

Mental health, resilience and emotional regulation in sales representatives in the Irish Tech industry.

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I. Declaration

I declare that this thesis that I have submitted to Dublin Business School for the award of HDip Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.

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II. Acknowledgements

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III. Abstract

This study was conducted to investigate mental health, resilience and emotional regulation in sales representatives of the tech industry in Ireland. Participants consisted of 71 (n=71) females (n=30) and males (n=41). A questionnaire was sent to participants using web based mediums. Participant's mental health was investigated using the DASS21(Lovibond & Lovibond,1995). Resilience was measured using the BRS (Smith, 2008) and emotional regulation was investigated using the ERQ (Gross & John, 2003). The data sourced was analysed using Independent t-tests, Mann- Whitney U together with Spearman and Pearson's correlations. Overall, the study found that participants had normal levels of stress, anxiety and depression. A significant difference did exist in anxiety levels between females and males together with a relationship found between stress levels and sales targets perceived to be difficult. The participants were found to have normal resilience, with resilience scores having a negative correlation with depression and anxiety. In relation to emotional regulation strategies, the use of cognitive reappraisal was more frequent than emotional suppression with emotional suppression found to be positively correlated to stress and depression. It is hoped that the results of this research can be used to show the importance of training to promote good mental health in sales organisations

Chapter 1: Introduction

This study will focus on the mental health of sales representatives in the tech industry of Ireland. It will explore how aspects of the role affects mental health and delve deeper into some of the strategies adopted by sales representatives to mitigate the stressors that may arise from this field of work.

1.1 The role of the Sales representatives

The sales function has a critical role as the main revenue driver of a business (Storbacka, Ryals, Davies & Nenonen, 2009). Performance for sales representatives is often measured by defined targets. According to the Business Dictionary “a sales target is a goal set for a salesperson or sales department measured in revenue or units sold for a specific time” (“What is sales target? definition and meaning”, 2020). Along with other interpersonal features mentioned below, Motivation is the key to driving success within a sales team. It activates and directs human behaviour. Organisations aim to gain the most potential revenue generation out of staff by setting these at high levels but also aim for targets to be perceived as achievable to avoid demotivation (Franco-Santos & Bourne, 2009). Money is a powerful motivator and performance targets for sales staff are usually associated with monetary incentives. These ‘bonuses’ are then added to the sales representatives’ base salary if they meet or exceed the objectives set by their organisation (Santos Ferreira, 2017). Motivating their sales force is a topic of controversy among sales managers as each employee is an individual with different motivational forces, financial incentives have been found to be an effective rewards strategy to drive performance (Nwude,2013; Santos Ferreira, 2017).

Staying competitive in a continually changing economic environment is a major challenge for many leading companies. A positive correlation has been found between organisations that have a strong customer orientation, encouraging their employees to put the customer first, and corporate success (Deshpandé, Farley & Webster, 1993). Thus, the sales landscape of today differs from that of the 20th century with more focus on customer loyalty and retention rather than simply selling a product or service (Leigh and Marshall, 2001). Since sales staff are often the first point of contact a customer has with a brand or company, they hold a vital role in personalising each company for customers, functioning as a differentiating factor that creates more competitive advantages for companies (Evanschitzky, Sharma & Prykop, 2012; Storbacka, Ryals, Davies & Nenonen, 2009). This personalising can often require large amounts of emotional labour as the sales person strives to keep the customer satisfied at any cost.

1.2 Mental health within the workplace

According to the World Health Organisation (2001) mental health is one of the leading causes of disability worldwide. The Irish census (2016) has shown an increase of 27,511 to 123,515, an increase of 28.7% since 2011, of people with psychological or emotional conditions. Suffering from mental health difficulties can affect a person's ability to function, reducing their working capacity (WHO, 2003). Many studies have shown a link between work-related stress and the development of anxiety and depressive disorders especially in jobs with high psychological demands (Khan,& Khan, 2017; Melchior et al., 2007).

Considerable change has occurred in the world's economy. Many studies have shown Society moves at a more accelerated pace and the demands on employees intensifies while job

security decreases. This can be a contributory factor for the rising rate of work related stress. (Korunka & Kubicek, 2017; Tennant, 2001). The World Health organisation defines work-related stress as “the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope”(WHO, 2020, para 3). Stress felt by an employee may not be directly caused by working conditions and may be caused by something outside of work such as financial issues or bereavement. However, with stress estimated to cost globally between US\$221.13 million to \$187 billion it is in their interest and often required by legislation for employers to take measures to ensure that employee stress is not caused or exacerbated by work conditions (Hassard, Teoh, Visockaite, Dewe & Cox, 2018).

1.3 Mental health within sales

Some occupations face more stress than others. Jobs with high psychological demands such as heavy workload and extreme time pressures have a twofold risk of major depression or generalized anxiety disorder compared to those with low job demands (Melchior et al., 2007). The sales person has two objectives; first to satisfy the customer and secondly to sell as much as possible to meet an organisations objectives. Trying to satisfy these often conflicting demands can put much psychological strain on the employee (Abiala ,1999). According to an interview based survey conducted by Stansfeld, Rasul, Head & Singleton (2009) where the prevalence of major mental health disorders in different occupations was compared, sales professionals were shown to have a higher prevalence rate of common mental disorders (17%) compared to the 13% overall prevalence in adults.

Much research has been conducted to investigate turnover and retention in sales staff (Boles, Dudley, Onyemah, Rouziès & Weeks, 2012; Lu, Bonfrer & Voola, 2015), motivation of sales

staff (Santos Ferreira, 2017) and improving performance, (Singh, Manrai & Manrai, 2015) but very little research has been conducted to explore the impact of role related stress in sales professionals (Dubinsky, Dougherty & Wunder, 1990). Chronic stress has been found to have an effect on both retention (Kachi et al., 2020), motivation and performance of sales staff (Sinambela, 2020). Since there is a strong relationship between chronic stress and mental health disorders, this current study will examine some of the aspects of the job that may contribute to chronic stress felt by sales staff and delve deeper into how these stressors contribute to the mental health of the participants.

A survey conducted by Dr Zoë Douglas-Judson (2018) which investigates stress within sales asked 325 sales professionals what was their main cause of stress in their work environment. The results revealed that ‘targets’ as the lead causes of stress for the participants. The stress relating to unachievable targets has been shown to directly affect the emotional wellbeing of sales representatives and can cause an elevated rate of depression (Atif, 2016). Considering that targets represent a huge stress factor for those working in sales, it is surprising to find that very little research exists that investigates how these impact mental health. Apart from the study conducted by Atif in 2016 where the effect of sales targets on depression and quality of life in pharmaceutical sales representatives in Pakistan was examined. This study focused on in-field pharmaceutical sales representatives and this physical stress was thought to be due to prolonged driving and waiting outside physicians’ offices in order to achieve targets. This study hopes to contribute to the research base as it will be conducted with sales representatives that for the most part work within an office setting, where sales are conducted via telephone.

Amongst other variables to consider, the survey conducted by Dr Zoë Douglas-Judson (2018) also highlighted working long hours as a main cause of stress in sales representatives.

The Institute for employment studies (2003) found that in the UK and USA, working more than 48 hours a week was common within the sales profession. Working long hours has been shown to have a negative effect on mental health well-being (Afonso, Fonseca & Pires, 2017; Ogawa et al., 2018). Long working hours can mean less time spent with family and this can often result in family conflict (Akkas, Hossain & Rhaman, 2015) and studies exist which suggests the positive correlation between family conflict and psychological distress (Atif, 2016; Major, Klein & Ehrhart, 2002) This study will focus on sales teams within Irish tech companies. According to data taken from Glassdoor (2019) 71% of companies that scored highest in the category for work/life balance were tech companies. Good work/life balance has been shown to have a positive effect on employee mental health (Yang, Suh, Lee & Son, 2018; Jang, Park & Zippay, 2010). This research will investigate the effect of working hours on the mental health of sales workers that would be expected to have relatively good work/life balance something that is not overly represented in current literature.

1.3.1 Gender differences in sales.

According to a LinkedIn report (2014), women make up 39% of the workforce in sales. In the survey conducted by Stansfeld, Rasul, Head & Singleton (2009) women within sales were found to have a higher prevalence of mental health disorders than men. Although it can be argued that in general, studies have shown women are more likely to suffer from mental health difficulties than men (Gulland, 2016; WHO,2000). However, it was shown during this survey that women in sales were also more likely to suffer from mental health difficulties as opposed to women in other professions.

In 2019 Ahn, Kim, Lee, Park & Kim examined data from the Korean National Health and Nutrition Examination Survey (2007–2017). From this they observed that females in sales were more likely to experience depressive symptoms and suicidal ideation. As described earlier,

sales involves much customer contact which makes it a role that can require high emotional labour. This study conducted by Ahn, Kim, Lee, Park & Kim suggests that the sex difference in mental health is due to the differing responses men and women have to tasks that involve emotional labour.

Sales also involves long and irregular hours. Women who work long-hours have been shown to be more likely than males to show depressive symptoms (Weston, Zilanawala, Webb, Carvalho & McMunn, 2019). Conversely, workplaces that show flexibility in relation to ease of arranging childcare has shown lower rates of depression among women (Wollersheim, J.P, 1993). The current literature investigating gender differences in mental health primarily focuses on traditional travelling sales roles. Technology companies have many incentives and benefits such as flexibility in terms of working times and location which may mitigate the stressors that may cause mental health problems in female employees. This current study will investigate whether a gender difference still exists between male and females in a tech sales environment.

1.4 Mental health interventions

In the workplace, poor mental health can lead to high absenteeism, frequent sick leave and a reduction in productivity, negatively impacting a company's profit while in turn driving cost as they pay to deal with the issue (Rajgopal, 2010). Conversely, good occupational mental health has been linked to high productivity and favourable economic outcomes. According to WHO (2019) for every US\$1 invested in treatment for common mental health disorders, there is a return of US\$4 in improved productivity. A pilot study was conducted in Japan where the cost/benefit was measured for the implementation of mental health programs for 11 major companies. The average cost per employee to participate was 12,608 yen while the benefit was

19,530 yen per employee (Iijima, Yokoyama, Kitamura, Fukuda & Inaba, 2013). Similarly, a study conducted with a sample of depressed patients employed in a range of positions suggests the benefit of mental health interventions over a long period of time. During this study, enhanced depression treatment resulted in a \$30 return on investment per worker in year 1 and \$257 in year 2 of the intervention (Lo Sasso, Rost & Beck, 2006). WHO (2019) advise that implementation must be delivered using a three tiered strategy. Firstly, reducing work-related risk-factors to prevent mental health difficulties, promoting mental health by developing and rewarding the strengths of employees and providing support or rehabilitation if any mental health issues were to arise.

There has been shown a high correlation between mental health and social support (Fasihi Harandi, Mohammad Taghinasab & Dehghan Nayeri, 2017). Managerial support has been shown to be important in combatting workplace mental health disorders (Moyle, 1998; Petrie et al., 2018). However, looking at the survey conducted by Dr Zoë Douglas-Judson (2018), less employees felt secure telling their manager when they felt stress (47.19%) than those who felt secure (43.72%). Within this research, stigma and lack of awareness has been suggested to be behind these findings. It may be useful therefore for sales organizations to implement mental health training for managers to facilitate communication between them and their employees. A study conducted by Bryan, Gayed, Milligan-Saville, Madan, Calvo & Harvey (2018) to investigate the most effective mental health training for managerial staff found that training should focus in building confidence and reducing stigma for positive influence over employee mental health. Implementing this type of managerial training can help reduce employee absenteeism and can have a good rate of return in investment for organisations (Milligan-Saville, Tan, Gayed, Barnes, Madan & Dobson, 2017).

1.3 Resilience in sales

Although there is no single agreed on definition for resilience, in clinical or scientific literature, resilience can be seen as a defence mechanism that allows individuals to face or overcome adversity and setbacks (Wu, Feder, Cohen, Kim, Calderon, Charney & Mathé 2011). Resilience is said to have a positive effect on job performance (Cooper, Wang, Bartram & Cooke, 2018; Kašpárková, Vaculík, Procházka & Schaufeli, 2018) This is especially important in sales where the ability to recover from setbacks is critical due to the nature of failure in these positions (Krush,2013). A resilient individual can be seen to have a positive resource to draw from and often seek to be more effective in adverse situations (Mallak,1998) For example, a sales person with high resilience may channel rejection into driving towards improvement. This can be important for sales representatives faced with challenging sales targets.

As discussed earlier, sales representatives often work long irregular hours which can put a strain on their personal relationships. Studies have shown that resilience may help moderate the relationship between work-family conflict and stress by equipping the person with better understanding of their situations and assess associated risk (Riley,2012) The person can then effectively keep things in perspective and maintain focus on the task at hand, inhibiting the development of stress (Krush, 2013). A positive correlation has been found between those with high resilience levels and good mental health (Gloria & Steinhardt, 2014; Hu, Zhang & Wang, 2015; McGarry, 2013). Resilience has been seen to be a protective factor for combatting the negative effects of emotional labour (Delgado, Upton, Ranse, Furness & Foster, 2017). A study conducted by Jung & Kim (2018) which examined depression levels in female cosmetic sales representatives found an association between the effects of resilience and emotional labour on depressive symptoms. They found that depression symptoms increased by 2.35 times when the workers were subjected to high emotional labour but had high resilience, by 3.74 times if they

experienced low emotional labour and poor resilience. Those with high emotional labour and low resilience were seen to have depression symptoms increase by 10.39. This suggests the importance of resilience for defending against depression in roles that involve high emotional labour.

The use of positive psychology and training staff in resilience based skills has shown to positively effect sales effectiveness (Jackson, Firtko & Edenborough, 2004). A systematic review of the effect of resilience training in workplace between 2003 and 2014 was conducted by Robertson, Cooper, Sarkar & Curran (2015). This review highlighted a positive effect on mental health outcomes but failed to establish definitive evidence for the most effective resilience intervention, citing that it would appear that effective interventions involve one to one training and support based on individual needs.

1.5 Emotional regulation

Regulation of emotions and cultivating positive experiences from stressful events has been thought to be useful for building resilience to adversity (Tugade & Fredrickson, 2006). Resiliency helps regulate and control a persons' perspective about the inherent demands of a job (Krush, 2013). Emotional regulation is defined by Gross (1998) as a set of cognitive processes that influences how an individual responds emotionally, how they experience this emotion and how they express it. According to Gross's emotional regulation theory (1998), when an individual receives stimulation from a particular event or situation it gives information to that persons emotional response mechanisms. Gross proposes that emotional response occurs at two points in this process. Firstly the antecedent-focused response or situation-focused response involves the individual reframing a particular emotional-eliciting situation to reduce its emotional impact. This is known as cognitive reappraisal. The second point in the process involves response-focused emotional regulation which can involve the individual modifying

their observable signs of emotion. This strategy is known as emotional suppression (Grandley, 2000).

The way an individual regulates their emotions to adapt effectively to a certain environment has been seen to be important to mental health. As seen in a study conducted by Min, Yu, Lee & Chae (2013) which examined which emotional regulation strategies predicted resilience in patients suffering from anxiety and depression. It was found that use of adaptive strategies such as refocus planning and positive appraisal together with reduced use of maladaptive strategies such as rumination contributed to building resilience in patients with depressive and anxiety disorders. Similarly, a study conducted by Moore, Zoellner & Mollenholt (2008) on a group of trauma exposed women in US found that reported the use emotional suppression were found to have higher levels of stress-related symptoms than those that reported the use of cognitive appraisal strategies. Lastly, findings presented in a study conducted by Aldao & Nolen-Hoeksema (2010) which examined four emotional regulation strategies (rumination, thought suppression, reappraisal, and problem-solving) and symptoms of 3 different psychopathologies (depression, anxiety, and eating disorders). They found that maladaptive strategies (rumination, thought suppression) were more strongly associated with these psychopathologies than the adaptive strategies (reappraisal, problem-solving). It is interesting to note that findings of this study were similar to that of Moore, Zoellner & Mollenholt (2008), the where the use of maladaptive strategies was more strongly associated with symptoms of psychopathologies than the non-use of adaptive strategies. This suggests emotional suppression and cognitive reappraisal appear to be independent constructs and overall, expressive regulation may play a more important role than cognitive reappraisal in the experience of stress-related symptoms.

1.5.1 Emotional regulation within sales.

As mentioned earlier, customer relationship management has become increasingly important within sales. Therefore, salespeople participate in frequent customer interactions within their profession. Often sales organizations have expectations on staff that involve presenting positive emotions in order to produce positive customer outcomes which they believe make more sales (Wong, Tschan, Messerli & Semmer, 2013). Sales people are faced with a number of situations and circumstances that may elicit strong emotions such as angry or irate customers. Effective management of these emotions has been seen to have a positive effect on a salespersons performance (Kemp, Borders & Ricks, 2012). A study conducted by Mulki, Jaramillo, Goad & Pesquera, 2015 found that emotional regulation can help reduce felt stress within sales professionals. However, this is just the case for adaptive emotional regulation strategies such as cognitive appraisal. Dysfunctional emotional regulation strategies such as rumination and emotional suppression can mediate symptoms of depression and physiological illness (Compare, Zarbo, Shonin, Van Gordon & Marconi, 2014). A nationwide cross functional study was conducted across 15,669 paid customer service workers in Korea (Yoon, Kang, Jeung & Chang, 2017). This study found that those reported to be always engaging with complaints from customers and thus always suppressing emotion were more likely to experience depression and anxiety symptoms.

1.6 Rationale for study

According to Enterprise Ireland, Ireland is the second largest exporter of computers and IT services in the world and the sector accounts for more than €50 billion per annum of exports

from Ireland. The Tech industry currently employs over 80,000 professionals in Ireland. It has been forecasted that there will be 8,000 job openings per annum with some of these openings being within tech sales. With many openings to fill, there is not only a huge demand for new talent within this sector but also a huge focus on employee retention. Assessing the mental health of employees can be a good measure of staff morale and job satisfaction. It can also be a good measure of the likelihood of staff turnover (Rajgopal, 2010).

Not a large amount of research exists that focuses primarily on mental health of sales staff, with much of the research focusing on job performance. While there is a wealth of research in sales on how to minimize the effects of negatively- oriented psychological factors in relation to performance, it may be useful to look at these psychological factors in relation to mental health considering the strong relationship between performance and mental health. Considering that targets represent a huge stress factor for those working in sales, it is surprising to find that very little research exists that investigates how these impact mental health. Apart from the study conducted by Atif in 2003 where the effect of sales targets on depression and quality of life in pharmaceutical sales representatives in Pakistan was examined, no other research was found that investigated this important aspect of sales. This research hopes to fill this gap.

No research has been conducted that investigates mental health specifically in the tech sector. Much of the research found during a literature search relates to sales representatives that work in retail and pharmaceuticals and do not necessarily reflect the stressors that those in tech sales face. Tech companies are renowned for additional perks such as free meals ,flexibility to work from home and promote good work/life balance for their employees. This would suggest that the stressors such as long commutes, long hours etc which are associated with sales representatives in other sectors may not apply to those working in the tech industry. This research may give an indication of the mental health of those employed within the sector and

can perhaps be used in future research to compare mental health between different sales verticals.

As seen in the research mental health interventions can have high return on investment resulting in higher productivity. It is advantageous for business leaders to consider examining what strategies promote good mental health and investing in creating strategies which encourage the use of these within their organisation. The potential impact of positive psychological factors such as resilience and adaptive emotional regulation strategies is largely absent from sales literature. Again, research primarily focuses on how these strategies effect job performance and very little has been performed to explore how these constructs effect mental health in sales. It is hoped that this current research will help provide more knowledge into the use of these regulation strategies within the sales profession giving sales leaders the potential to adopt certain training or interventions based on the findings.

1.6 Hypothesis drawn

1. Hypothesis One

There will be a statistically significant difference in the relationship between sex and mental health in males and females in the sales profession

2. Hypothesis Two

There will be a statistically significant difference in the relationship between mental health and hours worked

3. Hypothesis Three

There will be a statistically significant difference in the relationship between mental health and sales target achievability.

4. Hypothesis Four

There will be a statistically significant difference in the relationship between mental health and resilience within the sales profession

5. Hypothesis Five

There will be a statistically significant difference in the relationship between emotional regulation and mental health in sales representatives.

Chapter 2: Methodology

2.1 Participants

A non-probability purposive sample was obtained for this study which contained (n=71) participants. Of the 71 participants, 42.9% were female (n=30) and 58.6% were male (n=41). The inclusion criteria required participants to be over 18 and employed full-time as a sales representatives in the Tech industry. Recruitment of the purposive sample began by sending a self-administered questionnaire to targeted participants through various mediums including Facebook messenger, LinkedIn, private messaging and email. Web-based distribution was decided to be the most effective as it allowed for purposive sampling. The survey was also posted on LinkedIn asking sales professionals to participate.

Many participant were colleagues and friends of the author working in this industry. These surveys were emailed to participants and this allowed for snowball sampling as these participants forwarded the survey on to other sales professionals. Participation was anonymous and completely voluntary; this was made aware to participants prior to completing the online survey. They were made aware that no data would be shared with their employer. There was no monetary incentives made available to participants and it was made known that a summary of results could be provided to participants if they requested such.

2.2 Design

The study was quantitative with all participants recruited through non-probability purposive sampling completing the same self-administered online survey. A non-experimental correlational design was employed to investigate the relationship between the criterion variable of mental health and the predictor variables of sex, hours worked, sales target achievability, resilience and emotional regulation score.

2.3 Materials

The online survey was designed using Microsoft Forms and data was then downloaded to Microsoft Excel 2016 and imported into SPSS 25 to allow for appropriate statistical analysis. The online survey contained 6 sections, with 45 questions. The first question contained an information sheet (Appendix A) which explained the purpose of the research and consent. Section two (Appendix B) involved 7 demographic questions referring to sex, age, title, tenure, working hours and sales targets.

The third section included the shortened 21 question DASS-21 scale (Lovibond & Lovibond, 1995) (Appendix C), the fourth section involved the 6 question *Brief resilience scale* (Smith, 2008) (Appendix D), the fifth section involved the 10 item *Emotional Regulation Scale* (ERQ; Gross & John, 2003) (Appendix E). Finally section five (Appendix F) had a debrief sheet for participants. Short versions of these psychological measurements were used as to ensure that the questionnaire was not unnecessarily long so as not to burden the participants. The survey could be completed in less than five minutes.

The three psychological measurements used were:

- *The Depression, Anxiety Stress Scale-21 Items (DASS-21; Lovibond & Lovibond, 1995)*

The DASS is a self-report questionnaire consisting of three scales used to measure the core symptoms of anxiety, depression and stress (Gloster et al., 2008). Lovibond & Lovibond (1995) developed this single measure to measure these symptoms but at the same time in way that effectively maximizes discriminant validity between the constructs. The original scale consists of 42 questions with 14 questions in each

subscale while the shortened version has 7 questions in each subscale. The depression subscale measures hopelessness, low self-esteem and low positive affect. The anxiety scale assesses a person's autonomic arousal, physiological hyperarousal and the subjective feeling of fear. Lastly, the stress subscale measures tension, agitation and negative effects. In a study conducted by Page, Hooke & Morrison (2007), the psychometric properties of the DASS were evaluated in two large clinical samples. During this study, the DASS was shown to have excellent internal consistency and temporal stability. Correlation between DASS and clinical ratings measures of anxiety, depression and negative affect demonstrated the DASS to be approximate facets of diagnostic categories such as Depression scale for mood disorders, Anxiety scale for panic disorder, and Stress scale for generalized anxiety disorder. Within the questionnaire, participants are asked to determine how likely each of a number of statements have applied to the respondents within the last seven days. The DASS 21 scale is a four point Likert scale with values ranging from '0', meaning the statement does not apply to '3' the statement applies most of the time, over the past week. Many studies have demonstrated excellent internal consistency in both the 42- and 21-item versions: Depression (range=.91 to .97); Anxiety (range=.81 to .92); and Stress (range=.88 to .95) (Crawford & Henry, 2003)(Sinclair et al., 2011) (Gloster et al., 2008).

- *The Brief resilience scale* (BRIEF; Smith, 2008): This scale was developed to measure a person's ability to bounce back from stress. It is a self-reported questionnaire consisting of six-items. Participants are asked to answer these items by indicating how much they agree with each statement based on a 5 point Likert scale with 1 being "strongly disagree" up to 5 being "strongly agree". The scores for each response is added

up giving a score range of 6-30. This sum is then divided by the number of statements to give an overall score. This overall score ranges from 1 indicating “low resilience” and 2 being “high resilience”. Smith (2008) found that the internal consistency of the BRS was good with Cronbach’s ranging from .80–.9.

- *Emotional Regulation Scale* (ERQ; Gross & John, 2003) is used to assess a person’s ability to control their emotions. It examines two emotional regulation strategies: the negative emotion suppression strategy which is examined by a 6 item subscale and the positive cognitive reappraisal strategy which is examined using 4 item subscale. The questionnaire contains 10 items where the participant answers how much a statement applies to them by giving it a score on a 7-point Likert scale: 1 being “strongly agree” and 7 being “strongly disagree”. The overall score is given by taking the average of all the scores in each subscale of cognitive reappraisal and expressive suppression. The higher the score, the greater use of that regulation strategy. This scale has been shown to have sufficient reliability for both subscales: $\alpha = .79$ for Reappraisal and $\alpha = .73$ for Suppression.

2.4 Procedure

Research was conducted by using an online survey sent to sales professionals and posting of an online survey to various social media platforms. The participants were informed through the online survey what the research being conducted was in relation to and all procedures were in line with The Code of Professional Ethics of the Psychological Society of Ireland (PSI, 2011).

The online survey was put together using Microsoft forms, it contained 6 sections: (1) an information sheet (Appendix A) for explaining to participants the purpose of the study and

informing them of consent and confidentiality, (2) a demographics page (Appendix B), (3) Depression Anxiety Stress Scales 21 (DASS – 21) questionnaire (Appendix C), (4) The Brief resilience scale questionnaire (Appendix D), (5) Emotional Regulation Scale questionnaire (ERQ; Gross & John, 2003) (Appendix E) and (6) a debrief page containing information on mental health services and a thank you to participants for completing the questionnaire (Appendix F). The online survey took roughly five minutes to complete and could be viewed by participants online through computer, electronic device and mobile phone. The survey was left open for 3 weeks and when this was closed, the data was downloaded to Microsoft Excel (2016 version). The relevant information was then exported to the Statistical Package for the Social Sciences (SPSS 25) programme in order to perform statistical analysis.

2.5 Ethics

The Ethical considerations were reviewed using both the Dublin Business School Ethical Guidelines for Research with Human Participants and The Code of Professional Ethics of the Psychological Society of Ireland (PSI, 2011). Prior to conducting the research, an outline of the proposed research was sent to Dublin Business School Research Ethics Committee. It was given approval in November 2019. The information sheet (Appendix A) provided to participants at the beginning of the survey, outlined a brief description of the study, how the information provided would be anonymous and would be stored on a password protected computer with USB, keeping with the Psychological Society of Irelands Code of Professional Ethics (PSI, 2011) to ensure informed consent.

Participants were also informed that because the survey is anonymous their data cannot be withdrawn after completion. Due to the nature of the questions asked during the survey, it can be possible that it may raise concerns with the participant in regards to their mental health. Because of this a debriefing sheet (Appendix F) with contact information for mental health

organisations was provided at the end of the survey along with a thank you for participation in the research.

Chapter 3: Results

3.1 Demographics

The total number of participants was (n=71), 42.9% were female (n=30) and 58.6% were male (n=41). The mean score for each variable was calculated and is illustrated in the table below (Table I).

Table I. Total scores for population

Variable	Mean	Standard deviation
Stress total	14.39	8.09
Anxiety total	7.47	7.06
Depression total	8.40	7.82
Resilience	3.34	.519
Cognitive reappraisal	28.67	5.67
Emotional suppression	14.38	5.03

Of the 71 participants, 20 (28.2%) had worked in sales for less than a year, Also 20 (28.2%) had worked for 1-3 years and 31 (43.7%) had worked for 3-5 years. From the results, 7 participants (9.9%) stated that they spend less than 40 hours at work/week, 47 (66.2%) participants stated that they spend 40-45 hours in work per week and 17 participants (23.9%) stated that they spend more than fifty hours/week in work (Figure I).

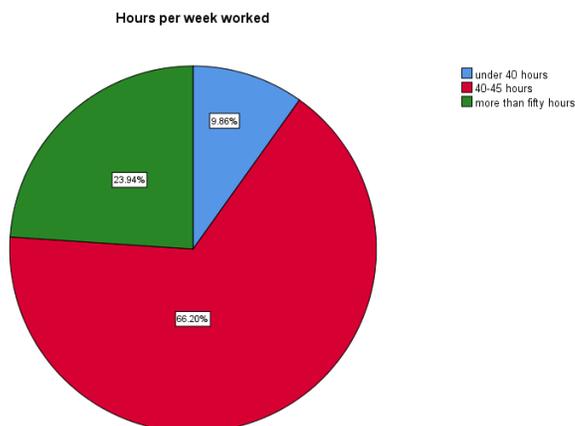


Figure I. participants hours worked per week

A chi-square test for independence (with Fishers Exact Test) indicated that no significant association between gender and working hours $\chi^2(1,n=71)= .42, p=.42, \phi=.16$. More participants (n=51, 71.8%) found their sales targets difficult to achieve while 20 participants found their sales targets to be easily achievable (28.2%).

3.2 Testing for the reliability of scales

To test internal consistency of the scales used during this research, Cronbach's alpha was used to assess the reliability of the DASS21, BRS and ERQ scales. Results of Cronbach's alpha revealed high levels of internal reliability for the DASS21 scale. The alpha coefficient for the DASS21 was 0.90. However, The alpha coefficients for the Brief resilience scale and the Emotional regulation questionnaire were reported to have low internal reliability. The alpha coefficient for BRS was 0.41 and for the ERQ it was 0.63.

3.3 Statistical analysis

SPSS computer software package was used to run a number of statistical analyses on the data. These tests included independent t-tests to look at the differences between gender, a one way analysis of variance to test for significant group differences and a Pearson Correlation to look at a relationship between two variables. All tests used in the study were two-tailed.

3.4 Inferential Statistics

Normality checks were performed across all data. Within the DASS21 scale the subscales of stress (Figure II) were found to be normally distributed while the subscales anxiety (Figure III) and depression (Figure IV) were found to be unevenly distributed. Data collected from the Brief resilience scale (Figure V) were found to be unevenly distributed. Within the

ERQ data collected, the Cognitive reappraisal subscale was found to be evenly distributed (figure VI) while data from the emotional suppression (Figure VII) subscale was found to be unevenly distributed.

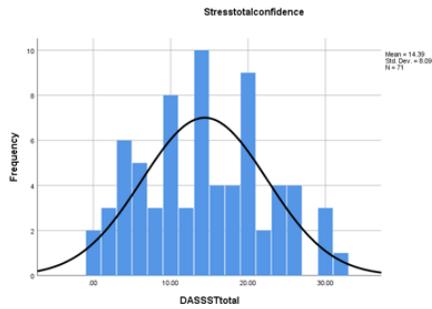


Figure II. Stress total confidence

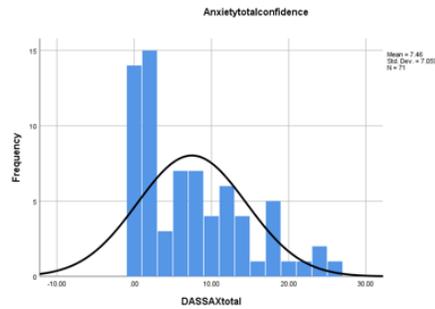


Figure III. Anxiety total confidence

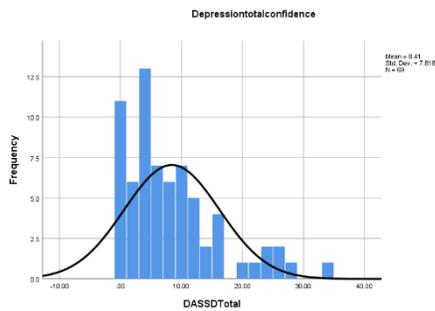


Figure IV. Depression total confidence.

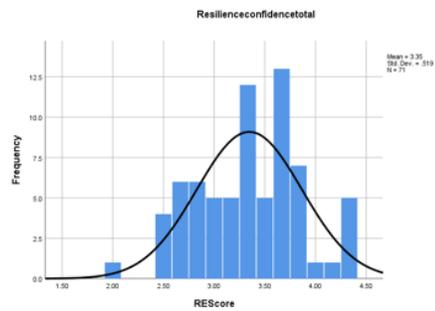


Figure V. Resilience total confidence

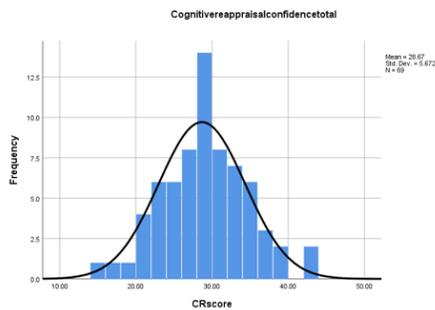


Figure VI. Cognitive reappraisal total confidence

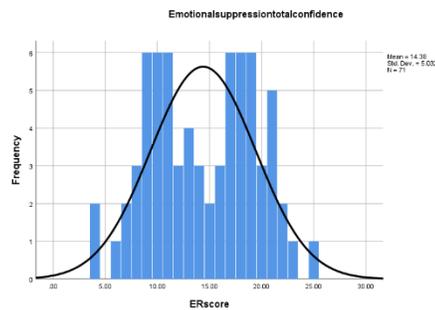


Figure VII. Emotional suppression total confidence

3.5 Hypothesis testing

Hypothesis 1: There will be a statistically significant difference in the relationship between sex and mental health in males and females in the sales profession

To test whether there is a significant difference in stress scores between males and females an Independent t-test was performed. There was no significant difference in scores for males (M=13.8, SD=7.8) and females (M=15.1, SD=8.4). The magnitude of the differences in the means (mean difference= -1.27, 95% CI: -5.17 to 2.61) was very small.

To test whether there is a significant difference in depression scores between males and females, a Mann-Whitney U test was performed. This test revealed no significant difference between depression scores between females (Md=6, n=71) and males (Md=8, n=71), U=559, z=-.185, p=.854, r= -0.02.

To test whether there is a significant difference in anxiety scores between males and females, a Mann-Whitney U test was performed. This test revealed a significant difference between Anxiety scores with females (Md=10, n=71) showing higher levels than males (Md=2, n=71), U=423.5, z=-2.252, p=.024, r= -0.26. Therefore the null hypothesis can be accepted for this hypothesis.

Hypothesis Two: There will be a statistically significant difference in the relationship between mental health and hours worked.

To test whether hours worked had a significant effect on stress a Kruskal-Wallis test was performed and found no significant difference in stress scores across the three different working groups (Gp1, n=7: under 40 hours, Gp2 n=47: 40-45 hours, Gp3 n=17: more than fifty hours), $X^2(2, n=71) = .309, p=.857$

To test whether hours worked had a significant effect on anxiety a Kruskal-Wallis test was performed and found there was a significant difference in anxiety scores across the three different working groups (Gp1, n=7: under 40 hours, Gp2 n=47: 40-45 hours, Gp3 n=17: more than fifty hours), $X^2(2, n=71) = 12.9, p=.002$. Those working 40-45 hours recorded a higher median score (Md=41.7) while those working more than fifty hours scored recorded the lowest score (Md=20.88).

To test whether hours worked had a significant effect on depression, a Kruskal-Wallis test was performed and found there was a significant difference in depression scores across the three different working groups (Gp1, n=7: under 40 hours, Gp2 n=47: 40-45 hours, Gp3 n=17: more than fifty hours), $X^2(2, n=71) = 8.68, p=.013$. Those working 40-45 hours recorded a higher median score (Md=39.9) while those working more than fifty hours scored recorded the lowest score (Md=24). These results indicate that the null hypothesis cannot be accepted.

Hypothesis Three: There will be a statistically significant difference in the relationship between mental health and sales target achievability.

To test whether there is a significant difference in Stress scores between those who felt there targets were easy to achieve and those who thought their targets were difficult to achieve, a Mann-Whitney U test was performed. This test revealed a significant difference between stress scores between those who felt there targets were easily achievable (Md=27, n=71) and those who felt they were difficult to achieve (Md=39, n=71), $U=329.5$, $z=-2.317$, $p=0.021$, $r=0.27$.

To test whether there is a significant difference in anxiety scores between those who felt there targets were easy to achieve and those who thought their targets were difficult to achieve, a Mann-Whitney U test was performed. This test revealed no significant difference between anxiety scores between those who felt there targets were easily achievable (Md=31.7, n=71) and males (Md=37.7, n=71), $U=424$, $z=-1.11$, $p=0.267$, $r=0.27$.

To test whether there is a significant difference in depression scores between those who felt there targets were easy to achieve and those who thought their targets were difficult to achieve, a Mann-Whitney U test was performed. This test revealed no significant difference between depression scores between those who felt there targets were easily achievable (Md=28, n=71) and males (Md=37.6, n=71), $U=342.5$, $z=-1.79$, $p=0.73$, $r=0.27$. These results suggest that the null hypothesis can be accepted.

Hypothesis Four: There will be a statistically significant difference in the relationship between mental health and resilience within the sales profession

The relationship between Stress and resilience was investigated using Spearman rho correlation coefficient. There was no significant correlation between the two variables, $r = -.231$, $n=71$, $p=0.052$.

The relationship between anxiety and resilience was investigated using Spearman rho correlation coefficient. There was a small, negative correlation between the two variables, $r = -.269$, $n=71$, $p=0.002$.

The relationship between depression and resilience was investigated using Spearman rho correlation coefficient. There was a small, negative correlation between the two variables, $r = -.283$, $n=71$, $p=0.001$. These results are reported in the table below (Table II). The results suggest that the null hypothesis can be accepted.

Table II. Correlation table between Stress, anxiety, depression and resilience

Variables	Stress	Anxiety	Depression
Resilience	-.231	-.269**	-.402**

**correlation is significant at the 0.01 level (2-tailed)

Hypothesis Five: There will be a statistically significant difference in the relationship between emotional regulation and mental health in sales representatives.

The relationship between cognitive reappraisal and stress was investigated using a Pearson product-moment correlation coefficient. There was no correlation between the two variables, $r = -.064$, $n=71$, $p=.601$.

The relationship between emotional suppression and stress was investigated using Spearman rho correlation coefficient. There was a small, positive correlation between the two variables, $r = .269$, $n=71$, $p=0.024$.

The relationship between cognitive reappraisal and anxiety was investigated using Spearman rho correlation coefficient. There was no correlation between the two variables, $r = -.118$, $n=71$, $p=.332$.

The relationship between emotional suppression and anxiety was investigated using Spearman rho correlation coefficient. There was no correlation between the two variables, $r = .197$, $n=71$, $p=.099$.

The relationship between cognitive reappraisal and depression was investigated using Spearman rho correlation coefficient. There was no correlation between the two variables, $r = -.047$, $n=71$, $p=.702$.

The relationship between emotional suppression and depression was investigated using Spearman rho correlation coefficient. There was a medium, positive correlation between the two variables, $r = .381$, $n=71$, $p=0.001$. This is illustrated in the Scatterplot seen below (Figure 8).

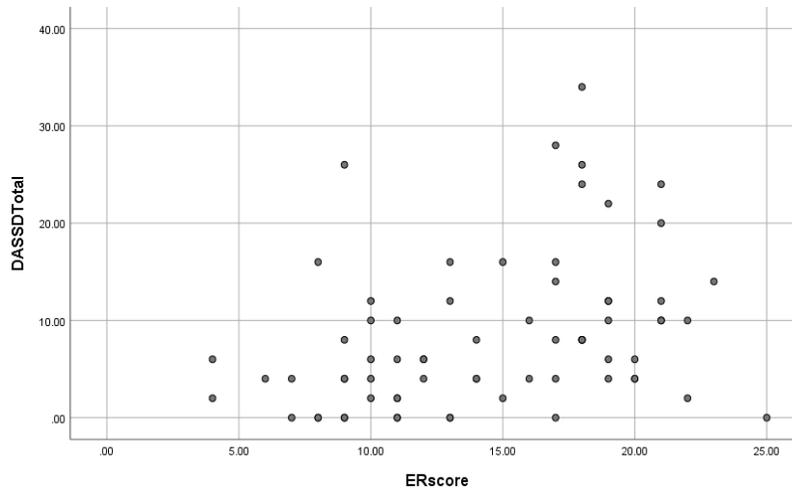


Figure VII: *Correlation between Depression and Emotional suppression*

The results gathered are illustrated in the table below (Table 3) and would suggest that the null hypothesis can be accepted.

Table III: *correlation table between mental health and emotional regulation strategies*

Variable	Stress	Anxiety	Depression
Cognitive appraisal	-.064	-.118	.047
Emotional suppression	.269*	.197	.381**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed)

Chapter 4: Discussion

The objective of this study was to investigate mental health within sales representatives. These participants mental health was described using the variables depression, anxiety and stress. This research also aimed to expand on the types of strategies adopted to deal with a role that requires large amounts of emotional labour such as resilience and emotional regulation.

4.1 Key findings

From the data collected from the group of participants, there was a normal level of mental health disorders with the average of stress, anxiety and depression scores being on normal range. This would not agree with the findings of Stansfeld, Rasul, Head & Singleton (2009) who found that mental health disorders were high in the sales profession. This may be due to the fact that the participants in these research worked in the technology industry, were they have access to many workplace benefits which could mitigate some the stress felt by their role. Participants were shown to have normal resilience and were more likely to use the adaptive emotional regulation strategy of cognitive reappraisal rather than the maladaptive emotional regulation strategy of emotional suppression. We must consider however that many of the participants were answering questions in their workplace about mental health so factors such as acquiescence bias and social desirability bias may have subconsciously driven participants to answer more positively than how they felt (Gove & Geerken, 1977).

The first hypothesis proposed that there would be a significant relationship between gender and mental health in sales representatives. Although no significant differences were found between males and females for stress and depression, a significant difference was found in anxiety scores, with females scoring higher than males. These findings were consistent with the findings of previous research by Stansfeld, Rasul, Head & Singleton (2009), where anxiety was found to be the most prevalent mental health disorder found in sales representatives with

the highest scores found in females. Although we must take into account that generally women are more likely to suffer from mental health difficulties than men (Gulland, 2016; WHO,2000) These results are not consistent with those found in the study conducted by Ahn, Kim, Lee, Park & Kim, (2019) which found higher rates of depression within females as opposed to males in the sales profession. Many tech companies offer flexible working hours and as mentioned in research conducted by Wollersheim (1993) employers which offer flexible working hours report lower levels of depressive symptoms in women.

No significant difference was found between longer working hours and mental health disorders. Those working 40-45 hours a week were found to have higher depression and anxiety scores than those working more than 50 hours per week. This would inconsistent with previous research which suggests that working longer hours can result in poorer mental health (Afonso, Fonseca & Pires, 2017; Ogawa et al., 2018). Tenure was then investigated to see whether those working longer hours had higher tenure within the sales profession and thus were more experienced in handling stressors relating to the role. No significant difference was found here. The limitations of this study such as a small sample size, which will be elaborated on further, could explain why these results were not consistent with findings. This study also did not take into account different demographics such as whether participants had children or the quality of their relationship at home. These factors may influence how much working hours a person is prepared to work in a given week. Different cultural background are also not taken into account, some cultures ambition is praised or disliked and this may influence the number of hours a person works per week.

Sales targets play an important role within the role of a sales representative. This research investigated whether their perceived achievability has an effect on mental health in sales representatives. Higher stress scores were found in those who perceived their targets to be

difficult to achieve in comparison to those who found them easily achievable. As seen from previous research, unachievable sales targets can be damaging to both the physical and mental health of sales staff and is considered as one of the main stressors of the role (Atif, 2013; Douglas-Judson, 2018). Again this study did not factor in social factors. It may be that there exists a circular causality to stress and perceived difficulty in achieving sales targets. For example, stressor or individuals who are already stressed by other factors such as poor home life may find it difficult to find it difficult to achieve targets.

Much research exists that suggests a positive correlation between those with high resilience levels and good mental health (Gloria & Steinhardt, 2014; Hu, Zhang & Wang, 2015; Krush et al, 2013; McGarry et at, 2013). With sales being a role that requires quite high emotional labour, resilience has been seen to be an important protective factor for combatting the negative effects of emotional labour (Delgado, Upton, Ranse, Furness & Foster, 2017; Jung & Kim, 2018). The results of this study corroborate with the results of these previous studies, with participants with higher levels of resilience showing lower levels of anxiety and depression.

The role of the sales representative often involves dealing with angry customers constituting to high levels of emotional labour. Sales representatives often have to mask or hide their true emotions in order to makes more sales and /or conform to the etiquettes expected from their employer. Using maladaptive emotional regulation strategies can be damaging to a person's mental health and has been found to contribute to stress (Moore, Zoellner & Mollenholt ,2008) as well as depressive and anxiety (Aldao & Nolen-Hoeksema, 2010). Similar results were found during this research where the use of emotional suppression as a regulation strategy was positively correlated with stress and depression. Secondly, these results reflected previous research by the fact that the use of maladaptive emotional regulation strategies were

found to be more positively correlated to poor mental health than adaptive emotional regulation strategies were negatively correlated to poor mental health suggesting that expressive regulation may play a more important role than cognitive reappraisal in the experience of mental health issues.

4.3 Limitations

While the sampling method in the current study sought to focus on individuals that work specifically in the tech sales sector. It resulted in a comparatively small number of number in the final sample which may affect the generalisation of findings to the population. Research conducted by Stansfeld, Rasul, Head & Singleton (2009) and Atif (2016) had 5,497 and 440 participants respectively. Given the nature of the role of a sales representative and its fast paced environment, it was difficult to get individuals to commit to doing the survey. It is also important to note that the alpha coefficients for the BRS and the ERQ were reported to have low internal reliability. The alpha coefficient for BRS was 0.41 and for the ERQ it was 0.63 and may also be a result of the small sample size.

In regards to measuring mental health, it may be argued that perceived mental health may be influenced by a number of other factors not controlled for in this study such as complex social interactions.. As mentioned, there is a positive correlation between family conflict and psychological distress (Atif et al., 2016; Major, Klein & Ehrhart, 2002) so it is difficult to assess if mental health difficulties are a product of the participants' work environment. Social interactions within the workplace were also not accounted for. An example of this would be managerial support which has been shown to have a significant effect on workplace mental health (Fasihi Harandi, Mohammad Taghinasab & Dehghan Nayeri, 2017; Petrie et al., 2018; Moyle, 1998).

Lastly, the research conducted by Atif (2016) was conducted over a two month period of November and December 2014. The data collected for this study was obtained during the first three weeks of January 2020. This would constitute the beginning of the month and quarter for sales staff. Normally sales staff have monthly and quarterly targets and conducting this study towards the end of the month or over a three month period may present different results.

4.4 Strengths

Firstly, the study was designed to be easily replicable and has extended workplace research to include the effect of certain role related mental health outcomes in technology sales. As mentioned before much of this research has been carried out on traditional field sales and has yet to be conducted on sales in an office environment (Atif ,2016). It has also supplemented the research conducted by Douglas-Judson (2018) by adding mental health outcomes to the stress felt in sales. Lastly, a literature review found that research which explored emotional labour felt in sales roles and the strategies such as resilience and cognitive reappraisal together with their impact on mental health had not previously been conducted in a sales environment.

4.5 Future studies

For future studies, more participants would be needed to reach any concrete conclusions. It may be more effective to go through their employer and do a work-based survey. In this case the HR department of technology companies could be asked to administer the survey. Additionally, as research on mental health and emotional regulation strategies in the tech sales population are very limited, it may be interesting to compare a sample of tech sales staff who work in an office environment with a sample of field sales staff and compare their mental health scores together with resilience and use of emotional regulation strategies.

To build on the results found during this research, more demographic questions could be added to establish the individuals social supports together with questions that dealt with

perceived managerial support. Other factors that could also be considered in future studies are the socio economic environment at the time of the study, the like or dislike of the employee for the employer, ease of getting another job, feeling of powerlessness, whether the job is seen as a career or a job. The addition of a qualitative aspect may have given a further level of detail in this regard and helped to support findings which may not of been possible with a purely quantitative approach. Lastly, due to the nature of sales targets, future research could look at psychological traits such as conscientiousness.

4.6 Application of findings

Results of this survey have shown low levels of mental health disorders in sales representatives in Irish tech companies. The absence of a difference in males and females in depression and stress scores suggest that technology companies create an environment such as a flexible working schedule that mitigate some of the stressors which cause mental health disorders, particularly in females. It is hoped that those organisations hoping to attract females to their workforce take from this research, the suggested benefits of providing a flexible working schedule within their organisation. As mentioned, it is essential that managerial staff are trained to both understand and help alleviate mental health difficulties in their employees. Since both resilience and cognitive reappraisal has been shown to have a positive correlation with low scores for mental health disorders, it may be useful for sales organisations to adopt both resilience training to further build on their workforces and to help create a healthy and highly resilient salesforce while promoting the use of adaptive emotional regulation strategies such as cognitive appraisal. These measure are hoped to reduce workplace stress at the individual level but also decrease absenteeism due to mental health difficulties thus benefitting the employer on an organisational level.

4.7 Conclusion

This research has found no suggestion of poor mental health in sales representatives in the Irish technology industry with participants having normal levels of stress, anxiety and depression. Participants had normal levels of resilience and resilience was shown to be negatively correlated with anxiety and depression. The maladaptive emotional regulation strategy of emotional regulation was positively correlated to stress and depression but sales representatives were more likely to use the adaptive regulation strategy of cognitive reappraisal. Not only does this research add to sales literature but it also shows the importance of resilience and emotional regulation in the wellbeing of sales staff. It is hoped that sales organisations will consider this when implementing mental health interventions in the future.

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Chapter 6: Appendixes

6.1 Information sheet

I would like to invite you to take part in a research study. I am a final year student in the HDip Psychology at Dublin Business School. For my final year project, I wish to undertake research into investigating mental health, resilience and emotional regulation within the sales profession. Participation in this study will require you to complete a questionnaire which is expected to take less than 5 minutes.

You are being asked to participate in this survey as your experience as a sales representative can give valuable insight into mental health within the profession and no information will be provided to any employer in regards to participation of an employee.

All questionnaires will be anonymised and as such you may withdraw during the process of completing the survey, however once submitted it will not be possible to withdraw your questionnaire. Your participation in this research is completely confidential and as such participation will have no adverse consequences on your employment. A debrief with important contact information will be provided at the end for anyone that may experience uncomfortable or distressing emotions from participation.

If you would like to ask any further information prior to agreeing to participate in this study, please contact me at [REDACTED]@mydbs.ie or my research supervisor, Dr Ronda Barron at [REDACTED]@dbs.ie Thank you very much for your time and participation. Kind regards, Cathryn Ward.

6.2 *Consent form*

- I voluntarily agree to participate in this research study.
- I understand that I can withdraw at any time during the survey or refuse to answer any question without any consequences. However once submitted, it will not be possible to withdraw your responses as they are anonymized.
- The purpose and nature of the study has been explained to me and I have had the opportunity to ask questions about the study.
- I understand that participation involves completing the questionnaire.
- I understand that I will not benefit directly from participating in this research.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by anonymising and collating the data.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities.
- I understand that I am free to contact any of the people involved in the research to seek further information in regards to the study.

Please tick as appropriate* required

Yes

No

Appendix B: Demographic questions

1. Are you over 18?* required

Yes
No
2. Please state your sex

Females
Male
Prefer not to say
3. Please state your job title

Sales development representative
Business development representative
Account executive
Sales manager
Other
4. How long have you been working in a sales role?

Less than a year
1-3 years
3-5 years
more than 5 years
5. During a weekly period how long would you spend at work

Less than 40 hours
40-45 hours
More than 50 hours
6. Are sales targets assigned?

Yes
No
7. Sales targets achievability?

Easily achievable
Difficult to achieve

Appendix C: DASS 21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3

16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

(Multiply summed scores by 2)

Severity	Depression	Anxiety	Stress
Normal	0 - 9	0 - 7	0-14
Mild	10 - 13	8 - 9	15-18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20 +	34+

Appendix D: Brief resilience scale

Please respond to each item by marking <u>one box</u> per row		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
B R S 1	I tend to bounce back quickly after hard times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B R S 2	I have a hard time making it through stressful events.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
B R S 3	It does not take me long to recover from a stressful event.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B R S 4	It is hard for me to snap back when something bad happens.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
B R S 5	I usually come through difficult times with little trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B R S 6	I tend to take a long time to get over set-backs in my life.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

Appendix E: Emotional regulation questionnaire

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1	2	3	4	5	6	7
strongly disagree			neutral			strongly agree

1. ____ When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.
2. ____ I keep my emotions to myself.
3. ____ When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.
4. ____ When I am feeling *positive* emotions, I am careful not to express them.

5. ____ When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.
6. ____ I control my emotions by *not expressing them*.
7. ____ When I want to feel more *positive* emotion, I *change the way I'm thinking* about the situation.
8. ____ I control my emotions by *changing the way I think* about the situation I'm in.
9. ____ When I am feeling *negative* emotions, I make sure not to express them.
10. ____ When I want to feel less *negative* emotion, I *change the way I'm thinking* about the situation.

Scoring:

Items 1, 3, 5, 7, 8, 10 make up the Cognitive Reappraisal facet.

Items 2, 4, 6, 9 make up the Expressive Suppression facet.

Scoring is kept continuous.

Each facet's scoring is kept separate.

Appendix F: Debrief

Thank you for participating in this research study.

If you have any questions relating to this study please reach out to me at [REDACTED]@mydbs.ie or my supervisor Ronda Barron at [REDACTED]@mydbs.ie

In the event that you may feel distressed from participation in this study please reach out to the contacts below:

The Samaritans www.samaritans.ie
Tel: 116 123 Text: 087 2 60 90 90
Email: jo@samaritans.ie

Aware (Depression & Bi-Polar Disorder) www.aware.ie
Tel: 1800 80 48 48
Email: supportmail@aware.ie

Pieta House National Suicide Helpline (Pieta House)
Tel: 1800 247 247 www.pieta.ie