

## Elevating Mental Health: Stigma and Well-Being in B2B Marketing Environments

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The majority of adult workers in the United States have reported at least one symptom of a mental health problem. This research examines how workplace stigma influences mental health engagement and the negative effects that stigma has on salespeople's well-being. It also explores how selling organizations can offer social support in the form of mental health literacy to encourage mental health engagement and increase job satisfaction. Insights for this research were obtained from both in-depth interviews and surveys with B2B salespeople from diverse industries. Results indicate that workplace stigma is negatively related to mental health engagement. However, when organizations offer social support to salespeople by promoting mental health literacy, mental health literacy is positively related to help-seeking. The findings also suggest that when employees believe they are acquiring the knowledge and confidence needed to take an active role in their mental health, they are more satisfied with their jobs. Recommendations are offered on how to cultivate positive mental well-being in B2B sales environments.

Mental health challenges exist among employees at all organizational levels (McKinsey Health Institute, 2022). In a recent survey, 76% of U.S. adult workers reported at least one symptom of a mental health condition, with the most common symptoms being burnout, depression, and anxiety (Mind Share Partners, 2021). These mental health challenges were not ephemeral or short-lived for some, with more than one-third of respondents reporting that their symptoms lasted from several months to a year.

Marketing professionals are not immune to mental health challenges, as an industry report found that 63% of salespeople reported mental health challenges (Uncrushed, 2022). Salespeople can experience demand stressors that affect their mental well-being. Often, they work in high-stress environments, are

expected to manage customer relationships, and are pressured to meet exacting goals (Peasley *et al.*, 2020; Dugan *et al.*, 2022). Perseverance and competitiveness are valued. As a result, salespeople experiencing mental health challenges may have misgivings about seeking help. They may fear being stigmatized at work, especially if a behavioral health condition is disclosed (Coe *et al.*, 2021).

Stigma can have pernicious consequences (Hampson, Watt, and Hicks, 2020). It can lead to lower productivity. Individuals with self-stigma have reported missing work because of burnout or stress (Coe *et al.*, 2021; Mind Share Partners, 2021). Stigma can also worsen behavioral health conditions and diminish a person's self-worth. At a time of vulnerability, stigma can preclude individuals from reaching out and subsequently have a detrimental effect on well-being.

Given the increasing prevalence of mental health challenges among salespeople, organizations should no longer downplay the significance of mental health and leave it to the individual to address alone. Organizations can take appropriate action to mitigate stigma and elevate mental health as a major organizational priority. Studies have shown that the mental health of employees affects job satisfaction and work behavior (Ipsen *et al.*, 2020; Cao *et al.*, 2022; Lu, Yu, and Shan, 2022). Proactively promoting mental health can be advantageous for a firm.

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This research examines how selling organizations can offer social support in the form of mental health literacy in an effort to encourage proactive behaviors toward achieving positive well-being. Additionally, it investigates how workplace stigma influences mental health engagement and the harmful effect stigma can have on the well-being of salespeople with less professional experience. Insights for this research were gathered through interviews with B2B sales professionals as well as a survey of 284 B2B salespeople in the United States.

The research that follows is organized accordingly. First, an overview of stigma, mental health engagement, and social support theory is presented. Next, a model is proposed that postulates how workplace stigma influences well-being yet depicts how social support in the form of mental health literacy can stimulate mental health help-seeking behavior, promote mental health engagement, and contribute to job satisfaction. The model is tested, and the results are presented. The implications of the findings are discussed, and insight is offered into how well-being can be cultivated in B2B sales environments.

## CONCEPTUAL BACKGROUND

### Stigma

Mental health, as defined by the World Health Organization (2022), is a “state of mental well-being that allows people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community.” Mental health-related stigma can prevent individuals from achieving well-being. Mental health-related stigma refers to negative attitudes and stereotypes toward individuals with mental health conditions that can lead to discrimination and exclusion (Corrigan *et al.*, 2000; Kemp, Davis, and Porter, 2022). Stigma influences interpersonal interactions, social norms, and organizational structures. Unlike some physical disabilities and infirmities, individuals with mental illness are sometimes perceived as having agency and responsibility for their illness, which can inhibit efforts to seek treatment (Corrigan *et al.*, 2000; Oexle *et al.*, 2018). Fundamentally, stigma creates an environment where those living with mental health conditions may be discredited, feared, and isolated (Yeh, Jewell, and Thomas, 2017).

Stigma can manifest itself in several ways. For example, public stigma involves the negative or discriminatory attitudes held by the general public or society holds toward people with mental illness (Corrigan and Watson, 2002; Yeh, Jewell, and Thomas, 2017). Public stigma can cause individuals to internalize negative attitudes about mental illness, creating self-stigma (Mirabito *et al.*, 2016; Yang *et al.*, 2007). Structural stigma, which includes workplace stigma, refers to system-level discrimination, such as cultural norms, institutional practices, and health care policies that limit resources and opportunities (Coe *et al.*, 2021).

In the workplace, many employees remain silent about their mental health challenges for fear of being terminated, demoted, or ostracized by colleagues. For employees, like salespeople, who spend considerable time working remotely, being away from the office can make it easy to hide mental health challenges. A recent study found that nearly 40% of those with severe depression or anxiety went without mental health care, even though they had access to mental health care benefits because they did not want people to find out about their mental health condition (Coe *et al.*, 2021).

### Mental Health Engagement

Mental illness is treatable, and individuals with mental illness can lead functional lives if they seek care, and they become engaged in their mental health. Mental health engagement refers to the motivation and ability to communicate about one’s mental health and access care (Kryenbuhl, Nossell, and Dixon, 2009; Aggarwal *et al.*, 2016; Chiang *et al.*, 2019; Kemp *et al.*, 2022). Hibbard and colleagues (2004) suggested that individuals who are engaged in their health (1) believe they have an important role to play in their health care, (2) acquire the knowledge and confidence needed to take an active role in their care, (3) take action regarding their health, and (4) maintain an active role in their health care.

Research demonstrates that individuals who are engaged in their mental health practice disease prevention and health information seeking (Green *et al.*, 2010; Hibbard *et al.*, 2004). In contrast, a lack of engagement can lead to poor clinical outcomes, including symptom reoccurrence (Hibbard and Greene, 2013). Policies and interventions directed at early screening, appropriate

support for conditions, and strengthening individuals' roles in managing their mental health can contribute to mental health engagement and well-being (Dunne *et al.*, 2017; Kemp *et al.*, 2022). However, engagement strategies must also consider the obstacles that may prevent individuals from achieving mental wellness, as almost half of consumers with mental health conditions do not seek professional help (Mental Health America, 2021; Kemp *et al.*, 2023). These barriers may include discrimination and stigma toward mental illness. Accordingly, workplace strategies and support should be enlisted to reduce mental health-related stigma and increase mental health literacy.

### **Social Support and Mental Health Literacy**

Social support theory has been used in health-related fields to investigate the role of social support in improving individuals' physical and mental health (Wang *et al.*, 2018). Social support is characterized as the comfort, help, or information that an individual receives from others (Wallston *et al.*, 1983; Leahy-Warren, 2014; Zhao, Zhao, and Song, 2022). The benefits of social support have been demonstrated in the self-management of chronic health conditions (Gallant, 2003; Wang *et al.*, 2018). Supportive functions and behaviors in social support theory can be categorized as emotional support, instrumental/tangible support, appraisal support, and informational support. Emotional support refers to the availability of someone to rely on and trust when needed; instrumental support includes providing physical and financial assistance; appraisal support involves offering feedback to help modify and correct behaviors; and informational support is defined as obtaining vital information through interactions with others (Cutrona and Suhr, 1992; Langford *et al.*, 1997; Ko, Wang, and Xu, 2013; Chang and Huang, 2020).

Informational support has been frequently used as a social support mechanism to improve health outcomes (Deetjen and Powell, 2016). Informational support includes gathering and sharing information that can help address or solve an issue. It also involves offering facts or relevant information, providing guidance on how to solve a problem, and sharing education about a topic (Drageset, 2011). With respect to mental health, organizations can provide informational support to employees in the form of mental health literacy.

Mental health literacy refers to the knowledge and skills required to recognize, understand, and respond to mental health concerns (Jorm, 2012). Specifically, mental health literacy involves being aware of different mental disorders and psychological distress, acquiring knowledge and beliefs about risk factors and causes, and seeking appropriate help when needed (Jorm, 2012; Mental Health Literacy, 2023). Research demonstrates that mental health literacy is effective in increasing knowledge about mental health resources and increasing intentions to seek mental health care (Johnson and Possemato, 2021).

When organizations foster environments that inform and educate employees about mental health, they empower their employees to take action for better mental health and enhanced well-being. As a result, mental health should be a priority for selling organizations. This research highlights the harmful effects of stigma in the workplace but proposes that organizations can offer social support in the form of mental health literacy to encourage mental health engagement. Insights for this research were obtained from both interviews and surveys with B2B salespeople. First, we interviewed B2B sales professionals ( $n = 14$ ) from diverse industries (see Table 1). These semi-structured interviews were conducted via videoconference using established interview and qualitative methods (McCracken, 1988). Each interview lasted approximately 30 minutes, and participants received a \$20 gift card in appreciation for their participation. All interviews were electronically recorded and transcribed. Discernment from these interviews, in conjunction with prior literature, supports the development of our hypotheses, which follow.

### **HYPOTHESIS DEVELOPMENT**

One in five people will experience a mental health challenge in the United States (National Alliance on Mental Illness [NAMI], 2023). Nearly half of these people will not receive help for their mental health conditions (Mental Health America, 2021). Often, people avoid or delay seeking treatment due to mental health-related stigma and concerns about being treated differently; this delay in treatment can have a negative effect on recovery.

Table 1 – Interview Participants ( $n = 14$ )

| Name (Alias) | Gender | Age | Industry              | Role (yrs) | (yrs) | (Employees) |
|--------------|--------|-----|-----------------------|------------|-------|-------------|
| Jeremy       | Male   | 54  | Tech/Insurance        | 1          | 30    | 450         |
| Delta Girl   | Female | 46  | Pharmaceutical        | 5          | 21    | 35,000      |
| Timothy      | Male   | 38  | Insurance/Financial   | 8          | 13    | 2,702       |
| Zach         | Male   | 40  | Insurance/Commercial  | 3          | 20    | 5,533       |
| Irene        | Female | 38  | Tech/Web Services     | 1          | 10    | 1,544,000   |
| Ronnie       | Male   | 46  | Medical Device        | 16         | 18    | 101,000     |
| John         | Male   | 45  | Franchising           | 12         | 22    | 95          |
| Harry        | Male   | 54  | Asset Preservation    | 5          | 25    | 51,000      |
| Carl         | Male   | 57  | Automotive Components | 8          | 34    | 160,000     |
| Stan         | Male   | 40  | Tech/Software/Legal   | 1          | 15    | 162         |
| Debra        | Female | 59  | Media                 | 9          | 40    | 20,000      |
| Lorraine     | Female | 33  | Financial Services    | 2          | 15    | 64,000      |
| Wendy        | Female | 45  | Education/Learning    | 8          | 20    | 4,260       |
| Diane        | Female | 39  | Medical/Insurance     | 1          | 15    | 1,100       |

In the workplace, individuals may conceal that they have a mental health challenge due to stigma (Coe *et al.*, 2021). They may harbor fears that having a mental illness will negatively impact their career (Hennekam, Follmer, and Beatty 2021). One study found that 80% of full-time employees believed that an anti-stigma or awareness campaign at their respective companies would be useful, yet only 23% of employers reported having a program in place (Coe *et al.*, 2021). One of the salespersons interviewed remarked on his concerns regarding disclosing a mental health challenge.

*I don't want to show up as "that employee" [who] has mental health issues. I do think there is a stigma. (Ronnie)*

Due to stigma and a lack of knowledge, mental health conditions may be dismissed and disregarded. They may be mischaracterized as "personality" or "attitude" issues, "worrying too much," or "fatigue" (Kemp *et al.*, 2022). One interview participant shared his experience with anxiety, underscoring the dearth of understanding regarding mental illness and the challenge of addressing mental health conditions in the workplace.

*I have struggled with generalized anxiety for over 25 years. This type of illness is one that, even though we've come a long way over the last several decades, there's still a lot of unknowns in terms of individuals that are not familiar with what it means to deal with anxiety and to deal with depression.*

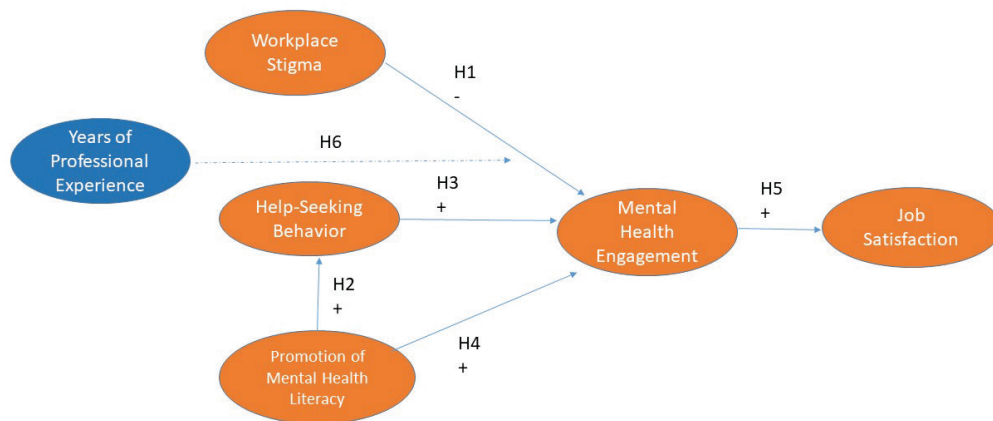
*Sometimes, it's just an area that people tend to just avoid because of the lack of understanding and knowledge of it. I understand what the challenges are, and I understand what salespeople may be going through. So, I think just me being understanding, being accommodating goes a long way. (John)*

Studies show that anxiety, depression, and burnout are on the rise (Mind Share Partners, 2021; Santomauro *et al.*, 2021). Yet stigma creates an environment where those living with mental illness may be shunned, feared, and isolated. Moreover, individuals may be reluctant to address problems with mental health and seek needed help. This can exacerbate a mental health problem (Bonabi *et al.*, 2016). The following is proposed (see Figure 1):

**H1:** Workplace stigma is negatively related to mental health engagement.

Organizations can create a supportive environment for salespeople's mental well-being by providing mental health literacy. This might include teaching managers how to detect the warning signs of mental health challenges as well as educating the workforce about available resources. Some of the salespersons interviewed were amenable to seeking help for a mental health condition if needed, but in a number of cases, they were interested in receiving more information about available resources.

Figure 1 – Model



*I would like to see my company offer programs for mental healthcare because it's so hard on your own to do it through insurance—to find someone and go through the process. (Stan)*

Other salespeople indicated that their organizations were very proactive about sharing resources. They educated their salespeople about different mental disorders and psychological distress and encouraged them to seek appropriate help when needed.

*Our HR Department has a really strong program—paid leave, a number for assistance, and other programs—and it's encouraged through our leadership to use those resources if needed. (Harry)*

*It's usually at least three times a week that there's some sort of wellness call—whether it's physical wellness, mental wellness. ...There is a conference call that you can join, and it's anonymous. (Wendy)*

Research has found that mental health literacy is associated with mental health information-seeking as well as help-seeking behaviors (Chen *et al.*, 2020; Khatib, 2021; Fleary *et al.*, 2022). Conversely, poor mental health literacy is a barrier to mental health treatment (Hurley *et al.*, 2019). A workplace culture that devotes resources to recognizing and understanding mental health concerns can motivate salespeople to seek help for a mental health condition when needed. Thus, the following is predicted:

**H2:** Efforts to promote mental health literacy are positively related to help-seeking behavior for a mental health challenge.

Delays in receiving treatment for a mental health condition can perpetuate a mental health challenge and reduce the likelihood of recovery (Bonabi *et al.*, 2016). However, research has found a positive association between help-seeking behavior and well-being (Ratnayake and Hyde, 2019). Once informed about the programs and benefits offered by her company, one of the salespeople interviewed became intentional about using her company's programs when needed.

*I've taken advantage of EAP programs (employee assistance programs) because it's a benefit that's included. So, even if there isn't an immediate stressor or one of those presenting issues, it can help with continuous self-improvement. It is good to reflect on things with a licensed professional. So, I feel like EAP programs are great and essential. I think more companies should offer them. (Diane)*

Seeking help or treatment for a mental health challenge helps activate an individual's engagement in their well-being. Individuals who are engaged in their mental health experience better outcomes because they are motivated to communicate about their mental health as well as access care (Kryenbuhl, Nossell, and Dixon, 2009; Aggarwal *et al.*, 2016). Furthermore, they practice illness prevention measures, are involved in

health information seeking, and proactively work to manage their illness (Green *et al.*, 2010; Hibbard *et al.*, 2004). Accordingly, the following is proposed:

**H3:** Help-seeking behavior for a mental health challenge is positively related to mental health engagement.

Consistent promotion of mental health literacy helps keep salespeople engaged in their mental health. One salesperson expressed how her company has made mental health a priority.

*Every meeting we have, there is time dedicated to having someone from the company come in and talk about what resources we have available. I think that they do a lot of work to make sure we have different resources. (Delta Girl)*

However, a lack of mental health literacy can be problematic and can affect a salesperson's well-being (Tambling, D'Aniello, and Russell, 2021). Bonabi and colleagues (2016) found that low mental health literacy was associated with lower levels of mental health engagement. Further, research has found that adults with higher functional and communicative health literacy have less resistance to mental health help-seeking and are also more willing to interact with individuals with mental illnesses (Fleary *et al.*, 2022). As a result, the following hypothesis is put forth:

**H4:** Efforts to promote mental health literacy are positively related to mental health engagement.

Poor mental health can negatively affect employee engagement, communication with coworkers, and productivity (Centers for Disease Control and Prevention [CDC], 2018). As mentioned previously, a national study found that U.S. employees report struggling with burnout, anxiety, and depression (Mind Share Partners, 2021). The salespeople interviewed shared some of the same concerns. One remarked that her work environment nearly perpetuated her eventual burnout.

*I can say that everyone works extremely hard at my company. In fact, everyone is overworked. I think that is just the culture. (Irene)*

Nonetheless, salespeople acknowledged that some work habits were not sustainable and could adversely affect one's mental health. The perils of being mentally

unhealthy were not tenable and could eventually jeopardize one's job.

*There's a lot of risk to not being mentally healthy. It can lead to lack of performance, which can, in turn, lead to depression, anxiety. And if you're not doing what you should do, I think it's with any job year after year. Then, they're going to find someone else [who] will do the job. So I think there's always that, that paranoia of being replaced. (Wendy)*

Moreover, a recent study found that among employees considering voluntary departure from their organization, mental health concerns were among the top three reasons for wanting to leave (Lyra, 2023). Many of the salespeople interviewed cautioned about how mental health conditions can affect job satisfaction.

*If you go to work as a zombie because you're mentally, emotionally drained, it's going to show. It's going to be painful for you and painful for your clients. It's not like you are an engineer and going to work and doing design where you can hide behind a computer screen and not interact with people. (Harry)*

Good mental health can have a positive influence on job satisfaction (Zhang *et al.*, 2020; Cao *et al.*, 2022). Studies have shown that there is an inverse relationship between mental illnesses like depression and anxiety and job satisfaction (Lee *et al.*, 2009; Mark and Smith, 2012; Ghawadra *et al.*, 2020). However, employers and management who prioritize mental health can experience increased employee engagement, daily functioning, and retention. The World Health Organization (2016) led a study that examined the health and economic benefits of investing in the treatment of common mental health illnesses. They found that for each dollar invested in treatment for a mental health condition, there was a \$4 return on investment in improved health and productivity. Employers can develop sustainable and mentally healthy workplaces where salespeople are actively engaged and attentive to their mental health. Studies suggest that when employees have access to evidence-based mental health care, they are more likely to stay in their jobs (Falcon *et al.*, 2021). Consequently, the following is predicted:

**H5:** Mental health engagement is positively related to job satisfaction.

A recent industry report found that 44% of Millennials and 38% of Gen Z took time off from work due to stress or anxiety but did not disclose the reason for their absence to employers for fear of being stigmatized (Deloitte Global Talent, 2021; Mindshare, 2021). Furthermore, 41% of Millennials and 46% of Gen Z indicated that they experience stress and anxiety frequently. In fact, new company talent, many of whom are Gen Z and millennials, has reported that “good work-life balance” and benefits for mental health are a major priority when choosing an employer (Deloitte Global Talent, 2021; Deloitte, 2022).

A few seasoned salespeople expressed particular concern about the effect that work culture and attitudes toward mental health can have on a company’s new talent and younger salespeople.

*Seasoned salespeople—they’re a little more mature. They handle the stresses of the job a lot better, where, you know, a young person straight out of college might have challenges.* (Timothy)

Another salesperson commented on the importance of taking a proactive role in helping newer talent manage the stressors of the job and promote well-being.

*I think companies need to look at getting this right. It will especially be good for younger employees. Companies need to be more intentional and deliberate about helping employees manage their mental health.* (Jeremy)

Employees who are newer to a firm often benefit more from open, information-sharing environments. When mental health issues are stigmatized, this is antithetical to an open culture where employees can feel comfortable talking about psychological stress and mental health issues. Young adult workers make up over one-third of the U.S. workforce (U.S. Bureau of Labor Statistics, 2022) and play an important role in shifting societal attitudes and perceptions. Eliminating workplace stigma and ensuring that a culture of support for mental health exists is especially important for an organization’s new talent. As a result, the following is proposed:

**H6:** Years of professional experience moderate the relationship between workplace stigma and mental health engagement. Specifically, workplace stigma will be negatively related to mental health engagement for salespeople with less professional experience, whereas the relationship between workplace stigma and mental health engagement will not be significant for those who are more seasoned professionally.

## METHODOLOGY

In order to test our hypotheses, we obtained IRB approval (#04Nov22) and then collaborated with a market research firm that specializes in working with B2B organizations and salespeople in the United States. Our study sample consisted of 284 participants. Thirty-eight percent of the participants were female, 60% were male, and 2% chose not to disclose their gender. The majority of participants were within the 35–44 age range (42%), followed by 25–34 year-olds (22%), 45–54 year-olds (18%), 55–64 year-olds (6%), 65 and older (5%), and 18–24 year-olds (5%). Only 2% of the participants did not share their age. Participants’ race/ethnicity was distributed as follows: 85% were Caucasian/White, 8% were African American/Black, 2.5% were Latinx/Hispanic, 1% were Asian, 1% were Native American, and 0.5% were other, with 2% choosing not to disclose their race. Manufacturing (22%), financial services (20%), technology (11%), professional and business (10%), and health care (6%) were the top five industries represented. Approximately 34% of salespeople were from companies with less than 500 employees, 33% were from companies with 501–1000 employees, and 30% worked at companies with over 1000 employees (see Appendix A for further employment sample classifications).

Survey measures were adapted from existing scales. Workplace stigma refers to the perceived negative bias of other employees toward those experiencing mental health challenges (Corrigan *et al.*, 2000). It was measured using four items (Cronbach’s alpha = .87; e.g., “Employees who have mental illnesses likely could have prevented them”) on a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree). Mental health engagement involves actively advocating for one’s mental wellness, including accessing information, resources, and care. It was measured using the patient

**Table 2: Means, Standard Deviation, Reliability, AVE, and Pearson Correlation.**

| Construct                                   | Means | SD   | Composite reliability | Cronbach's alpha | AVE  | WS      | MHE     | PMHL    | HSB    | JS |
|---|-------|------|-----------------------|------------------|------|---------|---------|---------|--------|----|
| Workplace stigma (WS)                       | 3.82  | 1.56 | 0.94                  | 0.87             | 0.62 | 1       |         |         |        |    |
| Mental health engagement (MHE)              | 5.51  | 1.04 | 0.93                  | 0.72             | 0.50 | 0.035   | 1       |         |        |    |
| Promotions of mental health literacy (PMHL) | 5.10  | 1.45 | 0.96                  | 0.88             | 0.70 | 0.190*  | 0.720** | 1       |        |    |
| Help-seeking behavior (HSB)                 | 5.22  | 1.32 | 0.95                  | 0.84             | 0.63 | 0.294** | 0.834** | 0.755** | 1      |    |
| Job satisfaction (JS)                       | 5.54  | 1.24 | 0.89                  | 0.78             | 0.55 | 0.061   | 0.632** | 0.660** | 0.400* | 1  |

Notes: \*significant at 0.05 level; \*\*significant at the 0.01 level

activation measure (PAM; Hibbard, 2004) and included three items measured on a seven-point Likert scale (Cronbach's Alpha = .72; e.g., "I am confident I can tell my behavioral/mental health care provider concerns I have, even when he or she does not ask"). The promotion of mental health literacy refers to the knowledge and skills required to recognize, understand, and respond to mental health concerns (Jorm 2012). It was measured using three items on a seven-point Likert scale (Cronbach's alpha = .88; e.g., "I have a strong desire to obtain help for my mental and emotional health needs"). Help-seeking behavior, proactively looking for mental health assistance, was assessed using a 7-point Likert scale (Cronbach's alpha = .84, "I am motivated to seek professional help when I need to improve my mental health and emotional well-being"). Job satisfaction, the extent to which an employee is content with work duties and the working environment, was measured using two items (Cronbach's alpha = .78; e.g., "I am satisfied with my job") on a 7-point Likert scale.

## RESULTS

The data were analyzed using structural equation modeling (SEM). The measurement model was assessed using a confirmatory factor analysis (CFA), and the data supported an acceptable fit ( $\chi^2 = 161.180$ ,  $p = .000$ , confirmatory fit index [CFI] = .96, Tucker-Lewis index [TLI] = .95, incremental fit index [IFI] = .96, and root mean square error of approximation [RMSEA] = .061). The standardized factor loadings, measuring convergent

validity, were all above the established recommended cutoff of 0.6 (Hair *et al.*, 2010; please see Appendix C). In addition, to determine convergent validity, all constructs met or exceeded the recommended average variance extracted (AVE) estimate of 0.5 (please refer to Table 2).

AMOS 29 was used to test hypotheses H1 through H6. The structural model indicators demonstrated a good fit ( $\chi^2 = 187.488$ ,  $p = .000$ ; CFI = .95, TLI = .93, IFI = .95, and RMSEA = .066; Hair *et al.*, 2010). H1 was supported in that workplace stigma is negatively related to mental health engagement ( $\beta = -1.06$ ,  $SE = .035$ ,  $p = .002$ ). H2, also supported, demonstrates that the promotion of mental health literacy is positively related to help-seeking behavior ( $\beta = .693$ ,  $SE = .068$ ,  $p < .001$ ). The data supported H3, which proposed that help-seeking behavior for a mental health challenge is positively related to mental health engagement ( $\beta = .453$ ,  $SE = .084$ ,  $p < .001$ ). H4 predicted a positive relationship between promoting mental health literacy and mental health engagement; the data confirmed H4 ( $\beta = .221$ ,  $SE = .070$ ,  $p = .002$ ). Additionally, H5 posited a positive relationship between mental health engagement and job satisfaction, which was supported ( $\beta = .811$ ,  $SE = .116$ ,  $p < .001$ ). Finally, the data confirmed a moderating effect that predicted that years of professional experience would impact the relationship between workplace stigma and mental health engagement. When years of professional experience were 10 years or fewer, the path was significant ( $\beta = -.071$ ,  $SE = .031$ ,  $p = .019$ ).

**Table 3: Results**

| Hypothesis  | B     | SE   | Significance |
|---|-------|------|--------------|
| H1: Workplace stigma (-) related to mental health engagement                              | -1.06 | .035 | $p = .002$   |
| H2: Promotion of mental health literacy (+) related to help-seeking behaviors             | .693  | .068 | $p < .001$   |
| H3: Help-seeking behavior (+) related to mental health engagement                         | .453  | .084 | $p < .001$   |
| H4: Promotion of mental health literacy (+) related to mental health engagement           | .221  | .070 | $p < .002$   |
| H5: Mental health engagement (+) related to job satisfaction                              | .811  | .116 | $p < .001$   |
| H6: Years of professional experience moderate workplace stigma → mental health engagement |       |      | Supported    |
| 10 years or fewer: workplace stigma (-) related to mental health engagement               | -.071 | .031 | $p = .019$   |
| 11 years or more: workplace stigma (-) related to mental health engagement                | -.109 | .060 | $p > .050$   |

However, when the years of professional experience was 11 years or more, the path was not significant ( $p > .05$ ); please see Table 3 for further details.

## DISCUSSION

Mental illness is pervasive among the general public and manifests itself in the workplace. In customer-facing roles such as sales, the well-being of salespeople directly influences their interactions and relationships with customers and can impact customer satisfaction and loyalty (Prossack, 2019). Given the increasing prevalence of mental health challenges faced by salespeople, this research examined how workplace stigma influences mental health engagement and the negative effects that stigma has on the well-being of salespeople. It also explored how selling organizations can offer social support in the form of mental health literacy to encourage proactive behaviors and mental health engagement.

Unfortunately, mental health-related stigma still exists in many environments. Stigma can be a barrier to seeking help for a mental health condition, which can have a deleterious effect on well-being. The results from this research indicate that workplace stigma is negatively related to mental health engagement. However, when sales leaders offer social support to salespeople by promoting mental health literacy, it is positively related to help-seeking behavior. Thus, a supportive work environment can positively contribute to employee well-being (Adil and Baig, 2018).

The results also reveal that both help-seeking behavior and mental health literacy are positively related to mental health engagement. Furthermore, when salespeople believe they have an important role in their own health care and are acquiring the knowledge and confidence needed to take an active role in their care, they are more likely to be satisfied with their jobs, as mental health engagement is positively related to job satisfaction.

Finally, this research examined the relationship between workplace stigma and salespersons' work experience. Young adult workers comprise a considerable portion of the U.S. workforce and report that "good work-life balance" and benefits for mental health are important when selecting an employer (Deloitte Global Talent, 2021; Deloitte, 2022). New talent can especially benefit from a supportive, positive work environment. The results from this research reveal that years of professional work experience moderate the relationship between workplace stigma and mental health engagement. Specifically, workplace stigma is negatively related to mental health engagement for salespeople with less work experience (less than 10 years). Thus, eradicating workplace stigma and creating a culture of support for mental health is paramount for an organization's new talent.

This research highlights how workplace stigma, which may include system-level discrimination, practices, and healthcare policies that limit resources and opportunities for those suffering from a mental illness (Coe *et al.*, 2021), can negatively influence an individual's ability to take an active role in their

mental health. In the workplace, employees may live in silence about their mental health challenges for fear that disclosing their problems will result in termination or ostracization. According to support theory, social support can help improve the physical and mental health of individuals (Wang *et al.*, 2018). This research underscores how supportive functions and behaviors, such as informational support, can take on the form of mental health literacy. Mental health literacy programs offered by selling organizations can enable salespeople to acquire the knowledge and skills needed to recognize, understand, and respond to mental health concerns (Jorm, 2012). As demonstrated in this research, mental health literacy is positively related to fostering mental health engagement and satisfaction in the workplace.

### **Managerial Implications**

Salespeople in B2B environments experience considerable pressure to achieve and exceed goals and quotas, which can lead to burnout, anxiety, and strain on mental health. Sales leaders can take an active role in implementing organizational support systems that improve salespeople's well-being. This can be done by offering mental literacy programs that educate salespeople about mental health, cultivating supportive individuals in leadership, and establishing employee resource groups.

Leadership can educate and train salespeople to be aware of different mental disorders and psychological distress, the risk factors and causes, and how to obtain appropriate help when needed. This can help reduce stigma in the workplace. In addition, companies can educate salespeople about the benefits and resources available to them. Ensuring that such resources are easily accessible is important. Furthermore, offering salespeople self-care options can help cultivate mental wellness. These options might include providing salespeople with stress management skills, including mindfulness and self-reflection, to enhance well-being.

Investing in developing supportive leadership will ensure that those in leadership (i.e., managers) can respond appropriately and adequately to salespeople in distress and foster an anti-stigma environment. For example, research shows a consistent and strong

relationship between managerial styles and employee stress and well-being (Chamorro-Premuzic, 2020; Oruh *et al.*, 2021). In order to help foster healthy relationships between the salesforce and management, managers can be trained in emotional intelligence, or the ability to manage one's own emotions and understand the emotions of others. In the workplace, leaders must be self-aware and view things objectively, yet they must also be aware of and responsive to the feelings and experiences of others.

Managers can also conduct check-ins with their team members, establishing an environment where mental health challenges can be discussed openly and without fear. Finally, leadership can advocate for policies that support work-life balance, acknowledging that excessive workloads and burnout contribute significantly to health problems. These measures will help create an environment where salespeople feel valued and supported (Maan *et al.*, 2020). When employees perceive that they are supported, it not only helps to improve their wellbeing, but it also strengthens their loyalty and commitment (Zhenjing *et al.*, 2022).

Selling organizations can also create mental health employee resource groups (ERGs). Mental health ERGs can identify concerns with workplace culture and promote mental health awareness, education, and available resources. Such an ERG allows salespeople who are passionate about mental health to volunteer their time to be ambassadors for wellness. This could include creating mental health first-aid teams consisting of trained personnel who can offer assistance and guidance when needed. Employee assistance programs (EAPs) can further work to provide holistic support by meeting regularly in safe places provided by organizations. Safe places could be conducive physical environments where salespeople can meet with each other to share experiences and discuss issues or just locations or settings to de-stress and relax.

### **Limitations and Future Research**

This research has addressed the effect of mental health-related stigma in B2B working environments as well as how selling organizations can offer social support in the form of mental health literacy to foster the well-being of salespeople. Future opportunities exist for

research that provides insight into how organizations can achieve optimal salesperson well-being. For example, this research examined the experiences of B2B salespeople. Additional research could examine the work experiences and behaviors of employees in other B2B marketing environments. Moreover, future research could observe the effects of an actual mental health literacy initiative to determine what effect it has on illness prevention and early intervention in salesperson well-being. Studies could also help determine whether mental health literacy programs help improve employee retention, productivity, and job satisfaction.

Further exploration could also examine how work, technology adoption, and mental well-being intersect in sales positions. This research is relevant in the post-pandemic era, where work dynamics have shifted, and there is a heavy reliance on digital communication tools. Such research could offer insights into virtual burnout, work-life balance, and the role of organizational support in remote settings.

Given the growing trend toward mindfulness and wellness programs in the workplace, research can also examine the impact of mental health interventions like mindfulness training, meditation, yoga, and well-being seminars. Studies can explore how implementing such practices and programs enhances salespeople's mental health engagement and well-being. Finally, investigating the role of leadership in promoting mental health and well-being would be a fruitful avenue for future research. Further exploration of the traits of supportive leaders and the influence of leadership styles on employees' mental health could contribute to a greater understanding of how to foster positive well-being in the workplace.

Workplace culture has a significant impact on salesperson well-being and job satisfaction. An anti-stigma and open workplace culture that promotes mental health literacy can enhance salesperson well-being, which can ultimately yield dividends for the organization in a more satisfied workforce.

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## Appendix A

| Work Characteristics               | n   | Percentage |
|------------------------------------|-----|------------|
| Professional Experience            |     |            |
| 0-2 years                          | 17  | 6%         |
| 3-5 years                          | 33  | 12%        |
| 6-10 years                         | 108 | 38%        |
| 11-15 years                        | 65  | 23%        |
| 16-20 years                        | 27  | 10%        |
| 21+ years                          | 27  | 10%        |
| Prefer Not to Say                  | 7   | 1%         |
| Company Tenure                     |     |            |
| 0-2 years                          | 32  | 11%        |
| 3-5 years                          | 70  | 25%        |
| 6-10 years                         | 102 | 37%        |
| 11-15 years                        | 38  | 14%        |
| 16-20 years                        | 24  | 9%         |
| 21+ years                          | 11  | 4%         |
| Prefer Not to Say                  | 7   | 2%         |
| Organization Level                 |     |            |
| Entry-Level                        | 23  | 8%         |
| Mid-Level                          | 146 | 51%        |
| Senior/Executive-Level             | 115 | 41%        |
| Company size                       |     |            |
| Less than 50 employees             | 25  | 9%         |
| 51 – 250 employees                 | 24  | 8.5%       |
| 251 – 500 employees                | 48  | 17%        |
| 501 – 1000 employees               | 94  | 33%        |
| 1001+ employees                    | 86  | 30%        |
| Prefer Not to Say                  | 7   | 2.5%       |
| Industries                         |     |            |
| Manufacturing                      | 61  | 22%        |
| Financial Services                 | 57  | 20%        |
| Technology                         | 31  | 11%        |
| Professional and Business Services | 29  | 10%        |
| Healthcare                         | 18  | 6%         |
| Real Estate                        | 13  | 5%         |
| Transportation/Warehousing         | 9   | 3%         |
| Construction                       | 6   | 2%         |
| Leisure and Hospitality            | 5   | 2%         |
| Education                          | 5   | 2%         |
| Other                              | 43  | 15%        |