

# THE INDIVIDUAL AND ORGANIZATIONAL HAZARDS OF LONELINESS ON SALESPeOPLE

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## ABSTRACT

*The selling process with its various antecedents and consequences is a common focus of research. Emotion-based conditions such as exhaustion and burnout are receiving growing attention due to their tremendous impact on salesperson behavior and performance. Yet, no research currently exists into the physical effects that salespeople are at risk for due to the demanding and isolated nature of their jobs. Such health consequences could subsequently have exceedingly negative organizational drawbacks. Given the importance of Sales to most businesses, a better understanding of these substantial threats is required.*

**JEL:** M310, M51

**KEYWORDS:** Sales, Salesperson, Physical, Consequences, Turnover

## INTRODUCTION

Few occupations are as polarized as that of business-to-business salespeople. As organizational boundary spanners (Castleberry and Tanner, 2010), they get to spend company money, entertain current and prospective clients, travel, as well as possibly receiving a clothing allowance in addition to their regular compensation, which is probably higher than most of their co-workers. However, such privileges come with a price. Salespeople work under a level of pressure, stress, expectation, and demand that would be difficult for anyone without firsthand experience to fully comprehend and appreciate (Moncrief, Babakus, Cravens, and Johnston, 1997). The very nature of their work – establishing, developing, and maintaining professional working relationships with a wide range of personalities (both internally and externally) too often results in situations of role-oriented behavioral issues, emotional exhaustion, burnout, increased absenteeism, and a higher than average rate of turnover (Babakus, Cravens, Johnston, and Moncrief, 1999, Shepherd, Taschian, and Ridnour, 2011). Yet no discernable work exists into either the short- or long-term physical implications of a salesperson's work-style. This is especially important given that one out of every nine Americans works in sales, according to the 2011 United States Labor Bureau statistics (Pink 2013).

Further, most of a salesperson's revenue-generating responsibilities typically involve them spending much time away from direct managerial supervision. Thus, employers may not be as fully aware as they could or should be about the health status of their front-line employees. Salespeople spend a significant portion of their time traveling, on the road, to meet with prospective, new, and established customers. This means time spent being away from professional and personal support bases, hearing rejection from the majority of their social interactions, engaging in poor diet and health habits, rushing to meetings, and obtaining as much market intelligence as possible. It may also mean time spent possibly abusing substances such as alcohol, drugs, or tobacco to stay awake, alert, and gregarious. This lack of immediate supervisory observation may even result in a temptation to practice unethical sales behaviors in an effort to make sales quotas or maybe simply enough commission to cover their monthly mortgage (Ferrell and Gresham, 1985).

Unfortunately, because of these same demands, many field salespeople might meet the criteria for being clinically depressed or chronically lonely (Cacioppo and Patrick, 2008). These particular psychological

states contribute to serious health problems such as heart disease, diabetes, obesity, and more. They could cause irreparable damage, not only to the salesperson, but consequently to the overall organization. Many of the situations that lead to such conditions are either curable or avoidable if addressed directly by both the seller and his or her organization.

This paper presents a conceptual exploration of the existence of a relationship between the work-styles of salespeople, job-related chronic loneliness and serious health problems that could hamper the performance and effectiveness of a company's sales force and, consequently, the company itself. In addition, this monograph will not only instigate a dialogue among sales researchers, but also help stimulate an immediate awareness for the need of quality, in-depth research, both qualitative and quantitative, on and in topics that address physical health risks of field salespeople.

The remainder of the paper first presents contextual information on the area of personal selling, including the responsibilities of traditional, corporate business-to-business salespeople today. After this is a discussion of one of the greatest and most impactful risks among these individuals: occupational burnout. Subsequent to these issues are discussions on the subject of chronic loneliness, its definition and various manifestations, and the potential detrimental effects on both salespeople and their organizations. Last is a summary of the points presented and a call for both dialogue and research in academia.

## **BACKGROUND**

### Personal Selling

For many businesses today, the sales force is the lifeblood that generates the revenue to stay in business. As a result, those who undertake this distinctive role receive certain benefits usually not experienced by other employees or even associated with any department other than sales. Additionally, a tremendous amount of care and screening is devoted to the hiring and training of these individuals in an attempt to select the most able and qualified; those who can be of most use to the firm in achieving its goals and ambitions (Castleberry & Tanner, 2010, Vaccaro, 1990). However, the very nature of this position and what it brings to those charged with fulfilling it may not only be endangering them, it may be causing long-term damage to the company itself.

It has been well documented and written that most sales jobs come with what many perceive as benefits not typically found in any other department or division within a firm (Castleberry & Tanner, 2010). Their work is primarily unsupervised. They spend a significant amount of time away from the office. They may have a private office at their company's facility instead of an open cubicle, thus allowing them to meet with clients privately. They socialize, travel, dine, and entertain others at company expense. Perhaps they have a company car or even a wardrobe allowance. They tend to be outwardly gregarious, team players, and very good at socializing.

There is another side to such positional perquisites, however. The responsibilities, stress and demands they face, also typically unshared by (non-sales) co-workers, are numerous and burdensome (Moncrief, et al, 1997, Jones, Chonko, Rangarajan, & Roberts, 2007). For example, working outside of the office and away from direct supervision creates a situation of separation from a professional support system. The nature of the job easily creates a sense of isolationism; that success or failure is ultimately up to the salesperson and no one else. It is their duty to generate a sustaining, and hopefully increasing, level of revenue for the company. Accomplishing this requires managing a myriad of relationships – externally with both existing and prospective customers, plus third-party suppliers as well as internally with their fellow sellers, departmental management, firm management, and all other company employees whose input and cooperation is vital to their success (i.e., shipping, training, production, etc.) (Weitz & Bradford, 1999, Castleberry & Tanner, 2010).

It is crucial for the success of any organization employing salespeople that they perform to the best of their ability (Vinchur, Shipman, & Switzer 1998). A salesperson must be successful in order to keep his or her organization operating and its other employees employed (and perhaps of equal importance in today's environment - insured). Their own unique personal factors are the single greatest determinant of their future success (Churchill, et al, 1985). They expect to face rejection internally and externally on a regular basis. They continually find themselves experiencing role conflict over whether loyalty to their company or their customer is more important. Emotional exhaustion, along with role ambiguity, wavering job satisfaction and questionable organizational support can further add to an already heavy load of stress and isolation (Babakus, et al, 1999). Add to the above that, "perhaps more than any other legitimate occupation, sales has long been linked with "sleazy" activities (Hair, Anderson, Mehta, & Babin 2009). If working conditions such as these do not foster a sense of loneliness and isolationism, what does?

### Salesperson Burnout

Over time, an impressive collection of academic research into the areas of salesperson burnout, emotional exhaustion, and other similar conditions has been developed (Hamwi, Rutherford, & Boles, 2011, Jackson, Schwab, & Schuler, 1986, Kemp, Borders, & Ricks, 2013, Strutton & Lumpkin 1993). There is agreement that various forms of stress, such as role conflict or ambiguity, serve as one of the primary culprits behind these psychological afflictions. Maslach and Jackson (1981) conceptualized employee burnout as consisting of three elements: emotional exhaustion, depersonalization, and a sense of low personal accomplishment. The definition of depersonalization is, "the display of negative attitudes toward customers or co-workers," (Hollet-Haudebert, Mulki, & Fornier, 2011, p. 411). Lewin and Sager (2007) found that such a mental state could lead to several negative situations, including diminished job performance, decreased client relationships, and increased abuse of substances. Even though this initial study concentrated on what 'helping' professions such as teaching or health care, B2B salespeople are also very susceptible to burnout (Babakus, et al, 1999, Moravac, Collins, & Tripodi, 1990, Singh, Goolsby, & Rhoads, 1994). Yet, surprisingly, until only very recently, research into salesperson burnout was minimal, at best.

Babakus, et al. (1999) focused on the emotional element aspect of burnout in one of the first considered studies into this occupational phenomenon. They found that role-associated stress served as the main antecedent to salesperson burnout. The two components of role stress are role ambiguity and role conflict. Role ambiguity is defined as a lack of clear direction regarding either job or organizational expectations (Rizzo, House, & Lirtzman 1970), while role conflict is defined as an, "incompatibility in communicated expectations that impinge on perceived role performance...when the requests of a customer and supervisor are at odds," (Babakus, et al, 1999, p. 60). Lewin and Sager (2009), suggest that the burnout process for salespeople, "begins as a result of weakening job performance that leads to self- perceptions of diminished accomplishment," (p. 1222). Hollet-Haudebert, et al (2011) report that both burnout and stress can have negative impact on both the condition of an individual employee's health and that of a company's operational well-being. Challagalla, Shervani, and Huber (2000) found that salespeople who do not regularly interact with either their managers or colleagues, or those who perceive they do not receive an adequate level of managerial support (i.e., role ambiguity), experience feelings of isolation.

A recent study by Chen and Kao (2012) focused on the consequences of burnout and colleague isolation among flight attendants. It found that not only were there negative job outcomes, but health problems as well. Like salespeople, flight attendants represent an occupation which requires a high degree of 'emotional labor, in which the expression of organizationally desired emotions is part of one's job," (p. 868). The authors further assert that, "job demands are the main initiators of burnout, which, in turn, impair personal health," (p. 872). The general health problems measured in this study included feeling unaccountably tired, smoking and drinking more than usual, shortness of breath, dizziness, and muscle trembling, among others. Yet, despite recent studies such as these being in seeming agreement that

burnout and its various components can impair both employee performance and health, very little has been done to investigate what happens when such states of mind become chronic and begin to affect the salesperson’s physical health. A conceptual framework is presented in Figure 1 below.

Figure 1: Conceptual Framework

<b>NEGATIVE ENVIRONMENT CONDITIONS</b>	→	<b>POOR CHOICES REGARDING DIET and HEALTH</b>	→	<b>INDIVIDUAL PHYSICAL IMPACT</b>	→	<b>ORGANIZATIONAL FINANCIAL IMPACT</b>
Role Ambiguity Role Conflict Isolation Loneliness		Substance Abuse Poor eating habits Lack of exercise Lack of medical care		Hypertension Heart disease Diabetes Cancer		Loss of sales personnel Loss of revenue Damage to reputation Increased insurance costs

*This figure shows a framework of how a salesperson’s work style and environment can lead to their making potentially harmful decisions concerning their health and diet. These decisions, in turn, can have both a detrimental impact on not only their physical and mental well-being, but also the financial and commercial well-being of their employing company.*

Chronic Loneliness/Isolationism

Existing studies on the health effects of social isolation, or loneliness, have shown correlations between individuals’ feelings of loneliness (based on the UCLA Loneliness Scale) and a range of health risks including obesity, heart disease, diabetes, and more (Cacioppo & Patrick 2008). These conditions could have dire consequences not only on the individual salespeople, but also on their employers, customers, families, and anyone else directly or indirectly dependent upon their performance ability. Among the potential negative effects are lost work (including any lost knowledge of products, competition, industry developments, etc.), lost sales and the accompanying lost revenues/profits. Not all financial aspects of the salesperson will decrease, however. Health insurance premiums will increase, as will the costs associated with replacing an established salesperson either temporarily while receiving medical treatment or permanently should the affected salesperson decide to seek work either for a different company or a different field altogether.

A review of several on-line databases for existing literature on published studies regarding the determinants of a salesperson’s health, or the health risks faced in performance of their jobs, turned up very discouraging results. Porter, Kraft, and Claycomb (2003) conceptualized how a “wellness lifestyle” could benefit a company’s sales employees to help combat stress and fatigues. However, it does not address potential root causes of such negative energies, rather acknowledges their existence and suggests a counter approach. Other research focused on how fitness programs can aid an organization by lower health insurance (Gemignani, 1998), reduced turnover (Harrison & Liska, 1994), on overcoming employee resistance to on-site exercise centers (Schwetschenau, O’Brien, Cunningham, & Jex, 2008), and how happy employees are better workers (Mason, 1992).

Not surprisingly, a second, more pinpointed search regarding the relationship between isolation/loneliness and salespeople similarly found no existing literature. Yet, given the nature of sales positions – their importance to the business world and the conditions most salespeople are required to work under - such research would be of tremendous benefit to the fields of sales management, marketing, and psychology.

Several studies were found that characterize the traits and health effects of individuals suffering from chronic loneliness (from the fields of Psychology and Sociology), as well as the desired characteristics of salespeople (from the fields of Management, Marketing, and Sales). It should be noted that although there are scientific explanations as to why human beings are, by nature, social creatures (i.e., how our survival as a species has been dependent upon this characteristic), and how isolationism runs evolutionarily counter to our instincts, they are not directly relevant to the focus of this paper and will not be addressed.

Two of the more applicable studies to this theory of detrimental health conditions among salespeople are the legendary British Whitehall studies (Marmot, Rose, Shipley, & Hamilton, 1978, Marmot, Smith, Stansfield, Patel, North, Head, White, & Grunner, 1991). Over the course of twenty years, these two works investigated the relationship between levels of physical health conditions and employment in over 10,000 civil servants throughout Great Britain. The researchers found that an inverse relationship existed between where an individual ranked in their employment hierarchy and their perceived health conditions. The lower the job status (whether determined by financial compensation, amount of control or satisfaction derived), the worse the health of the employees. Subjects showed increased prevalence of angina (chest pain due to coronary heart disease), ischemia (reduced blood supply to the heart), and chronic bronchitis (inflammation in the lungs).

Additional findings from the Whitehall studies revealed that lower employment graded persons were also more likely to engage in health-threatening behaviors, such as smoking, poor diet, and lack of exercise. For many organizations, despite the surface benefits they receive, the sales force is the front line. They, like the civil servants in Britain, are boundary spanners bridging the spans between company (government) and client (i.e., citizen). However, where these landmark studies fall short is in their failure to put forth any explanation as to why the revealed inequalities existed to begin with.

To begin to understand why, it is worth mentioning the published findings of Cacioppo and Patrick (2008). They report that functional magnetic resonance imaging (fMRI) clearly demonstrates that the part of the human brain that becomes stimulated in response to feeling emotional pain, such as that caused by being rejected by another person, is also triggered in response to physical. Their work also shows that feelings of rejection, loneliness and isolation, when continually experienced – that is, when unmet needs for connection become chronic, as often happens to salespeople – can lead to patterns of engaging in health threatening behaviors such as smoking, lack of exercise, poor diets, and such.

The ability to repeatedly experience rejection from prospects, clients, suppliers, third-party vendors, management, co-workers, etc. yet be willing to endure more is historically one of the foremost qualifications to be a successful salesperson. However, continual exposure to refusals, denials, rebuffs, cannot help but to wear down a person's personal defenses. With the passing of time and increasing experience, successful salespeople learn to control (self-regulate) their emotions as a defense mechanism to such constant negativity (Baumeister & Exline, 2001).

Control theory was once the leading approach to explain the relationship between social isolation and poor health behaviors (House, Landis, & Umbertson, 1988). The premise of this theory is that without some form of personal social support system in place via family or friends, people are more likely to suffer poor health. Yet, this does not explain the results of the Whitehall study discussed earlier (Marmot, et al, 1978, 1991)

As with any hierarchical structure, there are more people grouped together among the lower classifications. Yet, if there are more people in these lower level positions, there should be increased interaction; social isolation should be more predominant in the upper levels where there are fewer individuals. This may be the key application of Cacioppo and Patrick's findings to the world of sales. Research shows that among individuals most likely to obtain entry level sales jobs out of college, those who feel lonely do not spend any less time with others than do those who do not feel lonely. In other words, a lack of friends or social connections is not determinant of loneliness (Russell, Cutrona, de la Mora, & Wallace, 1997). Neither is loneliness reflective of having poor social skills (Cole, Hawley, Arevalo, Yung, Rose, & Cacioppo, 2007). Objective neutral support does not have emotional impact. According to a study reported in 2006, "it was the subjective sense of loneliness – not a lack of objective social support that uniquely predicted depressive symptoms, chronic health conditions, and elevated blood pressure" (Cacioppo, Hughes, Waite, Hawley, & Thisted, 2006). Older "lonely" adults in the study had

more stressors that are objective in their lives, including greater marital strife and “run-ins” with others (Hawkley & Cacioppo, 2007). Cacioppo and Patrick (2008) later assert that people with difficulty in handling social situations, perhaps due to loneliness or social isolation issues, are often unable to advance professionally; such as those in British civil service. They state,

What seems true for midlevel civil servants regarding a disconnect between effort and reward and a minimal control over one’s circumstances seems true for individuals trapped in a persistent feeling of social isolation (p. 102).

Eventually, they conclude that there is no singular explanation as to how loneliness can cause such bad health in people. They surmise that it is a longitudinal wearing and tearing down, a “grinding process” that proceeds down five different routes. The causal paths they discover are: 1) health behaviors; 2) exposure to stressors and life events; 3) perceived stress and coping; 4) physiological response to stress; and 5) rest and recuperation (Cacioppo & Patrick, 2008, p. 99).

Salespeople travel, each of these five roads, many times over, on a daily basis. These channels may explain why salespeople are more susceptible to engaging in poor health behaviors than others are. Such risks to an organization’s front line deserves more attention than they currently receive.

### Organizational Impact

The effects of salesperson burnout, whether due to emotional exhaustion, depersonalization, and perceptions of low professional (or personal) accomplishment are well documented (Begum & Wuhan, 2012, Hollet-Haudebert et al, 2011). Increase absenteeism, decreased organizational commitment, higher turnover, adverse morale, damaged relationships with existing customers (some of them potentially strategic partners) as well as with co-workers (Low, Cravens, Grant, & Moncrief, 2001, Yavas, Babakus, and Karatepe, 2008). However, when these conditions fester, potentially leading to more serious physical conditions (diabetes, heart disease including mild or severe heart attacks, hypertension, substance abuse, etc.); the organization will incur greater costs. These extra expenses could involve employee insurance programs, payout of accrued sick or vacation time, possible overtime for non-salaried support staff, additional work for other salespeople to cover the resulting unattended accounts, and the increased risk of burnout among previously unaffected sales personnel. Should the characteristic salesperson work-style result in the infliction of debilitating health conditions, it may send a wake-up call to their colleagues. This could, in turn, result in a decreased exertion of time, energy and effort in the performance of the duties for fear of putting themselves at risk; i.e., a shifting of their priorities away from the organization’s needs and more toward their own.

There are ways that organizations can offset the chances of their sales force incurring a type of harmful and damaging illness. Technological advances such as Skype and Google+ could provide salespeople with the opportunity to engage clients in a face-to-face setting, which would be more personal than a letter or phone call, while still allowing them to be home with their family at night (avoiding a range of destructive travel temptations)(Marshall, Moncrief, Rudd, & Lee, 2012). Further, such application of technology could be conducted from their office where their professional support base of management, R&D, shipping, accounting, etc. are only a few steps or so away should their input be needed to help address a client’s problems or concerns. Another step that organizational management could take would be to require mandatory physical exams of their sales force members. Such preventive strategies, although available to the salespeople at minimal cost under their insurance plans, are rarely used; time spent at a doctor’s office is time not spent selling, i.e., not spent generating revenue and commissions. However, it would appear that a company stands to risk a considerable amount more should possible ailments go undiagnosed and or untreated. Mandatory physicals could be included as part of the annual evaluation criteria of each salesperson. Organizations should want to do everything possible to ensure

that the investments made in the individuals responsible for generating revenue and overseeing strategic relationships, while working unsupervised, are not in futility.

## CONCLUSION

Salespeople are at high risk to experience burnout in their jobs because of the emotional exhaustion, depersonalization, and low sense of accomplishment experienced. This paper suggests that due to salespeople being more susceptible to risky health behaviors both organizational out-of-pocket costs and market reputation are at risk. Expenses relating to insurance premiums, temporarily or permanently having to replace an absent (hospitalized?) salesperson, and lost sales decrease the firms' existing and potential revenue streams. It also negatively affects both the seller's job performance, relationships with customers, co-workers, and their own family. Effects such as these could be extremely detrimental to an organization, especially a small one that does not have the resources readily available to react to such a very likely situation.

Although a substantive body of research exists regarding the impacts of physiologically based impairments such as salesperson burnout, emotional exhaustion, and depersonalization, little, if any, is available with respect to the physical impairments and ailments that salespeople are clearly susceptible to contracting. Steady work-styles of internal and external stress, role conflict, role ambiguity, isolationism, loneliness, bad diet, lack of sleep, overindulgences of alcohol, tobacco, and other harmful substances cannot result in a beneficial environment for either the employee or the employer. It is hoped that this conceptual paper will soon encourage sales researchers to begin both qualitative and quantitative research studies to find support (or not) for this possible explanation as to why salespeople may incur greater health risks than non-salespeople and what their employing firms can do to stave off such detrimental impacts. Sellers face a daily barrage of rejection, isolation, depression, demands, stress, and anxiety. This research study could help provide direction to abate these burdensome challenges faced by salespeople every day.

## LIMITATIONS / FUTURE RESEARCH

This paper presents solely the authors perceptions regarding a possible connection between two existing areas of research: Sales and Loneliness. There are no existing studies, either qualitative or quantitative, that provide any theoretical or conceptual basis for the existence of such a linkage. It is the hope and goal of the author to stimulate both dialogue and investigation among academic (or clinical) researchers concerning this potential, and extraordinarily important, association. There are a great number of paths available for further investigation into the impact of loneliness on B2B salespeople. The two clearest would be either a study of loneliness' influence or physical manifestations on salespeople (clinical/empirical) or a qualitative inquiry of salespersons' personal experiences with the various characteristics of loneliness; extracting similar themes from the discussions. A third area worth deeper research would be the perspective of buyers who interact with salespeople experiencing this condition.

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## **BIOGRAPHY**

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