

PERSONALITY, HEALTH AND LIFE ORIENTATION IN SALESPERSONS OF ORGANIZED RETAIL SECTOR

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Abstract:

The present study examined the life orientation, health and personality traits among organized retail sector men and women employees. The study was conducted on 275 organized retail sales persons from Mumbai and its suburbs. The participants were studied using The Life Orientation Test – Revised (LOT-R), Multidimensional Health Profile-Psychosocial Functioning (MHP-P) and NEO-Five Factor Inventory (NEO-FFI 3). The data were analyzed in terms of the independent-samples t-test and coefficients of correlation. The women employees found higher on global stress, anxious affect and reported more somatic complaints than men employees. The results obtained in this study revealed that there is no difference on optimism among organized retail men and women employees. There is no significant difference found between men and women sales employees on neuroticism, extraversion, openness to experience, agreeableness and conscientiousness.

Keywords: Health, Personality, Big Five, Life orientation, sales persons, organized retail sector, OC, Turnover, Health, Personality in BPO and Retail Employees 2

INTRODUCTION

In India both organized and unorganized retail market is quite wide at all levels i.e., city, town and village. The Indian organized retail sector provides tremendous employment opportunities for the youth. Modern retail formats are showing tremendous growth in several metropolitan and tier two cities. Organized retailing sector is categorised as service sector and customer satisfaction is the focal point for them.

The transformation in the sector is towards organized retailing. India is a country with the biggest middle-class population and varied cultural differences. This offers the greatest challenge and opens doors for tremendous opportunities for retailers. The big corporations like Future Group, Reliance, Bharati-Walmart, and Tata etc. are intending to replace the

neighbourhood grocery stores that we conveniently call 'Kirana' stores.

In India the organized retail market is growing more rapidly than the unorganized retail market. The advent of organized retail sector in India is perceived as threat to traditional Indian unorganized retail formats. The retail sector is at an inflexion point where the growth of organized retailing and growth in the consumption by the Indian population will take a higher growth path (Satish & Raju, 2010). However, organized sector opens up plethora of employment opportunity for youth. Most of the jobs are available for sales persons, 1/3rd of retail employees (4.45%) is currently absorbed in trade of new goods (Shaoni & Bino, 2008). Organized retailers are now shown their presence in tier two cities and even in rural areas.

The unique nature of the job demands and working conditions pose various challenges and opportunities before this sector. The organized retail industry mostly attracts young applicant. However, faced with high levels of stress and the lack of a proper career plan, many young retail persons are leaving the retail job. Turnover is a problem that the organized retailers are currently facing at a huge scale. Though it is experienced at all levels, the big retail brands are facing 40-60% overall turnover rate and 20-30% turnover rate at junior and middle levels. Frontline staff turnover in retail is around 20-30%. The retail managers are of the opinion that on-job training is useful in building a company culture and hence help in better retention rates. (Shabnam, Paul 2008). A study carried out by Firth et. al. (2003) on retail salesperson reveals that job stressors are the factors that trigger the chain of psychological states that lead to intention

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to quit. They suggested that supervisor support can reduce the impact of stressors on psychological states and intentions to quit.

This demanding work environment in retail sector might result into lower life orientation and adverse impact on employee health. The nature of work of retail sales employee is associated with time pressures, workload, multiple roles and long working hours. These and other demanding job conditions and sales targets have adverse effect on the health of the retail employees (Thakre & Khubalkar, 2012a,b). The pressure to reduce payroll expenses is so high that store managers are reported to have forced employees to work off-the-clock, paying them for fewer hours than they put in (Zeynep, 2012).

Women are considered to be more suitable for certain jobs in this sector. With the customer being the king for all retailers, women are quit expectedly becoming the choice in most front-end profiles, which require constant interaction with customers. Women employees are also preferred choice in certain product categories like food and grocery, cosmetics, kids, jewellery, home décor and apparels. Young and smart women with impressive communication ability are considered better employees as they manage to stay longer in the service industry as compared to men (Goyal, Banga, Kumar & Singh 2008). However, they aspire to have desk job because standing throughout the duty hour in the mall is extremely tiring and creates fatigue and monotony among them (Dubey, 2013).

The types of work demands and nature of work in retail sector affect the physical and psychological health of the employees. There is definitely some relationship between job

demands, health and resources provided by the organization to carry out tasks (Bakker, Demerouti, Boer, & Schaufeli, 2003). A study was attempted to explore the “optimism” concept and its relations with mental health, physical health, coping, quality of life and adaptation of purpose, health lifestyle and risk perception. Positive and negative expectations regarding the future are important for understanding the vulnerability to mental disorders, in particular mood and anxiety disorders, as well as to physical illness. There is evidence that optimistic people present a higher quality of life compared to those with low levels of optimism or even pessimists. Optimism may significantly influence mental and physical well-being by the promotion of a healthy lifestyle as well as by adaptive behaviours and cognitive responses, associated with

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greater flexibility, problem-solving capacity and a more efficient elaboration of negative information (Conversano, 2010).

There is an association between pessimistic and optimistic life orientation and health problems of an individual. Considerable research supports the relationship between psychological and physical health issues and life orientation, such as breast cancer (Carver et al., 1993), gay men at risk for AIDS (Taylor, Kemeny, Aspinwall, Schneider, Rodriguez, & Herbert, 1992), coping (Scheier & Carver, 1992; Carver, Scheier, & Weintraub, 1989; Myers & Steed, 1999). Robinson-Whelen et al. (1997) found that during times of chronic stress individuals tended to view the future dualistically, considering both positive and negative aspects.

There may be individual differences between optimists and pessimist’s employee and it can be possible to predict their responses. In a challenging situation even if progress is difficult and gradual optimists could be confident and persistent and pessimists could be more doubtful and hesitant. Optimists believe adversity can be handled successfully; pessimists expect disaster. This can lead to differences in different life events of an individual pertaining to health risks, taking precautions in risky circumstances, and persistence in trying to overcome health threats. It can also lead to differences in coping responses when confronting a life-threatening health problem (Carver et al., 1993; Stanton & Snider, 1993).

A study was carried out by Creed, Patton and Bartrum (2002) on multidimensional properties of the LOT-R: effects of optimism and pessimism on career and wellbeing related variables in adolescents. They describe that those with high optimism reported high levels of career planning and exploration. For wellbeing, those with high levels of optimism reported high levels of self-esteem and low levels of psychological distress, while those with high levels of pessimism reported low levels of self-esteem and more psychological distress. Robinson-Whelen, Kim, MacCallum and Kiecolt-Glaser (1997) examined importance of optimism or pessimism as a predictor of health and wellbeing among adults experiencing severe, chronic stressors. The factor analysis revealed optimism and pessimism to be separate, largely independent constructs and found that pessimism was able to predict health and wellbeing. This also confirms

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that the two dimensions of life orientation i.e. optimism and pessimism related to external

variables such as health and wellbeing in a different manner.

It seems that life orientation and five personality factors can be different in the healthy and non-health individuals. Life orientation is consisted of two aspects including optimism and pessimism. Researchers have shown a positive relation among optimism with positive constructs. Pessimist and anxious people, in comparison with optimist ones, bear higher levels of pressure. Pessimism and optimism constitute two poles of a continuum (Kubzansky, Kubzansky & Maselko, 2004). Individuals have internal and external sources which they can make use of, while facing unpleasant conditions such as optimism and pessimism (Kupplelomaki & Utriainen, 2003).

The research on the relationship between employee personality and psychological contract type reveals that personality characteristics of extraversion and conscientiousness were related to contract type; and contract type and feelings of violation were associated with job satisfaction, organizational commitment, and intentions to quit (Naquin & Holton, 2002; Raja, Johns, & Ntalianis, 2004).

Some of the basic personality factors moderate the relationship between relative number of negative experiences and burnout, suggesting that personality may help to protect against known risks of developing burnout in volunteer human service work (Bakker, Van Der Zee, Lewig, & Dollard, 2006). It is not surprising that some studies have shown a negative relationship between extraversion and emotional health and burnout. Particularly, Eastburg, Williamson, Gorsuch, & Ridley (1994); Michielsen, Willemsen, Croon, De Vries, & Van Heck (2004); Piedmont (1993); Ramanathan (1985) have stated that extraversion is negatively associated with emotional health.

A similar kind of negative relationship between conscientiousness and health related behaviour is reported by Bogg and Roberts (2004); O'Connor, Conner, Jones, McMillan and Ferguson (2009); Roberts, Walton and Bogg (2005). The findings of Bogg and Roberts (2004) showed that conscientiousness related traits were negatively related to all risky health-related behaviors and positively related to all beneficial health

related behaviors. Similarly, Roberts et al. (2005) also reported that conscientious people follow life paths that contribute to better health outcomes. Being more conscientious is associated with avoiding potentially harmful behaviours such as tobacco consumption

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and violent activities. It also is associated with participating in activities, such as exercising and eating healthily, which results in positive health outcomes. Thus, it seems that personality of individual plays significant role in health and future orientation of an employee.

Hypotheses

- a) There is a significant difference between the women and men organized retail employees on personality traits.
- b) There is a significant difference between the women and men organized retail employees on life orientation.
- c) There is a significant difference between the women and men organized retail employees on

health.

- d) There is a significant difference between men and women organized retail sector employees on neuroticism.
- e) There is a significant difference between the organized retail sector men and women employees on extraversion.
- f) There is a significant difference between the organized retail sector men and women employees on openness to experience.
- g) There is a significant difference between the organized retail sector men and women employees on agreeableness.
- h) There is a significant difference between the organized retail sector men and women employees on conscientiousness.
- i) There is a negative correlation between health and life orientation. j) There is a positive correlation between openness to experience and life orientation.

METHOD

Participants

The participants of the present study consist of 275 young individuals (139 men, and 136 women employees) within the age range of 18 to 35 years working in the organized retail sector from Mumbai and its suburbs. The participants for organized retail sector consist of sales employees working in various retail formats.

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The participants from the organized retail sector consists of sales employees of various retail formats such as Addidas, Aldo, AND, Bata, Being Human, Big Bazaar, BIBA, Bodyshop, Black Berry, Colour Plus, Diesel, Food Bazaar, Future Value, Global Desi, Globus Private Limited, Ginny and Johnny, Isbede, IFB, John Players, Lacoste, Landmark, Lee, Levis, Life Style, Lords, Loot, Louis Phillip, Magnet, Mark and Spencer's, Mochi, Nike Brand Shop, Pantaloon (PIRL), Pepe Jeans, Peter England, Puma, Raymond's, Reliance Fresh, Reliance Trends, Reebok, Shoppers Stop, Spinach, Star Bazaar, Titan, Vero Moda, Vijay Sales, VIP, Wrangler, Westside etc. from Mumbai and its suburbs. They were contacted personally and individual written consent was obtained.

RESEARCH TOOLS

1. General Information Data Sheet

By using the general information data sheet, demographic information was gathered. It includes identification data such as, name or initials of the respondent, name of the organization (was kept optional to get unbiased responses), designation, age, gender, marital status, educational qualifications.

2. NEO-Five Factor Inventory-3 (NEO-FFI 3)

The five-factor model of personality focuses upon the behaviour that an individual expresses while dealing with people, changing circumstances and environment. In the present study

personality of the participants is measured by using NEO-FFI-3, Form S (neuroticism, extraversion, openness, five factor inventory-3) developed by McCrae and Costa (2010). The NEO inventories embody a conceptual model that distills decades of factor analytic research on the structure of personality.

Internal consistency estimates ranged from .66 to .88 in observer rating and test retest reliability for the facet scales ranged from .87 to .95. High reliabilities ranging from .95 to .75 for the N, E, O, A, and C domain scales were reported. Equivalence coefficients i.e., the correlations between the brief NEO-FFI-3 scales and the corresponding full NEO-PI-3 scales range from .87 to .95 and show that NEO-FFI-3 scales are good approximations of full domain scales. Validity evidence accumulated for

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NEO Inventory domain scales is likely to be fully applicable to NEO-FFI-3 scales (McCrae & Costa, 2010).

3. Multidimensional Health Profile-Psychosocial Functioning (MHP-P) In this study the Multidimensional Health Profile (MHP) developed by Ruchman, Lanyon and Karoly (1998) is used. The MHP was developed to provide a brief but comprehensive assessment of psychological characteristics relevant to mental and physical health. The MHP consist of two 4-page test booklets that may be used either together or separately.

In this study MHP-Psychosocial Functioning (MHP-P) booklet is used to measure health functioning of the participants. It contains 58 items measuring the four psychosocial areas such as: 1) life stress, 2) coping skills, 3) social resources, and 4) mental health. Review of the health psychology literature reveals that a number of psychosocial factors have been found to play a role in health functioning. Respondents rate each item on a 5-point Likert scale.

It possesses strong psychometric properties and representative norms area is available for different age and gender group. Satisfactory test-retest reliability is reported for Life Stress scales [Number of Stressful Events (NST) = .86; Perceived Stress (PST) = .86; Global stress (GST) = .68]; Coping Skills scale [Total Coping (COP) = .65]; Social Resources Scales [Total Social Support (SUP) = .82, Emotional Support (SUP-E) = .79, Informational Support (SUP-I) = .62, Tangible Support (SUP-T) = .75, Negative Social Exchange (NSX) = .77]; and Mental Health scales [Total Psychological Distress (DIS) = .75, Depressed Affect (DIS-D) = .44, Guilt (DIS-G) = .52, Motor Retardation (DIS-M) = .56, Anxious Affect (DIS - A) = .66, Somatic Complaints (DIS-S) = .65, Cognitive Disturbance (DIS-C) = .49, Life Satisfaction (LIF) = .74]. As well as high convergent and discriminant validity are reported for number of scales.

4. The Life Orientation Test – Revised (LOT-R)

The life orientation of participants is assessed by using the life orientation scale developed by Scheier and Carver (1994). The LOT – R test assesses individual differences in generalized optimism versus pessimism. This measure has been used in various research studies on the behavioral, affective, and health consequences of the optimism and /or pessimism dimension of life orientation.

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It is a 10-item measure of optimism versus pessimism. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a 4-point scale: 0 = strongly disagree, 1 = disagree, 2 = neutral, 3 = agree, and 4 = strongly agree.

LOT-R Total scores are calculated by summing the three positively worded and three negatively worded items (these are reverse coded). This gives a possible range of 6- 24, with higher scores indicating more optimism. Scheier, Carver and Bridges (1994) report an internal reliability coefficient of .78 for this scale.

Procedure

The human resource managers and/or store managers and/or employees of the organized retail sector organizations were approached for data collection. They were provided the purpose and general nature of the research orally and in writing and were assured of confidentiality of the results of the study. After obtaining the necessary permission, data was collected from the employees. The employees included in the sample were contacted individually and written consent was sought from the participants. They were contacted at the workplace and the research tools were administered individually and in small groups. First, they completed the demographic data-sheet, and then the NEO Five-Factor Inventory-3 (NEO-FFI-3), Life Orientation Test – Revised (LOT-R), and Multidimensional Health Profile-Psychosocial Functioning (MHP-P) were administered.

RESULTS

The results of the study and describes the findings of the statistical analysis of the data. An independent sample ‘t’-test was conducted to measure the difference between groups. Results of the analysis are as follows:

Neuroticism

Table 1

Mean, SD and t Values for Men and Women Employees on Neuroticism

Gender	M	SD	t	P
Men employees	23.55	5.86		

Women employees 24.76 5.19 1.81 0.071 $p > .05$ NS at .05 level

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It can be seen from Table -1, that the mean value (24.76) of women employees is higher than mean value of (23.55) men employees on neuroticism. Analysis of data using t-test showed no significant difference between men and women employees on neuroticism, $t(273) = 1.81, p < .071$. This depicts that men and women employee do not differ significantly from one another on neuroticism trait of personality. Thus, the null hypothesis of difference between the groups is rejected.

Extraversion

Table 2

Mean, SD and t Values for Men and Women Employees on Extraversion

Gender	M	SD	t	p
Men employees	30.21	6.06		

Women employees 29.18 5.59 1.45 0.14 $p > .05$ NS at .05 level

It can be seen from Table - 2, that the mean value (30.21) of men employees is higher than mean value of (29.18) women employees on extraversion. Analysis of data using t-test showed no significant difference between men and women employees on extraversion, $t(273) = 1.45, p < .14$. This depicts that men and women employees do not differ significantly from one another on extraversion trait of personality. Thus, the null hypothesis of difference between the groups is rejected.

Openness

Table 3

Mean, SD and t Values for Men and Women Employees on Openness **Gender M SD t p** Men employees 27.04 5.00

Women employees 28.04 5.20 1.63 0.10 $p > .05$ NS at .05 level

It can be seen from Table - 3, that the mean value (28.04) of women employees is higher than mean value of (27.04) men employees on openness. Analysis of data using t test showed no significant difference between men and women employees on openness, $t(273) = 1.63, p < .10$.

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This depicts that men and women employees do not differ significantly from one another on openness trait of personality. Thus, the null hypothesis of difference between the groups is rejected.

Agreeableness

Table 4

Mean, SD and t Values for Men and Women Employees on Agreeableness **Gender M SD t p** Men employees 26.23 5.73

Women employees 26.53 5.12 0.45 0.64 $p > .05$ NS at .05 level

It can be seen from Table .4, that the mean value (26.53) of women employees is higher than mean value of (26.23) men employees on agreeableness. Analysis of data using t test showed no significant difference between men and women employees on agreeableness, $t(273) = .45, p < .64$. This depicts that men and women employees do not differ significantly from one another on agreeableness trait of personality. Thus, the null hypothesis of difference between the groups is rejected.

Conscientiousness

Table 5

Mean, SD and t Values for Men and Women Employees on Conscientiousness **Gender M SD t p** Men employees 32.28 5.89

Women employees 31.59 6.40 0.93 0.35

$p > .05$ NS at .05 level

It can be seen from Table - 5, that the mean value (32.28) of men employees is higher than mean value of (31.59) women employees on conscientiousness. Analysis of data using t-test showed no significant difference between men and women employees on conscientiousness, $t(273) = .93, p < .35$. This depicts that men and women employees do not differ significantly from one

another on conscientiousness trait of personality. Thus, the null hypothesis of difference between the groups is rejected.

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Life Orientation

Table 6

Mean, SD and t Values for Men and Women Employees on Life Orientation **Gender M SD t p**

Men employees 14.88 3.83

Women employees 14.11 3.58 1.70 0.08 $p > .05$ NS at .05 level

It can be seen from Table - 6, that the mean value (3.58) of women employees is higher than mean value of (3.83) men employees on life orientation. Analysis of data using t-test showed no significant difference between men and women employees on life orientation, $t(273) = 1.70, p < .08$. This depicts that men and women employees do not differ significantly from one another on life orientation. Thus, the null hypothesis of difference between the groups is rejected.

Global Stress (GST)

Table 7

Mean, SD and t Values for Men and Women Employees on Global Stress **Gender M SD t p**

Men employees 2.94 1.08

Women employees 3.41 2.69 1.90* 0.05 $p < .05$ significant at .05 level

It can be seen from Table - 7, that the mean value (3.41) of women employees is higher than mean value of (2.94) men employees on global stress. Analysis of data using t-test showed significant difference between men and women employees on global stress, $t(273) = 1.90, p < .05$. This depicts that men and women employees differ significantly from one another on global stress. The women retail salesperson reported higher global stress than men employees. Thus, the null hypothesis of difference between the groups is accepted.

Somatic Complaints (DIS-S)

Table 8

Mean, SD and t Values for Men and Women Employees on Somatic Complaints **Gender M SD t**

p

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Men employees 7.23 2.72

Women employees 8.09 2.60 2.66* 0.008

$p < .05$ significant at .05 level

It can be seen from Table - 8, that the mean value (8.09) of women employees is higher than mean value of (7.23) men employees on somatic complaints. Analysis of data using t-test showed significant difference between men and women employees on somatic complaints, $t(273) = 2.66, p < .008$. This depicts that men and women employees differ significantly from one another on somatic complaints. The women salespersons show higher somatic complaints than men employees. Thus, the null hypothesis of difference between the groups is accepted.

Life Satisfaction (LIF)

Table 9

Mean, SD and t Values for Men and Women Employees on Life Satisfaction **Gender M SD t p**

Men employees 13.21 3.30

Women employees 12.63 2.70 1.60 0.110 $p > .05$ NS at .05 level

It can be seen from Table - 9, that the mean value (13.21) of men employees is higher than mean value of (12.63) men employees on life satisfaction. Analysis of data using t-test showed no significant difference between men and women employees on life satisfaction, $t(273) = 1.60$, $p < .110$. This depicts that men and women employees do not differ significantly from one another on life satisfaction. Thus, the null hypothesis of difference between the groups is rejected.

DISCUSSION

The present study has attempted to comprehend the reasons for health problems, life orientation and interaction of personality traits in the retail sector employees. The study findings reflect the specific pattern which is useful for understanding the retail sector. The results obtained in this study revealed that there are differences between men and women employees in the organized retail sector on global stress, anxious affect and somatic complaints. The women employees found higher on global stress, anxious affect

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and reported more somatic complaints than men employees. There is no significant difference between men and women employees on life orientation. The retail sector men and women sales employees have not shown any differences on personality traits such as neuroticism, extraversion, openness, agreeableness and conscientiousness.

Higher health problems in women employees indicate that the retail sector women employees are more prone to health problems. This specific finding regarding the retail sector shows that women employees suffer to a great extent from both emotional and physical health problems. These health issues include cognitive problems such as difficulties with concentration, and physical symptoms and complaints. Findings of the study reveal that the health of the women retail employee is a cause for concern. This finding seems to indicate that the gender of the individual plays a significant role in health-related problems.

There are some distinct trends emerge from the study which are related to the life orientation and health. The observed trend of the present study which indicates no significant differences in genders on life orientation seems to suggest that retail sectors employees equally accept the organizational goals, make efforts to fulfil job demands and want to remain loyal to their respective organizations. The nature of work is similar for the men and women employees of both sectors. The retail sector is known as customer driven sector and performance of the employee is closely supervised / monitored. Employees are the customer contact point and they perform on the basis of the needs and demands of the customers. Though they work in adverse condition, they seem to enjoy their work; hence, they show similar life orientation. This could be the reason that there are no gender differences in life orientation.

A study was carried out to determine the association between gender and the big five personality factors, and to identify the role of personality factors in the association between gender and

depression (Goodwin & Gotlib, 2004). The study postulates that neuroticism plays a significant contributory role in the relationship between being female and having major depression. As retail sector is a service delivery process there is no discrimination in role assignment between men and women employees. The relationship between neuroticism and health is well known. The present study findings corroborated the same. The significant difference between men and women employees on global

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stress, anxious affect and somatic complaints signifies that retail sector women employees are suffering from greater the health-related problems. This indicates that the gender of the individual affect's health.

Benishek and Lopez (1997) addressed three commonly voiced concerns in their study i.e., the presence of possible gender differences, the impact of neuroticism on physical illness, and the relevance of perceived life stress. They identified that neuroticism was predictive of both the frequency and severity of illness among women workforce. Similarly, a study effect of optimism in older women perceived daily hassles, coping, emotional distress and life satisfaction. The study controlled for influences of related variables, specifically neuroticism, to see if they would reduce the effects of optimism. Results of the study found that participants who scored higher on the optimism scale scored lower on measures of neuroticism, daily stress, and psychological stress, and higher on measures of social support, perceived health, and life satisfaction (Boland & Cappelliez, 1996).

In a study carried out by Grant (2013) on employees of call centers, charged with the responsibility of generating sales from both existing and new customers. After controlling hours worked, job tenure, and the other personality traits, the relationship between extraversion and sales performance was peaking midway between extreme introversion and extreme extraversion. None of the other personality traits were significantly associated with sales performance. Grant (2013) state that extraverted or introverted employees are not effective in sales roles. Instead, individuals who report moderate levels of extraversion and introversion, called ambiverts, are more likely to perform well in these roles. When individuals are especially extraverted, they like to be the focus of attention, sometimes diminishing their sensitivity to the needs of other people. Conversely, when individuals are especially introverted, they might not be assertive enough to persuade other people.

The specific findings regarding higher health problems in women employees than men employees are corroborated by the study of Bogg and Cooper (1994). They found gender differences and reported that females within the civil service suffered from poor mental and physical ill health and were significantly more dissatisfied with the job. In the retail sector there is a higher demand for physical work than for mental work. The

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relationship between type of work, stress and health are reported in a number of studies. The study findings of Eskelinen, Toikkanen, Tuomi, Nygard, & Ilmarinen (1990) support this trend. They reported that the high level of reaction to physical stress seemed to indicate a true

discrepancy between the physical capacity and the work demands of women involved in physical work.

Contrary to the study findings of higher physical health problems in women; Hoofman et al. (2004) found strong evidence that men have a higher risk of back pain than women. Nevertheless, they argued that since the weight of the average larger male torso has to be added to the weight of the lifted object, men in fact have a higher exposure than women when lifting an equal object. Whereas for arm posture, strong evidence was found that women have a higher risk of neck–shoulder complaints than men. The job descriptions, type of tasks, and job demands of retail sector men and women employees are the same. Lifting of heavy objects is not involved in the job profile of retail sales persons. Higher health related problems in retail sector women employees cannot be associated with heaviness of work but with the requirements of the work to be done. For example, on the retail shop floor, the employee is not needed to lift heavy things but is required to stand continuously for long hours.

The patterns of the results show that health problems are more prevalent in the retail sector. The vivid picture emerging from the study shows considerable differences within the retail sector men and women on health. The pattern of findings on health suggests that organizational practices and job demands are associated with health of the employees. Optimistic individual seems to have less health problems and optimism may significantly influence physical well-being is through promotion of a healthy lifestyle. Then, optimism facilitates adaptive behaviours and cognitive responses that consent negative information to be elaborated more efficiently and with greater flexibility and problem-solving capacity (Aspinwall, Richter & Hoffman, 2001).

Conclusions

The retail sector women employees reported more health problems than men employees. Employees of the both genders of retail sector do not differ from one another significantly on personality traits i.e., neuroticism, extraversion, agreeableness, openness and conscientiousness. Health is more closely related with gender than sector of the

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employees. The gender of the employee is more important and relevant than the work setting of the employee with reference to psychological and physical health. The retail sector women employees scored significantly higher on physical health and emotional health and manifested more health-related problems than the men employees. HR managers can focus on gender-specific work environment conditions that have a direct impact on health and turnover intention. Nevertheless, employers may ensure that the mental and physical work demands are not too high and their efforts appear to them to be worthwhile. Thus, observed finding indicate that the gender of an individual employee and working conditions play a significant role in health.

Implications

The present study on the retail sector employees is useful for policy formulators. This provides better insight on life orientation, psychological and physical health, and personality traits of the

organized retail sector employees. The findings of this study suggest that policy makers for the retail sector need to pay attention to organizational factors as well as individual personality traits that are likely to improve health of the employees. It can be expected that the study findings will prove helpful to the CEO's, HR-Heads, Team Leaders, and Shop-Floor Managers who are working with the organized retail organizations. The results from this study could be used to assist managers to create strategies that support a dynamic work force within the retail sector. In the present study women employees of the retail sector have reported higher health problems. The results of this study have useful implications for dealing with employee attitudes such as life orientation and life satisfaction. The study indicates that better physical and emotional health of employees can be achieved by formulating transparent organizational practices. These organizational practices need to be diversified, and can begin with improving the organization of work, supervisory support, opportunities for development and opportunities for influencing work outcome. Nevertheless, employers may ensure that the mental and physical work demands are not too high and their efforts appear to them to be worthwhile.

A major **implication of the study** is that the shop floor supervisors of the retail sector must stay abreast of the formal and informal pulse of the employees. Issues related to ill health of retail sector employees might be addressed promptly and justly.

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Lingering, unaddressed issues that relate to employee health are likely to decrease commitment and increase intention to quit the job.

The retail sector organizations may intervene to reduce the emotional and physical health problems of employees. The interventions may be directed at either the work situation or the coping capacity of the employee. If the physical and emotional health related problems are allowed to continue unattended, the organization can expect to incur negative costs associated with burnout, absenteeism, employee turnover; and lowered levels of commitment and performance.

The organization should try to provide a more supportive climate; tangible evidence of commitment; and establishment of employees health promotion measures, will enhance performance. The study provides guidelines for the employers in the organized retail sector to understand the relationship between health, life orientation and personality traits like extraversion, openness to experience, agreeableness, and conscientiousness. These findings can be used for personnel selection, training and development; improving working condition; job enrichment and betterment of employees by these organizations.

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