

Hustle culture and the risk of depression in workers aged 19–44 years: A systematic review

Hustle culture dan risiko depresi pada pekerja usia 19–44 tahun: Tinjauan sistematis

Dewa Ayu Eka Astini*¹, Mufti As Siddiq M. Irzal², Ni Nyoman Sri Suwendra³,
Ni Putu Wulan Apriyanti⁴, Ismi Ladya Cherill Sitorus⁵

^{1, 3, 4} Department of Public Health, Udayana University, Bali, Indonesia

² Department of Epidemiology, Indonesia University, Depok, Indonesia

⁵ Department of Public Health, STIKES Tri Mandiri Sakti Bengkulu, Bengkulu, Indonesia

Abstract

Hustle culture is a work pattern that normalizes excessive busyness and encourages compulsive work engagement, also known as workaholism. This condition has been linked to an increased risk of mental health disorders, including depression. This systematic review aims to summarize empirical evidence from observational studies on the relationship between hustle culture or workaholism and depression among workers aged 19 to 44 years. Literature searches were conducted using the PubMed, Scopus, and ProQuest databases for publications from 2010 to 2025. Article selection was performed using Rayyan AI, and risk of bias assessment was conducted using the Hoy Risk of Bias tool. A total of nine articles met the inclusion criteria. The findings of this systematic review reveal a consistent positive association between workaholism and depressive symptoms among workers aged 19–44 years. Compulsive work behavior was linked to chronic stress, emotional exhaustion, and reduced psychological well-being. Psychosocial mechanisms such as work–life imbalance, perfectionism, and inability to detach from work contributed to this relationship. These results highlight the need for multidisciplinary interventions promoting work–life balance and organizational mental health strategies to mitigate the psychological burden of excessive work culture.

Abstrak

Hustle culture adalah pola kerja yang menormalisasi kesibukan berlebihan dan mendorong keterlibatan kerja yang kompulsif atau dikenal sebagai workaholism. Kondisi ini telah dikaitkan dengan peningkatan risiko gangguan kesehatan mental, termasuk depresi. Tinjauan sistematis ini bertujuan untuk merangkum bukti empiris dari studi observasional mengenai hubungan antara hustle culture atau workaholism dan depresi pada pekerja usia 19 hingga 44 tahun. Pencarian literatur dilakukan melalui basis data PubMed, Scopus, dan ProQuest untuk publikasi tahun 2010 hingga 2025. Seleksi artikel menggunakan Rayyan AI dan penilaian risiko bias dilakukan dengan instrumen Hoy Risk of Bias. Sebanyak sembilan artikel memenuhi kriteria inklusi. Temuan tinjauan sistematis ini menunjukkan adanya hubungan positif yang konsisten antara kecanduan kerja dan gejala depresi di kalangan pekerja berusia 19–44 tahun. Perilaku kerja kompulsif dikaitkan dengan stres kronis, kelelahan emosional, dan penurunan kesejahteraan psikologis. Mekanisme psikososial seperti ketidakseimbangan antara pekerjaan dan kehidupan pribadi, perfeksionisme, dan ketidakmampuan untuk melepaskan diri dari pekerjaan berkontribusi pada hubungan ini. Hasil ini menyoroti kebutuhan akan intervensi multidisiplin yang mempromosikan keseimbangan antara pekerjaan dan kehidupan pribadi serta strategi kesehatan mental organisasi untuk mengurangi beban psikologis akibat budaya kerja yang berlebihan.

Keywords :

hustle culture; workaholism; depression; employee; mental health

Correspondence:

✉ astinidewaayu5@gmail.com

📍 Kampus Sudirman, Jl. PB Sudirman, Denpasar, Bali, Indonesia

INTRODUCTION

A significant shift in workplace culture has occurred over the past decade, a work culture that normalizes excessive busyness, known as hustle culture, has developed into a lifestyle that is considered ideal, especially among young and early adult workers. This culture not only idealizes relentless productivity, but also makes busyness an indicator of success and work commitment. As a result, the line between productivity and exhaustion becomes blurred, and the basic need for rest and life balance is often neglected ([Shimazu et al., 2018](#)). In this context, hustle culture is not only a social phenomenon, but also an important determinant of the mental health of modern workers.

One extreme manifestation of hustle culture is workaholism, which is compulsive, inflexible involvement in work, often unrecognized by the individual as a behavioral disorder. Workaholism is characterized by a strong internal drive to continue working, even beyond reasonable working hours, and difficulty mentally detaching from work burdens ([Balducci et al., 2018](#); [Matsudaira et al., 2013](#)). Unlike healthy and productive hard work, workaholism is maladaptive and often leads to chronic stress, sleep disorders, decreased social functioning, and even depression.

Research shows that workaholism is positively correlated with symptoms of psychological disorders, particularly depression. A study in Japan identified workaholism as a predictor of depressive mood, debilitating back pain, and absenteeism due to illness ([Matsudaira et al., 2013](#)). Meanwhile, another study involving workers in various sectors found that emotional distress, chronic fatigue, and lack of self-recovery were the main mediating pathways between workaholism and increased symptoms of depression (Falco et al., 2020; [Innanen et al., 2014](#)). This is exacerbated by weak internal motivation regulation and perfectionism, which trigger prolonged distress ([Turner et al., 2022](#)).

The psychological and behavioral mechanisms linking workaholism and depression are quite complex. The inability to psychologically detach from work contributes to decreased self-efficacy, emotional exhaustion, and reduced overall life satisfaction ([Loscalzo & Giannini, 2020](#); [Shimazu et al., 2018](#)). In addition, the pressure to continue to be productive and “busy” also causes the disruption of healthy social relationships and hinders the process of emotional recovery from daily work stress ([Balducci et al., 2018](#)). This situation causes many workers to experience symptoms of

depression without realizing that the root of the problem lies in an unsustainable work culture.

Research examining the relationship between workaholism and depression predominantly originates from regions outside Southeast Asia. Global trends show that hustle culture has crossed geographical and cultural boundaries. The expansion of competitive and individualistic work values through globalization and digitalization has encouraged the spread of hustle culture even in developing countries. Therefore, it is important for countries in this region, including Indonesia, to begin mapping the psychosocial impact of excessive work culture on young workers, who are a productive but mentally vulnerable group.

Based on this background, this study aims to systematically summarize and analyze empirical evidence from observational studies on the relationship between hustle culture or workaholism and depression in workers aged 19–44 years. This review was conducted on literature published between 2010 and 2025, and refers to the PRISMA 2020 guidelines in the selection and reporting of results. It is hoped that these findings can make an important contribution to the development of healthier work policies and evidence-based interventions to support the mental health of today's workers.

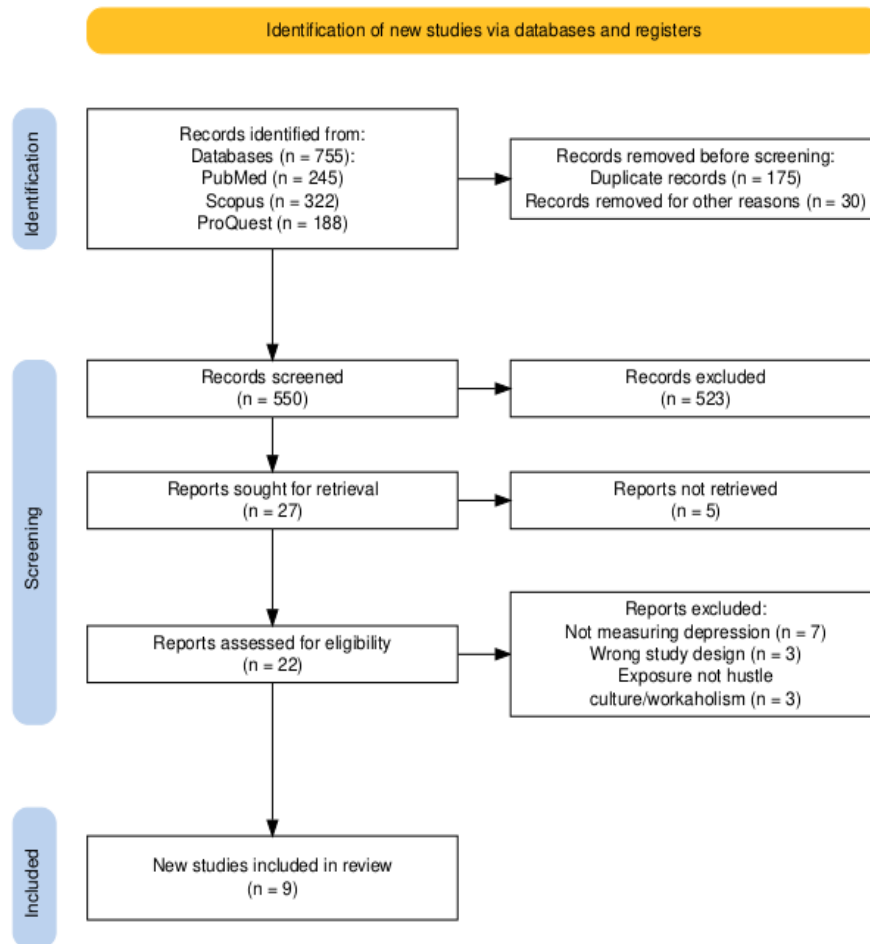
METHODS

This systematic review was prepared in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines ([Haddaway et al., 2022](#)). The purpose of this review is to identify and summarize scientific evidence regarding the relationship between hustle culture or workaholism and depression in workers aged 19–44 years, based on observational studies published between 2010 and 2025.

Inclusion and Exclusion Criteria

Studies were included if they met the following criteria: 1) used an observational study design (cross-sectional, case-control, or cohort); 2) involved a population of workers aged 19 to 44 years; 3) evaluated the relationship between hustle culture or workaholism as exposure and depression as the primary outcome; 4) were available in full text and published in English or Indonesian; 5) were published between January 1, 2010, and June 30, 2025.

Figure 1. PRISMA flow diagram



Studies were excluded if they met any of the following criteria: (1) use of non-observational study designs; (2) absence of depression as a measured outcome; (3) lack of assessment of hustle culture or workaholism as the exposure of interest; (4) inclusion of populations outside the specified working-age range of 19–44 years or unclear reporting of participant age; (5) unavailability of full-text articles; (6) publication in languages other than English or Indonesian; and (7) publication outside the defined time frame.

Search Strategy

The literature search was conducted systematically through three electronic databases: PubMed, Scopus, and ProQuest. The search strategy used a combination of keywords and Boolean operators as follows: ("Adult"[Mesh] OR "worker" OR "employee" OR "person over 18") AND ("Hustle Culture" OR "Workaholic" OR 'Workaholism') AND ("Depression"[Mesh] OR "Depressive

Disorder" OR "Sadness" OR 'Melancholy') AND ("Observational Study"[Mesh] OR "Cohort Study" OR "Case-Control Study" OR "Cross-Sectional Study"). Search results were limited to publications between 2010 and 2025 and only articles in English or Indonesian.

Study Selection Process

The selection process was conducted in two stages using the Rayyan AI platform, an artificial intelligence-based tool designed to assist in the systematic selection of literature. In the first stage, titles and abstracts were screened based on predetermined inclusion and exclusion criteria. The second stage involved a full-text review to ensure methodological and substantive suitability. Five reviewers conducted the selection independently with the help of Rayyan's tagging and blinding system. Discrepancies were reviewed and resolved through joint discussion until consensus was reached.

Table 1. Synthesis results

Author	Year	Quality Assessment	Title	Method	Population and Sample	Main Result
Matsudaira et al.	2013	Moderate Risk	Workaholism as a Risk Factor for Depressive Mood, Disabling Back Pain, and Sickness Absence	Cross sectional	Japanese workers in the tertiary industry (such as transportation, trade, hospitality, finance, education, and healthcare) living in Japan's three major metropolitan areas: Tokyo, Osaka, and Nagoya.	Workaholism is significantly associated with depressive mood, lower back pain that interferes with work activities, and is closely related to absenteeism from work due to health reasons. Workers with moderate levels of workaholism have nearly twice the risk of experiencing depression compared to workers with low levels of workaholism (OR = 1.93; 95% CI = 1.60–2.33); while workers with high workaholism had a 3.6 times higher risk of experiencing depression compared to the low workaholism group (OR = 3.62; 95% CI = 2.94–4.40) (Matsudaira et al., 2013).
Innanen et al.	2014	Low Risk	Burnout, work engagement and workaholism among highly educated employees: Profiles, antecedents and outcomes	Longitudinal	Employees aged 32-39 from various sectors, including universities, civil service, and government, with most working as lecturers or researchers in the humanities and social sciences, and the rest working in other fields such as social work.	Employees with an "Engaged" profile experience high levels of energy and dedication, as well as low levels of burnout, while employees with an "Exhausted-Workaholic" profile experience fatigue, cynicism, and work addiction with lower levels of well-being. The "Exhausted-Workaholic" profile had higher depression (mean score = 3.6 vs. 2.1, $p < 0.001$) (Innanen et al., 2014).
Shimazu et al.	2018	Low Risk	Is too much work engagement detrimental? Linear or curvilinear effects on mental health and job performance	Longitudinal	Workers in Japan who participated in the online survey, with 2,520 participants in the first wave and 1,967 participants in the second wave.	Work engagement is associated with psychological distress and work performance over time. Regression: workaholism is positively associated with distress; main effect $\beta \approx 0.20-0.25$, $p < 0.01$ (Shimazu et al., 2018).
Balducci et al.	2018	Moderate Risk	The Individual "Costs" of Workaholism: An Analysis Based on Multisource and Prospective Data	Longitudinal	Study 1 involved 311 workers from various sectors recruited using snowball sampling, the majority of whom were male with an average age of 46.4 years; of these, 189 had their blood pressure checked. Study 2 focused on health sector employees in Northern Italy, with 574 initial respondents and 508 at the one-year follow-up.	Workaholism is positively associated with various negative impacts on individual health and well-being. Specifically, workaholism is associated with increased negative affect, mental stress, and higher blood pressure, especially in women. In addition, the results show that workaholism is not only influenced by personality factors, but also by situational conditions and organizational culture. Prospective regression: T1 workaholism, T2 mental distress, $\beta = 0.17$, $p < 0.01$ (Balducci et al., 2018).
Girardi et al.	2019	Moderate Risk	Is workaholism associated with inflammatory response? The moderating role of work	Cross sectional	Workers in a healthcare organization in Italy (88 women and 31 men).	Workaholism is positively associated with IL-17, indicating a relationship between workaholism and increased inflammation or physiological stress. Furthermore, work engagement strengthens this association, which is positive and significant when work engagement is low, but not significant when work engagement is high. Biomarker & distress regression: workaholism depression $\beta \approx 0.15-0.20$, $p < 0.05$ (Girardi et al., 2019).
Dutheil et al.	2020	Moderate Risk	Exploring the Link between Work Addiction Risk and Health-Related Outcomes Using Job-Demand-Control Model	Cross-sectional observational and descriptive	Workers who use the WittyFit platform in several French companies.	Workers at high risk of workaholism experience more depression, sleep disorders, stress, and lower well-being. Prevalence of depression (HAD-D ≥ 11): 41.5% (high risk) vs 17.7% (low risk), $p = 0.009$ (Dutheil et al., 2020).
Loscalzo et al.	2020	Moderate Risk	Heavy Work Investment and Psychopathology: Internalizing and Externalizing Disorders as Antecedents and Outcomes	Cross-sectional	Adult workers mostly reside in Tuscany, Italy. Two samples were used: one consisting of 324 workers for psychopathology analysis and another consisting of 366 workers for sensation seeking analysis and other models.	Workaholism was consistently associated with higher levels of psychopathology, including internalizing symptoms such as depression and anxiety, as well as externalizing symptoms such as impulsivity and sensation seeking. In contrast, work engagement was generally correlated with better mental health and showed a negative relationship with these psychopathological symptoms. The correlation between workaholism and depression in several studies was $r = 0.20-0.40$, which is significant (Loscalzo & Giannini, 2020).

Author	Year	Quality Assessment	Title	Method	Population and Sample	Main Result
Magnavita et al.	2021	Low Risk	Telecommuting, Off-Time Work, and Intrusive Leadership in Workers' Well-Being	Cross-sectional	Workers from 17 companies in the trade and service sectors located in the Latium region of Italy.	Intrusive leadership and off-time work are associated with increased work stress, which in turn has a negative impact on workers' happiness and mental health, such as increased anxiety and depression. Furthermore, workaholism reinforces the negative effects of intrusive leadership on stress. SEM: workaholism moderates the stress–depression relationship, path coefficient $\beta = 0.22$, $p < 0.01$ (Magnavita et al., 2021).
Turner et al.	2022	Moderate Risk	The role of irrational beliefs and motivation regulation in worker mental health and work engagement: A latent profile analysis	Cross-sectional	Employees who are working or self-employed in private or public sector organizations with more than ten employees on a part-time or full-time basis, with participants coming from various occupations and aged around 42–43 years old.	Employees with low irrational beliefs and high autonomous motivation tend to have better well-being, higher levels of life satisfaction, and better levels of perseverance and work engagement. Conversely, workers with high irrational beliefs and controlled motivation tend to experience lower well-being, higher levels of stress, anxiety, and depression, and show lower levels of engagement and work performance. Profile analysis: the “High irrational engagement” group had higher depression scores ($M = 14.2$ vs 9.8 , $p < 0.01$) (Turner et al., 2022).

This selection process is summarized visually in the PRISMA 2020 Flow Diagram, presented in [Figure 1](#). This diagram illustrates the number of articles identified, screened, reviewed, and finally included in this systematic review. Of the nine studies included in this systematic review, five studies from PubMed ([Matsudaira et al., 2013](#); [Shimazu et al., 2018](#); [Turner et al., 2022](#); [Magnavita et al., 2021](#); [Dutheil et al., 2020](#)), three studies from Scopus ([Innanen et al., 2014](#); [Girardi et al., 2019](#); [Balducci et al., 2018](#)), and one study from ProQuest ([Loscalzo et al., 2020](#)).

Study Quality Assessment

Risk of bias assessment was performed using Hoy et al. Risk of Bias Tool for prevalence studies, which consists of 10 items covering external and internal bias domains. Each item was rated as “Yes” (low risk of bias), “No” (high risk of bias), or “Unclear”. The total score is classified as follows: 0–3: Low risk of bias; 4–6: Moderate risk of bias; 7–10: High risk of bias (Hoy et al., 2012). Five reviewers conducted independent assessments, and the final results were determined by consensus.

RESULTS

[Table 1](#) demonstrates consistent empirical evidence that workaholism is positively associated with adverse mental and physical health outcomes among workers. Across cross-sectional and longitudinal studies conducted in diverse occupational sectors and national contexts, higher levels of workaholism were consistently linked to an increased risk of depressive symptoms, psychological distress, emotional exhaustion, sleep

disturbances, and reduced overall well-being. Several studies also reported physiological consequences, such as elevated blood pressure and inflammatory responses, highlighting that the impact of workaholism extends beyond psychological domains. Importantly, the reviewed evidence clearly distinguishes workaholism from work engagement, indicating that work engagement is generally adaptive and associated with better mental health, whereas workaholism represents a maladaptive pattern of excessive and compulsive work behavior with detrimental health effects.

Article selection was conducted using Rayyan AI, and risk of bias was assessed using the Hoy Risk of Bias instrument, resulting in nine studies with low to moderate methodological quality being included. The findings consistently indicate a positive relationship between work addiction and depressive symptoms among workers aged 19–44 years. Psychosocial mechanisms underlying this association include work–life imbalance, perfectionism, maladaptive motivational regulation, and difficulty disengaging from work, all of which contribute to chronic stress and emotional exhaustion. Organizational factors, such as excessive work culture and intrusive leadership, were also identified as amplifying the negative effects of workaholism on mental health. Collectively, these results underscore the need for multidisciplinary interventions that promote work–life balance, foster healthy forms of work engagement, and implement organizational mental health strategies to mitigate the psychological burden associated with excessive work behavior.

DISCUSSION

The results of this review show that workaholism or excessive work culture is a significant risk factor for the onset of mental disorders, particularly depression, in the productive-age working population. Most of the studies included confirm a positive relationship between workaholism and increased symptoms of depression, both in the form of psychological distress, mood disorders, and other indicators of decreased mental well-being ([Andreassen et al., 2016](#)). In this context, hustle culture is understood not only as a hard-working ethos, but also as a compulsive pattern of excessive work without a balance between work demands and personal needs, which in the long term has a negative impact on mental health.

Research among academic workers in Poland found that workaholism correlates with a decline in overall mental health status, including increased anxiety, sleep disorders, social dysfunction, and symptoms of depression ([Bartczak & Ogińska-Bulik, 2012](#)). These results are in line with the findings of other studies conducted in various employment sectors in this review, where workaholism has been shown to be associated with high rates of burnout, chronic stress, and low coping skills in response to work pressure. This shows that workaholism is not just a work behavior problem, but is closely related to psychopathological conditions that require multidimensional intervention.

Specifically in healthcare workers, such as nurses, factors such as emotional exhaustion, anxiety, and sleep disorders were found to mediate between workaholism and poor mental health ([Barbosa et al., 2024](#)). Studies that measure mental health comprehensively show that pressure from an excessive work culture triggers psychological imbalances that worsen concentration and productivity and increase the risk of clinical depression. This is particularly important to note given that professions such as nursing have high workloads that can exacerbate the negative effects of workaholism.

Psychologically and behaviorally, the relationship between workaholism and depression is also mediated by stress due to work-life imbalance and chronic, recurring fatigue. Workaholics tend to have difficulty detaching themselves from work demands even outside of working hours, thereby reducing their capacity for psychological recovery ([Yang et al., 2020](#)). Perfectionism and high emotional drive are also identified as major predictors of poor mental health in workaholic employees ([Bartczak & Ogińska-Bulik, 2012](#)). This indicates that certain personality

traits reinforce the negative impact of hustle culture on workers' emotional well-being.

One important mechanism that helps explain the relationship between workaholism and depression is the inability of individuals to mentally detach themselves from their workload. Studies of self-employed workers show that the component of "inability to detach" is associated with increased fatigue and decreased professional efficacy ([Taris et al., 2008](#)). These findings confirm that workaholism is not simply about working long hours, but involves a maladaptive psychological attachment to work, which ultimately impacts long-term mental health.

Although most studies focus on risk factors, several articles also highlight the importance of interventions in reducing the negative impact of workaholism on mental health. Physical activities such as exercise have been shown to reduce the risk of stress-related disorders and improve psychological balance in workers experiencing pressure due to hustle culture ([Aziz et al., 2015](#)). In addition, a combined intervention approach between work management and clinical intervention has been shown to be effective in reducing the number of sick days, as well as showing a moderate effect in reducing symptoms of depression in the short term ([Nieuwenhuijsen et al., 2020](#)).

Psychological interventions, whether in person or digital (e-mental health), with or without professional guidance, have also been shown to reduce symptoms of depression and support the recovery of work function in groups of workers affected by workaholism ([Nieuwenhuijsen et al., 2020](#)). This highlights the importance of integrated preventive and curative approaches in the workplace to mitigate the negative impacts of excessive work culture. Therefore, there is a need for evidence-based policy strategies and interventions that support work-life balance and the mental health of workers in a sustainable manner.

CONCLUSION

This systematic review indicates that workaholism, as a behavioral manifestation of hustle culture, constitutes a significant risk factor for depressive symptoms among working-age adults. Evidence synthesized from nine observational studies consistently demonstrates that compulsive work behavior is associated with adverse psychological outcomes, including chronic stress, emotional exhaustion, sleep disturbances, and overall deterioration in mental health status. The etiological mechanisms underlying this association involve psychosocial determinants such as work-life imbalance, perfectionistic tendencies, and the

inability to achieve psychological detachment from occupational demands, all of which cumulatively increase vulnerability to depression.

From an epidemiological perspective, these findings underscore the need for promotive and preventive interventions aimed at mitigating the mental health burden associated with excessive work culture. Multidisciplinary approaches integrating psychosocial support, organizational health policies, and work-life balance promotion are essential to control behavioral risk factors contributing to depressive outcomes. Nonetheless, this review acknowledges several methodological limitations, including heterogeneity in measurement tools for workaholism and depression, as well as the predominance of cross-sectional designs that limit causal inference. Future longitudinal and context-specific studies are warranted to strengthen causal evidence and inform the development of evidence-based occupational mental health policies.

ACKNOWLEDGEMENT

The author would like to thank all parties who have provided support during the preparation of this systematic review. In particular, the author would like to express his appreciation to the National Executive Board of the Indonesian Public Health Association Youth Movement (PAMI) for the 2024–2025 term for their moral and collaborative support, which enabled this research to be completed successfully.

FUNDING

The author(s) reported there is no funding associated with the work featured in this article.

AUTHORS' CONTRIBUTIONS

Dewa Ayu Eka Astini led the study by conceptualizing the research framework, developing the methodology, and coordinating the overall research process. As the corresponding author, she also took primary responsibility for drafting the manuscript and managing revisions. Mufti As Siddiq M. Irzal contributed to data analysis and interpretation and provided critical input on the epidemiological aspects of the study. Ni Nyoman Sri Suwendra supported data collection and contributed to the literature review. Ni Putu Wulan Apriyanti assisted in data management and manuscript editing. Ismi Ladya Cherill Sitorus contributed to data validation and reviewed the manuscript for important intellectual content. All authors read and approved the final manuscript.

AUTHORS' INFORMATION

Dewa Ayu Eka Astini is a Researcher at the Department of Public Health, Faculty of Medicine, Udayana University, Bali, Indonesia. Mufti As Siddiq M. Irzal is a Researcher at the Department of Epidemiology, Faculty of Public Health, Indonesia University, Depok, Indonesia. Ni Nyoman Sri Suwendra is a Researcher at the Department of Public Health, Faculty of Medicine, Udayana University, Bali, Indonesia. Ni Putu Wulan Apriyanti is a Researcher at the Department of Public Health, Faculty of Medicine, Udayana University, Bali, Indonesia. Ismi Ladya Cherill

Sitorus is a Researcher at the Department of Public Health, Faculty of Public Health, STIKES Tri Mandiri Sakti Bengkulu, Bengkulu, Indonesia.

COMPETING INTERESTS

The authors affirm that there are no conflicts of interest related to the research, writing, or publication of this article.

REFERENCES

- Andreassen, C. S., Griffiths, M. D., Sinha, R., Hetland, J., & Pallesen, S. (2016). The Relationships between Workaholism and Symptoms of Psychiatric Disorders: A Large-Scale Cross-Sectional Study. *PLOS ONE*, 11(5), e0152978. <https://doi.org/10.1371/journal.pone.0152978>
- Aziz, S., Wuensch, K. L., & Duffrin, C. (2015). Workaholism, Exercise, and Stress-Related Illness. *Journal of Workplace Behavioral Health*, 30(4), 393–406. <https://doi.org/10.1080/15555240.2015.1074053>
- Balducci, C., Avanzi, L., & Fraccaroli, F. (2018). The Individual “Costs” of Workaholism: An Analysis Based on Multisource and Prospective Data. *Journal of Management*, 44(7), 2961–2986. <https://doi.org/10.1177/0149206316658348>
- Barbosa, N. S., Lira, J. A. C., Ribeiro, A. A. de A., Rocha, E. P. da, Galdino, M. J. Q., & Fernandes, M. A. (2024). Factores asociados al workaholism en la salud mental de enfermeros: revisión integrativa. *Revista Latino-Americana de Enfermagem*, 32. <https://doi.org/10.1590/1518-8345.7046.4217>
- Bartczak, M., & Ogińska-Bulik, N. (2012). Workaholism and Mental Health Among Polish Academic Workers. *International Journal of Occupational Safety and Ergonomics*, 18(1), 3–13. <https://doi.org/10.1080/10803548.2012.11076910>
- Dutheil, F., Charkhabi, M., Ravoux, H., Brousse, G., Dewavrin, S., Cornet, T., Mondillon, L., Han, S., Pfabigan, D., S Baker, J., Mermillod, M., Schmidt, J., Moustafa, F., & Pereira, B. (2020). Exploring the Link between Work Addiction Risk and Health-Related Outcomes Using Job-Demand-Control Model. *International Journal of Environmental Research and Public Health*, 17(20), 7594. <https://doi.org/10.3390/ijerph17207594>
- Falco, A., Girardi, D., Di Sipio, A., Calvo, V., Marogna, C., & Snir, R. (2020). Is Narcissism Associated with Heavy Work Investment? The Moderating Role of Workload in the Relationship between Narcissism, Workaholism, and Work Engagement. *International Journal of Environmental Research and Public Health*, 17(13), 4750. <https://doi.org/10.3390/ijerph17134750>
- Girardi, D., De Carlo, A., Dal Corso, L., Andreassen, C. S., & Falco, A. (2019). Is workaholism associated with inflammatory response? The moderating role of work engagement. *TPM - Testing, Psychometrics, Methodology in Applied Psychology*, 26(2), 305–322. <https://doi.org/10.4473/TPM26.2.9>
- Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with

- interactivity for optimised digital transparency and Open Synthesis. *Campbell Systematic Reviews*, 18(2). <https://doi.org/10.1002/cl2.1230>
- Hoy, D., Brooks, P., Woolf, A., Blyth, F., March, L., Bain, C., Baker, P., Smith, E., & Buchbinder, R. (2012). Assessing risk of bias in prevalence studies: modification of an existing tool and evidence of interrater agreement. *Journal of Clinical Epidemiology*, 65(9), 934–939. <https://doi.org/10.1016/j.jclinepi.2011.11.014>
- Innanen, H., Tolvanen, A., & Salmela-Aro, K. (2014). Burnout, work engagement and workaholism among highly educated employees: Profiles, antecedents and outcomes. *Burnout Research*, 1(1), 38–49. <https://doi.org/10.1016/j.burn.2014.04.001>
- Loscalzo, Y., & Giannini, M. (2020). Heavy Work Investment and Psychopathology: Internalizing and Externalizing Disorders as Antecedents and Outcomes. *Www.Amfitatetrueconomic.Ro*, 22(S14), 1301. <https://doi.org/10.24818/EA/2020/S14/1301>
- Magnavita, N., Tripepi, G., & Chiorri, C. (2021). Telecommuting, Off-Time Work, and Intrusive Leadership in Workers' Well-Being. *International Journal of Environmental Research and Public Health*, 18(7), 3330. <https://doi.org/10.3390/ijerph18073330>
- Matsudaira, K., Shimazu, A., Fujii, T., Kubota, K., Sawada, T., Kikuchi, N., & Takahashi, M. (2013). Workaholism as a Risk Factor for Depressive Mood, Disabling Back Pain, and Sickness Absence. *PLoS ONE*, 8(9), e75140. <https://doi.org/10.1371/journal.pone.0075140>
- Nieuwenhuijsen, K., Verbeek, J. H., Neumeyer-Gromen, A., Verhoeven, A. C., Bültmann, U., & Faber, B. (2020). Interventions to improve return to work in depressed people. *Cochrane Database of Systematic Reviews*, 2020(12). <https://doi.org/10.1002/14651858.CD006237.pub4>
- Shimazu, A., Schaufeli, W. B., Kubota, K., Watanabe, K., & Kawakami, N. (2018). Is too much work engagement detrimental? Linear or curvilinear effects on mental health and job performance. *PLOS ONE*, 13(12), e0208684. <https://doi.org/10.1371/journal.pone.0208684>
- Taris, T. W., Geurts, S. A. E., Schaufeli, W. B., Blonk, R. W. B., & Lagerveld, S. E. (2008). All day and all of the night: The relative contribution of two dimensions of workaholism to well-being in self-employed workers. *Work & Stress*, 22(2), 153–165. <https://doi.org/10.1080/02678370701758074>
- Turner, M., Miller, A., & Youngs, H. (2022). The role of irrational beliefs and motivation regulation in worker mental health and work engagement: A latent profile analysis. *PLOS ONE*, 17(8), e0272987. <https://doi.org/10.1371/journal.pone.0272987>
- Yang, X., Qiu, D., Lau, M. C. M., & Lau, J. T. F. (2020). The mediation role of work-life balance stress and chronic fatigue in the relationship between workaholism and depression among Chinese male workers in Hong Kong. *Journal of Behavioral Addictions*, 9(2), 483–490. <https://doi.org/10.1556/2006.2020.00026>