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When not hitting your sales target is 'the end of the world': Examining the effects of rational emotive behaviour therapy on the irrational beliefs and emotional reactivity of UK-based sales professionals

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Abstract

Against the backdrop of the COVID-19 pandemic, workplace wellbeing is a key priority for employers. Severe market and health conditions continue to bring inevitable problems that could be reduced with the application of psychological interventions to prevent mental and physical health issues, making this study a highly pertinent and valuable contribution to the field. This paper reports the effects of a rational emotive behaviour therapy (REBT) programme on the irrational beliefs and emotional reactivity of 56 office-based sales professionals located in the northwest region of the UK. A pre-test, post-test experimental design was utilised, and a mixed model ANOVA (repeated measures) was adopted to assess changes in mean differences concerning irrational beliefs and emotional reactivity at pre and post-test stages for the intervention group, in comparison to a control group. Results indicate that those in the REBT group reported significant reductions in irrational beliefs and emotional reactivity, whilst those in the control group reported no such changes. It is recommended that future research studies consider utilizing a mixed methods design and focus on a strategic collaboration of organisational and individual level interventions for improving the psychological wellbeing and performance of sales personnel.

KEYWORDS
emotional reactivity, irrational beliefs, REBT, sales

1 | INTRODUCTION

Sales divisions are the lifeblood of most successful businesses (Duke, 2016), but is a highly results-driven work setting (Steenburgh & Ahearne, 2012), where burnout and emotional exhaustion is commonplace (Sandroto & Fransiska, 2021). Sales targets, and the prospect of scrutiny as a result of failed targets can prove pivotal for the perceived pressure, motivation, and well-being of the sales professional (Good et al., 2022). Closing deals can be elating, but facing rejection and losing prospects that have been worked on for a while can cause heightened stress, anxiety, and depression, affecting one's disposition and mood (Grimms, 2020). Within this high-pressured

performance environment, there is a need for evidence-based and cost-effective psychological support for sales professionals (Chartered Institute of Personnel and Development, 2022; Martin et al., 2009), amidst unrest in labour forces, Brexit, and recovery from a global pandemic. However, there is scant research that has focussed upon psychological support for sales professionals, despite this domain being highly goal-driven, pressured, and despite the sector being notoriously associated with employee burnout (Grimms, 2020).

1.1 | Cognitive behavioural approaches

The cognitive-behavioural tradition in psychotherapy is an oft applied approach to psychological support in performance settings, and the evidence that cognitive behavioural approaches can bring about improvements in performance variables (e.g., improved desired behaviours, self-reported or other-reported performance, goal attainment) is strong (Tomoiagă & David, 2023). Cognitive-behavioural approaches are in part grounded in transactional stress theory (e.g., Lazarus & Folkman, 1984) in which emotionality is the result of an interaction between the environment and the individual through cognitive appraisal (Lazarus, 1999). Thus, there is a well-founded recognition that cognition, emotion, and behaviour are interactive and as such, a change in one's cognitive approach to adversity can bring about a change to one's emotional and behavioural reactivity. Emotional reactivity is particularly important because it characterises the extent to which an individual "experiences emotions (a) in response to a wide array of stimuli (i.e., emotion sensitivity), (b) strongly or intensely (i.e., emotion intensity), and (c) for a prolonged period of time before returning to baseline level of arousal (i.e., emotion persistence)" (Nock et al., 2008, p. 107). As such, sales professionals who respond intensely to a wide variety of stimuli for prolonged period of time are at risk of poorer psychological health, including suicidal ideation (Nock et al., 2008). One cognitive-behavioural approach that has grown in popularity for use in performance settings (e.g., Jordana et al., 2020) is rational emotive behaviour therapy (REBT; Ellis, 1957), in part because it addresses the emotional experiences of recipients and focusses on helping individuals to be less emotionally sensitive, to experience less intense emotion, and to experience shorter emotional episodes.

1.2 | Rational emotive behaviour therapy

The main principles of REBT are that, (i) in response to adverse events, emotional and behavioural consequences are underpinned in part by deeply held and tacit beliefs, (ii) *irrational* beliefs underpin unhealthy emotional and behavioural consequences that hinder goal attainment, and rational beliefs underpin *healthy* emotional and behavioural consequences that *aid* goal attainment, and (iii) one can exercise some volition over one's beliefs by engaging in critical cognitive change to weaken irrational beliefs and strengthen rational beliefs (Turner, 2022). It is supposed that the strength of REBT compared to other CBT based approaches, is in this focus on the challenging of deeply held irrational beliefs (Young & Turner, 2023).

REBT does appear to be well-suited to a sales setting, because it is aimed at stress management and attaining performance-related goals (David, 2019; Turner, 2022). Indeed, REBT is a "direct and pragmatic approach for enhancing human functioning and improving behavioural health" (Ogbuanya et al., 2017), and is potentially appealing to those working with a goal-driven context such as business (Criddle, 2007; Turner & Barker, 2015).

Also, REBT has been shown to be effective when delivered remotely (Knapp et al., 2023), and briefly (Bowman & Turner, 2022). Some recent studies have shown that REBT can be useful in highly demanding occupational settings such as policing (Jones et al., 2021), fire and rescue (Wood et al., 2021), education (Ogbuanya et al., 2018) and business settings (Turner & Barker, 2015). In a meta-analysis (David & Szamoskozi, 2011) of 23 studies with 1282 participants, Cohen's d effect size of −1.14 (large) was found for REBT on emotional and psychological distress in private and educational organisations. REBT offers a pragmatic approach to helping goal-oriented professionals to manage their emotions in pursuit of their goals and targets, however, to the present authors' knowledge the reported use of REBT in sales personnel is nil.

1.3 | This paper

We applied REBT with U.K. sales professionals and assessed changes in irrational beliefs and emotion reactivity. Although the effects of REBT on emotional experiences has been examined many times in past literature (e.g., Tomoiagă & David, 2023), changes in emotional reactivity have not been explored. Thus, the current paper advances the research contextually by applying REBT with sales professionals, but also conceptually by assessing REBT's effects of emotional reactivity. Importantly, we compare the pre-post effects of REBT to a control group who received no REBT. It was hypothesised that in the REBT group there would be significant reductions in both irrational beliefs and emotion reactivity (sensitivity, intensity, and persistence), whereas in the control group no such changes would occur.

2 | METHOD

2.1 | Participants

Power analysis performed in G*Power indicated that for a statistical power of 0.80 for a repeated-measures (within-between) ANOVA with a moderate effect size ($f = 0.25$) with alpha set at 0.05, we required 34 participants. We anticipated 20% attrition, so we aimed to recruit 40 participants to the study. Participants were recruited from

sales offices based in the northwest region of the UK (including Cheshire, South Manchester, North Manchester, and Bolton), by the second author who was working in the job recruitment industry and therefore advertised the study through professional networks to sales professionals (via LinkedIn and Total Jobs). In total, 56 participants were included in this study (females = 24, males = 32, Mage = 35.30, SDage = 9.83, White = 62.5%, Asian = 17.86%, Black = 5.36%, Mixed = 14.29%). Participants were manually, systematically, and randomly allocated to either the REBT (n = 28, females = 11, males = 17, Mage = 31.75, SDage = 8.09) or control group (n = 28, females = 13, males = 15, Mage = 38.86, SDage = 10.25). Participants in the REBT group had between 3 and 25 years sales experience, and the control group ranged between 5 and 30 years experience. After University ethical approval, participants gave informed consent prior to data collection.

2.2 | Design

We employed a within and between-subjects experimental design, whereby repeated-measures (within) across two timepoints were compared between an REBT and control group (between). Participants were assigned to one condition, either the REBT group or the control group. This design is often used in the evaluation of intervention programmes (Alessandri et al., 2017).

2.3 | Measures

We measured irrational beliefs using the irrational Performance Beliefs Inventory (iPBI), a 28-item psychometric for working samples (Turner et al., 2018). Responses were recorded on a 5-point Likert-scale, from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating greater endorsement of irrational beliefs. We measured emotional reactivity using the Emotional Reactivity Scale (ERS), a 21-item psychometric of individuals' experience of emotion sensitivity, intensity, and persistence (Nock et al., 2008). Responses were recorded on a 5-point Likert-scale, from 1 (*not at all like me*) to 5 (*completely like me*), with higher scores reflecting greater emotion reactivity.

2.4 | Procedures

Qualtrics online survey software was used to collect data. Participants in both groups simultaneously completed the measures at 3 days prior to the commencement of the REBT programme (baseline), and 3 days post-REBT (post). For participants allocated to the REBT group, Zoom was used to deliver the online REBT sessions. Throughout the intervention, there was no attrition in either condition. For context, the data were collected in summer 2021 during a phased return to typical working conditions, with COVID-19 related restrictions still afoot.

2.5 | Intervention

Participants in the REBT group received 4 × 20 min of group online REBT during a weekly workshop for four consecutive weeks in summer 2021. The workshops were conducted by the second author, a clinical psychology Masters student, with a degree in Marketing Psychology, trained in REBT and counselling skills (level 2). They were supervised by two HCPC registered practitioner psychologists, one of whom was an advanced REBT practitioner and the other trained to a primary level. Extant literature indicates that more experienced practitioners may yield greater effects (e.g., Lyons & Woods, 1991), but in contrast, it has been found that CBT conducted by less experienced therapists can achieve good results (e.g., Hiltunen et al., 2013). This is in part because treatment manuals may level the field (Walsh et al., 2019), which is particularly relevant in the current study, because the programme was manualized and structured, co-designed by an experienced practitioner.

We decided to deliver the programme online for three chief reasons; (a) we had to deliver the programme outside of working hours, (b) we believed that a remote delivery would maximise retention due to ease of attendance, and (c) there was still some uncertainty surrounding physical working conditions in this acute post-COVID timeframe. Each session followed a predefined session structure and content guide in order to ensure consistency with REBT and treatment fidelity, but participants were encouraged to discuss the content and discussions were held concerning key ideas. However, during sessions only the second author was visible on screen. In addition, homework tasks were set at the end of each session. Whilst no homework completion checks took place, due to the practical difficult of executing these checks, each session started with a reflective discussion about the homework. The REBT programme was structured thusly:

Week 1. Participants were introduced to the key concepts and principles of REBT, including an overview of the GABCDE framework (Ellis, 1994; Turner, 2022). In the GABCDE framework, it is recognised that human beings have many goals (G), and in response to adverse events (A) to one's goals (G; e.g., promotion), it is our beliefs (B) about this adversity that drives emotional reactivity (C). It is possible to learn to uncover and dispute (D) the irrational beliefs underpinning emotionality, and then to develop and strengthen (E) rational beliefs. For homework, participants were tasked with reflecting on their own irrational beliefs.

Week 2. More depth was offered in relation to the GABCDE framework and in particular the differences between irrational and rational beliefs. Case examples were offered to help participants to understand the emotional consequences of holding irrational versus rational beliefs. For homework, participants completed the badness scale (Ellis & Dryden, 1997), which helps participants to dispute irrational beliefs characterised by gross overestimation of importance.

Week 3. Participants were guided in becoming aware of their own irrational beliefs and to understand the differences between healthy and unhealthy emotions. For homework, participants completed the 'Big I, little I' task (Lazarus, 1977) which helps participants to dispute beliefs characterised by extreme negative self-evaluation.

Week 4. Participants were guided through disputation (D) strategies and how to identify and dispute irrational beliefs. Guidance was offered for reinforcing and strengthening rational beliefs (E) using the rational credo (Turner, 2016), which had participants develop a piece of text that captures the rational beliefs they will commit to following the programme.

3 | ANALYTIC STRATEGY

Data were inspected for missing values, outliers, normal distribution, skewness, and homogeneity of variances (Field, 2013, 2017). There were no missing data, and studentized residual variables revealed no significant outliers (none greater than +3 or smaller than −3). Q-Q plots showed that data were normally distributed. Levene's test was $p > 0.05$, and Box's Test of Equality of Covariances Matrices indicated homogeneity of covariances ($p > 0.05$). Main analyses comprised two steps. First, between-groups (M)ANOVAs were conducted to test differences at baseline between control and REBT groups in irrational beliefs, emotional sensitivity, emotional intensity, and emotional persistence (emotional reactivity). Second, mixed-(M)ANOVAs (within-between) were conducted to test the changes in dependent variables from pre to post, between REBT and control groups. Means and SDs can be found in Table 1.

4 | RESULTS

4.1 | Differences at baseline

For irrational beliefs, between-subjects ANOVA revealed no differences at baseline, $F(1,55) = 2.20$, $p > 0.05$, $\eta p^2 = 0.04$. For emotion reactivity subscales, between-subjects MANOVA revealed no differences at baseline, $\Lambda = 0.92$, $F(3,52) = 1.46$, $p > 0.05$, $\eta p^2 = 0.08$.

4.2 | Post-intervention changes

4.2.1 | Irrational beliefs

The mixed (within-between) ANOVA revealed a large significant main effect, $\Lambda = 0.77$, $F(1,54) = 16.47$, $p < 0.001$, $\eta p^2 = 0.23$. Pairwise comparisons indicated that participants in the *REBT group* reported large significant, $\Lambda = 0.60$, $F(1,54) = 36.57$, $p < 0.001$, $\eta p^2 = 0.40$, decreases in irrational beliefs from baseline ($M = 28.21$, $SD = 8.83$) to post ($M = 25.05$, $SD = 6.97$), whereas those in the *control group* did not report significant, $\Lambda = 0.998$, $F(1,54) = 0.10$, $p > 0.05$, $\eta p^2 < 0.01$, decreases in irrational beliefs from baseline ($M = 31.13$, $SD = 5.53$) to post ($M = 30.97$, $SD = 5.42$).

4.2.2 | Emotion reactivity

The mixed (within-between) MANOVA revealed a large significant main effect, $\Lambda = 0.74$, $F(3,52) = 6.14$, $p = 0.001$, $\eta p^2 = 0.26$. At a univariate level, large significant effects were revealed for emotion sensitivity, $F(1,54) = 7.68$, $p = 0.008$, $\eta p^2 = 0.13$, emotion intensity, $F(1,54) = 7.56$, $p = 0.008$, $\eta p^2 = 0.12$, and emotion persistence, $F(1,54) = 15.17$, $p < 0.001$, $\eta p^2 = 0.22$.

For the *REBT group*, pairwise comparisons indicated no change ($p > 0.05$) in emotion sensitivity from baseline ($M = 3.13$, $SD = 0.93$) to post ($M = 3.02$, $SD = 0.84$), and no change ($p > 0.05$) in emotion intensity from baseline ($M = 3.21$, $SD = 0.94$) to post ($M = 3.07$, $SD = 0.92$). But there was a significant change ($p = 0.037$) in emotion persistence from baseline ($M = 3.23$, $SD = 0.95$) to post ($M = 3.04$, $SD = 0.85$). For the *control group*, pairwise comparisons indicated a significant change ($p = 0.008$) in emotion sensitivity from baseline ($M = 2.63$, $SD = 1.08$) to post ($M = 2.89$, $SD = 1.07$), a significant change ($p = 0.032$) in emotion intensity from baseline ($M = 2.66$, $SD = 1.01$) to post ($M = 2.86$, $SD = 0.98$), and a significant change ($p = 0.001$) in emotion persistence from baseline ($M = 2.75$, $SD = 1.05$) to post ($M = 3.04$, $SD = 0.96$).

5 | DISCUSSION

The results of the present study indicate that participants who received REBT reported reductions in their irrational beliefs from pre to post intervention, and subsequently reported a reduction in the perceived persistence of negative emotion. The REBT group did not, however, report changes in the sensitivity or intensity of their emotions. The control group did not report changes in irrational beliefs, but did report a worsening of emotional reactivity. A worsening of sales professional's emotional reactivity is concerning, and

TABLE 1 Values for dependent variables at baseline and post-intervention time points for the REBC group and the control group.

	Condition			
	REBC		Control	
Dependent variables	Baseline *M* (SD)	Post *M* (SD)	Baseline *M* (SD)	Post *M* (SD)
Irrational beliefs	28.21 (8.83)	25.05 (6.97)*	31.13 (5.53)	30.97(5.42)
Emotion sensitivity	3.13 (0.93)	3.02 (0.84)	2.63 (1.08)	2.89 (1.07)*
Emotion intensity	3.21 (0.94)	3.07 (0.92)	2.66 (1.01)	2.86 (0.98)*
Emotion persistence	3.23 (0.95)	3.04 (0.85)*	2.75 (1.05)	3.04 (0.96)*

*Significant ($p < 0.05$) changes from baseline to post timepoints.

perhaps justifies the timely application of programmes such as REBT that can help ameliorate or at least temper emotional reactivity.

The current study adds to the extant literature (e.g., Jones et al., 2021; Wood et al., 2021) by evidencing the effects of REBT on the irrational beliefs of sales professionals for the first time, and by assessing REBT's effects on emotional reactivity for the first time. Promising are the findings that a short online REBT programme can bring about positive changes in irrational beliefs and an important dimension emotional reactivity. Specifically, alongside reductions in irrational beliefs, we found reductions in emotional persistence. That is, after receiving REBT the sales professionals felt that their emotional episodes were less persistent. This is important because it means that when participants do experience negative emotion it is now more fleeting. As such, because persistent negative emotion is maladaptive to human functioning (Tice et al., 2004), the ill effects of negative emotion are likely to be reduced because of the shortened time that the emotion is experienced. In REBT, recipients are taught to regulate their emotions through weakening their irrational beliefs and strengthening their rational beliefs (Ellis, 1994). This procedure is akin to demonstrably effective emotion regulation strategies such as cognitive reappraisal (Sheppes & Gross, 2013) and cognitive change (Clark, 2014), and research indicates that those who believe that emotions arise solely due to external events (i.e., a stimulus response viewpoint; Lazarus, 1999) as opposed to believing that emotions arise due to how one thinks about external events, report worse emotional reactivity (Turner et al., 2021). Thus, it is possible in the current study that participants perceived themselves as more able to utilise emotion regulation strategies to reduce the persistence of emotional episodes.

Participants did not report positive changes in emotional intensity or sensitivity. REBT aims to enable people to express functional emotions rather than dysfunctional emotions (Ellis & DiGiuseppe, 1993), not necessarily emote less intensely (DiGiuseppe et al., 2014), but for emotional sensitivity the null finding is more perplexing. REBT should help recipients to be less sensitive to emotional provocation such that adversity is met with a rational framing of the situation and thus the adversity is less emotionally provocative. In the current study, we did not find that this was the case. But whilst REBT did not unilaterally lead to reductions in all emotional reactivity variables, REBT did not worsen emotional reactivity either, whereas participants in the control condition did report worsening emotional reactivity.

The findings of the current study indicate that group-based manualised REBT might be viable and beneficial for sales professionals. However, the present study has some limitations that should be considered when evaluating its significance. First, in future work the effects of REBT could be magnified by screening prospective participants for irrational beliefs and emotional reactivity prior to group allocation (see Turner et al., 2020), so that participants could be better matched at baseline thus potentially maximising the observe effects of REBT. This may in part explain the null changes in some variables for the REBT group. Second, we relied solely on self-report measures which have known flaws including potential self-report bias (West, 2014). It would have been perhaps more valuable to obtain actual sales statistics of the sales professionals to help evaluate the effects of REBT on performance. We were hindered somewhat from doing this, because the participants were drawn from different workplaces, so an equitable performance measure was not possible. Future researchers could recruit participants from the same organisation, and perhaps in the same sales team, to assess performance equitably.

Third, it would be advantageous to know whether the effects observed in the current data were maintained over a longer period of time, perhaps at a 12-week follow up (Maxwell-Keys et al., 2022). Based on the current study, we do not know the extent to which changes were maintained over a longer period of time. Allied to this, it would have been helpful to collect social validation data post-REBT, which is more typical in single-case research (e.g., Knapp et al., 2023). Indeed, we did not gather data on the participants' satisfaction with the intervention. These data would indicate how participants thoughts and felt about the programme and could have captured their perceptions of any changes they had experiences through the programme. Fourth, though out of our control, the data were collected at a time of uncertainty in summer 2021, where there was hesitance to return to typical work (i.e., face to face), and new stressors were emerging (e.g., new rules, working landscapes). This may have dissuaded some participants from taking part, but those that did attend may have felt more in need of psychological support due to the pandemic. Indeed, those that did not undertake REBT reported a worsening of emotional outcomes which may indicate the need for psychological support in this cohort.

6 | CONCLUSIONS

This paper is the first to investigate the application of REBT in sales professionals. Compared to a control group who report a worsening of emotional reactivity, the REBT group reported reduced irrational beliefs and emotional reactivity, specifically emotional persistence, following REBT. Future research should focus upon testing the effects of REBT on wider outcome measures, including objective markers of work engagement and performance. There is a need to establish effective psychological programmes for working populations, and the present study alongside the extant research literature, offers some evidence that REBT may be a fruitful approach to workplace wellbeing worthy of application and study.

CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Confidentially, anonymity and debriefing were adhered, guided by institutional ethics policies, and the British Psychological Society (BPS, 2021).

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