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## Sales Call Anxiety, Employee Burnout, and the Moderating Effect of Supervisor Support

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## Sales Call Anxiety, Employee Burnout, and the Moderating Effect of Supervisor Support

#### by Charles Blomstrom-Johnson

A thesis submitted to the College of Psychology and Liberal Arts of Florida Institute of Technology in partial fulfillment of the requirements for the degree of

> Master of Science in Industrial/Organizational Psychology

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# We the undersigned committee hereby approve the attached thesis, "Sales Call Anxiety, Employee Burnout, and the Moderating Effect of Supervisor support"

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### **Abstract**

Title: Sales Call Anxiety, Employee Burnout, and the Moderating Effect of Supervisor Support

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Sales industries have traditionally experienced extreme levels of turnover, with certain sales industries' turnover rate exceeding 80%. Sales Call Anxiety and burnout syndrome, specifically, emotional exhaustion, are two major conditions experienced by salespeople that can lead to not only increased turnover, but reduced job performance and job satisfaction as well. Despite a wealth of research on both conditions in isolation, the relationship between these constructs had not been previously examined. Based on the findings of prior literature, this study hypothesized that a direct relationship exists between the constructs. It also hypothesized that supervisor support received by salespeople will have a direct effect on both SCA and burnout. Additionally, considering the reverse-buffering effects observed for perceptions of supervisor support by employees, supervisor support was also hypothesized to have a moderating effect on the relationship between SCA and burnout. Results indicated that a direct relationship exists between SCA and emotional exhaustion, positive perceptions of supervisor support and emotional exhaustion, and negative supervisor support and both SCA and emotional exhaustion. Results of the moderation analysis showed that SCA becomes less related to emotional exhaustion as negative perceptions of supervisor support increase. Implications for theory and practice are discussed.

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## Chapter 1: Introduction

Salespeople provide a key role in businesses, providing a bridge between organizations and their potential customers. The versatility and importance of sales professions has led to sales being the second most common field of employment in the United States, behind office and administrative support occupations (Bureau of Labor Statistics [BLS], 2019) Sadly, sales employees all too often suffer from high levels of anxiety and stress due to the demanding and competitive nature of their occupation. Commission structures often make up a significant portion of a salesperson's salary, with many positions offering little-to-no base pay (Cox Automotive, 2019). This pay for performance system means that each potential sale becomes increasingly important to the salesperson's livelihood. This increased importance is likely to cause increased anxiety over performing consistently well and may contribute to increased stress over time.

One particular type of social anxiety affecting salespeople, Sales Call Anxiety (SCA), was first conceptualized by Verbeke and Bagozzi (2000) and is defined as a fear of negative evaluation and rejection by customers. These fears are accompanied by urges to avoid contact with customers and may inhibit the salesperson's ability to perform effectively during sales activities. While anxiety like SCA represents a short-term reaction to stressors, it appears to be strengthened by repeated exposure to anxiety-inducing stimuli and failed sales attempts (Belschak et al., 2004; Forbes, 2004; Rousseau & Jansingh, 2002; Verbeke & Bagozzi, 2000). Over time, it is likely to add to chronic stressors. Exposure to chronic stress can lead to burnout, a syndrome characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Maslach et al., 1996).

The outcomes of SCA and burnout are similar in nature, with both resulting in lower job performance, reduced job satisfaction, and increased risk of turnover (Belschak et al., 2004; Forbes, 2004; Low et al., 2001; Maslach & Jackson, 1981;

Maslach et al., 1996; Rousseau & Jansingh, 2002; Verbeke & Bagozzi, 2000). The relationship between SCA, burnout, and increased turnover is particularly troubling, as turnover in sales tends to be much higher than other industries, sitting near 27% (Sunder et al., 2017). Some specific sales industries, like automotive sales, have turnover rates as alarmingly high as 80% (Cox Automotive, 2019). However, no studies have been conducted examining the relationship between SCA and burnout. Due to their similar outcomes, a relationship between the two is quite likely, and more research into their relationship is necessary to address this gap in the literature.

SCA and burnout have been shown to be pervasive in the sales industry, and their negative effects lead to lost profits for organizations and poor outcomes for individuals; which has sparked numerous studies on their effective treatment (Belschak et al., 2006; Shepherd et al., 2011; Rutherford et al., 2011; Verbeke & Bagozzi, 2000). Despite the similar presentation and outcomes of these conditions, the constructs remain distinct enough to warrant different approaches in their treatment and prevention. Mitigation of SCA is generally achieved through the utilization of healthy coping strategies, like sales perseverance or task concentration (Belschak et al., 2006; Forbes, 2004; Rousseau & Jansingh, 2002; Verbeke & Bagozzi, 2000), while burnout has been shown to be mitigated by the use of social support networks (Kim et al., 2018; Sand & Miyazaki, 2000). In particular, support from one's supervisor has been shown to be one of the most effective sources of burnout mitigation among salespeople (Sand & Miyazaki, 2000). This is promising for both burnout and SCA, as properly trained and observant supervisors are able to not only detect these conditions among their staff but can also provide necessary emotional and instrumental support to aid in mitigating the conditions' effects (Kickul & Posig, 2001; Sand & Miyazaki, 2002). However, supervisor support is not always welcome and may increase levels of SCA and burnout if the support is unwanted or perceived negatively (Beehr et al., 2010). For these reasons, supervisor support is likely to have a moderating effect on the relationship between SCA and burnout. The implications of this study include increased understanding of the relationship between SCA and burnout, and the role of supervisor support in that relationship.

## Chapter 2: Literature Review

## Sales Call Anxiety

SCA stems from earlier research into the concept of "call reluctance", or a salesperson's fear of making contact with a customer (Verbeke & Bagozzi, 2000). Expanding this field of research, the authors defined SCA as the fear of negative evaluation and rejection by customers, accompanying urges to avoid contact with customers, and a reluctance or outright inability to perform effectively when dealing with customers during closing interactions (Verbeke & Bagozzi, 2000). Because of its name, SCA is commonly misinterpreted as referring exclusively to cold calling or over-the-phone sales. However, SCA examines anxiety in both cold calling/initial contact situations and closing (the process of presenting a price, asking for a sale, and negotiation) activities; which have been identified as the sales situations most likely to induce anxiety (Belschak et al., 2004; Belschak et al., 2006; Verbeke & Bagozzi, 2000).

Prior research indicated a high prevalence of SCA in selling situations, estimating that SCA would reach intense levels for some 40% of salespeople at some point in their careers (Ray, 1995, as cited in Verbeke & Bagozzi, 2000). SCA is a contextual form of social anxiety. Clinically speaking, social anxiety is not traditionally subcategorized in this manner (American Psychiatric Association [APA], 2013). Instead, SCA can be thought of as the specific environmental cues that lead to the triggering of social anxiety and the outcomes of these anxiety cognitions. Social anxiety itself is a strong, anticipatory emotion wherein sufferers typically desire to present themselves favorably to others but are insecure about their ability to do so (Verbeke & Bagozzi, 2000). It is no surprise that sales, with its continuous supply of situations in which one might face rejection and failure produces an inordinate amount of social anxiety compared to other occupations. SCA is conceptualized in 3 dimensions: anxiety cognitions, physiological

sensations, and protective actions (Belschak et al., 2004). These dimensions are discussed in further detail below.

Anxiety cognitions are comprised of both negative self-evaluations and perceived negative evaluations from customers. Negative self-evaluations, true to their name, are negative evaluations that the salesperson will make of themselves during the course of cold-calling and closing situations. These cognitions originate from the insecurity a salesperson has regarding their ability to perform sales tasks (Belschak et al., 2004; Belschak et al., 2006; Forbes, 2004; Verbeke & Bagozzi, 2000). These concerns range from, "I worry I won't be alert" to, "I worry I will give in to the customer". These cognitions are reinforced and enhanced through prior anxiety and failure, as well as anticipation of failures during future sales tasks (Verbeke & Bagozzi, 2000). Inexperienced salespeople may experience somewhat unique anxiety cognitions revolving around not being fully comfortable in their role (Forbes, 2004).

Perceived negative evaluations from customers are the result of imagined negative evaluation anticipated by the salesperson (Verbeke & Bagozzi, 2000). As mentioned previously, sufferers of social anxiety often have a strong desire to give a favorable impression to others. Additionally, they often wish to know what the other party's impression of them is (Forbes, 2004). Once again, this concern over the uncertainty of the situation, coupled with past failure and the tendency of those suffering social anxiety to overestimate how negative other's evaluations of them are, increases their anticipation of giving a negative impression and their anxiety (Verbeke & Bagozzi, 2000; Forbes, 2004). As an example, if a customer were to laugh when a salesperson did not expect them to, the salesperson might attribute the laughter to the customer's negative evaluation of them, even though the laughter may have been harmless or completely unrelated to the salesperson (Verbeke & Bagozzi, 2003).

In addition to cognitive anxiety symptoms, salespeople may experience physiological symptoms of anxiety as well. These symptoms are often

uncontrollable, and include symptoms such as increased heartrate, sweating, and difficulty communicating normally (Verbeke & Bagozzi, 2000). Physiological symptoms of SCA are often magnified by anxiety cognitions, which tend to cause the salesperson to fixate on them, leading to anticipation of the customer seeing them as well and increasing their anxiety cognitions regarding perceived negative evaluations from said customer (Forbes, 2004; Verbeke & Bagozzi, 2000).

The final dimension of SCA is the urge to perform protective actions. These are defined as safety-seeking behaviors that attempt to ease the symptoms of the salesperson's experienced anxiety (Belschak et al., 2004; Belschak et al., 2006; Forbes, 2004; Verbeke & Bagozzi,2000). Verbeke and Bagozzi (2000) originally treated protective actions as a component of a single SCA construct, wherein protective actions were considered an automatic reaction to social anxiety. However, in more recent research, protective actions were treated as a separate behavioral component that responds to the cognitive and physiological symptoms of SCA (Belschak et al., 2004). In this conceptualization, protective actions refer to the resulting behavioral reaction of the salesperson to the other dimensions of SCA (Belschak et al., 2004). Protective actions vary widely and range from largely involuntary responses, like avoiding eye contact and fidgeting, to more deliberate responses, like saying less and remaining still. More severe and dysfunctional protective actions can include withdrawal from contact and avoidance of future contact with customers (Verbeke & Bagozzi, 2000).

To summarize, SCA is a type of state anxiety known to commonly affect salespeople during customer interactions. The three major dimensions of SCA, anxiety cognitions, physiological symptoms, and protective actions, present most often during the initial contact and closing phases of customer interaction (Verbeke & Bagozzi, 2000). SCA can affect a salesperson's ability to communicate effectively with customers and may lead to reduced performance and an increase in failed sales interactions. Repeated failed sales attempts compound this problem, increasing anxiety cognitions, and leading to chronic stress and anxiety surrounding

the salesperson's primary job duties (Belschak et al., 2004; Forbes, 2004; Rousseau & Jansingh, 2002; Verbeke & Bagozzi, 2000). These chronic stressors are very similar in nature to the antecedents of burnout syndrome, which is discussed below.

#### Burnout

Early research on burnout syndrome was applied mainly to human services occupations, or so-called "helping professions" (Lewin & Sager, 2007). In these early stages, burnout was conceptualized as a construct containing 3 major components: emotional exhaustion, depersonalization, and diminished personal accomplishment (Maslach & Jackson, 1981). The multi-component construct view of burnout is still widely accepted in the literature. The 3 components are discussed in more detail below.

Emotional exhaustion is aptly described as a feeling of being "used up" and is accompanied by feelings of cynicism, apathy, and helplessness (Shepherd et al., 2011). Emotional exhaustion is thought to be brought about by a depletion of emotional resources, with employees no longer feeling capable of performing (Maslach et al., 1996). Depersonalization is described as callous or dehumanized feelings and responses toward clients, often seen as a shift over time from positive, caring attitudes, to negative, uncaring attitudes (Maslach et al., 1996; Shepherd et al., 2011). A reduced sense of personal accomplishment is the decline in feelings of competence and achievement in an employee's career (Shepherd et al., 2011). Reduced personal accomplishment is characterized by negative self-evaluation, both generally and in relation to work (Maslach et al., 1996).

While widespread consensus has been reached regarding the dimensions of burnout, the temporal sequencing of these events and the subsequent relationships between them, remain a point of contention (Lewin & Sager, 2007; Shepherd et al., 2011). The Golembiewski model advocates for the process of burnout beginning with depersonalization (Golembiewski & Munzenrider, 1981; Golembiewski & Munzenrider, 1984). This depersonalization of clients begins to interfere with job

performance, thereby reducing evaluations of personal accomplishment. Ultimately, these factors result in emotional exhaustion. Lewin and Sager (2007) offered a model specific to sales personnel which begins with reduced personal accomplishment. Depersonalization will then be used in an attempt to attribute the reduced personal accomplishment to outside sources. These will then lead to emotional exhaustion of the salesperson. The Maslach model (Maslach & Jackson, 1981; Maslach, 1982) is by far the most thoroughly researched, and begins with emotional exhaustion. This exhaustion leads to depersonalization as a coping strategy for the loss of emotional resources; culminating in reduced feelings of personal achievement caused by the incongruence between their current situation, original job expectations, and their potential future contributions. Several studies have confirmed the Maslach model's effectiveness in the study of sales-specific burnout. Shepherd and associates (2011) found the Maslach model to perform well in sales contexts. Rutherford et al. (2011) went a step further, not only confirming the usefulness of the Maslach model in sales contexts, but also creating an abridged version of the measure to address some of the primary concerns in sales research (namely, the length of time necessary to complete the measure).

Outcomes of burnout can be severe and can affect a person's health, effectiveness within their role, and attitude toward their job. The physical health of burnt-out employees has been shown to deteriorate more rapidly than that of employees not experiencing burnout (Kim et al., 2011). Burnt out employees tend to suffer from increased instances of headache, gastrointestinal problems, and respiratory infections. Burnout has also been shown to mediate the relationship between stress and more serious conditions like high blood pressure and cardiovascular disease (Sand & Miyazaki, 2002). With respect to job-related outcomes in salespeople, burnout has been shown to reduce job performance and job satisfaction (Low et al., 2001; Sand & Miyazaki, 2002). Job performance and satisfaction then mediate the relationship between indirect burnout affects and organizational commitment and turnover intent (Low et al., 2001). As sales

occupations tend to be quite susceptible to burnout, it would be unwise to underestimate the potential impact it can have on salespeople and sales organizations.

## Relationship Between Anxiety and Burnout

Though never explicitly stated in the literature, SCA can be broadly classified as a type of state anxiety. Unlike its relatively stable cousin, trait anxiety, which describes one's propensity for experiencing anxiety, state anxiety is a transient state resulting from reactions to adverse environments and situations (Turnipseed, 1998). Multiple studies have confirmed relationships between state anxiety and burnout. Correlations between state anxiety and burnout have consistently been moderate among individual burnout dimensions, with studies showing .41 - .46 for emotional exhaustion, .25 - .47 for depersonalization, and -.36 for personal achievement (Bae & Kim, 2019; Turnipseed, 1998). Correlations with total burnout scores have also been shown to be moderate to strong, ranging from .45 - .51 (Jocic & Krajnovic, 2014; Zhou et al., 2016). Unfortunately, this seems to be where consensus about the interactions between these two constructs ends. Studies have indicated the temporal precedence of interactions between state anxiety and burnout in both directions. Turnipseed (1998) used a model indicating state anxiety leading to burnout and found during regression analysis that state anxiety explained a significant amount of variance in instances of burnout, with state anxiety explaining 23% of variance in emotional exhaustion. Conversely, Bae and Kim (2019) found support for a model that included burnout as being causative of state anxiety. Zhou et al. (2016) found support for burnout leading to anxiety as well, with both state and trait aspects of anxiety being shown as resulting from burnout. With this contradiction in the literature, it would be prudent for future studies to examine the relationship between SCA and burnout in greater detail.

## **Supervisor Support**

Social support as a concept tends to be quite vague in its definition, with a broad range of diverse definitions being offered in the extant literature (Beehr et al., 2010). The most comprehensive definition, and the one that will be used in this study, is the exchange of resources that at least one of the parties involved (provider or recipient) believe will benefit the recipient (Gray et al., 2020). Social support can take many forms, but is generally categorized into two main types, emotional support and instrumental support (Beehr et al., 2010). Emotional support typically comes from acknowledgement of and sympathy for the recipient's struggles, whereas instrumental support comes in the form of more direct intervention in dealing with a problem. As an example, emotional support might take the form of listening to a person's problems and validating their feelings, whereas instrumental support might take the form of a supervisor reviewing a recent sales interaction with an employee and providing feedback and expertise for improvement. Much like how the type of support given can vary, the source of that support may also vary greatly, with possible sources both within and without an organization. Examples of outside support would be one's family and friends, religious organizations, and recreational programs, while inside support can take the form of office meetings, wellness programs, co-workers and supervisors (Sand & Miyazaki, 2002). Generally, social support has been regarded as having a positive influence on employee wellbeing, serving as a moderating buffer between stressors and strains, and instrumental support being counted as an available resource for employees (Eisenberger et al., 2002; Fenlason & Beehr, 1994; Tucker et al., 2016).

Social support for work is theorized to be most effective when the support comes from work-related sources (Fenlason & Beehr, 1994). Supervisor support in particular has been shown to be the most effective source of social support at reducing employee burnout (Sand & Miyazaki, 2002). As such, supervisor support can be seen to represent an important bulwark against work strains, since supervisors are both likely to notice stress in their employees and likely to have

resources available to intervene (Kickul & Posig, 2001; Sand & Miyazaki, 2002). Once a supervisor has noticed the stress of an employee, they are in a position to provide both emotional and instrumental support to them. Positive perceptions of supervisor support have been shown to reduce turnover, as employees receiving support reported feeling valued for their contributions and that their well-being was important to their supervisor. In cases where employees felt that their supervisor was representative of the organization, perceived organizational support also increased (Eisenberger et al., 2002; Tucker et al., 2016).

Though social support has been shown to be beneficial to employees' wellbeing, much of the literature is conflicted on the true effectiveness of social support as a buffer toward strain. It is important to note that the definition of social support does not necessitate the outcome of that support being beneficial, only that the intent behind the support be for the benefit of the recipient (Gray et al., 2020). This specificity is due to findings made by researchers who initially studied the benefits of social support at work. In particular, Beehr et al. (2010) discovered that the buffering effects of social support can be reversed if support is given haphazardly, if the support is unwanted, or if the intent behind the support is misinterpreted. With regard to instrumental support from supervisors, there are two major ways that support can become harmful. The first is if the support provided is unwanted by the recipient. Help may not be desired for a host of reasons and receiving resources in excess of what is needed may reduce feelings of self-esteem and increase feelings that the recipient is not being listened to, increasing frustration and stress (Beehr et al., 2010, Gray et al., 2020). The second form of harmful instrumental support stems from feelings of inadequacy that may be caused from needing supervisor support. If an employee feels that they are receiving support due to their inability to perform, that support can lead to feelings of inadequacy or incompetence on the part of the recipient, damaging their self-worth (Beehr et al., 2010).

Emotional support may likewise have detrimental effects on the recipient. As social support tends to take the form of sympathy in an effort to comfort the recipient, social interactions involving emotional support tend to focus on the recipient's problems or negative aspects of the recipient's environment. In some cases, agreeing with the recipient's negative assessments reinforces the idea that their assessment of the situation is correct and failing to change the recipient's stress level; or worse, increasing their felt stress by indicating that the situation may be more stressful than they previously thought (Beehr et al., 2010). Supervisor emotional support may also be harmful when the support provided is incongruent with their actions (Tucker et al., 2016). In other words, if the source of the employee's stress is their supervisor, emotional support received from that supervisor will not lessen their stress and may lead to increased anxiety and burnout.

## Hypothesis

Above I posit a direct relationship between SCA and burnout and believe that SCA and burnout will be positively correlated. I also believe that this relationship will be moderated by supervisor support. Positive support will have a positive moderating effect on the relationship between SCA and burnout, while negative support will have a negative moderating effect on the relationship. That is, perceptions of positive supervisor support will result in a weaker relationship between SCA and burnout than when employees perceive less supervisor support; on the other hand, negative support will strengthen the relationship between SCA and burnout. It is also likely that supervisor support will have a direct effect on either SCA, burnout, or both. Therefore, I also hypothesize that Supervisor support will relate to both SCA and burnout.

Hypothesis 1: SCA and burnout will relate positively to one another.

Hypothesis 2a: Positive perceptions of supervisor support will have a negative moderating effect on the relationship between SCA and burnout.

Hypothesis 2b: Negative perceptions of supervisor support will have a positive moderating effect on the relationship between SCA and burnout.

Hypothesis 3a: Positive perceptions of supervisor support will relate negatively to SCA.

Hypothesis 3b: Negative perceptions of supervisor support will relate positively to SCA.

Hypothesis 4a: Positive perceptions of supervisor support will relate negatively to burnout.

Hypothesis 4b: Negative perceptions of supervisor support will relate positively to burnout.

## Chapter 3: Method

## Participants and Procedure

Participants were recruited from Amazon's Mechanical Turk (MTurk) website on the condition that they are at least 18 years old, and currently work in a sales profession. Participants were asked to complete a survey consisting of nine measures covering SCA, burnout, supervisor support, job satisfaction, general mental and physical health, and a brief demographic survey. The demographic survey consisted of questions about race, age, gender, time spent as a salesperson, current employment as a salesperson, and the proportion of their income made up by commission or bonuses.

A total of 212 respondents cleared the screening questions regarding current tenure in a sales role. In order to maintain the quality of data received from the MTurk website, additional screening measures were taken to eliminate poor quality responses. Seven respondents were removed for incomplete survey responses, with 80% survey completion as a cutoff. To reduce risk of receiving automated responses, a Captcha application was included in the survey, with a cutoff of 80% correct responses as a cutoff. Two respondents were removed due to failure to meet the Captcha cutoff score. To evaluate careless responding, three attention check items were added at various points within the survey. These items included clear instructions for the respondent to select a particular anchor on a Likert-scale to ensure that respondents were reading items and instructions thoroughly throughout the survey. An example attention check item is, "As an attention check, please select "Never" from the list of responses". Cutoff for removal due to attention check items was failing to answer two of the three items correctly, and two respondents were removed due to failed attention checks. As an additional measure to detect careless responding, time taken to complete the survey was monitored.

Using guidelines established by Huang et al. (2012), a cutoff of two seconds per item was set. 15 respondents failed to meet this threshold and were removed.

The remaining 186 participants consisted of salespeople in a wide variety of industries (automotive, retail, insurance, electronics, aviation, etc.) and roles (business to business, inside sales, outside sales, etc.). The sample was composed of 51.1% men, 48.4% women, with one participant not reporting, and the majority of participants were in the 25-30 age range. The sample was majority white (62.7%), with the next two largest ethnic demographics being black or African American (18.9%) and Latino (8.1%). The mode organizational tenure of the sample was 1-5 years at their current organization, with the majority reporting overall experience in sales roles at 1-5 (35.5%) or 6-10 (29.6%) years.

#### Measures

For a complete list of measure items, see Appendix.

#### **SCA**

SCA was tested using an instrument created by Verbeke and Bagozzi (2000). This measure was later refined by Belschak et al. (2004). The 32-item questionnaire was adapted from this and focuses on closing situations. The scale has shown acceptable reliability and validity in previous studies (Belschak et al., 2004; Verbeke & Bagozzi, 2000). As the measure was originally given in Dutch, with only a rough English translation being given, items were edited for clarity. The measure focuses on three areas of SCA: Anxiety cognitions (12 items), Physiological symptoms (11 items), and Protective actions (9 items). Anxiety cognitions are divided into 6 items covering dysfunctional beliefs about the self, "I worry I will start stuttering.", and 6 items covering beliefs about social evaluation, (The customer thinks) "That I have no authority.". Physiological symptoms focused on verbal "I suddenly start to stutter.", and non-verbal, "I become panicky." symptoms. Protective actions are separated into voluntary and involuntary actions.

Before responding to these items, participants are prompted to recall interactions with customers from the previous three months and asked to rate the frequency with which they experienced the thoughts or symptoms presented in the measure. All responses were obtained using 7-point Likert-scales anchored from 1 (Never) to 7 (All the time).

#### Maslach Burnout Inventory for Salespeople

The Maslach Burnout Inventory (MBI) was originally developed as a scale to test burnout among employees working in the area of human services. The original 22-item scale assessed 3 major components of burnout: reduced personal accomplishment (PA), depersonalization (DE), and emotional exhaustion (ES) (Maslach et al., 1996). The measure has undergone regular updates and continuous study since its original debut in 1986. As of the third edition of the manual (1996), reported reliability coefficients for the subscales were strong, with .71 for PA, .79 for DE, and .90 for ES, and time-stable test-retest reliability in timespans of 3months to a year: .80 for PA, .60 for DE, and .82 for ES (Maslach et al., 1996). Convergent validity was demonstrated through 3 separate means. Firstly, MBI scores were correlated with ratings from outside observers, generally coworkers or spouses. Secondly, MBI scores were correlated with the presence of job characteristics known to contribute to burnout. Third, MBI scores were correlated with burnout-related outcomes, such as turnover intent, impairment of personal relationships, insomnia, and drug and alcohol use (Maslach et al. 1996). Discriminant validity was assessed by way of comparison to other, similar constructs: Job dissatisfaction and depression. Comparison to general job satisfaction measures showed only a moderate correlation. Confirmatory factor analysis found that depression subscales and MBI subscales loaded on separate second-order factors (Maslach et al., 1996). Finally, the MBI was checked against a social desirability scale and was found to be free of significant distortion.

While the original MBI was found to be an effective measure of burnout, it was designed primarily for use in the human services field. Maslach and associates

developed several alternate versions of the assessment for use in other occupations. However, these alternate versions fail to fit the specific needs of the salesperson population. Use of the MBI General Survey (MBI-GS) was considered. However, the adapted measure conceptualizes burnout as a crisis of one's relationship with their work, rather than the relationships with people at work (Maslach et al., 1996). While commission sales are certainly not within the domain of a human services occupation, as customers rarely (though, anecdotally, more often than one might imagine) share their physical, psychological, or personal woes with the salesperson, it does share many similarities that other industries do not. Sales occupations are primarily customer-centric, meaning that a salesperson is expected to spend the majority of their worktime interacting closely with their customers. As such, it is likely that salespersons will experience burnout in a way more similar to human services workers than other occupations. To this point, Rutherford and colleagues (2011) developed an abridged version of the MBI for use specifically with sales research. The reduced 10-item version was created to overcome 3 specific problems inherent in the research of burnout in sales: reducing response fatigue and acquiescence bias, enabling the measure to be paired with other measures while still assessing the 3 major components of burnout, and reducing managerial concerns of employee participation in time-consuming surveys (Rutherford et al., 2011). The reduced scale maintained or increased reliability coefficients across subscales, with .78 for PA, .75-.83 for DE, and .92-.94 for ES. The scale also maintained convergent and discriminant validity when compared to the original, with .873-.909 for PA, .942 for DE, .972-.973 for ES, and average correlations of .929-.941. This indicates a minimum loss of information and evidence that the reduced scale is measuring the same constructs.

In light of this information, it was decided that the MBI for salespeople was appropriate to use in this study, with a single, minor modification. In both the original and reduced versions of the MBI, those receiving care from the worker are referred to as, "recipients" (Maslach et al., 1996; Rutherford et al., 2011). To

maintain continuity between measures, the word "recipient" has been changed to "customer". It was determined that this change would not affect the scoring of the measure and would help to avoid error based on lexical differences between measures.

#### Supervisor Support

As it was necessary to measure several types of supervisor support, multiple measures were chosen and adapted to fit this purpose. To measure positive communications with supervisors, 4 items were adapted from a measure by Beehr et al. (1990). These items examine the positive affective content of conversations between the employee and their supervisor. The items were re-worded from their original format, which was tailored to a nursing population, to suit the present salesperson population. Participants were given these items and asked, "how often do you talk about these subjects with your supervisor"? The items included are, "We talk about the good things about our work", "We share interesting ideas about sales practices", "We talk about how this company is a good place to work", and "We talk about the rewarding things about being a salesperson". All items were measured on a 5-point Likert-scale between 1 (never) and 5 (always). To measure positive instrumental supervisor support, five items were taken from a work-related stress indicator tool developed by Cousins et al. (2004). These items, scored on a 5point frequency scale from 1 (never) to 5 (always) included items like, "I am given supportive feedback on the work I do", and "I can rely on my supervisor to help me out with a work problem".

A measure by Beehr et al. (2010) was used to examine negative employee perceptions of three types of potentially supportive interactions between employees and supervisors, each consisting of two items. Stress focus items focusing on emotional work reactions are, "When I interact with my supervisor, I cannot help but think about how stressful it is around here," and, "Being around my supervisor reminds me of how bad things can sometimes get at work". Feelings of inadequacy

caused by supervisor support items are, "I feel inadequate whenever my supervisor helps me", and, "Getting help from my supervisor makes me feel inadequate". Unwanted support items are, "My supervisor seems to try to help me regardless of whether I want it or not", and, "My supervisor might try to help me even if I asked them not to". All items in this scale are measured on a 7-point Likert-scale, from 1 (strongly disagree), to 7 (strongly agree).

#### Job Satisfaction and Turnover Intent

To measure job satisfaction, the job satisfaction subscale of the Michigan Organizational Assessment Questionnaire (MOAQ) was administered. The scale consists of three items: "All in all I am satisfied with my job", "In general, I don't like my job", and, "In general, I like working here" (Cammann et al., 1979). Though the original was given using a 7-point Likert-scale, there is precedent in the literature for both 5 and 6-point scale usage (Bowling & Hammond, 2008). For the present study, a 5-point Likert-scale from 1 (Strongly disagree) to 5 (Strongly agree) was selected for use in an effort to minimize method-bias (Podskadoff et al., 2012).

Turnover intent was also measured using a subscale of the MOAQ. The turnover intent subscale consists of 3 items and is used to measure the both an employee's desire to leave their current job, "I often think about quitting.", and their job-seeking behavior, "I will likely actively look for a new job in the next year." (Hilton, 2015). Turnover intent items were administered using a 5-point Likert-scale anchored from 1 (Strongly disagree) to 5 (Strongly agree). Job satisfaction and turnover intent data are to be collected for future analysis and will not examined as a part of the present study.

### General Health Questionnaire

While the present study was primarily focused on contextual social anxiety cognitions, the 12-item version of Goldberg and associate's (1972) General Health

Questionnaire (GHQ12) was also included. The measure has been commonly used as a screening tool for detecting psychological morbidity and has been able to maintain acceptable reliability and validity across many language versions and diverse populations (Liang et al., 2016). The 12-item version was chosen for its simplicity and contains six positively worded items ("have you been able to enjoy your normal day-to-day activities?") and six negatively worded items ("Have you been losing confidence in yourself?"). All items are scored on a 4-point Likert scale, ranging from 0 (Not at all) to 3 (More than usual). The period of time participants were asked to consider for these items was adapted from one month prior to three months prior, to maintain consistency with other items.

## Chapter 4: Results

## Reliability Coefficients

All scales examined produced adequate to good reliabilities, with negative perceptions of instrumental support on the low end with an alpha of .78, and SCA at the high end with an alpha of .97. A full list of alphas for scales can be found on Table 1, along with descriptive statistics and correlations for each scale.

#### **Direct Effects**

To examine the direct effects of variables, correlations were calculated. Results of the analysis fully supported Hypothesis 1, that SCA was positively related to emotional exhaustion. The analysis showed a moderate positive relationship between SCA and emotional exhaustion (r = .42, p < .001). In the case of Hypothesis 3a, that positive perceptions of supervisor support would negatively relate to SCA, results of the analysis showed that positive perceptions of supervisor support had no significant relationship with SCA (r = -.06, p = .427), failing to support it. Negative perceptions of supervisor support, however, had a strong positive relationship with SCA (r = .64, p < .001), supporting Hypothesis 3b, that negative supervisor support would relate positively to SCA. Hypotheses 4a and 4b, that positive and negative perceptions of supervisor support would relate to emotional exhaustion negatively and positively, respectively, were both supported as well. Positive perceptions of supervisor support had a weak negative relationship with emotional exhaustion (r = -.31, p < .001), and negative perceptions of supervisor support had a moderate positive relationship with emotional exhaustion (r = .42, p < .001).

**Table 1**Reliability, Descriptive Statistics, and Correlations of Variables

Variable	M	SD	1	2	3	4	5	6	7	8
1. SCA	8.62	3.71	(.97)							
2. Emotional Exhaustion	3.87	1.64	.42***	(.91)						
3. Positive Emotional	3.36	0.88	03	28***	(.87)					
4. Positive Instrumental	3.51	0.84	08	30***	.71***	(.86)				
5. Positive Overall	6.88	1.59	06	31***	.93***	.92***	(.91)			
6. Negative Emotional	3.81	1.76	.53***	.46***	25***	43***	36***	(.87)		
7. Negative Instrumental	3.73	1.43	.63***	.28***	05	13	09	.60***	(.78)	
8. Negative Overall	7.54	2.86	.64***	.42***	18*	33***	27***	.92***	.87***	(.84)

Note. N = 186. Reliabilities are on the diagonal. \* p < .05, \*\* p < .01, \*\*\* p < .001

## **Moderated Regression**

To examine the interaction effects of supervisor support perceptions on the relationship between SCA and emotional exhaustion, two moderated regressions were performed using a multiple regression model (see Table 2). SCA and positive perceptions of supervisor support were both centered, and an SCA-by-positive perceptions of supervisor support interaction term was calculated (Cohen et al., 2003). Results indicated that increased SCA was associated with higher emotional exhaustion (B = .65, SE = .11,  $\beta = .40$ , p < .001), while positive perceptions of supervisor support were associated with lower emotional exhaustion (B = -.49, SE = .10,  $\beta = -.30$ , p < .001). However, the interaction between SCA and positive perceptions of supervisor support was not significant (B = .04, SE = .10,  $\beta = .03$ , p = .701), failing to support Hypothesis 2a. The second moderation analysis followed the same procedure, with negative perceptions of supervisor support taking the

place of positive perceptions of supervisor support in the model. Results showed that as both SCA (B = .65, SE = .16,  $\beta = .40$ , p < .001) and negative perceptions of supervisor support (B = .33, SE = .14,  $\beta = .20$ , p = .019), emotional exhaustion also increased. Unexpectedly, the interaction showed that SCA became less related to emotional exhaustion as negative perceptions of supervisor support increased (B = .29, SE = .10,  $\beta = .21$ , p = .007). This is the opposite of the expected interaction direction and fails to support Hypothesis 2b. Upon further examination of simple slopes plots (see Figure 1), these results indicated that negative perceptions of supervisor support were associated with burnout regardless of the reported level of SCA, and that SCA only had a significant impact on burnout when negative supervisor support perceptions were low.

Table 2

Results of Moderated Regression Analysis

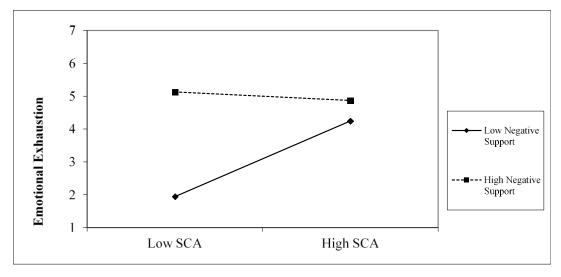
Results of Moderated Regressi Variable	B	SE	β	$R^2$
A. SCA	.65***	.11	.40	.26***
B. Positive Support	49***	.10	30	
АхВ	.04	.10	.03	
A. SCA	.65***	.16	.40	.23***
B. Negative Support	.33*	.14	.20	
A x B	29**	.10	21	
A. SCA	.64***	.11	.39	.25***
B. Positive Emotional	47***	.11	28	
АхВ	.10	.10	.07	
A. SCA	.50***	.14	.30	.25***
B. Negative Emotional	.49***	.13	.30	
АхВ	14	.10	10	
A. SCA	.67***	.11	.41	.24***
B. Positive Instrumental	44***	.11	27	
АхВ	03	.10	02	
A. SCA	.95***	.15	.58	.23***
B. Negative Instrumental	.02	.14	.01	
A x B	41***	.10	31	

Note. N = 186. \*p < .05, \*\*p < .01, \*\*\*p < .001. All regression coefficients and R<sup>2</sup> are from the final step.

## **Exploratory Analysis**

In an effort to better understand the unexpected results of this study, further exploration into the supervisor support perception variables was taken. Supervisor support perceptions were further divided into perceptions regarding emotional support, and instrumental support for both positive and negative variables. The results of the correlations between these more specific variables can be seen in Table 1. Moderated regression analysis results showed that both positive (B = .10, SE = .10,  $\beta = .07$ , p = .310) and negative (B = -.14, SE = .10,  $\beta = -.10$ , p = .164) perceptions of emotional support, and positive perceptions of instrumental support (B = -.03, SE = .10,  $\beta = -.02$ , p = .780) had no significant interaction on the relationship between SCA and emotional exhaustion. The SCA-by-negative perceptions of instrumental support interaction (B = -.41, SE = .10,  $\beta = -.31$ , p < .001) showed a more pronounced negative moderating effect than the overall negative perceptions of supervisor support variable.

**Figure 1**Simple Slopes for Negative Supervisor Support Moderating SCA and Emotional Exhaustion



*Note.* N = 186.

## Chapter 5: Discussion

## **Direct Effect Relationships**

These results help to better understand the nature of the relationship between SCA, emotional exhaustion, and supervisor support. A moderate direct effect was observed between SCA and emotional exhaustion. The moderate correlation of .42 between these two variables is comfortably in the range of correlation strengths found in previous literature, indicating that job-specific social anxiety does not seem to have any greater relation to emotional exhaustion than more general forms of social anxiety (Bae & Kim, 2019; Turnipseed, 1998).

Significant direct effects were also found between supervisor support, and both SCA and emotional exhaustion. Both positive and negative supervisor support had a significant direct effect on emotional exhaustion. The results showed that perceptions of negative supervisor support were more strongly related to emotional exhaustion than positive perceptions. These findings are congruent with those of more recent literature on supervisor support, which showed that strain outcomes are generally more strongly related to negative or unwanted support, rather than helpful support (Gray et al., 2020). It also conceptually encourages maintaining positive and negative support perceptions as separate constructs, rather than a single, dichotomous variable (Beehr et al., 2010).

In examining the relationship between SCA and supervisor support, only negative perceptions of supervisor support had a significant relationship with SCA. The lack of significant relationship between SCA and positive support is likely due to it being a state anxiety construct. However, very few studies have examined the effect of supervisor support on anxiety directly, and fewer still, if any, on job-specific anxieties. Upon further examination of the literature for articles related to social anxiety and supervisor support, only a single article was found (Lussier et

al., 2021). The results found by Lussier and colleagues showed a small negative correlation of -.15. Further research into this relationship is needed before consensus can be reached.

## Supervisor Support Perceptions as a Moderator

The results of the moderation analysis were contrary to what was expected. The negative moderation, while initially counterintuitive, was found to be the result of negative perceptions of supervisor support causing a strong amount of emotional exhaustion among salespeople. With the strength of negative perceptions of supervisor support on emotional exhaustion, SCA is only able to affect emotional exhaustion when negative supervisor support is low. These results highlight the importance of supervisor actions and indicates that sales supervisors should take great care in how and when they give support and how that support might be interpreted by employees.

The highlighted importance of supervisor actions in providing support has particularly strong practical implications for the selection and training of sales managers. The results of this study showed that negative perceptions of supervisor support increase employee's emotional exhaustion to levels that may overshadow other, more treatable stressors like SCA. While managerial training that focuses on support interactions would likely be an effective tool in mitigating negative support behaviors, the sales industry has long neglected the development of its managers (Zoltners et al., 2019). Most sales organizations systematically promote employees into managerial roles based on their sales ability, believing that an effective salesperson will be able to manage a sales team effectively by virtue of their success in the role their subordinates now occupy (Benson et al., 2019; Zoltners et al., 2019). However, empirical research has found that sales performance is negatively related to managerial performance, calling this practice into question (Benson et al., 2019). Training and development of sales managers is further hampered by the reluctance of many organizations to implement a formal training

process due to cost, even when the benefits of such training can justify its expense (Zoltners et al., 2019). The results of this study provide additional support for implementing or expanding effective training modalities that organizations should consider when reviewing their current managerial practices.

#### Limitations and Future Research Directions

The present study has several limitations that merit recognition. First, the cross-sectional nature of the research inhibits causal inference and limits the ability with which data can be generalized. The reduced overall strength of positive supervisor support perceptions in the study and past literature, coupled with the nature of SCA as a type of state anxiety, means it is possible that a moderating effect would only be seen over multiple time-points. For this reason, as well as to gain greater insight into causal relationships between the variables, it is recommended that future research utilize experimental or longitudinal designs when studying these constructs.

Second, this sample was recruited by using MTurk. As evidence suggests that data collected via crowdsourcing platforms is of no lower quality than that of more traditional participant pools, the use of an MTurk sample is not necessarily a limitation, as appropriate care was taken to screen the data for careless responding (Hauser et al., 2018). Regardless, the sample source bears consideration for the overall generalizability of the results.

Third, the sample consisted of participants in a multitude of diverse sales occupations, providing a cross-section of the sales industry. This is both a strength and a weakness of the study. The sample produced results that help to better understand the relationship between SCA, burnout, and supervisor support across sales jobs. However, it is also quite likely that this relationship varies within specific jobs. As an example, approximately 60% of participants in this study reported having commissions or sales bonuses as a part of their income. Of those

who reported receiving commissions or bonuses, 79.4% reported that they accounted for more than 10% of their total income. Research that examines differences in anxiety, burnout and supervisor support in salespeople who do and do not receive commission is needed.

Finally, this study was conducted in early 2021, during the COVID-19 pandemic. 82% of participants indicated that COVID-19 changed the way they interact with customers to a moderate or high degree, and 70.8% of participants indicated that their organizations had mandated multiple policy changes in their operations that directly affected participant's ability to perform their duties as salespeople. While this provides an excellent opportunity for future research to examine how COVID-19 affected salespeople in terms of anxiety and burnout, caution should be exercised when attempting to generalize the results of the present study outside of pandemic conditions.

# Chapter 6: Conclusion

This study investigated how job-related social anxiety, burnout, and supervisor support interact in the important, yet often neglected salesperson population. The results provided evidence of the relationship between SCA and burnout, and the powerful effect that supervisor support can have on an employee's emotional exhaustion levels when it is received poorly or unwanted. This study provided findings that help to better understand the relationship between these variables, but future research is needed to provide more complete explanations of how they interact, and what can be done to ameliorate them.

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# **Appendix**

# Demographic Items

- 1. What is your age in years?
  - 1) 18-24. 2) 25-30. 3) 31-35. 4) 36-40. 5) 41-50. 6) 51-55. 7) 56 and older.
- 2. What is your gender?
  - 1) Female. 2) Male. 3) Other
- 3. What is your ethnicity?
  - 1) African American. 2) Asian. 3) Caucasian. 4) Latino. 5) Native American. 6) Other
- 4. How much has COVID-19 affected the way you interact with customers?
  - 1) A great deal. 2) A lot. 3) A moderate amount. 4) A little. 5) Not at all.

5.

- 6. Are you currently employed as a salesperson at your organization?
  - 1) Yes. 2) No
- 7. How many years have you been with your current organization?
  - 1) Less than a year. 2) 1-5 years. 3) 6-10 years. 4) More than 10 years.
- 8. How many years of experience do you have in sales overall?
  - 1) Less than a year. 2) 1-5 years. 3) 6-10 years. 4) More than 10 years.
- 9. Do commissions or sales bonuses make up a portion of your total income?1) Yes. 2) No
- 10. About how much of your total income comes from commissions or sales bonuses?
  - 1) Less than 10%. 2) 10-25%. 3) 25-50%. 4) 50-75%. 5) More than 75%.

#### **SCA Measure**

Please consider the interactions you have had with customers while closing a sale over the last 3 months and indicate how often you experienced these thoughts.

# Anxiety cognitions ('closing', 12 items)

- 1) Never. 2) Very rarely. 3) Somewhat rarely. 4) Sometimes. 5) Somewhat often. 6) Very often. 7) All the time.
- 1. I worry I won't be able to listen carefully to what the customer says.
- 2. I worry I will start stuttering.
- 3. I worry I will fumble for words.
- 4. I worry I won't be alert.
- 5. I worry I will give in to the customer.
- 6. I worry I will waffle my words.

Please consider the interactions you have had with customers while closing a sale over the last 3 months and indicate how often you feel that customers thought this about you.

1) Never. 2) Very rarely. 3) Somewhat rarely. 4) Sometimes. 5) Somewhat often. 6) Very often. 7) All the time.

#### The customer thinks:

- 1. That I have no authority.
- 2. That I am unprofessional.
- 3. That I am an insecure person.
- 4. That I am bad at my job.
- 5. That I am unreliable.
- 6. That salespeople from other companies are better salespeople than me.

## Physiological symptoms (11 items)

Please consider the interactions you have had with customers while closing a sale over the last 3 months and indicate how often you experienced these feelings.

- 1) Never. 2) Very rarely. 3) Somewhat rarely. 4) Sometimes. 5) Somewhat often. 6) Very often. 7) All the time.
- 1. My thoughts are wandering.
- 2. I suddenly start to stutter.
- 3. I look away from the customer too much.
- 4. I speak more loudly.
- 5. I become panicky.
- 6. I am already tired.
- 7. I cannot let there be any silence in the conversation.
- 8. I don't make eye contact with the customer.
- 9. My hands are trembling.
- 10. I talk too much.
- 11. I lose control over the conversation.

## Protective actions (10 items)

Please consider the interactions you have had with customers while closing a sale over the last 3 months and indicate how often you have engaged in these behaviors.

- 1) Never. 2) Very rarely. 3) Somewhat rarely. 4) Sometimes. 5) Somewhat often. 6) Very often. 7) All the time.
- 1. I avoid direct questions like, "Would you be willing to sign for this price?"
- 2. I quickly change the subject.
- 3. I adopt a passive attitude.
- 4. I think "I should not ask this.... I find this topic irrelevant."
- 5. I offer the customer too many extras.
- 6. I say, "You do not have to decide now; you can think it over."
- 7. I say to the customer, "You don't have to answer every question."
- 8. In difficult moments I often apologize quickly to the customer.
- 9. I talk less persuasively to the customer.
- 10. I dare not argue with the customer.

### **Burnout**

The following are statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, choose "never". If you have had this feeling, indicate how often you feel it by choosing the option that best describes how frequently you feel that way.

0) Never. 1) A few times a year or less. 2) Once a month or less. 3) A few times a month. 4) Once a week. 5) A few times a week. 6) Every day.

### Emotional Exhaustion (4 items)

1. I feel used up at the end of the workday.

- 2. I feel fatigued when I get up in the morning and have to face another day on the job.
- 3. I feel burned out from my work.
- 4. I feel frustrated by my job.

## Personal Accomplishment (3 items)

- 1. I feel I'm positively influencing other people's lives through my work.
- 2. I feel exhilarated after working closely with my customers.
- 3. I have accomplished many worthwhile things in this job.

#### Depersonalization (3 items)

- 1. I feel I treat some customers as if they were impersonal objects.
- 2. I have become more callous toward people since I took this job.
- 3. I don't really care what happens to some customers.

# **Supervisor Support**

# Positive Affective Communications (4 items)

In the past 3 months, how often did you talk about these subjects with your supervisor?

- 1) Never. 2) Rarely. 3) Sometimes. 4) Often. 5) Always.
- 1. We talk about the good things about our work.
- 2. We share interesting ideas about sales practices.
- 3. We talk about how our company is a good place to work.
- 4. We talk about the rewarding things about being a salesperson.

## Instrumental Support (5 items)

In the past 3 months, how often did you think the following about interactions with your supervisor?

- 1) Never. 2) Rarely. 3) Sometimes. 4) Often. 5) Always.
- 1. I am given supportive feedback on the work I do.
- 2. I can rely on my supervisor to help me out with a work problem.
- 3. I can talk to my supervisor about something that has upset or annoyed me about work.
- 4. I am supported through emotionally demanding work.
- 5. My supervisor encourages me.

### Stress Focused Perceptions (2 items)

Thinking about interactions with your supervisor in the last 3 months, rate the degree to which you agree with the following statements.

- 1) Strongly disagree. 2) Disagree. 3) Somewhat disagree. 4) Neither agree nor disagree. 5) Somewhat agree. 6) Agree. 7) Strongly Agree.
- 1. When I interact with my supervisor, I cannot help but think about how stressful it is around here.
- 2. Being around my supervisor reminds me of how bad things can sometimes get at work.

# Inadequacy Perceptions (2 items)

- 1) Strongly disagree. 2) Disagree. 3) Somewhat disagree. 4) Neither agree nor disagree. 5) Somewhat agree. 6) Agree. 7) Strongly Agree.
- 1. I feel incompetent whenever my supervisor tries to help me.

2. Getting help from my supervisor makes me feel inadequate.

## Unwanted Help Perceptions (2 items)

- 1)
- 2) Strongly disagree. 2) Disagree. 3) Somewhat disagree. 4) Neither agree nor disagree. 5) Somewhat agree. 6) Agree. 7) Strongly Agree.
- 1. My supervisor seems to try to help me regardless of whether I want it or not.
- 2. My supervisor might try to help me even if I asked them not to.

# **MOAQ**

## Job Satisfaction (2 items)

Thinking about the last 3 months, rate the degree to which you agree with the following statements.

- Strongly disagree. 2) Disagree. 3) Neither agree nor disagree. 4) Agree.
   Strongly agree.
- 1. All in all, I am satisfied with my job.
- 2. In general, I don't like my job.
- 3. In general, I like working here

## Turnover Intent (3 items)

Please rate the degree to which you agree with the following statements.

- Strongly disagree. 2) Disagree. 3) Neither agree nor disagree. 4) Agree.
   Strongly agree.
- 1. I will likely actively look for a new job in the next year.
- 2. I often think about quitting.
- 3. I will probably look for a new job in the next year.

# GHQ12 (12 items)

#### Over the last 3 months have you:

- 0) More than usual. 1) The same as usual. 2) Less than usual. 3) Much less than usual.
- 1. Been able to concentrate on what you're doing? (R)
- 2. Lost much sleep over worry?
- 3. Felt you were playing a useful part in things? (R)
- 4. Felt capable of making decisions about things? (R)
- 5. Felt constantly under strain?
- 6. Felt you couldn't overcome your difficulties?
- 7. Been able to enjoy your day-to-day activities? (R)
- 8. Been able to face up to your problems? (R)
- 9. Been feeling unhappy and depressed?
- 10. Been losing confidence in yourself?
- 11. Been thinking of yourself as a worthless person?
- 12. Been feeling reasonably happy, all things considered? (R)