "positive" components of WC, we called theses physicians the Unpassionate Compulsive. The two other profiles identified were the Committed participants (36% of the sample), characterized by average levels of all variables, and the Least Committed participants (29 % of the sample), characterized by relatively low levels of most components of WC and WOC as well as relatively low (below average) time investment in work and relatively high (above average) time investment in off-work activities. A cluster analysis was also conducted only with the male participants. The results were virtually identical to those obtain with the entire sample. However, because of the limited number of women in the sample (60), it was not possible to conduct a separate profile analysis with women. A chi-square test

nevertheless revealed that the distribution of women between the five profiles was similar to that of men, χ^2 (4) = 2.19, ns.

Three of the five clusters of physicians identified through cluster analysis (Highly Committed, Overcommitted and Unpassionate Compulsive physicians) were compared on the two measures of response biases (self deception and impression management). Univariate analyses of variance (ANOVAs), followed by pairwise comparisons (Tukey A), revealed that Highly Committed and Overcommitted physicians did not differ on impression management (M = 6.55 and 6.82, respectively). However, Unpassionate Compulsive physicians reported lower impression management (M = 5.75) than those in the two other groups, F (2, 146) = 5.50, p < .01. There were no intercluster difference regarding self deception. A 3 (Cluster of participants) multivariate analysis of covariance (MANCOVA) was then run to simultaneously compare the three clusters of participants on general happiness, negative affect and somatic health complaints. Impression management and self deception were treated as covariates, which influence on well-being aspects was statistically controlled. There was a multivariate effect of participants' cluster, Wilks' lambda = .58, F (6, 264) = 13.93, p < .001. Univariate F tests and post hoc pairwise comparisons (Tukey; α level = .05) then revealed that Highly Committed participants reported higher general happiness (M = 8.72) than those in the two other groups. They were followed by Overcommitted participants (M = 7.65), who reported higher general happiness than Unpassionate Compulsive ones (M = 6.65), F (2, 119) = 32.71, p < .001. Highly Committed participants also reported less frequent negative affect (M = 2.56) than Overcommitted (M = 3.98) and Unpassionate Compulsive participants (M = 4.05), who did not differ, F (2, 124) = 16.08, p < .001. Furthermore, Overcommitted (M = 2.07) and Unpassionate Compulsive (M = 2.48) participants, who did not differ, reported more frequent somatic health complaints than those who were Highly Committed (M = 1.15), F (2, 119) = 16.89, p < .001.

A second MANCOVA was conducted to compare the three clusters of participants on the four specific dimensions of well-being. There was a multivariate effect of participants' cluster, Wilks' lambda = .48, F (8, 204) = 10.99, p < .001. Following univariate F-test and pairwise comparisons revealed that Highly Committed participants reported higher professional satisfaction (M = 8.32) than those who were Overcommitted (M = 6.54), who in turn reported higher professional satisfaction than Unpassionate Compulsive ones (M = 5.38), F (2, 127) = 36.18 p < .001. Highly Committed participants also reported lower job stress (M = 1.97) than those who were Overcommitted (M = 3.21) and Unpassionate Compulsive (M = 3.48), F (2, 125) = 27.87, p < .001. Finally, Highly Committed participants reported higher relational well-being (M = 8.13) than those who were Overcommitted (M = 6.14) and Unpassionate Compulsive (M = 6.35), F (2, 109) = 26.23, p < .001.

General Discussion

The primary aim of this research was to gain a better understanding of work overcommitment by distinguishing this excessive form of involvement from high but beneficial work commitment. The results suggest that work overcommitment is quantitatively different from high commitment, professionals identified as overcommitted being characterized by a higher time investment in work and lower time investment in off-work activities than those identified as highly committed. Yet work overcommitment is also qualitatively different from commitment, implying different psychological components. In fact, it is mainly these particular psychological components that are related to a lower personal well-being. Our results revealed that professionals who report being psychologically overcommitted to their work are less happy and experience more frequent negative affect and somatic complaints than those who report being highly committed to their work, but not overcommitted. Further analyses suggest that overcommitted individuals might be less happy and healthy than highly committed ones because they experience more job stress, while being less

satisfied with their professional life and interpersonal relationships. Taken together, these findings provide valuable information to understand the mechanisms by which occupational involvement, depending of its degree and nature, can represent a well-being enhancing resource or a detrimental characteristic.

Overall, the participants of our two studies reported being somewhat happy with their life without experiencing frequent negative affective states nor health problems. In Study 2, we also found physicians with specializations to be generally satisfied with both their professional and private lives, and to experience rather low job stress. Yet our purpose was discover some work-related behaviors and attitudes that might be related to fluctuations in these aspects of well-being. We have examined three different measures of professionals' work involvement, one of which is the number of hours devoted to work rather than to other activities. We found that both school administrators and physicians with specializations reported, on an objective basis, being highly invested in their work. Whereas school administrators spent on average 48 hours in paid work, physicians with specializations worked 54 hours a week on average. Besides this rather crude criterion of work importance, we proposed that there was two different forms of psychological involvement in one's work: commitment and overcommitment. On the measure of work commitment, participants of our two studies scored very high (7.73/10 for school administrators and 7.62/10 for physicians). In contrast, the means on the measure of work overcommitment were clearly lower (4.00/10 for school administrators and 3.89/10 for physicians) and the standard deviations of that measure were higher. These results suggested that although school administrators and physicians are not, for the most part, overcommitted to their work, there is in both professional groups a proportion of individuals characterized by a significant level of overcommitment. This was confirmed in Study 2 by a profile analysis. Five groups of physicians with specializations were identified, one of which being characterized by high work commitment but also high work overcommitment, high time investment in work but low

time investment in off-work activities. Yet to demonstrate that contrary to work commitment, overcommitment represents a potentially detrimental characteristic, the relation between individuals' profile of work involvement and their level of well-being had to be analyzed.

In our two studies, the mere number of hours per week devoted to work was unrelated to any aspects of personal well-being. Even time overcommitment to work (Study 2) – which takes into account not only individuals' time investment in work but also their lack of time investment in off-work activities -- was only negatively related to professional satisfaction and relational well-being, not general happiness nor physical health. Our results thus suggest that it is inaccurate, at least among certain groups of professionals, to equate excessive work involvement with objective features such as the number of hours spent at work or with the family. On the contrary, the results of both Study 1 and Study 2 showed that work overcommitment was negatively related to general happiness and positively related to the frequency of negative affect and somatic health complaints. These results support the propositions of several authors who have described the negative consequences of excessive psychological involvement in the work role (e.g., Kofodimos, 1993; see Lowman, 1993; Naughton, 1987; Rohrlich, 1980, 1981; see Seybold & Bartolome, 1994). Since these authors rarely had empirical proof to sustain their theoretical propositions, a major contribution of our research has been to measure work overcommitment and demonstrate its negative association with personal well-being.

At the opposite of work overcommitment, work commitment was positively related with several aspects of general subjective well-being. These findings concur with the results of previous investigations (e.g., Dubé et al., 1997; Elloy & Terpening, 1992; Jayaratne, Himle, & Chess, 1991; Pleck, 1985; Riipinen, 1997; Sekaran, 1989; Wiener et al., 1987). Yet our research extends previous work by examining the possibility of a curvilinear relationship between work commitment and well-being using a new three-

factor model of commitment inspired by Dubé et al. (1997). The absence of a decline of any aspect of well-being at very high levels of work commitment underlies its force as a beneficial personal resource. Our findings also extent those of previous studies by allowing to determine that two components of commitment -- enthusiasm and acceptation of the negative aspects of one's work -- are responsible for its association with general subjective well-being. It might be thought that beneficial consequences arise not only from the enthusiasm felt toward one's work, according to the personal approach to commitment (e.g., Csikszentmihalyi, 1990; Haworth & Hail, 1992), but also from the meaning highly committed individuals are able to give to the sacrifices and efforts inherent to their commitment (see Dubé et al., 1997). Such integrated commitment would be intrinsically beneficial, contributing to subjective well-being even when it is very intense.

As could be logically expected given these latter results, physicians identified in Study 2 as Overcommitted reported lower general happiness as well as more frequent negative affect and somatic health complaints than those identified as Highly Committed. For Overcommitted physicians, work is the central life interest. These individuals are highly passionate and driven in their work, devoting a lot of time to their work (64 hours/week on average) to the point of neglecting their personal life. Overcommitted physicians should not be viewed as highly depressed and/or being in poor physical conditions. Actually, their level of well-being indicate that they are rather well off. Still our results suggest that their profile of involvement might be less adaptative than that of Highly Committed physicians, who manifest an intense but not all-encompassing passion for their work. Highly Committed physicians were characterized by a high time investment in work (53 hours/week), even if lower than that of Overcommitted ones (64 hours/week). However, Highly Committed physicians also reported high time investment in off-work activities, whereas an essential characteristic of Overcommitted ones was a low time investment outside work. Highly Committed and

Overcommitted physicians would thus differ at a quantitative level: in terms of the sheer number of hours they put in their work and in off-work activities. The concrete manifestation of work overcommitment would hence imply objective features, such as working on week ends and quitting work late in the evening. However, our results showed that time-related indicators of work involvement are, in themselves, only weakly related to well-being. It is thus not much because of their high investment of time in their work and low investment of time in off-work activities that Overcommitted reported lower well-being than Highly Committed ones. It is mostly the psychological components of work overcommitment -- the attitudes, cognitions and behavior perceptions -- that explain the lower well-being of Overcommitted physicians.

Besides Overcommitted participants, a second group characterized by above average level of certain components of work overcommitment was identified. These physicians, that we called the Unpassionate Compulsive, superficially resemble the workaholics identified by Spence and Robbins (1992; see also Elder, 1991). However, the workaholics of Spence and Robbins were characterized by a very high job involvement, whereas our Unpassionate Compulsive physicians actually lack commitment to their work. Moreover, Unpassionate Compulsive physicians do not manifest an overriding interest for their work, which represent a core characteristics of excessive work involvement according to several authors (e.g., Ishiyama & Kitayama, 1994; Kofodimos, 1993; see Lowman, 1993; Scott et al., 1997). In fact, Unpassionate Compulsive physicians clearly worked less than Overcommitted ones (55 hours/week compared to 64 hours/week) and spend much more time in off-work activities. Hence, their signs of work overcommitment does not seem to reflect an all-encompassing passion for work.

If Unpassionate Compulsive physicians are not truly overcommitted to their work, what are they? One possibility is that Unpassionate Compulsive physicians are former Overcommitted physicians. According to Hallstein (1993), at the core of the

process of burning out lies what she called an "absorbing commitment" -- a passionate but rigid and compulsive striving to attain one's goals -- which clearly appear to characterize Overcommitted physicians. Absorbing commitment would take place in individuals who have unrealistic aspirations from their work, such as giving them personal identity through accomplishments. If these expectations are not realized, which would be likely given their unrealistic nature, individuals would eventually enter a phase of "frustrated striving" or loss of ideal. Unpassionate Compulsive physicians seem to be in such a state of disillusion. Longitudinal studies would evidently be helpful to uncover a potential temporal sequence in the process of work overcommitment.

In Study 2, we have extended the examination of the correlates of work commitment and overcommitment to specific dimensions of well-being. One of our aims in doing so was to determine if professional satisfaction, job stress and relational well-being mediate the different relations work commitment and work overcommitment have with general happiness and somatic health complaints. The results of path analysis mostly confirmed this hypothesis, revealing that commitment and overcommitment have opposite relations with every aspects of personal well-being under study. As hypothesized, work commitment was related to high professional satisfaction and low job stress. Surely, physicians who are highly enthusiastic toward their work are likely to see their professional life as satisfying and not stressful. However, we propose that the acceptance of the negative aspects of one's work included in commitment also contributes to work-related well-being. Indeed, being able to see the negative aspects of one's work as intrinsically tied to its positive aspects would allow individuals to have realistic aspirations in their professional life, which are more likely to be satisfied, and to appraise as less threatening the difficulties encountered in one's work life. These mechanisms would explain why work committed individuals are more happy and report better physical health than those who are less committed. What is more surprising is that work commitment is also associated to high relational well-being. One possibility is that

a genuine spillover between the professional and interpersonal spheres occurs, that is, the passion experienced at work causes positive behaviors and perceptions regarding interpersonal relationships, which in turn contribute to relational well-being. It is also possible, according to a top-down approach to well-being, that personal dispositions contribute to individuals' positive perception of both his/her work involvement and interpersonal relationships[6].

At the opposite of commitment, work overcommitment is associated to higher job stress, in accordance with previous theoretical work on occupational stress (e.g., Hallstein, 1993) and empirical data on workaholism (Elder, 1991; Spence & Robbins, 1992). However, contrary to what was hypothesized, work overcommitment is also negatively related to professional satisfaction. Given the subjective nature of satisfaction, we might have expected that to avoid cognitive dissonance (Festinger, 1957), overcommitted individuals would evaluate as satisfying their professional life, for which they make intense sacrifices and efforts. Rather, it seems that to excessively commit oneself in work can cause frustrations and excessive expectations that can only be left unsatisfied in reality. In addition, work overcommitment is associated to low relational well-being, which further explain its negative association to general well-being. It is easy to understand that overcommitted individuals, because they neglect significant others and are preoccupied with their work when they are with them, tend to experience conflictual and/or unsatisfying intimate relationships. Yet in light of numerous studies (e.g., Argyle, 1987; Baumeister, 1991; see Diener, 1984, 1994), these individuals may deprive themselves from an essential source of psychological, but also physical, well-being. Indeed, our results suggest that if professional satisfaction is positively associated to general happiness, relational well-being is even more closely related to overall perception of quality of life. This result is noteworthy considering our sample. Since

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[6] One can not rule out the possibility that work commitment and relational well-being share common variance because they are both correlated with socially desirable responding. Post hoc analyses have however revealed that even when the impact of impression management and self deception is statistically controled, work commitment and relational well-being are still positively related.

physicians make a significant lifestyle investment in their work, it would have been reasonable to find that their satisfaction with their professional life is the uttermost determinant of their general happiness. Our results thus underlie the importance of satisfying intimate relationships for an overall quality of life.

Limitations of the Current Study

One limitation of the present research is the reliance on self-report measures. It might be argued that the questions measuring work commitment and work overcommitment are biased by social desirability. To assess work overcommitment, it was necessary to elaborate questions measuring extreme and hence potentially undesirable attitudes and behavioral tendencies regarding one's work. Nevertheless, several elements indicate that our results are valuable. A first important element to consider is the professional groups in which we conducted our study. For physicians with specializations in particular, extreme work involvement is not seen as undesirable. In fact, to see one's work as one's main life interest is often a source of pride in the medical subculture (Kofodimos, 1993; Krakowski, 1982; 1984; Ottenberg, 1975; Rhoads, 1977; Schaef & Fassell, 1988). Hence, it is not surprising to observe that work overcommitment is not negatively related to impression management nor self deception, as assessed with one of the most used scale, the BIDR (Paulhus, 1984). Contrary to work overcommitment, work commitment is positively related to self deception. However, when we compare Highly Committed and Overcommitted participants, we find no difference in self deception. It should also be noted that we have statistically controlled the influence of self deception and impression management on self reported well-being in comparative analyses. Therefore, the lower well-being of individuals manifesting work overcommitment can not be attributed to social desirability. Another potential caveat in interpreting the results is that the direction of causality postulated between the variables was somewhat arbitrarily determined. We considered the profile of work involvement as antecedent of personal well-being, which is consistent with most past

research. However, our design being correlational and cross-sectional, it is not possible to eliminate the possibility that things go, at least in part, in the opposite direction.

Conclusion

In the last few decades, there has been an increased interest for the impact of work on individuals' happiness and health. At the beginning, psychologists and sociologists have focused on the positive impact of employment on mental health, and, conversely, on the detrimental effect of unemployment (e.g., Jahoda, 1981). Then, theoreticians and clinicians have recognized that more than employment per se influences well-being, beginning to specifically consider individuals' commitment to their work. Overall, the work of these researchers has demonstrated that high commitment is associated with high subjective well-being. Extending this sequence, we were interested in the negative consequences of excessive commitment on individuals' psychological and physical well-being, and we have demonstrated that high work commitment has an excessive and detrimental counterpart. Beyond its methodological weaknesses, the present investigation makes a number of substantive contributions. This research may be viewed as an important step in understanding the complex and different consequences commitment to the work role may have on individuals' mental and physical health.

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Table 1. Factor Loadings of The Exploratory Factor Analysis of the Measure of Work Commitment (Study 1).

Item	factor I	factor II	factor III
Enthusiasm for one's work			
I am enthusiastic toward my work	.78		
I do not find my work exciting (-)	.76		
I get pleasure out of the daily tasks connected to my work	.73		
It is easy for me to find new aspects of my work that interest me	.55		
Perseverance in work-related tasks			
When I feel overwhelmed at work I try not to lower my standards of excellence		.66	
Even when I encounter difficulties, I persevere at my work		.63	
Even when my work requires a lot of effort, I do not give up before I have attained my objective		.49	
At the work, when I do not like a task, it often gets botched because I try to finish it quickly (-)		.44	
Acceptation of the negative aspects of one's work			
I accept that in my work, there are highs and lows			.65
I accept that work like mine has positive aspects, but also negative aspects			.56
I have difficulty accepting the negative aspects of my work (-)			.38
I fully assume the responsibility for the negative consequences that arise from my commitment to work			.35

Note 1. (-) indicates reverse-scored.

Table 2. Factor Loadings of The Exploratory Factor Analysis of the Measure of Work Overcommitment (Study 1).

Item	factor I	factor II	factor III
Neglect of personal life because of one's work			
Because of my work, I devote less attention than I should to my spouse	.85		
I do not sacrifice my leisure time because of my work (-)	.68		
Because of my work, I devote less attention than I should to my child(ren)	.65		
I place more importance to my work than on my health	.57		
I neglect my social life because of my work	.52		
I am ready to suffer to obtain what I want in my work	.41		
Overriding interest for one's work			
I eat, live and breathe solely for my work		.70	
If I did not have my work, I do not know what I would be doing in life		.63	
I have more interest for my work than in any other aspects of my life		.50	
My work only represents a part of what I love in life (-)		.46	
When I am not at work, I do not know how to keep myself occupied		.44	
Compulsive persistence in work-related tasks			
At work, I know when to put a task on hold when I am too tired (-)			.65
I am incapable of leaving my work so long as I have not finished what I started			.55
At work, I finish what I start even if it must be harmful to my health			.54
I feel obligated to work hard even when the job is not pleasant			.54
At work, I can easily delegate tasks when I am overburdened (-)			.47

Note 2. (-) indicates reverse-scored.

Table 3. Time-Related Indicators of Work Involvement: Means, Standard Deviations and Association With Work Commitment, Work Overcommitment, Impression Management and Self Deception (Study 1).

Variables	M	SD	Work Commitment	Work Overcommitment	Impression management	Self deception
Time investment in work (number of hours worked per week)	**47.76**	**8.31**	**.28****	**.38*****	**.08**	**.19****
Overall number of hours worked per day	9.31	1.46	.23**	.26**	.15*	.15*
Number of hours worked per day at the office	7.96	1.48	.04	.07	.15*	.06
Number of hours worked per day at home	1.31	1.22	.21**	.21**	-.02	.13
Working on Saturdays[7]	65%	--	.16*	.35***	.01	.09
Working on Sundays	52%	--	.25**	.23**	.07	.09

* $p < .05$ ** $p < .01$ *** $p < .001$

[7] Percentage of participants indicating to usually work on Saturdays and Sundays.

Table 4. Means, Standard Deviations, and Intercorrelations of Major Study Variables (Study 1).

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. Work commitment	7.73	1.07	(.77)														
2. Enthusiasm	7.73	1.74	.83***	(.81)													
3. Acceptation	7.64	1.30	.78***	.48***	(.71)												
4. Perseverance	7.82	1.21	.61***	.25**	.30***	(.61)											
5. Work overcommitment	4.00	1.73	-.02	-.05	-.21**	.20**	(.90)										
6. Overriding interest	3.60	1.90	-.15*	-.07	-.26**	-.03	.83***	(.79)									
7. Neglecting personal life	4.47	2.07	-.01	-.09	-.10	.17*	.87***	.57***	(.85)								
8. Compulsive persistence	4.38	1.87	-.10	-.13	-.24**	.18*	.85***	.51***	.63***	(.74)							
9. Time investment in work	47.87	8.31	.28***	.23**	.16*	.21**	.38***	.27**	.36***	.17*	--						
10. General happiness	8.13	1.39	.51***	.47***	.47***	.15*	-.27**	-.22**	-.22**	-.19**	.11	(.94)					
11. Negative affect	3.32	1.23	-.61***	-.54***	-.58***	-.24**	.26**	.24**	.22**	.22**	-.07	-.62***	(.87)				
12. Health complaints	2.29	1.40	-.20**	-.23**	-.20**	-.05	.40***	.24**	.35***	.44***	.06	-.24**	.44***	(.76)			
13. Subjective health	8.00	1.36	.08	.12	.04	-.04	-.13	-.23**	-.10	-.26**	-.03	.16*	-.13	-.44***	--		
14. Impression management	6.37	.94	.21**	.20**	.10	.14	-.05	-.05	-.06	-.12	.08	.19**	-.22**	-.12	.13	(.69)	
15. Self deception	6.32	.77	.42***	.35**	.34***	.29***	-.16	-.17*	-.14	-.11	.19**	.46***	-.52***	-.21**	.03	.30**	(.71)

Note. Reliability coefficients (α) are given on the diagonals . Except for time investment in work, all means are reported on a scale ranging from 0 to 10, in order to increase their comparability. * $p < .05$ ** $p < .01$ *** $p < .001$

Table 5. Factor Loadings of The Factor Analysis of the Measures of Work Commitment and Work Overcommitment (Study 2).

Item	Factor					
	I	II	III	IV	V	VI
Neglect of the personal life because of one's work						
I neglect my social life because of my work	.82					
I neglect my love life because of my work	.70					
Because of my work, I devote less attention than I should to my spouse	.63					
I do not sacrifice my leisure time because of my work (-)	.59					
I limit my hours of sleep because of my work	.49					
Because of my work, I devote less attention than I should to my child(ren)	.36					
Enthusiasm for one's work						
I am enthusiastic toward my work		.83				
I get pleasure out of the daily tasks connected to my work		.66				
I do not find my work exciting (-)		.59				
It is easy for me to find new aspects of my work that interest me		.47				
Overriding interest for one's work						
Nothing really interests me beyond my work			.71			
When I am not at work, I do not know how to keep myself occupied			.69			
I eat, live and breathe solely for my work			.60			
My work only represents a part of what I love in life (-)			.59			
I have more interest for my work than in any other aspects of my life			.58			

Table 5 (Continued from previous page).

Item	Factor I	II	III	IV	V	VI
Compulsive persistence in work-related tasks						
At work, I finish what I start even if it must be harmful to my health				.83		
At work, I know when to put a task on hold when I am too tired (-)				.66		
I am incapable of leaving my work so long as I have not finished what I started				.51		
At work, I feel pressure to work hard all the time				.42		
I feel obligated to work hard even when the job is not pleasant				.35		
Acceptation of the negative aspects of one's work						
I accept that work like mine has positive aspects, but also negative aspects					.77	
I fully assume the responsibility for the negative consequences that arise from my commitment to work					.40	
I is possible for me to find positive aspects of my work that at first seemed negative					.37	
I have difficulty accepting the negative aspects of my work (-)					.35	
Perseverance in work-related tasks						
When I feel overwhelmed at work I try not to lower my standards of excellence						.66
Even when my work requires a lot of effort, I do not give up before I have attained my objective						.58
Even when I encounter difficulties, I persevere at my work						.52
When I am overburdened at work, I continue to do what I can						.40

Note 3. (-) indicates reverse-scored.

Table 6. Time-Related Indicators of Work Involvement: Means, Standard Deviations and Association With Work Commitment, Work Overcommitment, Impression Management and Self Deception (Study 2).

Variables	M	SD	Work Commitment	Work Overcommitment	Impression management	Self deception
Time investment in work (number of hours worked per week)	**53.27**	**13.48**	**.17***	**.36*****	**-.03**	**.12**
Overall number of hours worked per day	10.64	1.97	.13	.24**	.01	.19**
Number of hours worked per day at the office	9.28	1.55	.08	.32***	.01	.19**
Number of hours worked per day at home	1.40	1.06	.11	.05	-.09	.07
Working on Saturdays[8]	75%	--	-.05	.22**	-.01	.01
Working on Sundays	74%	--	-.05	.28**	-.01	.03
Time investment in off-work activities	**-.08[9]**	**.52**	**.03**	**-.40*****	**-.06**	**-.14**
Number of hours spent with spouse per week	10.84	9.96	.11	-.33***	-.07	-.08
Number of hours spent with family per week	15.40	13.63	-.04	-.18*	.01	-.13
Number of hours devoted to leisure activities per week	6.78	5.64	.00	-.34***	-.12	.08
Number of hours slept per night	6.97	2.05	.03	-.16*	-.08	-.06

* $p < .05$ ** $p < .01$ *** $p < .001$

[8] Percentage of participants indicating to unsually work on Saturdays and Sundays.

[9] Time investment in off-work activities scores are standardized (in z-scores).

Table 7. Means, Standard Deviations, and Intercorrelations of Major Study Variables (Study 2).

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Work commitment	7.62	1.04	(.75)												
2. Work overcommitment	3.89	1.58	.05	(.86)											
3. Time investment in work	53.27	13.48	.17*	.36***	(--)										
4. Time investment in off-work activities (z-score)	.08	.52	.03	-.40***	-.31***	(--)									
5. Time overcommitment in work (z-score)	6.69	28.38	.00	.41***	.32***	-.93***	(--)								
6. General happiness	7.52	1.25	.52***	-.35***	.05	.16	-.15	(.93)							
7. Negative affect	3.37	1.20	-.28***	.37***	-.06	-.08	.07	-.54***	(.85)						
8. Health complaints	1.87	1.30	-.19**	.38***	.05	-.09	.12	-.32***	.48***	(.70)					
9. Professional satisfaction	7.06	1.53	.41***	-.22**	-.09	.25**	-.22**	.47***	-.43***	-.12	(.84)				
10. Job stress	2.74	1.13	-.25**	.34***	.09	.01	.03	-.37***	.54***	.53***	-.27**	(.82)			
11. Relational well-being	6.75	1.39	.24**	-.45***	-.02	.25**	-.26**	.62***	-.43***	-.24**	.34***	-.33***	(.85)		
12. Impression management	6.27	1.52	.09	-.05	-.03	-.06	.06	.10	-.18*	-.15*	.09	-.07	.06	(.75)	
13. Self Deception	6.07	1.00	.32***	-.16	.12	-.14	.13	.45***	-.41***	-.20**	.21**	-.20**	.20**	.27**	(.72)

Note. N = 220. Reliability estimates are given on the diagonal. Except the three time investment measures, all means are reported on a scale ranging from 0 to 10. * $p < .05$ ** $p < .01$ *** $p < .001$

Table 8. Profiles Means and Percentage of Sample Belonging to Each Profile of Work Involvement Identified Through Cluster Analysis (Study 2).

	Measures								
Profile	Enthusiasm	Acceptation of the negative	Perseverance	Overriding interest	Neglected personal life	Compulsive persistence	Time investment work	Time investment off-work	%
Least Committed	6.44 (-.54)	7.29 (.12)	7.57 (-.47)	2.65 (-.42)	2.93 (-.70)	4.06 (-.63)	43.87 (-.70)	-- (.52)	29
Committed	7.67 (.27)	7.14 (.01)	7.86 (-.19)	3.58 (.10)	4.85 (.21)	5.44 (.05)	57.57 (.32)	-- (-.34)	36
Highly Committed	**9.01 (1.16)**	**8.23 (.78)**	**8.30 (.22)**	**2.05 (-.75)**	**2.02 (-1.13)**	**3.90 (-.71)**	**52.88 (-.03)**	**-- (.48)**	**12**
Overcommitted	**8.34 (.72)**	**7.49 (.26)**	**9.00 (.88)**	**5.94 (1.40)**	**6.89 (1.17)**	**7.78 (1.21)**	**64.07 (.80)**	**-- (-.60)**	**13**
Unpassionate Compulsive	**5.26 (- 1.33)**	**5.52 (-1.13)**	**8.72 (.62)**	**2.81 (-.33)**	**6.61 (1.04)**	**7.09 (.87)**	**55.30 (.15)**	**-- (.44)**	**10**
Total mean	7.34	7.20	8.07	3.38	4.43	5.34	53.27		100

Note. All means are reported on a scale ranging from 0 to 10.

Figure Caption

Figure 1. The proposed mediational model.

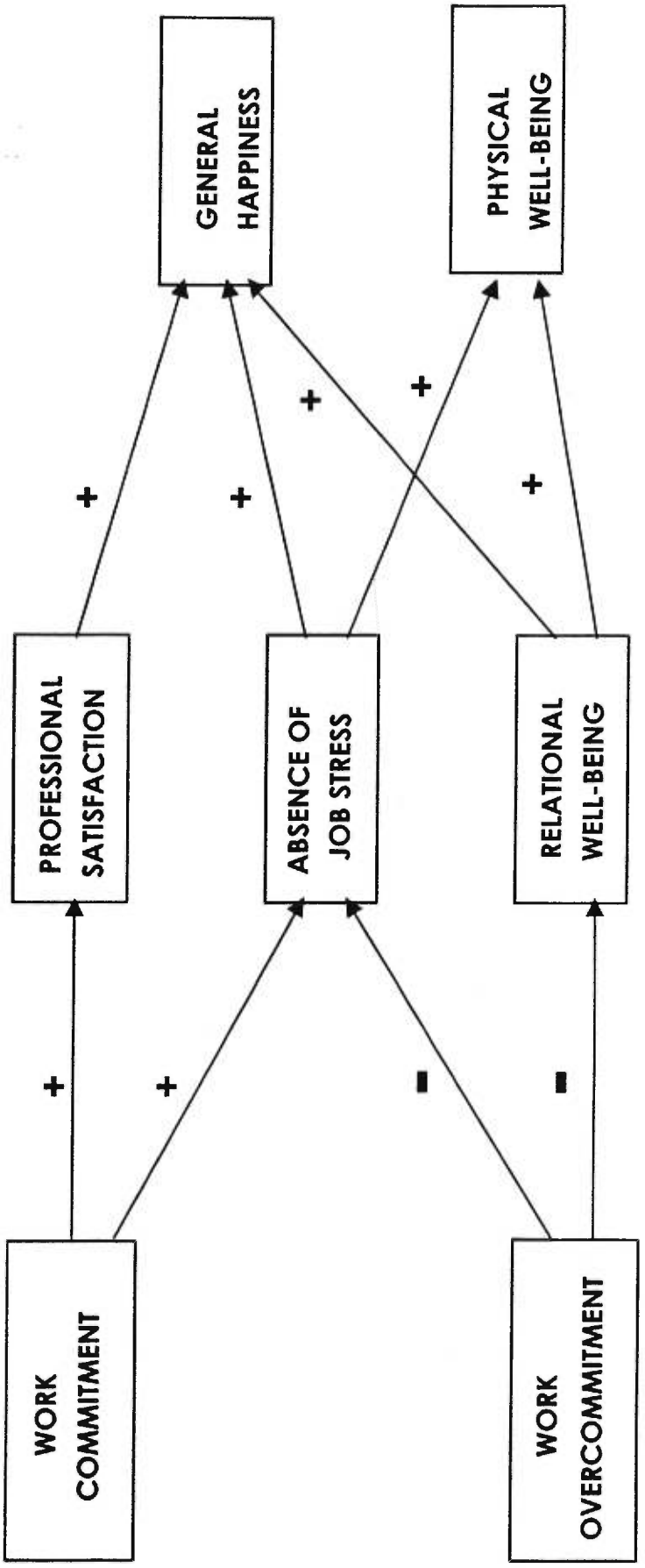
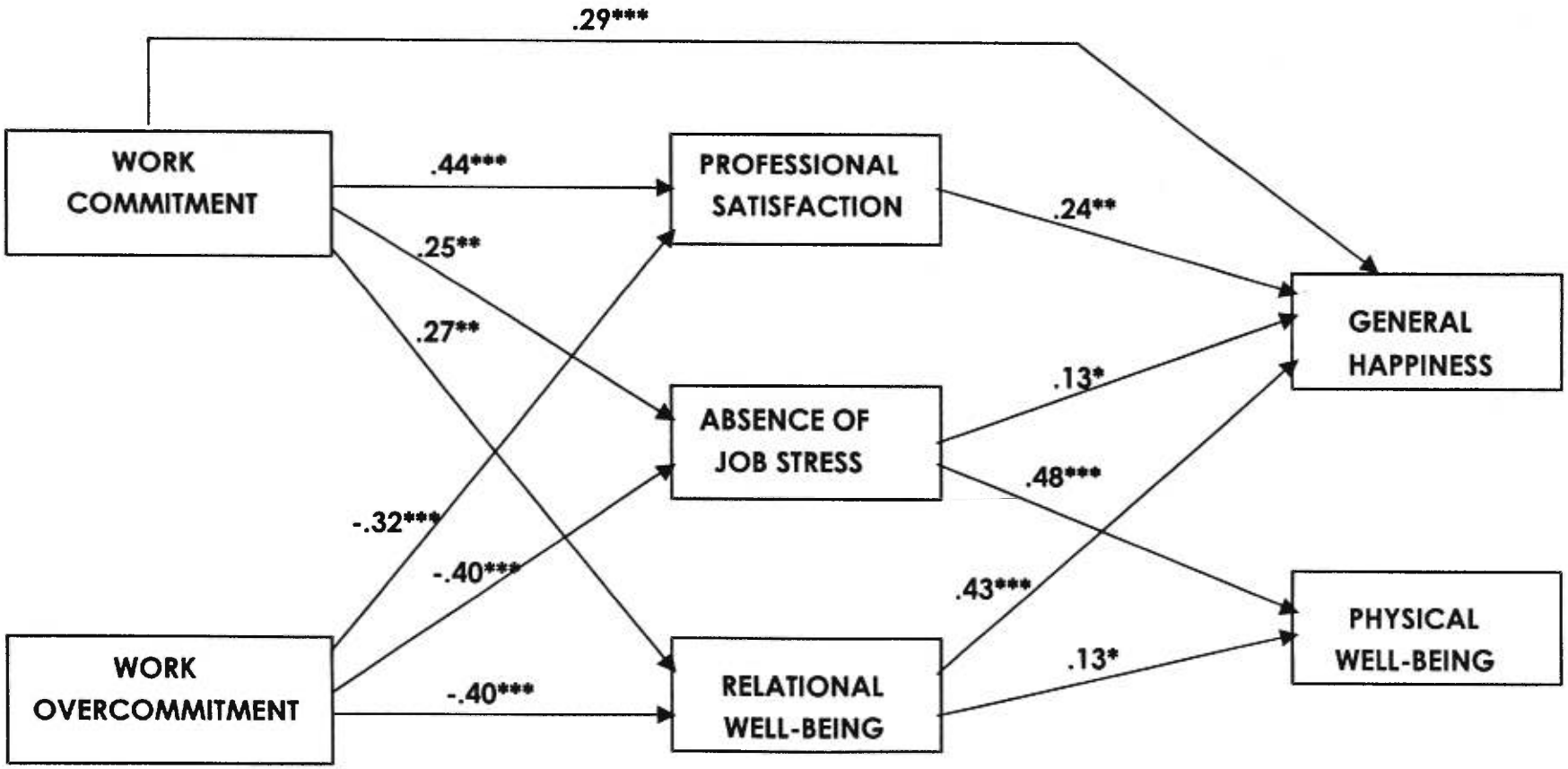


Figure 2. The final mediational model.



Note. * $p < .05$ ** $p < .01$ *** $p < .001$

CHAPITRE 3

Deuxième article

Understanding Work Overcommitment Among Physicians:
A Look at Job Characteristics, Personal Strivings and Domain Satisfaction

RUNNING HEAD: OVERCOMMITTED PHYSICIANS

Understanding Work Overcommitment Among Physicians: A Look at Job Characteristics, Personal Strivings and Domain Satisfaction

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Abstract

The goal of this study was to identify which occupational and personal characteristics are associated with work overcommitment (WOC) among physicians. WOC –overriding interest, neglecting of personal life and compulsive persistence for one's work – has been found to relate negatively to personal well-being, at the opposite of work commitment (WC) –enthusiasm for one's work, acceptance of its negative aspects and perseverance (Jodoin & Dubé, in prep). Specialists (n = 215) completed measures of WC and WOC, time investment in work and off-work activities, job characteristics, motive dispositions, life aspirations and domain satisfaction. There were few correlates of time investment in work and off-work activities. However, WC was associated to job rewards, striving for achievement, aspiring for personal fulfillment but not for material success and being satisfied with one's present professional life. In comparison, WOC was associated to work overload, striving to meet the excessive expectations of others, aspiring for material success but not for family/romantic life and being unsatisfied with one's past intimate relationships. It is concluded that different dynamics of personal and work factors underlie different manifestations of high occupational involvement.

Key words: commitment, overcommitment, work, job characteristics, personal strivings, satisfaction, physicians.

Understanding Work Overcommitment Among Physicians: A Look at Job Characteristics, Personal Strivings and Domain Satisfaction

Introduction

In a society that intensely values personal achievement, it is not uncommon to meet individuals who manifest an intense identification to their work. People are generally prompt to qualify the commitment of these individuals as excessive and to call them "workaholics", a label that has now entered the popular culture. Yet as stated by Lowman (1993), intense occupational participation does not become a problem until it is perceived as such by the individual or until the consequences of the commitment becomes problematic at the psychological or physical level. Agreeing with this idea, Jodoin and Dubé (in prep) have recently attempted to differentiate work overcommitment (WOC) from high but beneficial work commitment (WC). It was found that the sheer amount of time school administrators and physicians invest in their work was weakly related to their well-being. However, their level of WC – defined as enthusiasm towards one's work, acceptance of its negative aspects and perseverance – was positively associated to their subjective well-being, even when high, whereas their level of WOC – defined as an overriding interest for one's work, neglecting of personal life and compulsive persistence – was negatively associated to their subjective and physical well-being. It was concluded from these results that high time investment in work could be either beneficial or detrimental for personal well-being, depending on the psychological components to which it is associated.

Given that WOC is negatively related to well-being, it becomes especially relevant to gain a better understanding of this form of occupational involvement by identifying its potential antecedents. What underlies WOC? Is WOC a reaction to an excessively demanding job? A compensation for unsatisfying intimate relationships? Are work overcommitted individuals characterized by a particular set of personality dispositions or life aspirations? Answering these questions would not only lead to a

better understanding of WOC, but would also have practical implications for the prevention of health problems. In the existing literature, several factors have repeatedly been cited as causes of overcommitment to the work role, for example, neurotic perfectionist tendencies (Andrews & Crino, 1991; Killinger, 1991; Kofodimos, 1993; Kolligan, 1990; Naughton, 1987; Ottenberg, 1975), avoidance of intimacy (Khanna, Rajendra, & Channabasavanna, 1988; Kofodimos, 1993; see Lowman, 1993) and positive striving based on ambitious goals and/or high levels of energy (see Lowman, 1993). Nevertheless, the identification of the WOC's "causes" remains inconclusive, since most of the existing material comes from anecdotal sources exclusively based on clinical experiences. But even more important, the various factors that have been proposed do not rest on a clear definition of WOC. As a consequence, some of these factors might be associated with different phenomena that resemble superficially, but differ in terms of their impact on well-being. It is thus imperative to identify the factors that are related to WOC and to distinguish these factors from those related to a high but beneficial WC. This was the main goal of the current investigation. Specifically, this study first aimed at separately identifying personal and occupational characteristics associated with WC and WOC among physicians. The factors related to time investment in work and off-work activities have also been examinated on an exploratory basis. This examination has been completed by a profile analysis, through which groups of participants were distinguished on the basis of their WC, WOC, time investment in work and time investment in off-work activities. The factors that could best discriminate these overall profiles of occupational involvement have then been identified.

In the sections that follow, WC and WOC are defined in more details and the reasons underlying the choice of our sample are provided. Following is a description of several factors that might be associated to either and/or both WC and WOC. Perceived job characteristics are discussed first, followed by objective demographic characteristics and subjective satisfaction regarding one's professional life and intimate relationships, at

the present time and in the past. Then, certain motive dispositions and life aspirations are defined and their potential relevance in understanding WOC is discussed. It should be mentioned that even if the factors under study were mostly analyzed in term of their potential contribution to WC and WOC, some of them might also be, at least in part, consequential to these two forms of work involvement. To avoid confusion, and because this study is correlational, we refer throughout this article to the term correlate to define the previous characteristics.

Defining Work Commitment and Work Overcommitment

WOC is defined here as an excessive psychological involvement in one's work, such that one's well-being is potentially impaired. WOC might be quantitatively different from high but beneficial WC, implying a higher investment of time into one's work and a lower investment of time in off-work activities (in accordance with Scott, Moore, & Miceli, 1997). However, we proposed that WOC is also qualitatively distinct from high WC, implying different psychological components (attitudes and behavior perceptions). Specifically, WC would include three psychological components: (1) enthusiasm toward one's work, referring to the interest and passion felt toward one's work and the pleasure experienced while performing at work; (2) the acceptance of the negative aspects of one's work, referring to the recognition that the negative aspects of one's work are necessary for the positive ones to be present; and (3) perseverance in work-related tasks, referring to one's dedication to not give up work-related activities until they are completed and conscientiousness to do one's work despite the difficulties encountered. Even if WC can be associated with high time investment in work, it would still contribute to personal well-being. In contrast, WOC would include three other psychological components: (1) overriding interest for one's work, that is, an interest for one's work that is unbalanced, being higher than, and exclusive of, other life interests; (2) neglecting of one's personal life because of one's work, that is, the perception of limiting one's intimate relationships, leisure activities and resting hours because of one's

work; and (3) compulsive persistence in work-related tasks, that is, a uneasiness to put aside, give up or delegate tasks when one is overloaded or fatigued at work, associated with inner pressures towards hard working and task completion.

In two empirical studies, the first conducted with school administrators and the second with physicians, we (Jodoin & Dubé, in prep) have found that contrary to WC, WOC is negatively related to general happiness and positively related to the frequency of negative affect and somatic health complaints. In fact, our results suggest that WOC is detrimental to general happiness and physical well-being because it contributes to job stress and low satisfaction regarding one's professional life and intimate relationships. At the opposite, WC would contribute to professional satisfaction and relational well-being, while preventing job stress, which would explain its positive impact on general happiness. In one of our previous studies, we have also identified profiles of physicians on the basis of their time investment in work and off-work activities, WC and WOC. Among other profiles, we have identified the Highly Committed (but not overcommitted) physicians, the Overcommitted and the Unpassionate Compulsive (partially committed and partially overcommitted) ones. A goal of the current study was to determine which occupational and personal characteristics best discriminate these three profiles among physicians with specializations. The reasons that motivate our interest in this professional group are discussed next.

Examining Work Commitment and Work Overcommitment Among Physicians With Specializations. Physicians, especially those with specializations, have rarely been the object of scientific investigation, which is a lacking considering the important role these professionals play in our society. Yet in the context of the current research, specialists seem to represent a professional group highly suitable to the study of WOC. Indeed, several authors have described how specialists are prone to overcommitment in the work role (Krakowski, 1982, 1984; Ottenberg, 1975; Pietropinto, 1986; Rhoads, 1977). The career of a specialist is an extremely demanding one, implying very long

studies and when established, such a career demands high involvement, in terms of time and energy. Most specialized physicians hold more than one position, often teaching in addition to working as a clinician in a hospital and in their private office. The medical career is also demanding at the psychological and affective levels, as physicians often have to deal with sickness, suffering and even death (Burnard, 1994). Therefore it is not surprising to find, among specialists, a large proportion of idealistic and driven individuals, prone to neglect their personal life for their work (Lowman, 1993). Since, in the general population, WOC might be rather infrequent, it appears that physicians with specializations constitute the ideal sample to examine the factors that distinguish highly committed and overcommitted professionals. These factors are now discussed.

Job Characteristics

The traditional approach to the study of involvement in the work role focuses on aspects of work as its key determinants. This derives from a major postulate of the situationist approach of work psychology, namely, that the job exerts a powerful impact on individuals (see Brown, 1996). It is argued that the way in which jobs are structured affects the extent to which individuals identify with their work. Some of the most well-known studies on WC have focused on features of the job as its key determinants (e.g., Hackman & Lawler, 1971; Hackman & Oldham, 1980; Lorence & Mortimer, 1985). More recently however, researchers have proposed that in the study of work characteristics, perceptions of individuals may be more important than the work's so-called objectives features. The term psychological climate has been proposed to define perceptions and interpretation of one's working environment (James, James, & Ashe, 1990). It is important to study psychological climate because physicians' perceptions and valuations of their working environment mediate their attitudinal and behavioral responses (James & Jones, 1974). In the current study, we have examined specific aspects of psychological climate we thought were relevant to understand WC and WOC. Indeed there is empirical evidence to suggest that jobs perceived as rewarding, that

imply meaningful tasks, use of various skills, possibility of being creative, social prestige, high pays and security are the most "involving" ones (Aryee, Chay, & Chew, 1994; see Brown, 1996; Jans & McMahon, 1989; Lawler & Hall, 1970; Lorence & Mortimer, 1985; Loscocco, 1989). Is WOC also associated with the perception of important and/or numerous job rewards? Whatever the case, it seems obvious that we also have to consider perceived work demands. A job perceived as involving frequent periods of overload, pressures and rigid deadlines, is not only likely to increase individuals' time investment in their work, but also contribute to neglecting of personal life and compulsive persistence for one's work (Schaef & Fassell, 1990).

Overall then, we might expect that the perception of certain job characteristics will be associated to WC and WOC. Having said that, it would be an illusion to think that these characteristics will be sufficient to differentiate Overcommitted and Highly Committed physicians. A brief examination of the literature reveals that most authors describe work overcommitted individuals as having a very specific personal profile (see Kofodimos, 1993; see Lowman, 1993). Thus it clearly appears that we also have to consider personal characteristics as correlates of WC and WOC. The individual difference perspective holds that the importance individuals give to their work results from personal experiences, whether occurring during early socialization or later in life (Brown, 1996). In this research, we examine, among other personal factors, demographic characteristics and the satisfaction regarding one's professional life and intimate relationships.

Demographic Characteristics

Individuals' gender, age, number of children and marital status are likely to affect the constraints or opportunities of their nonwork life, which could obviously influence their propensity to invest themselves in their work rather than in off-work activities. At the psychological level, it is also logical to think that individuals from different social groups (e.g., men and women) might have internalized different views

about the importance of work (Loscocco, 1989), which could in turn contribute to WC and even WOC. However, in a recent meta-analysis on the correlates of job involvement, Brown (1996) found that, after having controlled articfactual sources of variance, the demographic characteristics were unrelated to job involvement. Even if WC, as we define it, is different from job involvement as defined and measured in the studies reviewed by Brown, it could be expected that demographic characteristics will not explain a great deal of variance in WC. On the contrary, is WOC associated to certain demographic variables? We might expect that women will perceive to neglect their personal life due to their work more than men. Indeed, several studies have shown that professional women, as opposed to professional men, are more likely to be unmarried, childless and mother of only one child (Cooney & Uhlenberg, 1991; Hochschild, 1989; Parasuraman & Greenhaus, 1993). Moreover, the traditional gender roles prescribe a different importance of work and family for men and women, the primary roles traditionally assigned to women being those of spouse and mother (Gutek, Searle, & Klepa, 1991; Simons, 1995). Hence, professional women might have a greater propensity to see their work as conflicting with their role of spouse and parent, and to perceive that they neglect their personal life because of their work.

Domain Satisfaction

Demographic characteristics such as gender and civil status are rather crude indicators of the life experiences individuals are likely to encounter. It is also important to consider individuals' subjective satisfaction regarding these life experiences. As could be expected, satisfaction with one's professional life is positively related to WC (see Brown, 1996). On an intuitive basis, we might also hypothesize that a very satisfying professional life can contribute to WOC. However, authors -- as well as folk psychology--suggest that WOC results more from a low satisfaction regarding intimate relationships (Klaft & Kleiner, 1988; see Lowman, 1993; Mimirth, Meier, Wichern, & Brewer, 1981). In this perspective, WOC would represent a compensation mechanism

(Seybold & Salomone, 1994). The problem is that according to several authors, professional satisfaction is a consequence of WC (see Brown, 1996), while WOC might be a cause of insatisfaction regarding intimate relationships in addition to being one of its consequences (Jodoin & Dubé, in prep; Kofodimos, 1993). In the current study, we measured individuals' satisfaction regarding both their present and past professional life and intimate relationships. This approach intended to examine if, when the level of current satisfaction is controlled, a satisfying past professional life and unsatisfying past intimate relationships are associated to current WC and WOC, respectively.

Overall, physicians' perception of their work, demographic characteristics and domain satisfaction should be associated with their profile of work involvement. Yet not all single individuals overcommit themselves in their work, nor do all individuals unsatisfied with their romantic life. Is there a particular kind of individual prone to develop an excessive relation to his/her work? To answer this question, it seems necessary to examine individuals' personality, and more specifically, how their personality is reflected in their personal strivings.

Personal Strivings

A major stand of the individual difference perspective in the work psychology literature is that individuals respond differently to the same job based on their personality (see Brown, 1996, and Loscocco, 1989, for reviews). Traditionally viewed as a fixed set of traits, personality has begun to be studied in the last two decades using a more dynamic approach (Emmons, 1986, 1989; Little, 1989; Palys & Little, 1983). According to Emmons (1986, 1989), individuals are characterized by a number of personal strivings, which consist of global objectives these persons are characteristically trying to carry out in their life. Personal strivings would in turn generate more concrete and short-term goals. Because they reveal who people are and what makes them commit to certain lines of action, personal strivings could be useful to understand WC and WOC. In the current study, we examine personal strivings using two different

perspectives: (1) motive dispositions that have at their core a particular striving content and (2) more global life aspirations (Kasser & Ryan, 1993).

Kofodimos (1993) proposed that individuals prone to WOC are characterized by a cluster of interrelated motive dispositions she called the "Mastery/Intimacy Imbalance". These individuals would give an unbalanced importance to their work, both in terms of time and psychological attention, because they strive for achievement and productivity, aim toward excellence and desire to be in control, which represent mastery-oriented personal strivings. The presence of these strivings would be paired with a tendency to avoid the experience and expression of vulnerability and self-doubts, and avoid connection and deep interaction with others. This pattern of personal strivings would lead these individuals to be more comfortable with the workplace culture and norms, which tend to value mastery-oriented attitudes and behaviors, than with the typical settings and demands of interpersonal life.

The Mastery/Intimacy Imbalance integrates several personality dispositions that have been studied in social, personality, and health psychology. One of these dispositions is the Type A behavior, which refers to an action-emotion complex characterized by achievement striving, competitiveness, time urgency, and hostility (Chesney, Frautschi, & Rosenman, 1985; Friedman & Rosenman, 1974). The Type A behavior is apparently not a unidimensional trait. Factors of achievement striving (competitiveness, high level of activity, serious approach to life and work) and impatience-irritability (constant struggle against the clock, hostility) have been reported (Bluen, Barling, & Burns, 1990; Helmreich, Spence, & Pred, 1988; Spence, Helmreich, & Pred, 1987). Most research on the Type A behavior has documented the association between its "impatience /irritability" component and coronary heart disease (Booth-Kewley & Friedman, 1987; Cooper, Detre, & Weiss, 1981; Matthews, 1988; Matthews & Haynes, 1986). Yet according to several authors, the Type A behavior is also highly relevant to WOC (Friedman & Rosenman, 1974; Lowman, 1993; Strube, 1991). Type A

individuals would have a propensity to become excessively involved in their work (Chonko, 1983; Savickas, 1990), apparently at the expense of nonwork activities (Burke & Greenglass, 1990; Tang, 1986).

A related characteristic which is part of the "Mastery/Intimacy Imbalance" is perfectionism. Perfectionism has been defined as a tendency to strive towards unrealistic standards of achievement and to engage in all-or-nothing thinking whereby only total success or total failure exists as an outcome (Burns, 1980; Ferrari, 1995; Hamachek, 1978; Hewitt & Flett, 1991a; Hollender, 1965; Pacht, 1984). Hewitt and Flett (1991b) proposed a multidimensional definition of perfectionism, which includes, among other components: (1) self-oriented perfectionism, the tendency to set excessive standard for oneself and stringently evaluate one's performance, which arises from a motivation to attain perfection and avoid failures, and (2) socially prescribed perfectionism, the tendency to perceive that others have unrealistic expectations towards oneself and exert pressures on oneself to be perfect, which reflects a motivation to attain social approval and avoid rejection from others. It has been suggested that behind WOC lies a quest for perfection (Killinger, 1991; Kofodimos, 1993; Pietropinto, 1986; Robinson, 1989, 1997; Scott, Moore, & Miceli, 1997). For several perfectionists, "work and productivity are prized to the exclusion of leisure activities and friendships" (APA, 1994, p. 669). In their empirical study, Spence and Robbins (1992) have found that workaholic social workers are indeed characterized by higher self-oriented perfectionism than participants manifesting other profiles of involvement. In the current study, we might then expect self-oriented perfectionism to be associated with WOC as we defined it. Yet there are reasons to think that WOC might also be positively related to socially prescribed perfectionism. A recurring theme in the specialized literature is that work overcommitted individuals have suffered from the excessive expectations of their parents, whose expressed love and affection were conditional to their achievement (e.g., Kofodimos, 1993; Kilinger, 1991; Machlowitz, 1980; Robinson, 1989). Once adults,

they would give an unbalanced importance to duty and achievement over pleasure in their life, and would give an excessive importance to external approval, two notions that are central to socially prescribed perfectionism. According to this reasoning, certain physicians would overcommit themselves in their work to meet the excessive expectations they perceive from their family members, colleagues and parents.

Aside from striving toward perfection, what might characterize work overcommitted individuals is a general striving to be in control of their life and others (see Seybold & Bartolome, 1994; see Scott et al., 1997). Striving for mastery, at the expense of intimacy, is indeed a core characteristic of Kofodimos' (1993) model. Individuals who strive for mastery should be especially attracted by the professional world because their desire for power and leadership are more suitable and valued in that setting than in the context of intimate relationships. Because intimacy involves revealing to others all aspects of our inner self, without controlling one's image, and accepting others as they are (Brehm, 1992; Descutner & Thelen, 1991), an intense search for control of oneself and others is likely to be associated with interpersonal difficulties, which might in turn be associated with WOC. Kofodimos' (1993) analysis further suggests that work overcommitted individuals might be characterized by a fear of intimacy. This is in accordance with a number of authors who have proposed that WOC represents an escape mechanism in which work is used to avoid affective closeness with others (Bartolome, 1983; Cherrington, 1980; Killinger, 1991; Klaft & Kleiner, 1988; Kofodimos, 1993; Lowman, 1993; Mimirth et al., 1981; Pietropinto, 1986; Rohrlich, 1980, 1981). This escape mechanism would be different from a compensation mechanism due to a low satisfaction with one's intimate relationships (see Seybold & Salomone, 1994). Because satisfaction is the degree of correspondence between what individuals have and want, some individuals can be unsatisfied with their intimate life because they are single or experience conflicting relationships, without manifesting fear of intimacy. According to Descutner and Thelen (1991) fear of intimacy specifically

refers to an inhibited capacity to exchange significant thoughts and feelings with another individual who is highly valued, which arise from the anxiety provoked by such encounters. This approach of fear of intimacy seems relevant to understand why certain individuals feel an overriding interest for their work and neglect their personal life because of that work.

Beyond striving for achievement, perfection, control and not striving for intimacy, there might be some other, more global, personal strivings that characterize overcommitted individuals. In the current study, physicians' general life aspirations have also been considered. Kasser and Ryan (1993) proposed four domains of life aspirations that could summarize most of individuals' life strivings: (1) self acceptance (striving for psychological growth, self-esteem, autonomy); (2) affiliation (striving for harmonious family life, romantic relationship and good friends); (3) community feelings (prosocial strivings; contributing to the well-being of others through one's actions); and (4) material success (striving to attain wealth, financial success and high social standing). These four domains of aspirations are analogous to the personal fulfillment, family relationships, social contribution, and status/wealth dimensions of life success Chusmir and Parker (1992) have identified. But what system of life aspirations lies behind WOC? Chusmir and Parker (1992) found that WC was positively associated to aspiring for status/wealth, whereas it was negatively associated to aspiring for family relationships and personal fulfillment. Because it is primary through work that material success can be attained, individuals who give high importance to this domain of aspirations should intensely invest themselves into their work, in terms of time but also at the psychological level. One objective of this study was to examine this possibility.

Research Objectives

The goal of this study was to extend the understanding of WOC by identifying the occupational and personal factors that characterize individuals who manifest this form of involvement. Specifically, this study first examined which job characteristics,

demographic variables, dimensions of satisfaction, motive dispositions and life aspirations are related to WC, WOC, time investment in work and time investment in off-work activities. After that, groups of participants were identified on the basis of their level of WC and WOC as well as time investment in work and off-work activities. Of particular interest here was the identification of the factors that best distinguish individuals who report WOC from those who report high WC, but no WOC.

Method

Sample

The sample consisted of 215 physicians, all specialists, members of the Fédération des Médecins Spécialistes du Québec (FMSQ). Physicians from 30 different specializations were represented in the sample, including cardiologists, oncologists, pediatricians, and psychiatrists. The average age was 47.38 (SD = 11.24). In all, 168 were men and 47 were women. In terms of civil status, 79.1% of the participants were married or at least involved in a romantic relationship, and 81% had one or more children. On average, participants worked 56.86 hours per week in paid work. Average annual salary was 101 000 $ (SD = 29 000) (in Canadian dollars). The average physician had been in his/her current position for 14.91 years. Participants were all residents from the province of Québec (Canada).

Procedure

Participants were recruited through their professional association. Among the 7700 members of the association, 600 individuals were randomly selected. A systematic procedure was used to select every seventh physicians in the list. Each questionnaire was sent with a letter from both authors soliciting the physician's participation as well as a self addressed envelope to be returned to the first author. In order to increase the response rate, a personalized letter from the president of the association was included. In this letter, the president asked the physicians to participate and ensured them of the relevance of their participation. Four weeks after the initial mailing of the

questionnaires, and again three months after, a memo was mailed to each physician, asking them to complete and return their questionnaire if they had not yet done it. Of the 600 surveys distributed this way, 230 were returned completed, resulting in a response rate of 38%. This is satisfying, considering the nature of the sample. Of the 230 questionnaires sent back, 15 had to be disregarded: 10 because of too many missing data and five because the participants were in pre-retirement. This gave a final sample of 215 participants.

Measures

Work commitment and overcommitment. Twelve items were used to measure the three proposed components of WC: (1) enthusiasm toward one's work (four items; "I am enthusiastic towards my work"[1]; "I get pleasure out of the daily tasks connected to my work"; "I do not find my work exciting" (reversed item); "It is easy for me to find new aspects of my work that interest me"); (2) acceptance of the negative aspects of one's work (four items; "I accept that work like mine has positive aspects, but also negative aspects"; "I fully assume the responsibility for the negative consequences that arise from my commitment to my work"; "It is possible for me to find positive aspects of my work that at first seemed negative"; "I have difficulty accepting the negative aspects of my work" (reversed item)); and (3) perseverance in work-related tasks (four items; "When I feel overwhelmed at work I try not to lower my standards of excellence"; "Even when my work requires a lot of effort, I do not give up before I have attained my objective"; "Even when I encounter difficulties, I persevere at my work"; "When I am overburdened at work, I continue to do what I can"). Jodoin and Dubé (in prep) have demonstrated the three-factor structure of this scale among specialists. In the current study, the Cronbach alpha of the WC measure was .76. The alphas for the enthusiasm,

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1 All items were answered in French. They have been translated using back translation method (Brislin, 1987) for the purpose of this article.

acceptance of the negative aspects, and perseverance measures were .81, .67., and .73, respectively.

To assess WOC, the measure used in Jodoin and Dubé (in prep) was included in the questionnaire. This measure comprises 16 items and assesses the three components of WOC: (1) overriding interest for one's work (five items; "Nothing really interests me beyond my work"; "I eat, live and breathe solely for my work"; "My work only represents a part of what I love in life" (reversed item); "I have more interest for my work than in any other aspects of my life"; "When I am not at work, I do not know how to keep myself occupied"); (2) neglecting of one's personal life because of one's work (six items; "I neglect my social life because of my work"; "I neglect my love life because of my work"; "Because of my work, I devote less attention than I should to my spouse"; "Because of my work, I devote less attention than I should to my child(ren)"; "I do not sacrifice my leisure time because of my work" (reversed item); "I limit my hours of sleep because of my work"); and (3) compulsive persistence in work-related tasks (five item; "At work, I finish what I start even if it must be harmful to my health"; "At work, I know when to put a task on hold when I am too tired" (reversed item); "I am incapable of leaving my work so long as I have not finished what I started"; "At work, I feel pressure to work hard all the time"; "I feel obligated to work hard even when the job is not pleasant"). Cronbach alphas were as follows: total scale, .84; overriding interest, .81, neglect of interpersonal life, .83, and compulsive persistence, .68. WC and WOC items were presented all together, mixed on a random basis to prevent response sets. Respondents were instructed to indicate the extent to which each statement characterizes what they had experienced at work during the last six months, on a 9-point scale, ranging from 0 (Does not characterize me at all) to 8 (Characterizes me completely).

Time investment in work and off-work activities. Participants indicated the average number of hours per day they devoted to their work, at their office and at home, and the number of days per week they usually worked. They also indicated the average

number of hours per week they spent on average with their spouse, their entire family and doing leisure activities. Finally, participants were asked to indicate how many hours per night they slept. Time investment in work was computed by multiplying the sum of the average numbers of hours worked per day at the office and outside the office by the number of days usually worked per week. Time investment in off-work activities was computed by summing up the standardized scores of the average number of hours devoted to sleep per night and devoted to leisure activities, spouse and entire family per week. A score of time overcommitment to work was computed by multiplying scores of time investment in work and off-work activities. In the computation of this measure, scores of time investment in off-work activities were transformed to reflect a low amount of time. Hence, a high level of time overcommitment to work reflects a high amount of time spent at work paired with a low amount of time devoted to the personal life. Table 1 presents the mean and standard deviation of the various indicators of time investment as well as their association with WC and WOC.

Insert Table 1 about here

Job characteristics. Job characteristics were measured with 15 items assessing the degree to which various factors were perceived by participants to be present in their job. The particular items included such characteristics as skill variety, autonomy, skill utilization, learning new things on the job, clarity and positivity of feedback, work overload, work under pressure, work security, high salary. These items were elaborated to capture the meaning of the job characteristics model of Hackman and Oldham (1975), without using their entire scale. This procedure has been used successfully by Judge and Watanabe (1993). A principal-axis-factor analysis revealed two interpretable factors, which explained 46.9% of the total variance [KMO = .74]. The first factor included nine items which reflected intrinsic and extrinsic job rewards ("A positive feedback on your

performance"; "A clear feedback on your performance"; "Clear definition of tasks"; "The use of various professional skills"; "The possibility of observing the concrete results of your work"; "The possibility of truly being useful to society"; "A certain social prestige"; "Autonomy in the execution of your work"; "Job security"), [eigen value = 3.68]. The second factor included five items that reflected chronic work pressures ("A continual overload of work"; "Work under pressure"; "Extra work hours"; and "Strict deadlines"; and "A schedule spaced-out enough that it permits time for you to have leisure activities" (reversed item)), [eigen value = 2.89]. One item, "A high salary", had to be dropped because it was unrelated to the other items. This lack of association was probably due the very low variance of the item. The Cronbach alpha was .82 for the job rewards component and .77 for the chronic pressures component. Two additional items ("I am in a temporary period when I must put in twice as much effort at work"; and "Some projects require me to temporarily do additional work"; interitem correlation = .55) were included in the questionnaire to examine if temporary work overload was associated to WC and WOC.

Domain satisfaction. Sixteen items were included to assess participants' level of satisfaction regarding their professional life and intimate relationships. Eight of these items referred to satisfaction at the present time. Participants were instructed to consider four aspects of their professional life ("My work in general"; "The quality of work I have to accomplish"; "My professional success"; "The net income that my work provides me"; Cronbach alpha = .82) and their intimate relationships ("The relationships I have with my family"; "My love relationships"; "My friendship relationships"; "My sexual life"; Cronbach alpha = .85) and to indicate the extent to which their current life regarding these aspects corresponded to what they would like it to be, on a scale ranging from 0 = Not at all as I would like to 8 = Exactly as I would like. These items have been used by Dubé, Kairouz and Jodoin (1997). Eight other items refered to satisfaction with one's past professional life ("The material comfort my work provided me"; "The ease

with which I did my studies"; "The speed at which my career progressed"; and "The professional gratitude that I benefited from it"; Cronbach alpha = .70) and past intimate relationships ("My relationships with my family"; "My romantic relationships"; "My friendships"; "My sexual life"; Cronbach alpha = .81). Participants had to indicate the extent to which their past life regarding these aspects has corresponded to what they would have wanted it to be like, on a scale ranging from 0 = Not at all like I would have wanted it to 8 = Exactly how I would have wanted it.

Type A behavior. Type A behavior was assessed using the Revised Jenkins Activity Survey (Spence et al., 1987)[2], a 12-item scale that measures two components, achievement striving and impatience-irritability. This particular measure was chosen over the several other existing measures of the Type A behavior because it is short, but nevertheless reliable and valid (Bluen, Barling, & Burns, 1990; Helmreich et al., 1988; Spence et al., 1987). Cronbach alphas were as follows: achievement striving, .74; impatience-irritability, .76; overall scale, .76.

Perfectionism. The Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) has 3 subscales of 15 items each. Participants make ratings of statements reflecting self-oriented perfectionism (e.g., "It makes me uneasy to see an error in my work"), other-oriented perfectionism (e.g., "If I ask someone to do something, I expect it to be done flawlessly") and socially prescribed perfectionism (e.g., "Anything I do that is less than excellent will be seen as poor work by those around me"). The MPS subscales have adequate psychometric properties (Hewitt & Flett, 1991a; Hewitt & Flett, 1991b). The other-oriented perfectionism subscale was not included in the questionnaire because it was peripheral to the objectives of the current study. Within the present sample,

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2 All items from scales validated in English have been translated using back translation method (Brislin, 1987) to ensure wording accuracy and equivalence.

Cronbach alphas were .89 for self-oriented perfectionism and .82 for socially prescribed perfectionism.

Desire for control. Desire for control was measured with the Desirability for Control (DC) Scale (Burger & Cooper, 1979). The DC scale is a 20-item inventory designed to assess the extent to which individuals generally are motivated to control events in their life. Burger (1992) has reported several studies supporting the reliability and the validity of the DC scale. In the current study, the Cronbach alpha of the scale was .80.

Fear of intimacy. Participants completed a translated and shortened version of the Fear-of-Intimacy Scale (FIS; Descutner & Thelen, 1991), a 35-item measure of individual difference in anxiety provoked by close interpersonal relationships. The FIS has been shown to have very high internal consistency (Descutner & Thelen, 1991; Doi & Thelen, 1993; Sherman & Thelen, 1996). However, since the FIS is very long, while measuring a unitary construct, it can be thought that such high internal consistency is partly explained by its high number of similar items. Hence, we chose to include only 15 of the 35 items of the FIS. This procedure did not lower too much the reliability of the scale, which had a Cronbach alpha of .82 in the present sample.

Life aspirations. Eighteen items were used to evaluate the importance of various domains of aspirations for participants. Some of these items have already been used by Kasser and Ryan (1993), whereas others were elaborated for the purpose of this study. Responses were on a 9-point scale, ranging from 0 (Not Important at All) to 8 (Extremely Important). Four domains of aspiration were assessed: personal fulfillment (four items: "Be responsible from my life", "Know how to confront the problems that I encounter"; "Know and accept myself as I am"; "Have a well-balanced life"); affiliation/family (five items: "Having true friends that I can count on"; Having friends with whom I can have fun"; "Share my life with someone I love"; "Fulfill my role as a parent"; "Provide my family with a comfortable life"), altruism (four items: "Make the

world a better place"; "Help others improve their lives"; "Help people in need"; "Work for the advancement of society"), and material success (five items: "Have a job that is well seen socially"; "Have financial success"; "Have a high paying job"; "Be recognized by society"; "Reach a high social status"). To examine if the proposed distinctions between the four domains of life aspirations were supported by the data, a principal-axis-factor analysis was performed on the 18 items. The analysis yielded a five-factor solution, which explained 69.0% of the total variance [KMO = .75]. The five factors were, in descending order of explained variance: material success (eigen value = 5.36; α = .90), altruism (eigen value = 2.57; α = .88), family/romantic life (eigen value = 1.75; α = .74), friendship (eigen value = 1.52; α = .72) and personal fulfillment (eigen value = 1.22; α = .66).

Social desirability. Social desirability was measured using the French version of the Balanced Inventory of Desirably Responding, Version 6 - Form 40 (BDIR-6; Paulhus, 1984) translated by Cournoyer and Sabourin (1989). The BDIR comprises two 20-item subscales to assess impression management (conscious control of the public image) and self-deception (unconscious denial of thoughts that represent psychological threat), which are two aspects of social desirability. All items were answered on a 7-point Likert scale ranging for 1 (Not true) to 6 (Very true). Zerbe and Paulhus (1987) suggested that the BDIR could be used successfully in the organizational context. In the present study, the Cronbach alpha was .68 for the impression management subscale and .67 for the self deception subscale.

Socio-demographic variables. Age, ethnicity, gender, work tenure, salary, marital status and number of children were each assessed by individual questions.

Two forms of the questionnaire were randomly distributed to control for a potential order effect. In one of the versions, the measures of WC and WOC were presented at the beginning of the questionnaire, whereas in the other, these measures were at the end of the questionnaire. A multivariate analysis of variance (MANOVA)

was performed on all major study variables. There was no main effect of the questionnaire's version.

Results

Preliminary Analyses

Separate t tests were first run to examine gender differences. The comparative analyses revealed that men were, on average, older (M = 49.35 years) than women (M = 40.58 years), t (213) = 5.46, p < .001; they had more children (M = 2.54 for men and 1.70 for women), t (213) = 2.90, p < .001; reported higher salaries (M = 105 000$ for men and 87 000$ for women), t (213) = 4.89, p < .001, and occupied their work for a longer period of time (M = 16.95 years for men and 7.72 for women), t (213) = 7.38, p < .001. Men also reported to neglect less their personal life because of their work (M = 4.32/10) than women (5.69/10), t (213) = 4.22, p < .001, and showed less compulsive persistence in work-related tasks (M = 4.80/10 for men and 5.55/10 for women), t (213) = 2.87, p < .01. Men also reported less chronic work pressures (M = 5.30/10 for men and 6.26/10 for women), t (213) = 3.43, p < .001, more desire for control (M = 6.80/10 for men and 5.87/10 for women), t (213) = 5.29, p < .001, more satisfaction with their professional life, both past (M = 7.81 /10 for men and 7.09 /10 for women), t (213) = 3.57, p < .001) and present (M = 8.29/10 for men and 7.24/10 for women), t (213) = 4.58, p < .001), as well as more satisfaction with their intimate relationships, both past (M = 7.14/10 for men and 6.20/10 for women), t (213) = 3.79, p < .001), and present (M = 6.90/10 for men and 5.94/10 for women), t (213) = 3.57, p < .001). Finally, men aspired for material success (M = 6.09/10) more than women (M = 4.88/10), t (213) = 4.61, p < .001.

Primary Analyses

Identification of the predictors of work commitment and work overcommitment. Intercorrelations (zero-order) were computed among the major study variables. These correlations are presented in Table 2, along with variables' mean and standard deviation.

Insert Table 2 about here

To examine the independent contribution of the variables under study in the prediction of WC and WOC, series of hierarchical multiple regression analyses were conducted. The results of these analyses are presented in Table 3. Two sets of five analyses were conducted with either WOC or WC as the dependent variable to examine the predictive power of (1) job characteristics: job rewards, chronic work pressures, temporary work overload; (2) demographic characteristics: age, gender, number of children and marital status (single, divorced or widowed rather than involved in a romantic relationship); (3) motives dispositions: the two components of the Type A behavior, self-oriented and socially prescribed perfectionism, desire for control and fear of intimacy; (4) life aspirations: personal fulfillment, material success, family/romantic life, friendships and altruism; (5) domain satisfaction: satisfaction regarding the professional life and intimate relationships, past and present. In all analyses, the influence of impression management and self deception on WC and WOC was statistically controlled. The contribution of these two aspects of socially desirable responding was tested first. Then, the additional contribution of the other variables was tested, which permitted an examination of the incremental variance attributed to these other variables.

Insert Table 3 about here

As reported in Table 3, WC was unrelated to all demographic variables under study. However, it was positively associated to job rewards ($\beta = .35$, $p < .001$) and temporary work overload ($\beta = .24$, $p < .001$). Three of the six motive dispositions also emerged as predictors of WC: the achievement striving component of the Type A

behavior ($\beta = .31$, $p < .001$), self-oriented perfectionism ($\beta = .23$, $p < .01$) and socially prescribed perfectionism ($\beta = -.29$, $p < .001$). In terms of life aspirations, WC was positively related to the importance of personal fulfillment ($\beta = .20$, $p < .01$), whereas it was negatively related to the importance of material success ($\beta = -.17$, $p < .05$). Finally, WC was positively related to the satisfaction regarding the current professional life ($\beta = .26$, $p < .001$). Like WC, WOC was positively related to temporary work overload ($\beta = .25$, $p < .001$) and self-oriented perfectionism ($\beta = .23$, $p < .001$). However, only WOC was higher among women ($\beta = .16$, $p < .05$), was positively related to chronic work pressures ($\beta = .37$, $p < .001$) and socially prescribed perfectionism ($\beta = .30$, $p < .001$), and was negatively related to job rewards ($\beta = -.17$, $p < .01$), the importance of family/romantic life ($\beta = -.19$, $p < .01$) and satisfaction regarding intimate relationships, current ($\beta = -.22$, $p < .01$) and past ($\beta = -.32$, $p < .001$).

Series of multiple regression analyses have also been conducted with each component of WC and WOC as the dependent variable. As for overall WC and WOC, five analyses were performed, with variables of each group as potential predictors. The results of these analyses, which are presented in Tables 4 and 5, indicated that although they had correlates in common, most components of WC and WOC have specific associated factors.

Insert Tables 4 and 5 about here

On an exploratory basis, three additional series of multiple regression analyses were performed to identify predictors of the three measures of time investment. Time investment in work was positively related to chronic work pressures ($\beta = .29$, $p < .001$), temporary work overload ($\beta = .21$, $p < .01$) and satisfaction regarding the past professional life ($\beta = .35$, $p < .001$), whereas it was negatively related to participants' age ($\beta = -.20$, $p < .05$) and satisfaction regarding their current intimate relationships ($\beta =$

-.25, $p < .01$). Time investment in off-work activities was negatively related to chronic work pressures ($\beta = -.28$, $p < .01$) and aspiration for material success ($\beta = -.42$. $p < .001$). Finally, time overcommitment to work was positively related to chronic work pressures ($\beta = .29$, $p < .01$) and aspiration for material success ($\beta = .38$, $p < .001$).

The identification of profiles of physicians. To identify overall profiles of work involvement, a cluster analysis was performed, using the Quick Cluster procedure of SPSSx. Participants were grouped according to the similarity of their scores on eight measures: the three components of WC, the three components of WOC, time investment in work and time investment in off-work activities. Raw scores were transformed into z scores to standardize their variance. We imposed a five-profile solution, because we expected to find the five profiles identified in our previous study conducted with specialists (Jodoin & Dubé, in prep). Solutions involving four and six clusters were also examined but yielded less interpretable solutions. Profile means and percentages of the sample belonging to each group are presented in Table 6. In addition to means in z scores, means reported on a scale ranging from 0 to 10 are presented to facilitate the interpretation of the profiles. Overall, the results indicated that the classification scheme found in our previous study was partially replicated. As in that previous study, there were clusters including: (1) Highly Committed physicians (17% of the sample), characterized by high WC, low WOC, high time investment in work and high time investment in off-work activities; (2) Overcommitted physicians (18 % of the sample), characterized by high WC, rather high WOC, high time investment in work and low time investment in off-work activities; (3) Unpassionate Compulsive physicians (14 % of the sample), characterized by high perseverance, compulsive persistence and neglecting of their personal life because of their work, but low work enthusiasm, acceptation of the negative aspects of their work and overriding interest for their work, along with moderately high time investment in work and low time investment in off-work activities; (4) Committed physicians (39% of the sample), characterized by average

levels of most categorizing variables; and (5) Least Committed physicians (12 % of the sample), characterized by moderate (below average) WC, low WOC, low time investment in work but high time investment in off-work activities.

Insert Table 6 about here

To identify the factors that were predictive of physicians' profile, a discriminant analysis was performed. Three of the five clusters identified through cluster analysis were considered in this analysis: the Highly Committed, Overcommitted and Unpassionate Compulsive physicians. Because discriminant analysis necessitates a participants /discriminating variables ratio between 5 and 10 to be reliable (Stevens, 1996), it was not recommended to include all the 20 significant predictor variables identified in multiple regression analyses. Since there were only 85 participants in the three groups compared, this would have given a ratio of 4.25. We therefore conducted a series of univariate analyses and identified eight variables on which participants of the three groups did not differ. These eight variables were excluded of the discriminant analysis, which yield a participants/discriminating variables ratio of 7.08. Still, this ratio was small. Therefore, the direct method of variable selection was used, since the stepwise method might yield unreliable results when the participants/variable ratio is small (Stevens, 1996).

The results indicated that the two discriminant functions were significant: χ^2 (22) = 73.92, $p < .001$, for the first function, and χ^2 (10) = 20.42, $p < .01$, for the second function. Examination of the groups' centroids revealed that the first function discriminated Overcommitted and Unpassionate Compulsive physicians (centroids = .95 and .64, respectively) from Highly Committed ones (centroid = -1.26), whereas the second function discriminated Unpassionate Compulsive physicians (centroid = .79) from the Overcommitted ones (centroid = - .60). The discriminant function-variable

correlations, that is, the correlations between each discriminant function and each of the discriminating variables, were used to interpret the discriminant functions. These correlations are preferable over the standardized coefficients when the sample is small and when there are intercorrelations among the discriminating variables (Stevens, 1996). As shown in Table 7, the first function indicated that, compared to Highly Committed, physicians manifesting WOC reported more work overload, chronic (.45) and temporary (.47), less job rewards (-.30), higher self-oriented perfectionism (.30) higher socially prescribed perfectionism (.50), lower satisfaction regarding their intimate relationships, present (-.66) and past (-.55), lower satisfaction regarding their current professional life (-.50) and lower self deception (-.29). Physicians who reported WOC were also slightly more likely to be women than Highly Committed ones (.30). Examination of the second function revealed that in comparison to Overcommitted participants, those identified as Unpassionate Compulsive reported more chronic work pressures (.43), higher impatience/irritability (.36), but lower fear of intimacy (-.44).

Insert Table 7 about here

Discussion

Through the identification of occupational and personal characteristics associated with work overcommitment among physicians, this study aimed at extending the understanding of the differences between detrimental and beneficial high work involvement. Basically, the results suggest that most correlates of work commitment and work overcommitment are different. Work commitment is associated with job rewards, striving for achievement, aspiring for personal fulfillment but not for material success and being satisfied with one's professional life at the present time. In comparison, work overcommitment is associated with chronic work pressures, striving to meet the excessive expectations of others, aspiring for material success but not for

family/romantic life and being unsatisfied with one's past intimate relationships. An integrative profile analysis confirms that factors related to the perception of one's work, oneself and one's life experiences all differentiate overcommitted from highly committed physicians. Taken together, these results demonstrate the diversity and complexity of the potential determinants of work overcommitment, which has been found in previous studies to relate negatively to well-being.

The results confirmed that work commitment is positively related to perceived job rewards. This result has been reported in previous investigations (see Brown, 1996), but the innovation of this study is to demonstrate the robustness of this relation using a rarely investigated group of professionals, physicians with specializations. We might also have expected physicians who perceive numerous and/or intense job rewards to be prone to work overcommitment. However, what is related to overcommitment is the perception that one's work is highly demanding, either on a temporary or chronic basis. It is possible that intense work demands indeed contribute to compulsive persistence in work-related tasks and neglect of the personal life, while not provoking an overriding interest for one's work, as the results suggest. This interpretation is indirectly supported by the finding that work overcommitment and perceived work overload are both positively related to time investment in work, which suggests that overcommitted physicians truly occupy more demanding jobs. Yet it is also possible that overcommitted individuals come to perceive their work as highly demanding to justify their behavior and avoid cognitive dissonance (Festinger, 1957). The perception of one's work as intensely demanding might also be a component of a more global profile of exhaustion. According to this perspective, awareness of one's excessive persistence and sacrificing for one's work would cause a more negative view of that work (Hallstein, 1993). It is very possible that actually, things go in both directions: work demands contribute to work overcommitment, which in turn contributes to the perception of one's work as demanding.

Regarding demographic characteristics, the results revealed no correlates of work commitment, which is coherent with the results of Brown's (1996) meta-analysis. However, women report more to neglect their personal life because of their work than men. On the one hand, women might only perceive to neglect their personal life more than men, because their high work commitment goes against the traditional roles assigned to them, those of mother and spouse (Gutek, Searle, & Klepa, 1991). Because of their socialization, women would be more prone than men to perceive that their work commitment conflicts with their family roles. On the other hand, women physicians may still have to make greater sacrifices than men to succeed in their work (Cooney & Uhlenberg, 1991; Hochschild, 1989; Parasuraman & Greenhaus, 1993). The finding that women report higher level of compulsive persistence in work than men indirectly supports this interpretation. In the medical subculture, women might have to prove themselves more than men, which would explain why some of them neglect their personal life and are compulsive in their work. Having said that, it should be noted that the impact of participants' gender is small when compared with that of other factors.

It is more among motive dispositions that correlates of work overcommitment have been identified. As proposed by several authors, self-oriented perfectionism is positively related to work overcommitment (Killinger, 1991; Kofodimos, 1993; Pietropinto, 1986; Robinson, 1989, 1997; Scott, Moore, & Miceli, 1997). Interestingly, socially prescribed perfectionism is even more strongly related to work overcommitment. Since it is associated with each three components of overcommitment, the disposition to strive to get social approval and avoid rejection from others seems to be particularly important to understand excessive work involvement. The reason for this rather strong association might be that socially prescribed perfectionism is a consequence in addition to be a cause of work overcommitment. On the one hand, individuals high in socially prescribed perfectionism might be prone to have a dominant interest for their work because external approval can be easily gained in the work

setting, through high achievements, which are concretely rated, while imperfections are masked by somewhat distant and superficial interpersonal relationships (Kofodimos, 1993). Physicians who perceive that significant others hold excessive expectations towards them might also have a proneness to persist working even when they are fatigued and overloaded, and neglect their personal life, in order to meet these excessive expectations. On the other hand, individuals who feel more interest for their work than for their family/social life and who feel that they neglect significant others might come to perceive these significant others as holding excessive expectations towards them. Actually, the compulsivity and exhaustion that characterize work overcommitted individuals generally contribute to a negative vision of others (Hallstein, 1993; Killinger, 1991).

Our results also indicated that when the two forms of perfectionism under study are considered, work commitment is positively related to self-oriented perfectionism. The perseverance component is responsible for that association. This result is in accordance with those of the study of Hill, McIntire and Bacharach (1997), who have found that self-oriented perfectionism is positively related to the "conscientiousness" factor of the Big Five, which resembles perseverance. However, perseverance is unrelated to pressures felt from others to attain perfection, whereas the two other components of work commitment are negatively related to socially prescribed perfectionism. It can be thought that excessive striving to meet external demands and gain others' approval can distract individuals from the intrinsic aspects of their work they truly like and thus interfere with their intrinsic motivation and enthusiasm. Hence, the results suggest that if the combination of self-oriented and socially prescribed in associated to dysfunctional occupational involvement, the combination of high self-oriented perfectionism and low socially prescribed perfectionism might actually contribute to adaptive achievement behaviors (as proposed by Blatt, 1995; Flett, Hewitt, Blankstein, & Cyrill, 1994; Frost, Heimberg, Holt, Mattia, & Neubauer, 1992; Terry-

Short, Owens, Slade, & Dewey, 1995). In line with this interpretation is the finding that psychological commitment is positively related to the "achievement striving" component of the Type A behavior. However, achievement striving is not predictor of work commitment. This result contradicts the propositions of authors (Burke & Greenglass, 1990; Chonko, 1983; Savickas, 1991; Tang, 1988), but suggests that when the influence of perfectionism is neutralized, being driven, action-oriented and competitive is more associated to a beneficial commitment than a detrimental overcommitment.

Another unexpected result is that striving for control is unrelated to work overcommitment, which goes against a major contention of Kofodimos (1993). The measure used to assess striving for control (the Desire for Control Scale; Burger & Cooper, 1979) might be questioned. However, scores on this measure are positively related to both components of the Type A behavior and self-oriented perfectionism, which suggests its convergent validity. Hence, it might be concluded that the search for mastery is not at the core of work overcommitment as we define it. It is possible that what we call work overcommitment is closer to an escape from problems in the intimate sphere than to the all-encompassing passion for work described by Kofodimos (1993). However, this escape from interpersonal problems would not be associated with a fear of intimacy. Indeed, our results suggest that if individuals who are not at ease in intimate contexts are prone to develop more interest for their work than for other life domains, they are not likely to be compulsive in work-related task nor to neglect their personal life. Again, the measure of fear of intimacy we used (the Fear of Intimacy Scale; Thelen & Descutner, 1991) might be responsible for the results we obtained. This measure assesses a difficulty in self-disclosing with the romantic partner, whereas work overcommitment might be more related to a general fear of intimate settings. It is also possible that the avoidance of intimacy, which several authors have cited as an important cause of the "workaholism syndrome", has little bearing with the more specific process of work overcommitment we examined.

The results pertaining to domain satisfaction concur with that latter interpretation, suggesting that work overcommitment represents more a compensation for unsatisfying intimate relationships than an escape from intimacy. We found that whereas work commitment is positively related to satisfaction regarding the present professional life, work overcommitment is more strongly related to a low satisfaction regarding past intimate relationships. Having been previously disappointed in the intimate area, certain individuals would throw themselves into their work and neglect interpersonal relationships because of that work (Lowman, 1993; Rohrlich, 1980, 1981). Still, the possibility of a selective perception of one's life to preserve self coherence can not be excluded. By convincing themselves that their past social and romantic relationships have been unsatisfying, overcommitted individuals might justify their current neglect of these relationships.

Notwithstanding the insights gained through the examination of personality dispositions and domain satisfaction we thought it was important to complement this examination by considering physicians' general life aspirations. Contrary to our expectations, life aspirations are not good predictors of physicians' work commitment and overcommitment. Nevertheless, we found that work overcommitment is significantly related to aspiring for material success and not aspiring for family life, which indicates that at least for some overcommitted individuals, family life is less important than social prestige and wealth. However, since the observed relations are weak, several overcommitted physicians aspire for family life as much as other individuals. Their work overcommitment is explained by other factors. Work commitment is neither explained to a large extent by life aspirations, being only slightly associated with aspiring for personal fulfillment and not aspiring for material success. It might be thought that aspiring for extrinsic work rewards can lower individuals' intrinsic enthusiasm for their work and acceptance of its negative aspects, which is coherent with

the results of Kasser and Ryan (1993) who have found that the centrality of materiel success is negatively related to vitality and meaning.

The conclusions just presented pertain to the independent association of different types of factors with work commitment and overcommitment. Yet an additional interesting result is that several of these factors are interrelated. Indeed, perceiving one's job as rewarding, striving for achievement, aspiring for personal fulfillment and being satisfied with one's professional life are all positively associated, as are perceiving chronic work pressures, being perfectionist, and being unsatisfied with one's past intimate relationships. Thus, what is associated with work commitment and overcommitment is actually relatively homogeneous sets of characteristics.

Separate analyses, even if insightful, did not lead to the identification of the factors most predictive of physicians' overall profile of work involvement, as defined by their level of work commitment and overcommitment, as well as time investment in work and off-work activities. We therefore identified groups of participants, among which were the Highly Committed, Overcommitted and Unpassionate Compulsive physicians. The results of the discriminant analysis then revealed that what characterizes physicians manifesting signs of psychological overcommitment, whatever their specific profile, is a perception of work overload (temporary but also chronic), a low satisfaction regarding intimate relationships (present but also past) and a high level of perfectionism (self-oriented but also socially prescribed). In sum, the results suggest that despite the differences between Overcommitted and Unpassionate Compulsive physicians, there might be some commonalities in the dynamics underlying these two profiles.

What is also instructive is to examine which characteristics best differentiate Overcommitted and Unpassionate Compulsive physicians. The results revealed that as compared to Overcommitted physicians, Unpassionate Compulsive ones report less fear of intimacy but more impatience/irritability, less satisfaction regarding their past professional life and more chronic work pressures. It might be thought from these results

that a passionate form of work overcommitment is specifically associated with difficulties in the intimate sphere: disappointments and/or difficulties with intimacy. In contrast, a disillusioned and disengaged form of work overcommitment would be more closely related to an accumulation of unsatisfying, chronically stressful and irritating experiences in the professional sphere, as proposed by several authors (see Seybold & Bartolome, 1994). Yet in light of the results of our previous study (Jodoin & Dubé, in prep), it is physicians manifesting this latter cluster of characteristics that are especially at risk of reporting low psychological and physical well-being. It should be noted that the influence of impression management and self deception has been controlled in the current study. Hence, the negative affectivity that seems to characterize Unpassionate Compulsive physicians should not have unduly influenced the results. Despite these controls, our study has several limitations, some of which being discussed next.

Limitations of the Current Study

Besides the obvious limitations imposed by self-reported data, other methodological problems of the current study should be mentioned. Among other things, the correlational and cross-sectional nature of the data precludes any definitive conclusion regarding causality. Surely, prospective studies might be useful to identify more clearly the causal influence of the characteristics under study on work commitment and overcommitment. Another potential problem with the results of this study is their reliance on our definitions and measures of work commitment and work overcommitment. Should anyone question these definitions and measures, the results pertaining to their correlates would be called into question. Surely our measures of work commitment and overcommitment could be improved. Having said that, their factorial structure, internal consistency, divergent validity and convergent validity have been supported in two previous studies (Jodoin & Dubé, in prep). Some results might also be questioned because some variables were assessed with ad hoc measures elaborated specifically for this study (job characteristics and life aspirations). It was thought that

existing measures of job characteristics (e.g., The Work Diagnostic Survey; Hackman & Oldham, 1975) would have been too long to complete and no valid measure of life aspirations existed. Still, the validity of these measures should be further examined and replicated in future studies. The evident limited generalizability of our results represents another caveat of the study. The results presented in this article must be interpreted cautiously, due to the highly educated and wealthy professional group we used. This specificity was necessary in the current study to insure a significant representation of overcommitted individuals in the sample.

Conclusion

Notwithstanding its methodological weaknesses, the present study makes a number of substantive contributions. Our study might be viewed as a further step toward the understanding the complex and various factors implied in the experience of excessive commitment in the work role. Previous studies have generally used a unique definition/measure of work commitment to examine its associated characteristics. Rather, we have used two different definitions and measures of work commitment and work overcommitment, whose different association with personal well-being had been demonstrated in two previous studies (Jodoin & Dubé, in prep) and considered the time investment in work and off-work activities as additional indicators of commitment. To our knowledge, this study actually represents the first systematic empirical investigation of the potential antecedents of work overcommitment. This is an important improvement over the clinical, and rather anecdotal, descriptions of work overcommitment's underlying factors found in the existing literature.

Future studies should attempt to replicate these findings in real life longitudinal situations. In addition, more complete methods of data collection should be tried. For example, perceptions of spouse, child(ren), and friends should be examined to determine its convergence with participants' report. It would also be interesting to conduct auto-biographical interviews (see Bruner, 1990), in which participants themselves would

describe how they came to see their work as their main interest in life, neglect other important aspects of their life such as intimate relationships for their work and be compulsively driven in their work, at the expense of their well-being. Surely this would provide a deeper understanding of how personal characteristics interact with the organizational subculture and social norms to shape some individuals' excessive commitment toward their work.

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Table 1. Time-Related Indicators of Involvement: Means, Standard Deviations and Association With Work Commitment, Work Overcommitment, Impression Management and Self Deception.

Variables	M	SD	Work Commitment	Work Overcommitment	Impression management	Self deception
Time investment in work (number of hours worked per week)	**56.86**	**15.10**	**.05**	**.35*****	**.05**	**.07**
Overall number of hours worked per day	11.14	2.66	.02	.25**	.06	.02
Number of hours worked per day at the office	9.30	1.42	.15*	.24**	.07	.13
Number of hours worked per day at home	1.85	2.23	-.03	.11	.01	-.02
Number of days work per week	5.08	.65	.11	.27**	-.01	.10
Time investment in off-work activities	**-.12**[3]	**.49**	**.24****	**-.37*****	**.19****	**.06**
Number of hours spent with spouse per week	10.87	9.91	.09	-.18**	.17*	.06
Number of hours spent with family per week	14.95	12.58	.32***	-.18*	.23**	-.09
Number of hours devoted to leisure activities per week	6.82	5.99	-.08	-.29**	-.10	-.07
Number of hours slept per night	6.99	.97	.03	-.28**	.03	.02

* $p < .05$ ** $p < .01$ *** $p < .001$

[3] Time investment in off-work activities scores are standardized (in z-scores).

Table 2. Means, Standard Deviations, and Intercorrelations of Study Variables.

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1.Work commitment	7.52	1.01	(.76)																					
2. Work overcommitment	4.38	1.54	-.14	(.84)																				
3. Time investiment	56.86	15.10	.03	.35***	--																			
4. Time overcommitment	6.97	23.46	-.23*	.40***	.21**	--																		
5. Job rewards	7.52	1.29	.37***	-.26**	-.06	-.15	(.82)																	
6. Chronic pressures	5.51	2.00	.03	.48***	.37***	.33**	-.10	(.77)																
7. Temporary overload	6.18	2.23	.15*	.43***	.30***	.20*	-.08	.38***	(.55)															
8. Self-oriented perfect.	6.38	1.59	.11	.46***	.06	.17	-.03	.29**	.13	(.89)														
9. Socially prescribed perfectionism	4.21	1.35	-.23**	.52***	.02	.23*	-.15*	.15*	.14	.53***	(.82)													
10. Achievement striving	7.21	1.30	.25**	.30***	.13	.11	.24**	.33***	.23**	.55***	.36***	(.74)												
11. Impatience/irritability	5.28	1.94	-.18*	.19**	-.06	.05	-.19**	.03	.09	.16*	.31***	.23**	(.76)											
12. Desire for control	6.59	1.30	.09	.06	.05	.11	.16*	.07	.06	.24**	.16*	.52***	.35**	(.80)										
13. Fear of intimacy	4.99	1.70	-.20**	.26**	-.12	.08	-.09	-.12	.01	.07	.35***	.10	.30***	.09	(.82)									
14. Asp. fulfillment	8.83	.95	.21**	-.07	-.08	.09	.25**	.01	-.02	.12	-.03	.22**	-.06	.24**	-.04	(.66)								
15. Asp. altruism	7.51	1.67	.19**	.08	-.04	.11	.20**	-.02	-.01	.19**	.17*	.36***	-.07	.08	-.04	..23**	(.88)							
16. Asp. family	8.43	1.40	.10	-.13	-.01	.05	.13	.09	-.05	.28**	..06	.38***	.05	.27**	-.14	.37***	.38***	(.74)						
17. Asp. friendship	6.29	1.55	.04	.06	.02	.14	.12	-.03	.07	.11	.15*	.16*	-.02	.10	.00	.14*	.25**	.25**	(.72)					
18. Asp. material success	5.83	2.06	-.01	.12	-.10	.22**	.20**	.05	-.08	.30***	.23**	.42***	.09	.42***	.16*	.27**	.25**	.37***	.21**	(.90)				
19. Satisfaction with current professional life	8.09	1.43	.46***	-.32**	.05	-.16	.54***	-.21**	-.13	-.09	-.21**	.16*	-.17*	.22**	-.08	.18**	.13	.16*	.00	.17**	(.82)			
20. Satisfaction with current intimate life	6.69	1.95	.27**	-.53**	-.11	-.34**	.33***	-.27**	-.26**	-.23**	-.39**	-.08	-.25**	.00	-.31**	-.01	.16*	.19**	-.11	.00	.48***	(85)		
21. Satisfaction with past professional life	7.70	1.46	.33***	-.33***	.07	-.27**	.55***	-.26**	-.20**	-.25**	-.31***	.05	-.14*	.13	-.08	.11	.13	-.03	-.05	.02	.63***	.50***	(.70)	
22. Satisfaction with past intimate life	6.94	1.75	.25**	-.54***	-.02	-.31**	.33***	-.36***	-.29**	-.22**	-.33***	-.11	-.24**	.05	-.25**	.07	.15*	.29**	-.02	.01	.48***	.82***	.58***	(.81)

Table 2. (Continued from previous page).

Note. N = 215. Reliability estimates are given on the diagonal. Except for the time investment measures, all means have been reported on a scale ranging from 0 to 10 to increase their comparability . * $p < .05$ ** $p < .01$ *** $p < .001$

Table 3. Predictors of Work Commitment and Work Overcommitment.

	Work Commitment		Work Overcommitment	
	B	β	B	β
Perceived job characteristics				
Impression management	/	/	/	/
Self deception	.31	.25**	-.99	-.19**
Perceived job rewards	.26	.35***	-.35	-.17**
Perceived chronic pressures	/	/	.65	.37***
Perceived temporary overload	.32	.24***	.84	.25**
R^2	.25		.39	
Demographic characteristics				
Gender (0 = male; 1 = female)	/	/	10.01	.16*
Age	/	/	/	/
Social status (0 = single; 1 = married)	/	/	/	/
Number of children	/	/	/	/
R^2	.00		.06	
Motive dispositions				
Impression management	/	/	./	/
Self deception	2.06	.19*	-3.00	-.14*
Achievement striving (Type A)	3.68	.31***	/	/
Impatience/irritability (Type A)	/	/	/	/
Self-oriented perfectionism	1.77	.23**	3.66	.23**
Socially prescribed perfectionism	-2.63	-.29***	5.56	.30***
Desire for control	/	/	/	/
Fear of intimacy	/	/	/	/
R^2	.26		.34	
Life aspirations				
Impression management	/	/	/	/
Self deception	2.63	.25***	-6.29	-.29***
Aspiration for fulfillment	2.49	.20**	/	/
Aspiration for altruism	/	/	/	/
Aspiration for family life	/	/	-4.14	-.19**
Aspiration for friendship	/	/	/	/
Aspiration for material success	-2.90	-.17*	2.37	.19**
R^2	.22		.14	
Domain satisfaction				
Impression management	/	/	/	/
Self deception	.67	.16*	-.3.35	-.16*
Satisfaction with current professional life	2.25	.26**	/	/
Satisfaction with current intimate life	/	/	-2.79	-.22**
Satisfaction with past professional life	/	/	/	/
Satisfaction with past intimate life	/	/	-4.59	-.32***
R^2	.19		.35	

/ nonsignificant * $p < .05$ ** $p < .01$ *** $p < .001$

Table 4. Predictors of the Components of Work Commitment.

	Enthusiasm toward one's work		Acceptance of the negative aspects		Perseverance	
	B	β	B	β	B	β
Perceived job characteristics						
Impression management	.58	.14*	/	/	/	/
Self deception	/	/	.28	.27***	/	/
Perceived job rewards	.06	.41***	.83	.19**	/	/
Perceived chronic pressures	/	/	/	/	.53	.21**
Perceived temporary overload	.78	.27***	/	/	/	/
R^2	.25		.14		.10	
Demographic characteristics						
Gender (0 = male; 1 = female)	/	/	/	/	/	/
Age	/	/	/	/	/	/
Social status (0 = single; 1 = married)	/	/	/	/	/	/
Number of children	/	/	/	/	/	/
R^2	.00		.00		.00	
Motive dispositions						
Impression management	/	/	/	/	/	/
Self deception	/	/	.97	.20*	.78	.15*
Achievement striving (Type A)	2.73	.44***	/	/	/	/
Impatience/irritability (Type A)	-.57	-.17**	/	/	/	/
Self-oriented perfectionism	/	/	/	/	1.91	.50***
Socially prescribed perfectionism	-1.25	-.26***	-1.11	-.27***	/	/
Desire for control	/	/	/	/	/	/
Fear of intimacy	/	/	/	/	/	/
R^2	.17		.17		.27	
Life aspirations						
Impression management	/	/	/	/	/	/
Self deception	.21	.15*	1.42	.30***	/	/
Aspiration for fulfillment	/	/	1.10	.19*	/	/
Aspiration for altruism	.83	.22**	/	/	/	/
Aspiration for family life	/	/	/	/	/	/
Aspiration for friendship	/	/	/	/	/	/
Aspiration for material success	-.14	-.17*	-.45	-.20**	/	/
R^2	.15		.14		.00	
Domain satisfaction						
Impression management	/	/	/	/	/	/
Self deception	/	/	1.09	.22**	/	/
Satisfaction current prof. life	1.42	.32***	.97	.25**	/	/
Satisfaction current intimate life	/	/	/	/	/	/
Satisfaction past professional life	/	/	/	/	/	/
Satisfaction past intimate life	/	/	/	/	/	
R^2	.20		.19		.00	

/ nonsignificant * $p < .05$ ** $p < .01$ *** $p < .001$

Table 5. Predictors of the Components of Work Overcommitment.

	Overriding interest for one's work		Neglecting of the personal life		Compulsive persistence	
	B	β	B	β	B	β
Perceived job characteristics						
Impression management	/	/	/	/	/	/
Self deception	/	/	-.60	-.13*	-.80	-.23***
Perceived job rewards	/	/	/	/	-.99	-.13*
Perceived chronic pressures	/	/	-.79	.48***	.67	.37***
Perceived temporary overload	.65	.16*	.48	.23***	/	/
R^2	.04		.42		.30	
Demographic characteristics						
Gender (0 = male; 1 = female)	/	/	3.13	.18*	4.12	.19*
Age	/	/	-.24	-.19*	/	/
Social status (0 = single; 1 = married)	/	/	/	/	/	/
Number of children	/	/	/	/	/	/
R^2	.00		.10		.04	
Motive dispositions						
Impression management	/	/	/	/	/	/
Self deception	/	/	/	/	-1.42	-.18**
Achievement striving (Type A)	/	/	/	/	/	/
Impatience/irritability (Type A)	/	/	/	/	.94	.17*
Self-oriented perfectionism	/	/	1.78	.20*	1.86	.32**
Socially prescribed perfectionism	1.93	.29***	2.08	.20*	1.50	.22**
Desire for control	/	/	/	/	/	/
Fear of intimacy	1.39	.26**	/	/	/	/
R^2	.19		.20		.41	
Life aspirations						
Impression management	/	/	/	/	/	/
Self deception	/	/	-2.84	-.24**	-2.50	-.32***
Aspiration for fulfillment	/	/	/	/	/	/
Aspiration for altruism	/	/	/	/	/	/
Aspiration for family life	-2.12	-.33***	/	/	/	/
Aspiration for friendship	/	/	/	/	/	/
Aspiration for material success	1.32	.30***	/	/	.79	.17*
R^2	.15		.07		.16	
Domain satisfaction						
Impression management	/	/	/	/	/	/
Self deception	/	/	/	/	-1.40	-.18**
Satisfaction current prof. life	/	/	/	/	/	/
Satisfaction current intimate life	/	/	-1.90	-.24**	/	/
Satisfaction past professional life	/	/	/	/	/	/
Satisfaction past intimate life	-1.52	-.30**	-1.82	-.25**	-.37	-.34***
R^2	.07		.30		.26	

/ nonsignificant * $p < .05$ ** $p < .01$ *** $p < .001$

Table 6. Profiles Means and Percentage of Sample Belonging to Each Profile of Work Involvement Identified Through Cluster Analysis.

	Measures								
Profile	Enthusiasm	Acceptation of the negative	Perseverance	Overriding interest	Neglected personal life	Compulsive persistence	Time investment work	Time investment off-work	%
Least Committed	5.89 (-1.14)	6.68 (-.25)	6.91 (-87)	3.91 (.22)	3.03 (-.67)	4.97 (-.24)	41.71 (-1.00)	-- (1.49)	12
Committed	7.85 (.09)	6.99 (-.03)	7.48 (-43)	3.35 (-.10)	4.22 (-.16)	4.82 (-.32)	58.98 (.14)	-- (-.10)	39
Highly Committed	**9.13 (.89)**	**8.34 (.95)**	**8.78 (.58)**	**2.13 (-.77)**	**2.82 (-.76)**	**4.12 (-.64)**	**52.11 (-.31)**	**-- (.73)**	**17**
Overcommitted	**8.29 (.36)**	**7.13 (.28)**	**8.58 (.43)**	**5.68 (1.21)**	**6.69 (.84)**	**6.66 (.66)**	**65.61 (.58)**	**-- (-.84)**	**18**
Unpassionate Compulsive	**6.31 (-.87)**	**6.00 (-.69)**	**8.87 (.65)**	**2.48 (-.57)**	**6.64 (.83)**	**7.54 (1.13)**	**58.62 (.12)**	**-- (-.33)**	**14**
Total mean	7.71	7.02	8.03	3.51	4.61	5.43	56.86	.00	100

Note. All means have been reported on a scale ranging from 0 to 10.

Table 7. Results of the Discriminant Analysis.

Variables	Discriminant functions 1	2	Univariate F-tests
Percent of variance explained	72.79	23.21	(2, 106)
Satisfaction with the current intimate life	-.66*		27.54***
Satisfaction with the past intimate life	-.55*	-.35*	24.32***
Socially prescribed perfectionism	.50*		22.12***
Satisfaction with the current professional life	-.50*	-.38*	19.44***
Temporary work overload	.47*		12.96***
Self-oriented perfectionism	.30*		10.49***
Job rewards	-.30*		9.68***
Gender	.30*		6.74**
Self-deception	-.29*		7.82***
Fear of intimacy		-.44*	6.73**
Chronic work pressures	.45*	.43*	25.22***
Impatience/irritability		.36*	3.84*
Wilks' lambda	.38	.77	
χ^2	73.92***	20.42**	

Canonical discriminant functions evaluated at group means (group centroids)

Group	1	2
Overcommitted	.95	-.60
Highly committed	-1.26	.08
Unpassionate Compulsive	.64	.79

* $p < .05$ ** $p < .01$ *** $p < .001$

CHAPITRE 4

Discussion générale

L'objectif de cette thèse de doctorat consistait à différencier l'engagement intense et le surengagement au travail. Les résultats des deux premières études révèlent que chez les deux groupes de professionnels examinés, le surengagement au travail est *quantitativement* différent de l'engagement élevé, les individus surengagés consacrant objectivement plus de temps à leur travail et moins de temps aux autres secteurs d'activité que les individus hautement engagés au travail mais non surengagés. Le surengagement au travail serait toutefois aussi *qualitativement* différent de l'engagement élevé, impliquant différentes composantes psychologiques. En fait, les résultats indiquent que ce sont principalement les composantes psychologiques propres au surengagement qui expliquent son association négative avec le bien-être subjectif et physique. Les personnes surengagées au travail seraient par ailleurs caractérisées par des motivations, des aspirations de vie et des perceptions de leur vie professionnelle et personnelle particulières. Pris dans leur ensemble, les résultats des trois études démontrent la complexité et la diversité des facteurs cognitifs et émotionnels impliqués dans l'expérience du surengagement au travail.

Les deux premières études, ayant fait l'objet du premier article, ont permis de confirmer l'hypothèse selon laquelle l'engagement au travail est positivement relié au bien-être personnel, même lorsqu'il est intense, alors que le surengagement lui est négativement associé. De façon plus précise, deux composantes de l'engagement, l'enthousiasme et l'acceptation des aspects négatifs du travail, sont positivement associées au niveau de bonheur général et négativement associées à la fréquence des affects négatifs. Aucune relation curvilinéaire entre ces composantes et le bien-être n'ayant été trouvée, l'hypothèse voulant que le surengagement au travail soit différent d'un niveau élevé d'engagement se trouve appuyée par les données. L'engagement au travail pourrait donc contribuer au bien-être même lorsqu'il est intense. À l'inverse, les trois composantes proposées du surengagement au travail sont négativement reliées au bonheur général et

positivement reliées à la fréquence des affects négatifs et des problèmes physiques. Les indicateurs objectifs d'implication (temps consacré au travail et aux autres secteurs d'activité) sont pour leur part faiblement associés au bien-être personnel. En fait, seul le temps consacré aux secteurs autres que le travail, considéré dans la deuxième étude, est positivement relié à la satisfaction face à la vie professionnelle et face à la vie intime. En conséquence, le surengagement « objectif » au travail – opérationnalisé comme un investissement élevé de temps dans le travail associé à un faible investissement de temps dans les autres secteurs – n'est pas un aussi bon prédicteur du niveau de bien-être que le surengagement. Ce dernier résultat donne à penser que le surengagement au travail est principalement un phénomène d'ordre psychologique, voire un rapport subjectif qu'entretiennent certains individus face à leur travail. Les analyses statistiques plus sophistiquées (analyses acheminatoires), effectuées dans la deuxième étude, ont par ailleurs révélé que c'est parce qu'ils se sentent plus stressés au travail, moins satisfaits de leur vie professionnelle et moins satisfaits de leurs relations intimes que les individus manifestant un surengagement rapportent un bonheur moindre, plus d'affects négatifs et plus de problèmes physiques que les individus ne manifestant pas un tel surengagement.

Afin d'intégrer ces résultats, des profils globaux de médecins ont aussi été identifiés dans la deuxième étude. Cinq profils de médecins ont été dégagés, parmi lesquels se trouvait celui des médecins *Hautement Engagés* (manifestant un engagement au travail très élevé mais pas de surengagement, un investissement de temps élevé dans leur travail *et* dans les autres secteurs), celui des individus *Surengagés* (manifestant un engagement élevé *et* un surengagement au travail, un investissement de temps très élevé dans leur travail mais faible dans les autres secteurs) et celui des *Compulsifs non passionnés* (rapportant une persistance compulsive et une négligence de leur vie personnelle pour leur travail, mais peu d'enthousiasme vis-à-vis de leur travail et une faible acceptation de ses aspects négatifs, un investissement de temps modéré dans leur travail *et* dans les

autres secteurs). Tel qu'attendu, les médecins *Hautement Engagés* rapportent des niveaux supérieurs de bonheur général, de satisfaction professionnelle et de bien-être relationnel que les médecins appartenant aux deux profils caractérisés par des signes de surengagement. Les médecins *Hautement Engagés* rapportent aussi moins d'affects négatifs, de symptômes physiques et de stress au travail et ce, même lorsque l'influence des biais de réponse (désirabilité sociale et déni) est statistiquement contrôlée.

En somme, les résultats des deux premières études suggèrent que différentes manifestations d'implication intense au travail pourraient entraîner différentes conséquences sur le bien-être personnel. Toutefois, si les individus surengagés travaillent objectivement davantage que ceux qui n'y sont qu'engagés, c'est principalement la perception qu'ils ont de leur travail et de son impact sur leur vie qui explique leur moindre bien-être personnel.

Les deux premières études ont apporté plusieurs contributions aux travaux antérieurs ayant porté sur la thématique de l'implication au travail. Une première contribution a été de clarifier la nature du lien positif entre l'engagement au travail et le bien-être personnel. Alors que la quasi-totalité des études qui avaient mis en évidence un lien positif entre l'engagement au travail et le bien-être avaient considéré l'engagement comme un concept unidimensionnel (voir Brown, 1996, pour une revue), la présente recherche a utilisé un modèle tripartite de l'engagement. L'utilisation de cette définition multidimensionnelle a permis de déterminer que chez les deux groupes professionnels examinés, deux des trois composantes de l'engagement, l'enthousiasme et l'acceptation des aspects négatifs du travail, sont responsables du lien positif entre l'engagement et le bien-être. L'association positive entre l'enthousiasme et le bien-être n'est pas surprenante. Les résultats sont plus instructifs en ce qui concerne l'acceptation des aspects négatifs du travail. Cette dernière composante, qui pourrait prévenir le stress au

travail en plus de contribuer à la satisfaction professionnelle et même à l'harmonie relationnelle, est positivement associée au bonheur général, même à un niveau très élevé. Les deux premières études ont donc souligné la nature potentiellement bénéfique de l'engagement au travail, en suggérant que la résolution du conflit inhérent à tout engagement -- entre le désir de bénéficier des aspects positifs de l'objet d'engagement et la nécessité de s'accommoder de ses aspects négatifs – favorise un bien-être accru, quelle que soit son intensité.

La contribution principale des deux premières études demeure toutefois d'avoir défini et mesuré le surengagement au travail, et d'avoir examiné sa relation avec le bien-être personnel. Les travaux antérieurs ayant porté sur l'engagement occupationnel excessif étaient généralement anecdotiques et purement descriptifs (par ex., Killinger, 1991; voir Lowman, 1993; Naughton, 1987; Oates, 1971; Schwartz, 1982; Scott, Moore, & Miceli, 1997; Seybold & Salomone, 1994). La définition et la mesure proposées du surengagement, quoique imparfaites, ont permis de rattacher la notion d'engagement excessif au travail à un modèle validé d'engagement (Brickman, 1987; Dubé, Kairouz, & Jodoin, 1997), lequel est inspiré de théories clefs en psychologie sociale, dont celle de la dissonance cognitive (Festinger, 1957). En démontrant que le surengagement au travail, à l'inverse de l'engagement, est négativement relié à plusieurs aspects du bien-être personnel, les deux premières études ont confirmé, tout en nuançant, ce que plusieurs auteurs avaient suggéré depuis trois décennies mais avaient rarement démontré empiriquement (Killinger, 1991; Oates, 1971; Pietropinto, 1986; Rohrlich, 1980, 1981; voir Scott, Moore, & Miceli, 1997).

Afin d'approfondir la compréhension des différences entre le surengagement au travail et l'engagement intense mais bénéfique, une troisième étude fut effectuée, faisant l'objet du second article composant cette thèse. Les résultats de cette étude révèlent que

l'engagement au travail et le surengagement au travail sont associés à des ensembles différents de caractéristiques occupationnelles et personnelles. L'engagement est principalement associé à la perception que son travail comporte des bénéfices importants, à la recherche d'accomplissement et d'équilibre personnel mais pas de succès matériel, et au fait d'être satisfait de sa vie professionnelle au moment présent. En contraste, le surengagement est associé à la perception que son travail est exigeant, sur une base temporaire et/ou chronique, au désir d'atteindre un idéal de perfection que l'on s'impose soi-même mais que l'on sent aussi imposé par l'entourage, au fait d'aspirer davantage au succès matériel qu'à la vie familiale et au fait d'être peu satisfait de ses relations intimes, présentes mais aussi passées. Tout comme dans la deuxième étude, des profils d'implication au travail ont été identifiés, ce qui a permis d'isoler les médecins *Hautement Engagés*, *Surengagés* et *Compulsifs non passionnés*. L'examen des variables discriminant le mieux ces profils a alors permis de clarifier la dynamique spécifique associée aux deux profils de médecins surengagés. En effet, l'ensemble particulier de composantes psychologiques que manifestent les médecins *Surengagés* – niveau assez élevé des trois composantes du surengagement *et* de celles de l'engagement – serait spécifiquement associé à des difficultés sans la sphère des relations intimes : insatisfactions face à ses relations et crainte de l'intimité. En comparaison, la forme de surengagement que manifestent les médecins *Compulsifs non passionnés* – persistance compulsive et négligence de leur vie personnelle, absence d'intérêt prépondérant pour leur travail, et faibles niveaux d'enthousiasme et d'acceptation des aspects négatifs de leur travail – serait davantage reliée à difficultés d'ordre professionnelles : perceptions de pressions chroniques et insatisfaction face à sa vie professionnelle actuelle.

En somme, les résultats de la troisième étude suggèrent qu'il existe plusieurs manifestations possibles de l'implication occupationnelle intense, voire plus d'une manifestation du surengagement, et que pour comprendre laquelle de ces formes un

individu est susceptible de manifester, il faut considérer à la fois le travail qu'il occupe (la perception qu'il en a), ses dispositions motivationnelles, ses aspirations de vie et ses expériences personnelles. Par ailleurs, bien que cette troisième étude soit exploratoire et que son objectif n'était pas d'en arriver à un quelconque plan d'intervention pour le traitement des individus surengagés, ses conclusions suggèrent des implications concrètes pour la prévention du stress au travail chez les professionnels de haut niveau, ainsi que des pistes d'action aux intervenants ayant à aider des individus vivant un déséquilibre dans leur système d'engagements personnels.

D'une façon plus générale, cette série d'études a permis de mieux comprendre comment et pourquoi certaines personnes en viennent à s'investir excessivement vis-à-vis de leur travail, au détriment de leur bonheur et de leur santé. Évidemment, les études composant la présente thèse ne constituent qu'un premier pas dans l'étude empirique du surengagement. Leurs résultats suscitent en fait autant de questionnements qu'ils permettent d'en résoudre. Nous croyons néanmoins que nos résultats sont assez encourageants et intéressants pour stimuler la recherche sur le sujet. Tel qu'il vient d'être mentionné, une contribution importante de cette recherche tient à son caractère appliqué. Mais sa contribution principale est peut-être d'avoir intégré les écrits descriptifs et anecdotiques sur l'ergomanie et les travaux empiriques récents en psychologie sociale de la personnalité, du travail et de la santé. C'est cette approche intégrative, typique de la psychologie sociale de cette fin de siècle, qui a permis de mettre davantage en lumière les facteurs cognitifs, émotionnels et motivationnels façonnant le rapport qu'entretiennent les individus avec leur travail.

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ANNEXE

Mesures utilisées dans les trois études

PREMIER ARTICLE

Étude 1 : Examen des liens entre l'engagement au travail, le surengagement au travail et le bien-être personnel chez des directeurs d'école

Liste des mesures utilisées

1. Engagement au travail
    a) Enthousiasme vis-à-vis du travail
    b) Acceptation des aspects négatifs du travail
    c) Persévérance dans les tâches reliées au travail

2. Surengagement au travail
    a) Intérêt prépondérant pour le travail
    b) Négligence de la vie personnelle à cause du travail
    c) Persistance compulsive dans les tâches reliées au travail

3. Indicateurs objectifs de l'investissement au travail

4. Bien-être psychologique général
    a) Bonheur et perception de sens
    b) Satisfaction de vie générale
    c) Fréquence des affects positifs et négatifs

5. Bien-être physique
    a) Absence de symptômes physiques désagréables
    b) Santé physique subjective

6. Biais de réponse
    a) Déni inconscient
    b) Gestion consciente de l'impression

1. Engagement au travail (adapté de la mesure de disposition à l'engagement de Dubé, Kairouz et Jodoin (1997)).

Évaluez jusqu'à quel point vous êtes d'accord pour dire que les énoncés suivants vous caractérisent dans ce que vous avez vécu au cours des six derniers mois au travail. Il n'y a pas de bonnes ni de mauvaises réponses. S'il vous plaît, répondez en fonction de ce que vous êtes vraiment et non en fonction de ce que serait la personne que vous voudriez être.

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
a) Enthousiasme vis-à-vis du travail									
Je suis enthousiaste vis-à-vis de mon travail	0	1	2	3	4	5	6	7	8
Je ne trouve pas que mon travail est passionnant (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'éprouve du plaisir dans les tâches quotidiennes de mon travail	0	1	2	3	4	5	6	7	8
C'est facile pour moi de trouver de nouveaux aspects de mon travail qui m'intéressent	0	1	2	3	4	5	6	7	8
b) Acceptation des aspects négatifs du travail									
J'accepte que dans mon travail, il y ait des aspects positifs, mais aussi des aspects négatifs	0	1	2	3	4	5	6	7	8
J'ai de la difficulté à accepter les aspects négatifs de mon travail (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'assume pleinement la responsabilité des conséquences négatives de mon engagement au travail	0	1	2	3	4	5	6	7	8
J'accepte le fait que dans mon travail, il y ait des hauts et des bas*	0	1	2	3	4	5	6	7	8

* énoncés n'ayant pas été conservés dans la version révisée de l'échelle, utilisée dans la deuxième étude.

Engagement au travail (suite)

	Ne me caractérise Pas du tout								Me caractérise Tout à fait
c) Persévérance dans les tâches reliées au travail									
Lorsque je me sens débordé(e) de travail, je ne diminue aucunement mes critères d'excellence	0	1	2	3	4	5	6	7	8
Même lorsque je rencontre des difficultés, je suis persévérant(e) dans mon travail	0	1	2	3	4	5	6	7	8
Même quand mon travail exige beaucoup d'efforts, je n'abandonne pas avant d'avoir atteint le but visé	0	1	2	3	4	5	6	7	8
Au travail, quand je n'aime pas une tâche, il m'arrive de la bâcler pour la terminer plus rapidement (énoncé inversé)*	0	1	2	3	4	5	6	7	8

* énoncé n'ayant pas été conservé dans la version révisée de l'échelle, utilisée dans la deuxième étude.

2. Surengagement au travail (mesure ad hoc)

Évaluez jusqu'à quel point vous êtes d'accord pour dire que les énoncés suivants vous caractérisent dans ce que vous avez vécu au cours des six derniers mois au travail. Il n'y a pas de bonnes ni de mauvaises réponses. S'il vous plaît répondez en fonction de ce que vous êtes vraiment et non en fonction de ce que serait la personne que vous voudriez être (Même consigne que l'engagement au travail; les énoncés des deux échelles ont été présentés dans la même section et mélangés les uns aux autres).

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
a) Intérêt prépondérant pour le travail									
J'éprouve plus d'intérêt face à mon travail que face à tout autre aspect de ma vie	0	1	2	3	4	5	6	7	8
Je mange, vis et respire uniquement pour mon travail	0	1	2	3	4	5	6	7	8
Si je n'avais pas mon travail, je ne sais pas ce que je ferais de ma vie*	0	1	2	3	4	5	6	7	8
Mon travail ne représente qu'une partie de ce que j'aime dans la vie (énoncé inversé)	0	1	2	3	4	5	6	7	8
Lorsque je ne suis pas au travail, je ne sais pas comment m'occuper	0	1	2	3	4	5	6	7	8
b) Négligence de la vie personnelle à cause du travail									
Je ne sacrifie pas mes loisirs à cause de mon travail (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'accorde plus d'importance à mon travail qu'à ma propre santé*	0	1	2	3	4	5	6	7	8
Je néglige ma vie sociale à cause de mon travail	0	1	2	3	4	5	6	7	8
À cause de mon travail, je consacre moins d'attention que je le devrais à mon(ma) conjoint(e)	0	1	2	3	4	5	6	7	8
					9 (ne s'applique pas)				
Je suis prêt(e) à souffrir pour obtenir ce que je veux dans mon travail*	0	1	2	3	4	5	6	7	8
À cause de mon travail, je consacre moins d'attention que je le devrais à mon (mes) enfant(s)	0	1	2	3	4	5	6	7	8
					9 (ne s'applique pas)				

* énoncés n'ayant pas été conservés dans la version révisée de l'échelle, utilisée dans la deuxième étude.

Surengagement au travail (suite)

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
c) Persistance compulsive dans les tâches reliées au travail									
Au travail, je sais mettre une tâche en attente lorsque je suis trop fatigué(e) (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'ai de la difficulté à quitter mon travail sans avoir complètement terminé ce que j'ai entrepris	0	1	2	3	4	5	6	7	8
Au travail, je terminerais une tâche que j'ai entreprise même si cela devait nuire à ma santé physique	0	1	2	3	4	5	6	7	8
Je me sens obligé(e) de travailler fort, même lorsque ce n'est pas agréable	0	1	2	3	4	5	6	7	8
Au travail, je peux facilement déléguer une tâche lorsque je suis surchargé(e) (énoncé inversé)*	0	1	2	3	4	5	6	7	8

* énoncé n'ayant pas été conservé dans la version révisée de l'échelle, utilisée dans la deuxième étude.

3. Indicateurs objectifs de l'investissement au travail (énoncés ad hoc)

Quelle est la durée moyenne de vos journées de travail, incluant le temps passé à votre lieu de travail et le temps passé à la maison ? _____ heures par jour en moyenne

Combien d'heure(s) par jour travaillez-vous en moyenne en dehors de votre lieu de travail?

_____ heure(s) par jour en moyenne

À quelle heure commencez-vous votre journée de travail, en général ? _____

À quelle heure terminez-vous votre journée de travail, en général ? _____

Combien de jour(s) de congé prenez-vous par semaine habituellement? _____ jour(s)

Vous arrive-t-il de travailler le samedi? ____ oui ____ non

Et le dimanche ? ____ oui ____ non

4. Bien-être psychologique général

a) Bonheur et perception de sens (tiré de Dubé, Jodoin et Kairouz (1998)).

Répondez aux énoncés suivants en fonction de ce que vous vivez présentement en cette période de votre vie. Il est possible que vous aimeriez que votre vie soit différente de ce qu'elle est. Toutefois, il est très important que vous répondiez en fonction de ce que vous ressentez vraiment et non en fonction de ce que vous aimeriez ressentir.

	Pas du tout								Tout à fait
Je suis de bonne humeur	0	1	2	3	4	5	6	7	8
Je suis heureux(se)	0	1	2	3	4	5	6	7	8
Je suis content(e)*	0	1	2	3	4	5	6	7	8
Je suis joyeux(se)	0	1	2	3	4	5	6	7	8
J'ai réussi à donner un sens à ma vie	0	1	2	3	4	5	6	7	8
Je vois ma vie comme ayant un sens et un but précis	0	1	2	3	4	5	6	7	8
Je suis en paix avec moi-même	0	1	2	3	4	5	6	7	8
J'ai l'impression de ne pas avoir trouvé ma place dans la vie (énoncé inversé)	0	1	2	3	4	5	6	7	8

b) Satisfaction de vie générale (Version française du Satisfaction With Life Scale (Diener, Emmons, Larsen et Griffin, 1985), traduit et validé en français par Blais, Vallerand, Pelletier et Brière (1989)).

(Même consigne que pour le bonheur général et la perception de sens; les énoncés des trois mesures ont été présentés dans la même section du questionnaire).

Si je pouvais recommencer ma vie, je n'y changerais presque rien	0	1	2	3	4	5	6	7	8
Je suis satisfait(e) de ma vie	0	1	2	3	4	5	6	7	8
Jusqu'à maintenant, j'ai obtenu les choses importantes que je voulais dans la vie	0	1	2	3	4	5	6	7	8
Ma vie correspond de près à mes idéaux	0	1	2	3	4	5	6	7	8
Mes conditions de vie sont excellentes	0	1	2	3	4	5	6	7	8

* énoncé n'ayant pas été conservé dans la deuxième étude.

c) Fréquence des affects positifs et négatifs (traduit et adapté de la mesure d'affects positifs et négatifs utilisée par l'équipe de Diener)

En utilisant l'échelle ci-dessous, indiquez la fréquence à laquelle vous ressentez chacun de ces états. Pour répondre à cette question, vous devez choisir le chiffre qui exprime le mieux la fréquence à laquelle vous ressentez chacune des expériences lorsque vous êtes éveillé(e). A quelle fréquence diriez-vous avoir ressenti chacune de ces émotions au cours du dernier mois?

Jamais	presque jamais	rarement	parfois	souvent	généralement	Toujours
0	1	2	3	4	5	6

AFFECTS POSITIFS

1. Joie ___ 2. Bonheur ___

3. Fierté ___ 4. Satisfaction ___

AFFECTS NÉGATIFS

1. Peur ___ 2. Colère ___

3. Tristesse ___ 4. Inquiétude ___

5. Irritation ___ 6. Culpabilité ___

7. Anxiété ___ 8. Regret ___

9. Jalousie ___ 10. Honte ___

5. Bien-être physique

a) Absence de symptômes physiques désagréables (traduit de la mesure utilisée par Judge, Boudreau et Bretz (1994)).

Au cours des six derniers mois, à quelle fréquence diriez-vous avoir souffert des troubles suivants? S'il vous plaît, apposez un chiffre allant de 0 à 6 à côté de chaque item.

jamais						Très fréquemment
0	1	2	3	4	5	6

difficulté à respirer ___ palpitations cardiaques___

maux de dos ___ maux d'estomac ___

douleur à la poitrine ___ maux de tête ___

tension musculaire ___ grippe ___

tremblements ___ rhume ___

b) Santé physique subjective (traduit de la version non graphique du « health ladder » (Suchman, Philips et Strieb, 1978))*.

En utilisant l'échelle ci-dessous, veuillez encercler le chiffre qui décrit le mieux votre état de santé général. Dans cette échelle, le chiffre 0 signifie "une invalidité permanente" alors que le chiffre 6 signifie "une santé parfaite".

Invalidité permanente						Santé parfaite
0	1	2	3	4	5	6

* Cette mesure n'a pas été utilisée dans la deuxième étude.

6. Biais de réponse (Version française du Balanced Inventory of Desirable Responding (BIDR-6; Paulhus, 1984), traduit et validé en français par Cournoyer et Sabourin (1992)).

Servez-vous de l'échelle ci-dessous et inscrivez un chiffre à côté de chaque énoncé pour indiquer jusqu'à quel point chaque énoncé s'applique à vous.

Faux			Un peu vrai			Totalement vrai
1	2	3	4	5	6	7

a) Déni inconscient

En général, la première impression que me laissent les gens s'avère juste. ___

Il me serait difficile de me défaire de n'importe laquelle de mes mauvaises habitudes. ___

Il m'importe peu de savoir ce que les gens pensent vraiment de moi. ___

Je n'ai pas toujours été honnête envers moi-même. ___

Je sais toujours pourquoi j'aime quelque chose. ___

Lorsque mes émotions sont sollicitées, mon jugement est affecté. ___

Une fois que je me suis décidé(e), on peut rarement me faire changer d'idée. ___

Au volant, je deviens dangereux(se) lorsque j'excède la limite de vitesse. ___

Je suis maître(sse) de mes décisions. ___

Il m'est difficile de faire abstraction d'une pensée qui me trouble. ___

Je ne regrette jamais mes décisions. ___

Je perds parfois de bonnes occasions parce que je prends trop de temps à me décider. ___

Je vote parce que mon vote peut faire la différence. ___

Mes parents n'étaient pas toujours justes lorsqu'ils me punissaient. ___

Je suis une personne complètement rationnelle. ___

J'accepte rarement les critiques. ___

J'ai énormément confiance en mon jugement. ___

J'ai parfois douté de mes capacités en tant qu'amant(e). ___

Ca me laisse indifférent(e) que certaines personnes ne m'aiment pas. ___

Je ne comprends pas toujours les raisons qui me poussent à faire les choses que je fais. ___

b) Gestion consciente de l'impression

Parfois je mens, s'il le faut. ___

Je ne cherche jamais à dissimuler les erreurs que j'ai commises. ___

Il m'est arrivé de profiter de quelqu'un. ___

Je ne jure jamais. ___

J'essaie parfois de me venger plutôt que de pardonner et d'oublier. ___

J'obéis toujours aux lois, même s'il est peu probable que je me fasse prendre. ___

J'ai parlé en mal d'un(e) ami(e) dans son dos. ___

Lorsque je surprends une conversation privée, j'évite d'écouter. ___

Un(e) caissier(e) m'a remis trop de monnaie et je ne lui ai pas mentionné. ___

Je déclare toujours tout aux douanes. ___

Il m'arrivait parfois de voler quand j'étais jeune. ___

Je n'ai jamais jeté de déchets dans la rue. ___

Lorsque je conduis, je dépasse parfois la limite de vitesse. ___

Je ne lis jamais des livres ou des revues érotiques. ___

J'ai fait des choses dont je ne parle pas aux autres. ___

Je n'utilise jamais des choses qui ne m'appartiennent pas. ___

J'ai pris des congés de maladie au travail ou à l'école, même si je n'étais pas vraiment malade.___

Je n'ai jamais endommagé un livre de bibliothèque ou des articles de magasin sans le signaler à un responsable. ___

J'ai quelques très mauvaises habitudes. ___

Je ne fais pas de commérage au sujet des affaires des autres. ___

Étude 2 : Examen des liens entre engagement au travail, surengagement au travail et bien-être personnel chez des médecins spécialistes

Liste des mesures utilisées

1. Engagement au travail
    a) Enthousiasme vis-à-vis du travail
    b) Acceptation des aspects négatifs du travail
    c) Persévérance dans les tâches reliées au travail

2. Surengagement au travail
    a) Intérêt prépondérant pour le travail
    b) Négligence de la vie personnelle à cause du travail
    c) Persistance compulsive dans les tâches reliées au travail

3. Indicateurs objectifs de l'investissement au travail et dans les autres secteurs d'activités

4. Bien-être psychologique général
    a) Bonheur et perception de sens
    b) Satisfaction de vie générale
    c) Fréquence des affects positifs et négatifs

5. Bien-être physique : Absence de symptômes physiques désagréables

6. Bien-être psychologique relié à des domaines spécifiques

    a) Bien-être relationnel
    b) Satisfaction face à la vie professionnelle
    c) Stress au travail

7. Biais de réponse
    a) Déni inconscient
    b) Gestion consciente de l'impression

1. Engagement au travail (adapté de la mesure de disposition générale à l'engagement du Dubé, Kairouz et Jodoin (1997)).

*Évaluez jusqu'à quel point vous êtes d'accord pour dire que les énoncés suivants vous caractérisent dans ce que vous avez vécu **au cours des six derniers mois** au travail. Il n'y a pas de bonnes ni de mauvaises réponses. S'il vous plaît, répondez en fonction de ce que vous êtes vraiment et non en fonction de ce que serait la personne que vous voudriez être. N'hésitez pas à utiliser les numéros intermédiaires (par ex., 2, 3, 4, ou 6).*

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
a) Enthousiasme vis-à-vis du travail									
Je suis enthousiaste vis-à-vis de mon travail	0	1	2	3	4	5	6	7	8
Je ne trouve pas que mon travail est passionnant (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'éprouve du plaisir dans les tâches quotidiennes de mon travail	0	1	2	3	4	5	6	7	8
C'est facile pour moi de trouver de nouveaux aspects de mon travail qui m'intéressent	0	1	2	3	4	5	6	7	8
b) Acceptation des aspects négatifs du travail									
J'accepte le fait qu'un travail comme le mien implique des aspects positifs, mais aussi des aspects négatifs	0	1	2	3	4	5	6	7	8
J'ai de la difficulté à accepter les aspects négatifs de mon travail (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'assume pleinement la responsabilité des conséquences négatives de mon engagement au travail	0	1	2	3	4	5	6	7	8
Il m'est possible de voir du positif aux aspects de mon travail qui semblent négatifs à première vue*	0	1	2	3	4	5	6	7	8

* Énoncés n'ayant pas été inclus dans la première version de l'échelle, utilisée dans la première étude.

Engagement au travail (suite)

	Ne me caractérise Pas du tout								Me caractérise Tout à fait
c) Persévérance dans les tâches reliées au travail									
Lorsque je me sens débordé(e) au travail, j'essaie de ne pas diminuer mes critères d'excellence	0	1	2	3	4	5	6	7	8
Malgré les difficultés que je rencontre, je suis persévérant(e) dans mon travail	0	1	2	3	4	5	6	7	8
Même quand mon travail exige beaucoup d'efforts, je n'abandonne pas avant d'avoir atteint le but visé	0	1	2	3	4	5	6	7	8
Lorsque je suis débordé(e) au travail, je continue à essayer de faire ce que je peux*	0	1	2	3	4	5	6	7	8

* Énoncé n'ayant pas été inclus dans la première version de l'échelle, utilisée dans la première étude.

2. Surengagement au travail (mesure ad hoc)

*Évaluez jusqu'à quel point vous êtes d'accord pour dire que les énoncés suivants vous caractérisent dans ce que vous avez vécu **au cours des six derniers mois** au travail. Il n'y a pas de bonnes ni de mauvaises réponses. S'il vous plaît, répondez en fonction de ce que vous êtes vraiment et non en fonction de ce que serait la personne que vous voudriez être. N'hésitez pas à utiliser les numéros intermédiaires (par ex., 2, 3, 4, ou 6). (Même consigne que l'engagement au travail; les énoncés des deux échelles ont été présentés dans la même section du questionnaire et mélangés).*

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
a) Intérêt prépondérant pour le travail									
Rien ne m'intéresse vraiment à part mon travail*	0	1	2	3	4	5	6	7	8
J'éprouve plus d'intérêt face à mon travail que face à tout autre aspect de ma vie	0	1	2	3	4	5	6	7	8
Je mange, vis et respire uniquement pour mon travail	0	1	2	3	4	5	6	7	8
Mon travail ne représente qu'une partie de ce que j'aime dans la vie (énoncé inversé)	0	1	2	3	4	5	6	7	8
Lorsque je ne suis pas à mon travail, je ne sais pas comment m'occuper	0	1	2	3	4	5	6	7	8
b) Négligence de la vie personnelle à cause du travail									
Je ne sacrifie pas mes loisirs à cause de mon travail (énoncé inversé)	0	1	2	3	4	5	6	7	8
Je néglige ma vie sociale à cause de mon travail	0	1	2	3	4	5	6	7	8
Je néglige ma vie amoureuse à cause de mon travail*	0	1	2	3	4	5	6	7	8
Je limite mes heures de sommeil à cause de mon travail *	0	1	2	3	4	5	6	7	8
À cause de mon travail, je consacre moins d'attention que je le devrais à mon(ma) conjoint(e)	0	1	2	3	4	5	6	7	8
					9 (ne s'applique pas)				
À cause de mon travail, je consacre moins d'attention que je le devrais à mon(mes) enfant(s)	0	1	2	3	4	5	6	7	8
					9 (ne s'applique pas)				

* Énoncés n'ayant pas été inclus dans la première version de l'échelle, utilisée dans la première étude.

Surengagement au travail (suite)

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
c) Persistance compulsive dans les tâches reliées au travail									
Au travail, je sais mettre une tâche en attente lorsque je suis trop fatigué(e) (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'ai de la difficulté à quitter mon travail sans avoir complètement terminé ce que j'ai entrepris	0	1	2	3	4	5	6	7	8
Au travail, je termine ce que j'ai commencé, même si cela doit nuire à ma santé physique	0	1	2	3	4	5	6	7	8
Au travail, je ressens une pression à travailler fort tout le temps*	0	1	2	3	4	5	6	7	8
Je me sens obligé(e) de travailler fort, même lorsque ce n'est pas agréable	0	1	2	3	4	5	6	7	8

* Énoncé n'ayant pas été inclus dans la première version de l'échelle, utilisée dans la première étude.

3. Indicateurs objectifs de l'investissement au travail et dans les autres secteurs d'activités (énoncés ad hoc)

Quelle est la durée moyenne de vos journées de travail? Répondez en considérant le temps passé à votre lieu de travail (que ce soit pour de la recherche, de l'enseignement, de l'administration et de la formation continue) _____ heures par jour en moyenne

Combien d'heure(s) par jour travaillez-vous en moyenne **à votre domicile** à effectuer des tâches en lien avec votre travail ? _____ heure(s) par jour en moyenne

À quelle heure commencez-vous votre journée de travail, en général (où que ce soit)?

_____

À quelle heure terminez-vous votre journée de travail, en général (où que ce soit) ?

_____

Combien de jours travaillez-vous par semaine, en général ? _____ jours*

Combien d'heure(s) par semaine êtes-vous de garde ? _____ heure(s)*

Vous arrive-t-il de travailler le samedi ?____ oui Et le dimanche ? ____ oui
____ non ____ non

À l'intérieur d'une semaine typique, combien d'heures consacrez-vous à:

Votre conjoint(e) en tête-à-tête ? _____ heures (ENVIRON) ____ ne s'applique pas*

Votre famille (enfant(s) et conjoint(e)) _____ heures (ENVIRON) ____ ne s'applique pas*

Vos loisirs (passe-temps favoris, sports, temps passé avec des ami(e)s) ? _____ heures* (ENVIRON)

Idéalement, de combien d'heures de sommeil estimez-vous que vous auriez besoin pour fonctionner **pleinement** dans vos activités quotidiennes ?

_____ **heures de sommeil par nuit***

En réalité, combien d'heures dormez-vous par nuit? _____ **heures de sommeil par nuit***

* Énoncés n'ayant pas été inclus dans le questionnaire de la première étude.

4. Bien-être psychologique général

a) Bonheur et perception de sens (tiré de Dubé, Jodoin et Kairouz (1998)).

Répondez aux énoncés suivants en fonction de ce que vous vivez présentement en cette période de votre vie. Il est possible que vous aimeriez que votre vie soit différente de ce qu'elle est. Toutefois, il est très important que vous répondiez en fonction de ce que vous ressentez vraiment et non en fonction de ce que vous aimeriez ressentir.

	Pas du tout								**Tout à fait**
Je suis de bonne humeur	0	1	2	3	4	5	6	7	8
Je suis heureux(se)	0	1	2	3	4	5	6	7	8
Je suis joyeux(se)	0	1	2	3	4	5	6	7	8
J'ai l'impression de ne pas avoir trouvé ma place dans la vie (énoncé inversé)	0	1	2	3	4	5	6	7	8
J'ai réussi à donner un sens à ma vie	0	1	2	3	4	5	6	7	8
Je vois ma vie comme ayant un sens et un but précis	0	1	2	3	4	5	6	7	8

b) Satisfaction de vie générale (Version française du Satisfaction With Life Scale; Diener, Emmons, Larsen et Griffin (1985), traduit et validé en français par Blais, Vallerand, Pelletier et Brière (1989)).

(Même consigne que pour le bonheur général et la perception de sens; les énoncés des trois mesures ont été présentés dans la même section du questionnaire).

Si je pouvais recommencer ma vie, je n'y changerais presque rien	0	1	2	3	4	5	6	7	8
Je suis satisfait(e) de ma vie	0	1	2	3	4	5	6	7	8
Jusqu'à maintenant, j'ai obtenu les choses importantes que je voulais dans la vie	0	1	2	3	4	5	6	7	8
Ma vie correspond de près à mes idéaux	0	1	2	3	4	5	6	7	8
Mes conditions de vie sont excellentes	0	1	2	3	4	5	6	7	8

c) Fréquence des affects positifs et négatifs (traduit de la mesure d'affects positifs et négatifs utilisée par l'équipe de Diener)

En utilisant l'échelle ci-dessous, indiquez la fréquence à laquelle vous ressentez chacun de ces états. Pour répondre à cette question, vous devez choisir le chiffre qui exprime le mieux la fréquence à laquelle vous ressentez chacune des expériences lorsque vous êtes éveillé(e). A quelle fréquence diriez-vous avoir ressenti chacune de ces émotions au cours du dernier mois?

Jamais	presque jamais	rarement	parfois	souvent	généralement	Toujours
0	1	2	3	4	5	6

AFFECTS POSITIFS

1. Joie ___ 2. Bonheur ___

3. Fierté ___ 4. Satisfaction ___

AFFECTS NÉGATIFS

1. Peur ___ 2. Colère ___

3. Tristesse ___ 4. Inquiétude ___

5. Irritation ___ 6. Culpabilité ___

7. Anxiété ___ 8. Regret ___

9. Jalousie ___ 10. Honte ___

5. Bien-être physique (Absence de symptômes physiques désagréables)

Le bien-être physique a été mesuré à l'aide de l'échelle de Judge, Boudreau et Bretz (1994), utilisée dans la première étude et présentée plus haut.

6. Bien-être psychologique relié à des domaines spécifiques

a)Bien-être relationnel

ÉNONCÉS TIRÉS DE DUBÉ, KAIROUZ ET JODOIN (1997) :

Évaluez jusqu'à quel point votre vie présente correspond à ce que vous aimeriez qu'elle soit dans chacun des domaines suivants.

	Pas du tout comme je voudrais								**Tout à fait comme je voudrais**
Mes relations avec ma famille	0	1	2	3	4	5	6	7	8
Mes relations amoureuses	0	1	2	3	4	5	6	7	8
Mes relations sexuelles	0	1	2	3	4	5	6	7	8
Mes relations d'amitié	0	1	2	3	4	5	6	7	8

ÉNONCÉS TIRÉS DE LA MESURE D'AFFECTS POSITIFS ET NÉGATIFS UTILISÉE PAR L'ÉQUIPE DE DIENER :

En utilisant l'échelle ci-dessous, indiquez la fréquence à laquelle vous ressentez chacun de ces états. Pour répondre à cette question, vous devez choisir le chiffre qui exprime le mieux la fréquence à laquelle vous ressentez chacune des expériences lorsque vous êtes éveillé(e). A quelle fréquence diriez-vous avoir ressenti chacune de ces émotions au cours du dernier mois?

Jamais	**presque jamais**	**rarement**	**parfois**	**souvent**	**généralement**	**Toujours**
0	**1**	**2**	**3**	**4**	**5**	**6**

1. Amour ____ 2. Affection ____

3. Tendresse ____ 4. Solitude ____ (score devant être inversé)

b) Satisfaction face à la vie professionnelle (tiré de Dubé, Kairouz et Jodoin (1997)).

Évaluez jusqu'à quel point votre vie présente correspond à ce que vous aimeriez qu'elle soit dans chacun des domaines suivants.

	Pas du tout comme je voudrais								**Tout à fait comme je voudrais**
Le **revenu net** que mon travail me procure	0	1	2	3	4	5	6	7	8
La **qualité** du travail que j'ai à accomplir	0	1	2	3	4	5	6	7	8
Ma réussite professionnelle	0	1	2	3	4	5	6	7	8
Mon travail en général	0	1	2	3	4	5	6	7	8

c) Stress au travail (traduit et adapté de la mesure utilisée par Judge, Boudreau et Bretz (1994)).

S'il vous plaît, indiquez dans quelle mesure les énoncés suivants correspondent à des facteurs qui vous causent du stress à votre travail, ***selon votre perception subjective****, depuis les trois derniers mois.*

Ne me cause aucun stress				**Me cause beaucoup de stress**
0	**1**	**2**	**3**	**4**

Le nombre de projets/tâches que j'ai à accomplir ___

La difficulté à comprendre clairement ce que l'on attend de moi ___

Le travail sous pression ___

La compétition avec d'autres personnes ___

Les responsabilités qu'implique mon travail ___

Le fait de côtoyer la souffrance et la mort ___

Mon travail en général ___

*7. **Biais de réponse***

Les biais de réponse ont été mesurés à l'aide du BDIR-6 (Paulhus, 1984), utilisé dans la première étude et présenté plus haut.

DEUXIÈME ARTICLE

Étude 3 : Examen des caractéristiques occupationnelles et personnelles associées au surengagement au travail avec des médecins spécialistes

Liste des mesures utilisées

1. Engagement au travail

2. Surengagement au travail

3. Indicateurs objectifs de l'investissement au travail et dans les autres secteurs d'activités

4. Surcharge temporaire de travail

5. Climat psychologique du travail/caractéristiques perçues du travail

6. Perfectionnisme
    a) Perfectionnisme orienté vers soi
    b) Perfectionnisme socialement prescrit

7. Personnalité de Type A
    a) Recherche d'accomplissement
    b) Impatience/irritabilité

8. Désir de contrôle

9. Crainte de l'intimité

10. Aspirations de vie
    a) Aspirations reliées au développement personnel
    b) Aspirations reliées à l'altruisme
    c) Aspirations reliées au succès matériel/reconnaissance sociale
    d) Aspirations reliées à la vie familiale/affiliation

11. Satisfaction face à la vie professionnelle et intime

    a) Au moment présent
        i) Vie intime
        ii) Vie professionnelle

    b) Dans le passé
        i) Vie intime
        ii) Vie professionnelle

1. Engagement au travail

L'engagement au travail a été mesuré à l'aide de l'échelle utilisée dans l'étude 2 du premier article.

2. *Surengagement au travail*

Le surengagement au travail a été mesuré à l'aide de l'échelle utilisée dans l'étude 2 du premier article.

3. *Indicateurs objectifs de l'investissement au travail et dans les autres secteurs d'activités*

L'investissement de temps au travail et dans les autres secteurs d'activités a été mesuré à l'aide des énoncés utilisés dans l'étude 2 du premier article.

4. *Surcharge temporaire de travail*

Évaluez jusqu'à quel point vous êtes d'accord pour dire que les énoncés suivants vous caractérisent dans ce que vous avez vécu au cours des six derniers mois au travail. Il n'y a pas de bonnes ni de mauvaises réponses. S'il vous plaît, répondez en fonction de ce que vous êtes vraiment et non en fonction de ce que serait la personne que vous voudriez être (Même consigne que l'engagement et le surengagement au travail (les deux énoncés ont été insérés parmi les énoncés mesurant ces deux variables).

	Ne me caractérise Pas du tout								**Me caractérise Tout à fait**
Certains projets me demandent un surcroît de travail temporaire	0	1	2	3	4	5	6	7	8
Je suis dans une période temporaire pendant laquelle je dois mettre les bouchées doubles au travail	0	1	2	3	4	5	6	7	8

5. Climat psychologique du travail (caractéristiques perçues du travail). Mesure* ad hoc *inspirée du modèle des caractéristiques du travail et Hackman et Oldham (1975)) et des travaux de James, James et Ashe (1990) sur le climat psychologique).

Jusqu'à quel point estimez-vous que votre travail implique les caractéristiques suivantes?

	Pas du tout								**Tout à fait**
Un "feedback" positif sur votre performance	0	1	2	3	4	5	6	7	8
Un "feedback" clair sur votre performance	0	1	2	3	4	5	6	7	8
L'utilisation d'habiletés professionnelles variées	0	1	2	3	4	5	6	7	8
Un horaire assez aéré pour vous permettre d'avoir des loisirs	0	1	2	3	4	5	6	7	8
Une surcharge de travail continuelle	0	1	2	3	4	5	6	7	8
La possibilité d'observer les résultats concrets de votre travail	0	1	2	3	4	5	6	7	8
La possibilité d'être vraiment utile à la société	0	1	2	3	4	5	6	7	8
Une définition de tâche claire	0	1	2	3	4	5	6	7	8
Des échéanciers rigides	0	1	2	3	4	5	6	7	8
Un certain prestige social	0	1	2	3	4	5	6	7	8
Du travail sous pression	0	1	2	3	4	5	6	7	8
De l'autonomie dans l'exercice de votre travail	0	1	2	3	4	5	6	7	8
Des heures de travail flexibles	0	1	2	3	4	5	6	7	8
Une sécurité d'emploi	0	1	2	3	4	5	6	7	8
Un salaire élevé	0	1	2	3	4	5	6	7	8

6. Perfectionnisme (traduit du Multidimensional Perfectionism Scale (Hewitt et Flett, 1989)).

a) Perfectionnisme orienté vers soi

Voici une série d'énoncés. Lisez attentivement chaque énoncé et répondez en indiquant le numéro de l'échelle qui s'applique à vous. Pour chaque énoncé, une réponse de 0 (pas du tout d'accord) à 8 (tout à fait d'accord) est requise. Utilisez le numéro qui reflète le mieux ce que vous croyez. N'hésitez pas à utiliser les numéros intermédiaires (par ex., 2, 3, 4, ou 6).

	Pas du tout d'accord								**Tout à fait d'accord**
Je ne vise jamais la perfection dans mon travail (énoncé inversé)	0	1	2	3	4	5	6	7	8
Je suis perfectionniste quand je me fixe des buts	0	1	2	3	4	5	6	7	8
C'est très important pour moi d'être parfait(e) dans tout ce que j'entreprends	0	1	2	3	4	5	6	7	8
Je n'ai pas des attentes très élevées envers moi-même (énoncé inversé)	0	1	2	3	4	5	6	7	8
Je me fixe de très hauts critères d'excellence	0	1	2	3	4	5	6	7	8
Quand je travaille à quelque chose, je ne peux pas relaxer avant que ce ne soit parfait	0	1	2	3	4	5	6	7	8
L'un de mes buts est d'être parfait(e) dans tout ce que je fais	0	1	2	3	4	5	6	7	8
J'éprouve rarement le besoin d'être parfait(e) (énoncé inversé)	0	1	2	3	4	5	6	7	8
Je dois constamment aller jusqu'au bout de mon potentiel	0	1	2	3	4	5	6	7	8
J'essaie d'être le (la) meilleur(e) dans tout ce que je fais	0	1	2	3	4	5	6	7	8
Je n'exige rien de moins que la perfection de moi-même	0	1	2	3	4	5	6	7	8
Ça me rend mal à l'aise de voir une erreur dans mon travail	0	1	2	3	4	5	6	7	8
Je m'efforce d'être aussi parfait(e) que je peux	0	1	2	3	4	5	6	7	8
Je n'ai pas à être le (la) meilleur(e) dans tout ce que je fais (énoncé inversé)	0	1	2	3	4	5	6	7	8
Je dois toujours réussir au travail	0	1	2	3	4	5	6	7	8

b) Perfectionnisme socialement prescrit

(Même consigne que le perfectionnisme orienté vers soi; les énoncés des deux sous-échelles sont mélangés)

	Pas du tout d'accord								**Tout à fait d'accord**
Mes parents s'attendaient rarement à ce que j'excelle dans tous les domaines de la vie (énoncé inversé)	0	1	2	3	4	5	6	7	8
Les gens s'attendent à plus de moi que ce que je peux donner	0	1	2	3	4	5	6	7	8
Les autres vont m'apprécier même lorsque je ne réussis pas quelque chose (énoncé inversé)	0	1	2	3	4	5	6	7	8
Il m'est difficile de rencontrer les attentes que les autres ont face à moi	0	1	2	3	4	5	6	7	8
Les gens qui m'entourent acceptent facilement que je peux faire des erreurs moi aussi (énoncé inversé)	0	1	2	3	4	5	6	7	8
Tout ce que je fais et qui est moins qu'excellent sera vu comme du travail bâclé par les gens qui m'entourent	0	1	2	3	4	5	6	7	8
Mieux je fais, mieux on s'attend que je fasse	0	1	2	3	4	5	6	7	8
Les gens qui m'entourent s'attendent à ce que je réussisse dans tout ce que j'entreprends	0	1	2	3	4	5	6	7	8
Je trouve que les gens sont trop exigeants à mon égard	0	1	2	3	4	5	6	7	8
Le fait de réussir quelque chose implique que je devrai travailler encore plus fort afin de ne pas décevoir les autres	0	1	2	3	4	5	6	7	8
Les autres vont m'aimer quand même, même si je n'excelle pas dans tout (énoncé inversé)	0	1	2	3	4	5	6	7	8
Ma famille s'attend à ce que je sois parfait(e)	0	1	2	3	4	5	6	7	8
Même s'ils ne le montrent pas, les autres deviennent fâchés contre moi lorsque je "gaffe"	0	1	2	3	4	5	6	7	8
Les gens s'attentent à rien de moins que la perfection avec Moi	0	1	2	3	4	5	6	7	8
Les gens qui m'entourent pensent que je demeure compétent(e), même si je me trompe (énoncé inversé)	0	1	2	3	4	5	6	7	8

7. Personnalité de Type A (traduit du Revised Jenkins Activity Survey *(Spence, Helmreich et Pred, 1987)).*

Voici une série d'énoncés. Lisez attentivement chaque énoncé et répondez en indiquant le numéro de l'échelle qui s'applique à vous. Pour chaque énoncé, une réponse de 0 (pas du tout d'accord) à 8 (tout à fait d'accord) est requise. Utilisez le numéro qui reflète le mieux ce que vous croyez. N'hésitez pas à utiliser les numéros intermédiaires (par ex., 2, 3, 4, ou 6). (Même consigne que le perfectionnisme; les énoncés sont présentés dans la même section)

a) Recherche d'accomplissement

	Pas du tout d'accord								**Tout à fait d'accord**
Je mets plus d'effort au travail que la plupart des gens	0	1	2	3	4	5	6	7	8
Je suis une personne compétitive	0	1	2	3	4	5	6	7	8
J'aborde la vie plus sérieusement que la plupart des gens	0	1	2	3	4	5	6	7	8
Mon travail me stimule et me pousse à l'action	0	1	2	3	4	5	6	7	8
Les gens qui me connaissent bien me décriraient comme une personne très active	0	1	2	3	4	5	6	7	8
Je prends mon travail plus au sérieux que la plupart des gens	0	1	2	3	4	5	6	7	8
Dans mon travail, je me fixe souvent des échéanciers	0	1	2	3	4	5	6	7	8

b) Impatience/irritabilité

Lorsqu'une personne parle et prend trop de temps à en venir à l'essentiel, j'ai souvent envie de la presser	0	1	2	3	4	5	6	7	8
J'ai tendance à faire la plupart des choses rapidement	0	1	2	3	4	5	6	7	8
Je m'énerve quand je dois attendre pour quelque chose (par ex., au restaurant, au cinéma, au bureau de poste)	0	1	2	3	4	5	6	7	8
J'ai tendance à être facilement irritable	0	1	2	3	4	5	6	7	8
J'ai de la difficulté à contrôler mon humeur	0	1	2	3	4	5	6	7	8

8. Désir de contrôle (énoncés sélectionnés de Burger et Cooper (1979); traduit et validé en français par Garant et Alain (1992)).

Vous trouverez ci-dessous une liste d'affirmations. S'il vous plaît, lisez chacune d'entre elles attentivement et répondez-y en indiquant la mesure dans laquelle vous croyez que l'affirmation s'applique à vous. Pour tous les items, une réponse allant de 1 à 7 est demandée. Utilisez le nombre qui reflète le mieux votre situation, en fonction de l'échelle suivante:

1 : L'affirmation ne s'applique pas du tout à moi

2 : D'une façon générale, l'affirmation ne s'applique pas à moi

3 : Le plus souvent, l'affirmation ne s'applique pas à moi

4 : Je ne suis pas certain(e) de ma réponse; ou l'affirmation s'applique à moi la moitié du temps

5 : L'affirmation s'applique à moi plus souvent qu'autrement

6 : D'une façon générale, l'affirmation s'applique à moi

7 : L'affirmation s'applique tout à fait à moi

Il me faut un travail dans lequel j'ai beaucoup de contrôle sur ce que je fais et sur quand je le fais ____

J'évite à tout prix les situations où quelqu'un me dit ce que je dois faire ____

Je suis fondamentalement un(e) leader ____

J'aime exercer une influence sur les actions des autres ____

Les autres savent ce qui est le mieux pour moi (énoncé inversé) ____

Je suis davantage capable de composer avec les situations difficiles que la plupart des gens ____

Je préférerais faire à ma guise et me tromper qu'écouter les ordres d'autrui ____

J'aime demeurer en parfait contrôle de mes émotions ____

Lorsque je vois un problème, je tente immédiatement de le solutionner au lieu de ne rien faire et d'attendre qu'il se règle de lui-même ____

J'ai besoin d'être en contrôle de ma destinée ____

J'aime donner des ordres, mais je déteste en recevoir ____

J'évite à tout prix les situations où quelqu'un d'autre me dit ce que je dois faire ____

Je n'aime pas que mes émotions soient apparentes aux autres ____

J'aime voir les autres se plier à ma volonté ____

9. Crainte de l'intimité (traduit et adapté du Fear of Intimacy Scale; Descutner et Thelen, (1991)).

Si vous vivez présentement une relation intime, répondez aux affirmations suivantes en fonction de la réalité. Si vous n'êtes pas en relation avec quelqu'un actuellement, ***pensez*** *à la dernière relation intime que vous avez vécue, pendant la période où cette relation allait bien. Évaluez jusqu'à quel point chaque affirmation vous caractérise(sait), selon l'échelle suivante:*

ne me caractérise pas du tout	me caractérise un peu	me caractérise modérément	me caractérise beaucoup	me caractérise tout à fait
1	2	3	4	5

Je suis gêné(e) de parler à mon(ma) partenaire de choses qui m'ont fait profondément mal. ___

Dans le passé, il m'est arrivé de fuir devant des occasions de me rapprocher de quelqu'un. ___

Je me sens en totale intimité avec mon(ma) partenaire. (énoncé inversé) ___

Je raconte à mon(ma) partenaire des choses que je ne raconte pas aux autres. (énoncé inversé) ___

Il y a des gens qui pensent que j'ai peur de me rapprocher d'eux. ___

Je n'aime pas démontrer à mon(ma) partenaire mes sentiments d'affection à son égard. ___

Je trouve difficile de discuter avec mon(ma) partenaire de mes problèmes personnels. ___

Ça me rend mal à l'aise que mon(ma) partenaire dépende de moi pour son support moral. ___

Il y a des gens qui pensent que je suis une personne difficile à connaître. ___

J'ai peur de confier mes sentiments les plus profonds à mon(ma) partenaire. ___

Je me sens complètement à l'aise lorsque je suis seul(e) avec mon(ma) partenaire. (énoncé inversé) ___

Je préfère garder secrètes les informations très personnelles me concernant. ___

Je me sens mal à l'aise quand mon(ma) partenaire me raconte des choses très personnelles qu'il (elle) vit. ____

Je me sens à l'aise de dire à mon(ma) partenaire quels sont mes propres besoins. (énoncé inversé) ___

J'ai peur que mon(ma) partenaire soit plus engagé(e) que moi dans notre relation. ___

10. Aspirations de vie (traduction et adaptation de la mesure de Kasser et Ryan (1993)).

Nous aimerions que vous nous indiquiez ce qui est vraiment important pour vous dans la vie, c'est-à-dire vos aspirations personnelles. Lisez les items ci-dessous et indiquez, sur une échelle allant de 0 ("Pas du tout important") à 8 ("Extrêmement important"), la mesure dans laquelle chacun de ces items représente quelque chose d'important pour vous, personnellement.

	Peu important								**Extrêmement important**
a) Aspirations reliées au développement personnel									
Être responsable de ma vie	0	1	2	3	4	5	6	7	8
Avoir une vie équilibrée	0	1	2	3	4	5	6	7	8
Savoir affronter les problèmes que je rencontre	0	1	2	3	4	5	6	7	8
Me connaître et m'accepter tel que je suis	0	1	2	3	4	5	6	7	8
b) Aspirations reliées à l'altruisme									
Faire du monde un endroit meilleur	0	1	2	3	4	5	6	7	8
Aider les autres à améliorer leur vie	0	1	2	3	4	5	6	7	8
Travailler à l'avancement de la société	0	1	2	3	4	5	6	7	8
Aider les gens dans le besoin	0	1	2	3	4	5	6	7	8
c) Aspirations reliées au succès matériel/reconnaissance sociale									
Connaître le succès financier	0	1	2	3	4	5	6	7	8
Avoir un travail qui est bien vu socialement	0	1	2	3	4	5	6	7	8
Avoir un travail payant	0	1	2	3	4	5	6	7	8
Atteindre un statut social élevé	0	1	2	3	4	5	6	7	8
Être reconnu(e) par la société	0	1	2	3	4	5	6	7	8
d) Aspirations reliées à la vie familiale/affiliation									
Avoir de vrai(e)s ami(e)s sur qui je peux compter	0	1	2	3	4	5	6	7	8
Faire vivre une vie confortable à ma famille	0	1	2	3	4	5	6	7	8
Partager ma vie avec quelqu'un que j'aime	0	1	2	3	4	5	6	7	8
Me réaliser à travers mon rôle de parent	0	1	2	3	4	5	6	7	8
Avoir des ami(e)s avec lesquels je peux avoir du plaisir	0	1	2	3	4	5	6	7	8

11. Satisfaction face à la vie professionnelle et intime, au moment présent et dans le passé (adapté de la mesure de satisfaction de vie utilisée par Dubé, Kairouz et Jodoin (1997)).

A) AU MOMENT PRÉSENT

Évaluez jusqu'à quel point votre vie **présente** correspond à ce que vous aimeriez qu'elle soit dans chacun des domaines suivants.

	PAS DU TOUT COMME JE VOUDRAIS								**PARFAITEMENT COMME JE VOUDRAIS**
i) Vie intime									
Mes relations avec ma famille	0	1	2	3	4	5	6	7	8
Mes relations amoureuses	0	1	2	3	4	5	6	7	8
Mes relations sexuelles	0	1	2	3	4	5	6	7	8
Mes relations d'amitié	0	1	2	3	4	5	6	7	8
ii) Vie professionnelle									
Le revenu net que mon travail me procure	0	1	2	3	4	5	6	7	8
La qualité du travail que j'ai à accomplir	0	1	2	3	4	5	6	7	8
Ma réussite professionnelle	0	1	2	3	4	5	6	7	8
Mon travail en général	0	1	2	3	4	5	6	7	8

B) DANS LE PASSÉ

Évaluez jusqu'à quel point votre vie **passé** a correspondu à ce que vous auriez voulu qu'elle soit dans chacun des domaines suivants.

	PAS DU TOUT COMME J'AURAIS VOULU								**PARFAITEMENT COMME J'AURAIS VOULU**
i) Vie intime									
Mes relations avec ma famille	0	1	2	3	4	5	6	7	8
Mes relations amoureuses	0	1	2	3	4	5	6	7	8
Mes relations sexuelles	0	1	2	3	4	5	6	7	8
Mes relations d'amitié	0	1	2	3	4	5	6	7	8
ii) Vie professionnelle									
Le confort matériel que m'a procuré mon travail	0	1	2	3	4	5	6	7	8
La facilité avec laquelle j'ai fais mes études	0	1	2	3	4	5	6	7	8
La vitesse à laquelle ma carrière a progressé	0	1	2	3	4	5	6	7	8
La reconnaissance professionnelle dont j'ai bénéficiée	0	1	2	3	4	5	6	7	8