

Conversations About Mental Health and Well-being During the COVID-19 Pandemic: Why and How Restaurant Employees Talk With Each Other and Managers

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ABSTRACT

Restaurant employees in the United States have experienced unprecedented challenges to their mental health and well-being (MHW) during the COVID-19 pandemic, yet little is known about communication regarding MHW in the restaurant industry. Drawing on health, organizational, and interpersonal communication concepts, this exploratory, survey-based study probed whether, how, and why or why not restaurant employees in western Washington State conversed about MHW with one another and their managers during the winter of 2021. Key findings include that there are many reasons why some restaurant employees do not engage in conversations about MHW with other members of the workplace. However, when such conversations do occur, they are typically mutual, positive, and relationally-oriented—more so among coworkers than between employees and managers. Additionally, both coworkers and managers are sources of social support and resource exchange during these conversations, although the evidence is stronger among coworkers. Our findings contribute to the extant literature on mental health communication in the workplace and demonstrate the merit in more closely examining superior-subordinate and coworker communication about personal and sensitive topics, like MHW. Comparative analysis of employees' MHW-related communication with coworkers versus managers revealed both similarities and differences that carry implications for managerial practice and future research.

KEYWORDS

Mental Health and Well-being (MHW); Disclosure; Superior-subordinate Communication; Peer Coworker; Social Exchange; Social Support; Interpersonal Communication Motives (ICM), Restaurant Employees

1. INTRODUCTION

Restaurant employees in the United States have experienced unprecedented challenges to their mental health and well-being (MHW) during the COVID-19 pandemic. Across the board, multiple factors have compounded to have a detrimental effect on American's MHW, including fear of infection with the SARS-CoV-2 virus, social isolation and quarantining, loss of friends and family members, loss of income and employment, and feelings of hopelessness and uncertainty.^{1,2} However, the MHW of individuals working in the restaurant industry is uniquely concerning due to not only these nationwide stressors, but also the new challenges of service work during a pandemic and the significant vulnerabilities restaurant employees endured pre-pandemic.

The restaurant workplace has been transformed by repeatedly-changing government safety regulations intended to protect restaurant employees and their customers, such as social distancing, use of PPE (personal protective equipment), limited seating capacity, and prohibitions on indoor dining.³⁻⁵ Despite such changes, servers, hosts, bussers, and bartenders continued to interact regularly with members of the public for extended periods of time and in close proximity, which increased their risk of exposure to the virus due to the nature of its transmission. Additionally, as front-line employees in boundary-spanning roles, they have had to assume the responsibility of managing hostile customer interactions and enforcing COVID-19 safety regulations.⁶⁻⁸ The heightened work stress associated with these new burdens is undeniable. Furthermore, work stress is associated with poor MHW.^{9,10} Prior to the pandemic, restaurant employees were especially vulnerable due to challenging work conditions, including low wages, extremely low union membership, emotional exhaustion (fatigue resulting from extreme job or personal demands) and stress, poor MHW associated with irregular time schedules, job insecurity (fear of losing one's job in the future), mistreatment by customers, and high rates of alcohol and drug use relative to other industries.¹¹⁻¹⁷

Unsurprisingly, the plight of front-line employees, such as restaurant employees, has recently garnered attention from mainstream media, the public, and scholars alike.^{6, 8, 13, 18} Two recent studies point to the importance of examining restaurant employees and

their MHW during the COVID-19 pandemic. Bufquin, *et al.*³ determined that employees currently working in restaurants experience more psychological distress and drug and alcohol use than employees who are temporarily out of work (*i.e.*, furloughed). Their findings distinguish the pandemic as a unique period because prior research comparing employed and unemployed workers established opposite trends, associating distress and substance use with unemployment. In another study, Chen and Eyoun¹⁹ discovered that employees' "fear of COVID-19", for example, contracting the virus, was positively associated with an important element of burnout: emotional exhaustion. In short, the authors' findings confirm that the pandemic has had a negative impact on restaurant employees' psychological health. Consequently, those authors recommended that restaurants facilitate a supportive work environment by creating "opportunities and channels for frontline employees to voice their fear, concerns/worries about job insecurity, stress, and negative emotions at work anonymously or openly and follow up with them to provide available support."¹⁹

As communication scholars, we were intrigued by Chen and Eyoun's proposal that managers should encourage their employees to "voice" their concerns related to MHW during the pandemic. They appear to imply that doing so can potentially improve employees' MHW-related outcomes. In other contexts, studies have positively linked various forms of communication with individuals' MHW.²⁰⁻²² In the workplace context, one study found that workplace interactions are associated with employee affective states, such that positive interactions are linked to positive affect.²³ That finding indicates that interpersonal interactions, like conversations, are worthy of study. We, similarly, direct our attention to everyday conversations in the workplace, yet choose to focus on the content and nature of these conversations, rather than how they affect MHW. Additionally, the COVID-19 pandemic provides a novel context in which to study interpersonal conversations and the topic of MHW.

The aim of this exploratory, survey-based study was to investigate restaurant employees' conversations about MHW with coworkers and managers. First, we outline and discuss relevant concepts from the field of communication that informed this study and introduce the research questions. Next, we measure the proportion of restaurant employees who reported conversing about MHW with their coworkers and/or managers during the pandemic. For those who reported not having such conversations, we analyze their reasons for not doing so. Third, we examine employees' reports of conversations about MHW. Specifically, we analyze the topics discussed, the communication practices used, and the motives for which employees engaged in these conversations. Finally, we compare the reports of MHW-related conversations with coworkers versus with managers. Our results provide insights for restaurant managers to reconsider how they engage in conversations with their employees about MHW.

2. LITERATURE REVIEW AND RESEARCH QUESTIONS

2.1. *Talking about mental health and well-being in the workplace*

This study engages concepts from three domains of communication: health, organizational, and interpersonal communication. Prior studies in health communication have explored the disclosure of personal MHW information in the workplace. The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community."²⁴ The Centers for Disease Control and Prevention (CDC) adds that it "includes our emotional, psychological, and social well-being."²⁵ Yet, the CDC also distinguishes "well-being" as a stand-alone term that includes "the presence of positive emotions and moods (*e.g.*, contentment, happiness), the absence of negative emotions (*e.g.*, depression, anxiety), satisfaction with life, fulfillment and positive functioning."²⁶ These two terms have been used interchangeably in academia and popular media. For the purpose of this study, we combined elements of the WHO and CDC's definitions to construct the following definition of mental health and well-being (MHW): one's psychological, emotional, and social functioning, ability to cope with life stressors, satisfaction with life, and the presence of positive emotions and moods.

Research on MHW in the workplace has mainly focused on work stress or improving employees' MHW from a managerial perspective.^{27, 28} A small portion of extant literature in this area examines *communication*, specifically, the disclosure of mental 'illness', 'conditions', or 'disorders' (*i.e.*, diagnosed or receiving treatment) to other work members.²⁹⁻³¹ Such disclosures occur in conversations with others, as an individual communicates information about their illness to a conversational partner.³² It is well-established that employees may choose to disclose their illness to others to attain support or work accommodations, to explain their behavior, to advocate for or empower themselves, or to educate others.^{29, 30, 33} However, there is a dearth of scholarship on workplace communication about common mental health challenges or general MHW. Although such conversations can involve discussing the daily experience of a diagnosed mental illness, they also include non-clinical topics, like stress, relationships, fulfillment, emotions, or substance use. One exception is Irvine's³³ review of two studies commissioned by the United Kingdom's Department of Work and Pensions, in which she concluded that employees *do* talk to others about work stress, emotional/mental distress, or personal life issues, but that they may not necessarily do so in medicalized terms. Irvine's findings challenge the focus of prior research on 'disclosure' and 'illness', thereby questioning a narrow understanding of mental health. Furthermore, she argues that these constructs disregard the expansive continuum of MHW that employees experience, positive and negative, throughout their lives and direct attention away from the reality that MHW requires continual cultivation.³³ Our study responds to

her appeal for further investigation of how employees ordinarily talk about their MHW experiences, through a communication lens.

Another vein of scholarship on MHW in the workplace identifies numerous reasons why employees do *not* discuss such topics with other work members. These include concerns about employment (*e.g.*, being fired, not getting hired), how others perceive them (*e.g.*, dangerous, less credible, competent, or reliable), and others' behavior towards them (*e.g.*, gossip, rejection/exclusion, discrimination, harassment).^{29, 30, 33, 34} Additionally, employees may consider the topic of MHW as too private or personal to discuss in work relationships, which can be partially explained by pervasive stigma (*i.e.*, negative/unfavorable attitude) surrounding mental health.^{29, 34–36} Finally, the perception that one's mental health problems won't affect one's work or don't merit or require discussion are notable reasons as well.³³ By investigating conversations regarding general MHW, we can reveal which of the aforementioned motivational factors for non-disclosure of clinical MHW information hold true when individuals choose not to discuss general MHW with other work members.

2.2. *Communication within workplace relationships*

In further reviewing the literature on the communication context of the workplace, it is evident that the other member of an interpersonal conversation and the relationship between the two individuals engaging in conversation is important to consider. That is, whether an individual is discussing MHW with a superior (*i.e.*, supervisor, manager, and employer) or a peer coworker holds implications for the conversation itself. Organizational communication scholarship has investigated the similarities and differences between superior-subordinate (S/S) communication and peer coworker communication.

2.2.1. *Superior-subordinate (S/S) communication*

Organizational communication scholars have devoted much attention to the relationship between superiors and subordinates.⁹ S/S communication is defined as vertical communication transpiring between two individuals, one of whom has formal authority over the other in the organization.³⁷ Messages communicated downward (*i.e.*, from superior to employee) consist of job instructions, organizational information, and constructive feedback and reinforcement.^{38–40} Conversely, superiors also receive messages from their subordinates. This upward communication concerns information about the employees themselves and their coworkers, perspectives on organizational policies and practices, and knowledge about how organizational activities can be executed.^{9, 37, 38} The phenomenon of “upward distortion” complicates this communication. When employees are concerned with how others perceive them (*i.e.*, impression management), they may be reluctant to share unfavorable or negative information with their superiors, preferring to impart positive or favorable information.^{39, 41} Overall, work-related messages are most prevalent because they are essential to accomplishing tasks. That said, another branch of research suggests that superiors provide employees with support and such dyads exchange relational messages to develop and maintain relationships, trust, and rapport and engage in mutual self-disclosure.^{42, 43} Superiors are often the focal point of S/S research, based on scholars' reasoning that effective communication from managers improves organizational outcomes and employees' work life.^{44, 45} As a result, the perspectives and experiences of employees have been understudied—our study helps fill this gap.

2.2.2. *Coworker communication*

Significantly less research has focused on interactions between peer coworkers. This gap in the literature is necessary to fill because the horizontal communication that occurs between coworkers is more frequent than S/S communication.^{46, 47} Predictably, information related to tasks is exchanged between coworkers to coordinate work activities.^{46, 47} However, many scholars suggest that developing relationships and exchanging social information between coworkers is also important, and that coworkers can enact informal social influence despite their lack of formal authority over each other.^{48, 49} Kram and Isabella⁵⁰ identified three types of coworker relationships (information, collegial, and special), increasing in their levels of intimacy, self-disclosure, support, and trust. Furthermore, extant scholarship demonstrates that reciprocity and mutuality are significant elements of coworker communication, and that coworkers play an essential role in providing social support.^{46, 50} However, the dark sides of coworker communication involve overstepping personal boundaries, incivility, bullying, and manipulation.^{46, 47} Fonner's⁴⁶ finding that employees are more likely to support one another when they experience negative workplace conditions together is particularly important for our study in light of the difficult work conditions for restaurant employees during the pandemic.

In sum, the literature reviewed thus far indicated many factors that could encourage or discourage restaurant employees from talking about MHW in the workplace during the pandemic and also demonstrated why it is important to consider the specific work member, whether managers or coworkers, with whom employees choose or do not choose to discuss such topics. We have also described the topics typically discussed between superiors and subordinates and between coworkers. Therefore, the first two questions we sought to answer in this study were:

Research Question 1: Are restaurant employees having conversations about mental health and well-being with coworkers or managers during the COVID-19 pandemic? If not, why not?

Research Question 2: What topics related to mental health and well-being do restaurant employees report discussing with their coworkers or managers?

2.2.3. *Workplace communication is both virtual and in person*

Communication between work members increasingly occurs virtually. This is particularly relevant in the period of the pandemic when social distancing practices and concerns about infection increased preference for online communication over in person work meetings. In general, technology, such as e-mail, instant messaging, telephones, and video calls, can be used to send organizational updates and reminders, to clarify or follow up with others, to reach others quickly on urgent matters, or to communicate with offsite or asynchronous employees.^{51, 52} While virtual communication yields many benefits, studies on S/S communication have demonstrated that in-person interaction is preferred for developing relationships and exchanging sensitive or personal information.⁵¹⁻⁵³ Previous research has indicated that coworkers use social media platforms, like Facebook, to connect and communicate with each other, both at work and outside of work, and that online interactions have an impact on employees' experience in the workplace.⁵⁴⁻⁵⁶ Considering the shift in trends toward online work-related communication generally during the pandemic in combination with the physical presence required of restaurant employees to provide their services to customers, we were curious to discover whether employee conversations about MHW occur in person or in virtual spaces via digital technologies. Considering the literature reviewed thus far, the third research question and related sub questions we sought to answer were:

Research Question 3: When and how do restaurant employees report discussing mental health and well-being with their coworkers or managers?

Research Question 3a: Do these conversations occur during work hours, outside of work hours, or both?

Research Question 3b: Do these conversations occur in person at work, in person outside of work, or virtually?

Research Question 3c: Who initiates these conversations? Do employee respondents, their coworkers, or managers initiate them? Or are they mutually initiated by all conversational partners?

2.3. *Interpersonal communication in the organization*

Having established that employees engage in interpersonal communication to exchange messages and achieve social goals with their superiors and coworkers, we employ the concepts of social exchange, social support, and Interpersonal Communication Motives (ICM) to enrich understanding of interpersonal communication in work settings and thus refine the conceptual framework of this study. Specifically, these concepts help us interpret why restaurant employees might discuss MHW with their coworkers or managers.

2.3.1. *Social exchange*

Social exchange refers to mutual and reciprocal give and take of resources between two individuals that results in a sense of obligation and interdependence, which is pivotal to the development and maintenance of a high quality, positive relationship.⁵⁷ In exchange relationships with superiors, employees provide good "performance" and expert skills for which superiors return positive reviews, recognition, salary bonuses, and positional resources.⁴⁶ Coworkers exchange resources like organizational and social information, friendliness, and social support.⁴⁶

2.3.2. *Social support*

Social support, closely tied to social exchange, is defined as "information leading the subject to believe that [they are] cared for and loved, esteemed, and a member of a network of mutual obligations."⁵⁸ Coworkers are an important and effective source of social support because of the extensive amount of time spent together and ability to understand and empathize with each other's challenges and work experiences.⁴⁷ Superior-provided social support has been importantly linked to employee MHW, especially in outcomes related to work. For example, in Hämig's⁵⁹ study on sources of social support at work, he found that a lack of social support from one's superior had a negative effect on burnout and job satisfaction. Because social support is positively associated with MHW,⁶⁰ we were intrigued to learn how social exchange and social support play a role in restaurant employees' conversations about MHW.

2.3.3. *Interpersonal Communication Motives (ICM)*

We know from the work of many interpersonal communication scholars that communication serves many functions. We

previously established specific reasons for the disclosure of mental illness in *Talking about mental health and well-being in the workplace*, like acquiring work accommodations or providing explanations for one’s behavior. While these specific reasons for disclosure are important, we considered them to be strongly applicable in the context of conversations about clinical illness, and questioned how effective this short list would be in revealing more profound reasoning for why employees engage in conversations about general MHW topics, like relationships and emotions. In searching the literature about reasons for communicating interpersonally generally, we reasoned that the concept of Interpersonal Communication Motives (ICM) was better suited for this study, especially considering that it has been utilized in workplace research in the past. The concept of ICM identifies why people initiate conversations with others and can be applied to different contexts. This concept assumes that people communicate to fulfill needs, and when an individual purposely engages in conversation with another to meet these needs, they are manifested in motives (*i.e.*, reasons) for communicating. Another important assumption incorporated in this concept is that individuals are aware of their motives and can report them. Utilizing this concept in our study, we can better understand the underlying needs that incentivize employees to initiate conversations about general MHW with other work members.

Motives	Corresponding statements “I talk to people...”
1. Pleasure	1.1 Because it’s fun. 1.2 Because it’s exciting. 1.3 To have a good time. 1.4 Because it’s thrilling. 1.5 Because it’s stimulating. 1.6 Because it’s entertaining. 1.7 Because I enjoy it. 1.8 Because it peeps me up.
2. Affection	2.1 To help others. 2.2 To let others know I care about their feelings. 2.3 To thank them. 2.4 To show others encouragement. 2.5 Because I’m concerned about them.
3. Inclusion	3.1 Because I need someone to talk to or be with. 3.2 Because I just need to talk about my problems sometimes. 3.3 Because it makes me feel less lonely. 3.4 Because it’s reassuring to know someone is there.
4. Escape	4.1 To put off something I should be doing. 4.2 To get away from what I’m doing. 4.3 Because I have nothing better to do. 4.4 To get away from pressures and responsibilities.
5. Relaxation	5.1 Because it relaxes me. 5.2 Because it allows me to unwind. 5.3 Because it’s a pleasant rest. 5.4 Because it makes me feel less tense.
6. Control	6.1 Because I want someone to do something for me. 6.2 To tell others what to do. 6.3 To get something I don’t have.

Table 1. Interpersonal Communication Motives.

Rubin, Perse and Barbato⁶¹ developed an ICM scale that identifies six main motives for communicating: (a) pleasure—because it is fun and stimulating, (b) affection—to express caring and appreciation for others, (c) inclusion—to be with and share with others, (d) escape—to avoid other activities or communicate to fill time, (e) relaxation—to rest and unwind, and (f) control—to gain others' compliance. To measure these motives, Rubin, Perse and Barbato⁶¹ developed a list of 28 statements corresponding to the six main motives (**Table 1**).

In a later study, Barbato, Graham, and Perse⁶² categorized the motives of affection, pleasure, inclusion, and relaxation as relationally-oriented, that is, they reveal an intention to engage in positive and friendly interactions with others. On the other hand, the motives of control and escape are categorized as personal-influence motives, that is, they reveal an intention to manage and control interactions with others. Again, we argue that ICM is better suited to this study when we consider how employees develop relationships and exchange social information with their coworkers, and how they are under the formal influence of their managers. Indeed, the application of ICM to organizational contexts has proven useful in the past. For example, Anderson and Martin⁶³ found that employees communicate with their superiors for the motives of inclusion and affection, and that they communicate with their coworkers for affection. In another study, Graham, Barbato and Perse⁶⁴ found that individuals are more likely to communicate with coworkers for relaxation when compared to other relationships (*e.g.*, spouses, strangers).

Investigating restaurant employees' motives for communicating about MHW with their coworkers or managers helps to illuminate several aspects of such conversations. First, individuals' motives for communicating reveal whether conversations are relationally-oriented or concern personal-influence. Furthermore, the similarities between the affection motive (*i.e.*, showing care and appreciation) and the concept of social support (*i.e.*, leading the subject to believe that they are cared for and loved) provide insight as to whether discussing MHW is a way to partake in social support. Third, by employing the concept, the language used in specific corresponding statements sheds light on social exchange. Some statements are self-oriented, which indicates receiving a resource from another person (*e.g.*, "because it makes me feel less tense"). Other statements are other-oriented, which indicate providing a resource to another person (*e.g.*, "to show others encouragement"). Finally, since affection and inclusion have been identified as more personal motives satisfied by more intimate relationships,⁶⁴ respondents' reports of these motives help to distinguish between the types of relationships restaurant employees have with their coworkers and managers. In view of these affordances of the ICM motives, the fourth research question is:

Research Question 4: What are restaurant employees' motives for discussing mental health and well-being with their coworkers or managers?

2.4. Comparative differences

The demonstrated similarities and differences between S/S and coworker communication outlined in *Communication within workplace relationships* lead us to our final research question:

Research Question 5: How do the results of RQs 2–4 compare in conversations about mental health and well-being between coworkers versus those between employees and managers?

3. METHODS AND PROCEDURES

3.1. Sample and procedure

To answer the questions guiding this study, we conducted an anonymous online survey through which we collected self-reports from restaurant employees in western Washington State. Respondents were recruited through snowball sampling. The region and recruitment method were selected to account for the limited resources and time constraints present in an undergraduate research thesis. We distributed a survey link via email to organizations found online that represent and/or support restaurant employees in western Washington. We posted the survey link on social media, as well as sending it through direct messaging to personal contacts. Finally, we distributed flyers in multiple restaurant districts of western Washington through in person visits. This research design was approved by the Institutional Review Board at the University of Washington (STUDY00012150).

Required screening questions at the beginning of the survey determined eligibility. Respondents who were (a) currently employed, full-time or part-time, at a restaurant in western Washington, (b) engaging with the public face-to-face during working hours, and (c) not in managerial positions were eligible to participate in the study and permitted to complete the rest of the survey. During the six weeks the survey was available online in January, February, and March 2021, a total of 100 eligible respondents completed the survey. A set of optional demographic questions identified respondents' characteristics (results shown in **Table 2**). The survey led respondents through the same series of questions twice, once regarding their conversations with coworkers during the last six months (*i.e.*, since the summer of 2020) and then a second time regarding their conversations with managers during that period, to allow for comparison. In each of the two series, the first question asked whether the respondent had conversations about MHW with the relevant work member. When answered "yes", the survey led the respondent through the full series of question regarding

their conversations to answer RQs 2–4. When answered “no”, the survey presented only one additional question in that series to identify reasons for not engaging in such conversations. There were no open-ended questions, but respondents could enter text when they selected an “Other” response option to specify or elaborate their response.

Characteristic		N	%
Full/Part-time	Full-time	32	32%
	Part-time	68	68%
Position*	Host	2	2%
	Server/waiter	74	74%
	Bartender	7	7%
	Cook/chef	4	4%
	Other	12	12%
Ethnic identity**	Black/African American	3	3%
	Asian	14	14%
	White	82	82%
	Native Hawaiian/Other Pacific Islander	0	0%
	Hispanic/Latino	9	9%
	American Indian/Native Alaskan	4	4%
	Other/Unknown	3	3%
Gender	Female	72	72%
	Male	18	18%
	Non-binary	10	10%
Age	18-25	53	53%
	26-35	23	23%
	36-45	18	18%
	46-55	5	5%
	56-65	1	1%
	66+	0	0%

Table 2. Characteristics of respondents who completed the survey (N = 100). *Percentage adds up to less than 100% as response was optional. **Percentage adds up to more than 100% as respondents could select more than one response.

3.2. Response options and measures

To generate data corresponding to our research questions, we developed a series of close-ended survey questions with predetermined response options based on the extant literature reviewed above. Our survey defined “mental health and well-being” for respondents as one’s psychological, emotional, and social functioning, ability to cope with life stressors, satisfaction with life, and the presence of positive emotions and moods. The list of MHW topics presented in the survey was derived from the CDC and WHO’s online materials and resources.^{24–26} Additionally, our predetermined list of potential reasons for not talking about MHW was drawn from extant research on disclosure of mental health in the workplace. The specific phrases of “less competent, reliable, or able to cope,” “treated differently,” and “dismissed from job” were directly adopted from Irvine.³³ The original Interpersonal Communication Motives scale consists of 28 statements corresponding to six motives.^{61, 64} We narrowed this down to 16 statements to reduce redundancy and then adapted the semantics of some statements to the work context and topical focus of this study, *i.e.*, restaurants and MHW. **Table 3** presents motives and corresponding statements employed in our adaptation of the ICM scale. Participants rated the extent to which they agreed with each statement using a 5-point Likert scale (Strongly agree = 1, Strongly disagree = 5).

Motives	Corresponding statements “I talk with my coworker(s)/my manager(s) about mental health and well-being...”
1. Pleasure	1.1 Because I enjoy it.
2. Affection	2.1 Because I’m concerned about them. 2.2 To help others with whatever they need help with. 2.3 To let others know I care about their feelings. 2.4 To thank them (for example, thank them for supporting me, thank them for listening, <i>etc.</i>) 2.5 To show others encouragement.
3. Inclusion	3.1 Because I just need to talk about my problems sometimes. 3.2 Because it makes me feel less lonely. 3.3 Because I need someone to talk to.
4. Escape	4.1 Because I have nothing better to do (for example, work is slow, no customers are in the restaurant, there are no work tasks to complete, <i>etc.</i>) 4.2 To put off something I should be doing (such as completing a work task, getting help from a professional therapist, having a conversation with someone in my life about mental health, <i>etc.</i>) 4.3 To get away from what I’m doing (such as completing a work task, attending to customers, <i>etc.</i>)
5. Relaxation	5.1 Because it makes me feel less tense. 5.2 Because it allows me to unwind.
6. Control	6.1 To get something I don’t have (such as getting time off from work, getting my shift covered, <i>etc.</i>) 6.2 To tell others what to do (for example, telling them what they should do about their mental health, <i>etc.</i>)

Table 3. Motives for communicating about mental health and well-being.

Survey data were analyzed through basic statistics for this exploratory study: frequencies, ranges, and averages were calculated for each question, and the data on inter-coworker versus employee-manager conversations were compared closely. Regarding the motives for communicating, averages were calculated when there were multiple corresponding statements. The result is a descriptive analysis of data derived from previously established frameworks.

4. RESULTS

Regarding RQ 1, the first section focuses on whether restaurant employees have had conversations about MHW with their coworkers or managers, and if they haven’t, what their reasons are. A majority of respondents (80%) reported talking about MHW with either coworkers, managers, or both. Differentiating further: 34% of respondents talked to both coworkers and managers, 43% talked to their coworkers but not their managers, and 3% talked to their managers but not their coworkers (see Figure 1). A sizeable minority, *i.e.*, 20% of respondents, reported that they did not talk to anyone at work about MHW. Of the 80 respondents who discussed MHW with somebody from work, most (96.3%; *n* = 77) had conversations with coworkers and around half (46.3%; *n* = 37) had conversations with managers. It is important to note that these two groups are not mutually exclusive as they overlap in those respondents who talked to both coworkers and managers.

Next, we present reasons respondents provided to explain why they did not have conversations about MHW with coworkers and with managers. Out of all 100 respondents, 23% reported that they did not have conversations with coworkers, while 63% reported that they did not have conversations with managers. Again, it is important to note that these two groups are not mutually exclusive as they overlap in those respondents who talked to no one, *i.e.*, neither their coworkers nor their managers. Figure 2 and Figure 3 depict the wide range of reasons respondents provided. Of the respondents who did not discuss MHW with coworkers (*n* = 23), over a third selected the following reasons: “It would feel awkward” (52.2%), “I’ve never considered doing so” (47.8%), “Those aren’t topics that get discussed with coworkers where I work” (47.8%), “I don’t want attention” (39.1%), and “I don’t want to be perceived as less competent, reliable, or able to cope” (39.1%). Of respondents who did not discuss MHW with managers (*n* = 63), over a third selected the following reasons: “It would feel awkward” (60.3%), “I don’t want to discuss

those topics with my manager(s)” (50.8%), “Those aren’t topics that get discussed with managers where I work” (38.1%), “I’ve never considered doing so” (38.1%), “I don’t want to be treated differently” (34.9%), “I don’t want to be perceived as less competent, reliable, or able to cope” (34.9%), and “I’ve never needed to” (33.3%).

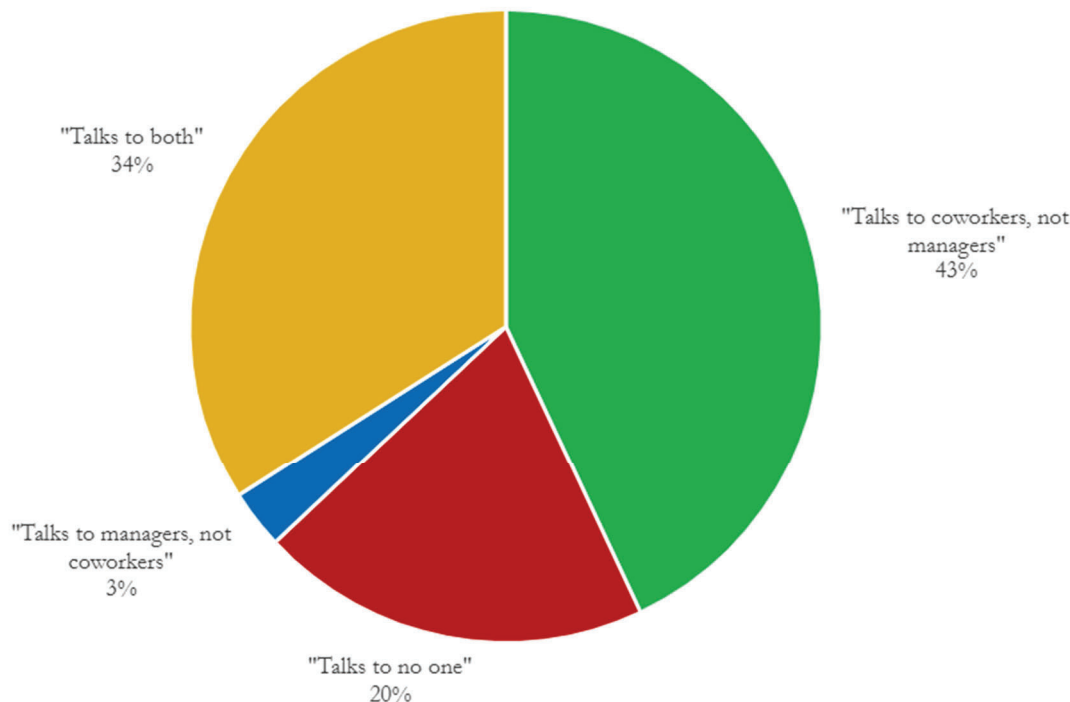


Figure 1. The proportion of respondents’ conversational partners in conversations about MHW in the past six months (N = 100).

To answer RQs 2–4, we analyzed MHW topics discussed in conversations, when and how conversations occurred, and respondents’ motives for their conversations. We first present the results on respondents’ conversations with coworkers, then respondents’ conversations with managers.

4.1. Conversations with coworkers

The following results pertain to the subset of respondents who reported having had conversations about MHW with coworkers in the past six months (n = 77).

4.1.1. Topics discussed

Respondents identified a wide variety of MHW-related topics discussed with their coworkers. The most frequently reported were work stress (87%), COVID-specific concerns (high-risk work environment, family and friends, "bubbles," etc.) (80.5%), negative emotions (sadness, anger, etc.) (79.2%), and burnout (74%). Just one write-in response was provided: “Feeling that society and the government views us as disposable.”

4.1.2. When and how conversations occurred

Over half of these respondents (61%) reported that conversations occurred both during and outside of their work hours. Over a third (36.4%) reported conversations during their work hours only, and just 2.6% reported conversations outside of their work hours only. Almost all respondents reported that such conversations took place in person at the workplace (98.7%), 53% reported conversations also took place virtually, and 31.2% reported conversations with coworkers in person outside of the workplace. Nearly all respondents (96.1%) indicated that conversations were mutually initiated, while two reported they personally initiated the conversations, and one reported their coworkers did.

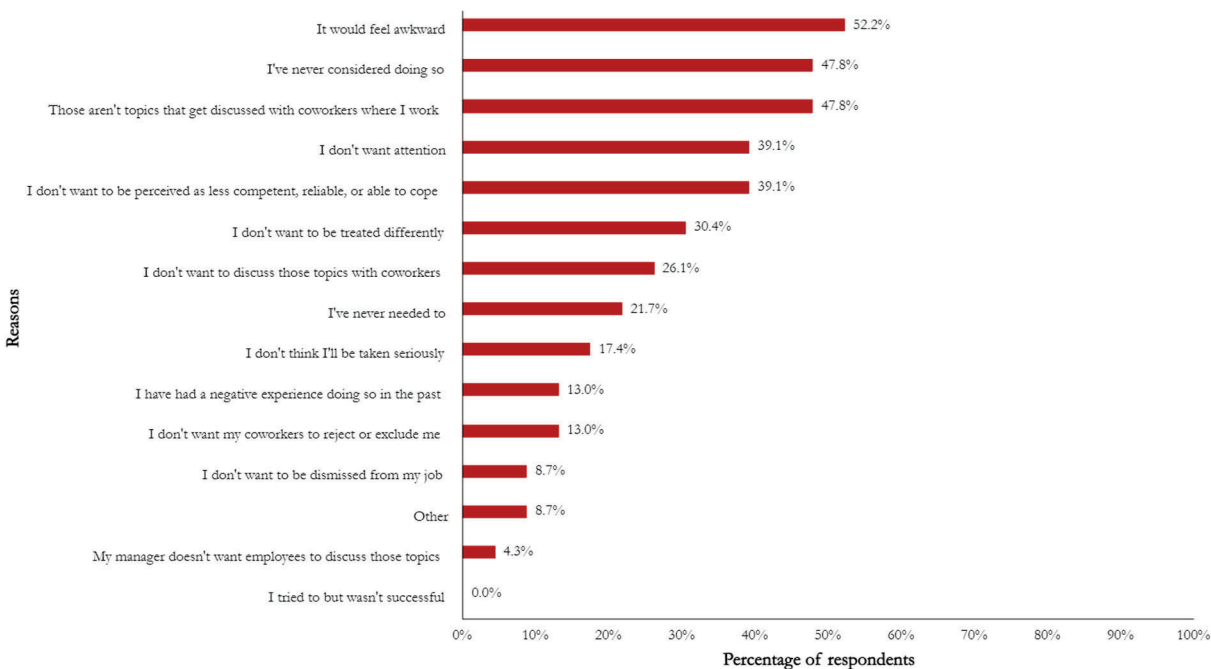


Figure 2. Respondents' reasons for not discussing mental health and well-being with coworkers (n = 23).

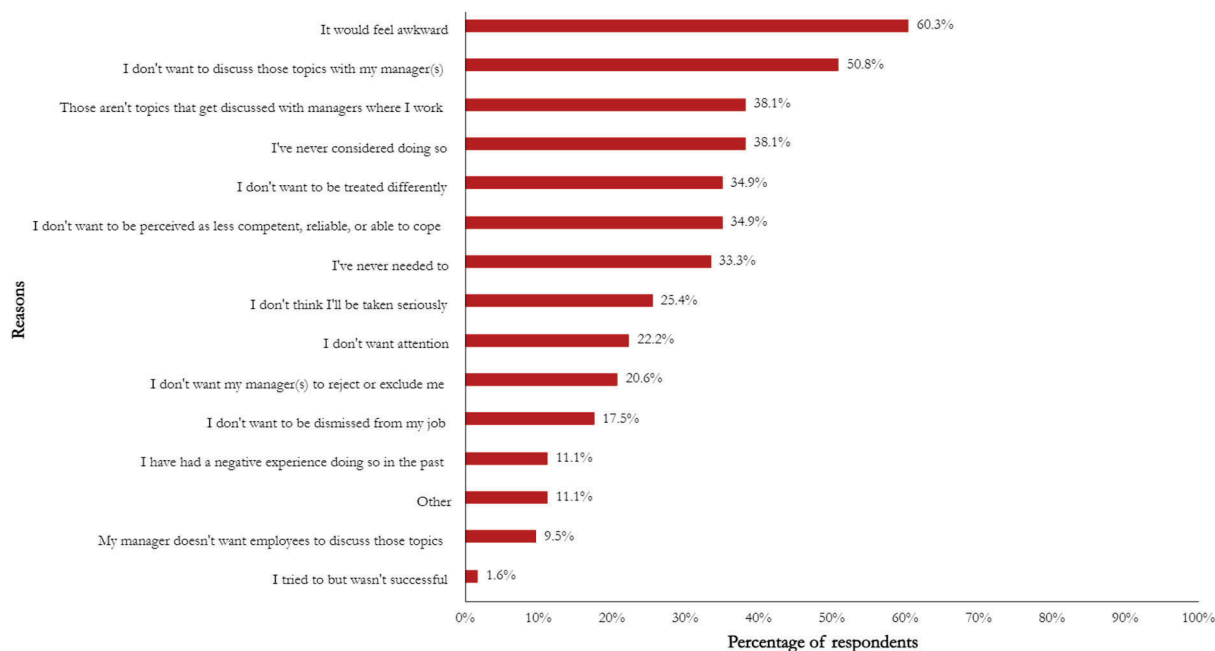


Figure 3. Respondents' reason for not discussing mental health and well-being with managers (n = 63).

Motives	Answer				
	Strongly agree	Agree	Agree and disagree	Disagree	Strongly disagree
Pleasure	18.2% (14)	39% (30)	28.6% (22)	11.7% (9)	2.6% (2)
Affection	26.5% (20.4)	56.9% (43.8)	11.2% (8.6)	3.6% (2.8)	1.8% (1.4)
Inclusion	18.6% (14.3)	48.9% (37.7)	16.9% (13)	11.3% (8.7)	4.3% (3.3)
Escape	9.5% (7.3)	16% (12.3)	15.6% (12)	36.8% (28.3)	22.1% (17)
Relaxation	11.7% (9)	41.6% (32)	28.6% (22)	14.3% (11)	3.9% (3)
Control	1.3% (1)	9.1% (7)	11% (8.50)	42.9% (33)	35.7% (27.5)

Table 4. Respondents’ motives for talking about mental health and well-being with a coworker(s) (n = 77). Answers are presented as: % (n).

4.1.3. Motives

The average frequencies of the statements corresponding to each motive are shown in Table 4. Affection and inclusion were the motives with the highest averaged frequencies of agreement and strong agreement. In contrast, the averaged frequencies of disagreement and strong disagreement were highest for the motives of control and escape. Although the averaged frequencies lean toward agreement with the motives of pleasure and relaxation, the data evidence some ambivalence among respondents regarding those motives.

The following seven statements were evaluated positively (i.e., agree or strongly agree) by over two thirds of respondents:

- “I talk with my coworker(s) about mental health and well-being to let others know I care about their feelings.” (93.5%)
- “I talk with my coworker(s) about mental health and well-being to show others encouragement.” (88.3%)
- “I talk with my coworker(s) about mental health and well-being to help others with whatever they need help with.” (83.1%)
- “I talk with my coworker(s) about mental health and well-being because I’m concerned about them.” (81.9%)
- “I talk with my coworker(s) about mental health and well-being because I just need to talk about my problems sometimes.” (75.4%)
- “I talk with my coworker(s) about mental health and well-being to thank them (for example, thank them for supporting me, thank them for listening, etc.)” (70.2%)
- “I talk with my coworker(s) about mental health and well-being because it makes me feel less tense.” (67.6%)

4.2. Conversations with managers

The following results pertain to the subset of respondents who had conversations about MHW with managers in the past 6 months (n = 37).

4.2.1. Topics discussed

Respondents reported discussing a variety of MHW-related topics with their managers. The topics most frequently reported were COVID-specific concerns (high-risk work environment, family and friends, "bubbles," etc.) (78.4%), work stress (67.6%), negative emotions (sadness, anger, etc.) (54.1%), and burnout (51.4%). Two respondents each wrote-in an additional topic: “Social battery (such as needing time to self to recharge),” and “How we can better be a team.”

4.2.2. When and how conversations occurred

A majority of these respondents (73%) reported that conversations took place during work hours only, and 27% reported conversations took place both during and outside of work hours. All of these respondents indicated such conversations occurred in person at the workplace, while 32.4% and 16.2% reported conversations with managers also took place virtually and in person outside of the workplace respectively. One respondent noted that their conversations with their manager occurred via third party translation. Over half of respondents (64.9%) indicated conversations were mutually initiated, while 29.7% reported just they

initiated. Only two respondents reported that their manager had initiated conversations about MHW with them even though they did not initiate such conversations themselves.

4.2.3. Motives

The average frequencies of the statements corresponding to each motive are shown in **Table 5**. When reviewing this data, it is important to note that a typographical error in this question was fixed soon after the survey was posted online. When originally published, this survey question incorrectly included “coworkers”, which was later corrected to “managers.” For this reason, the 10 answers submitted before the correction were excluded from analysis, resulting in 27 valid responses instead of 37 for this item.

Motives	Answer				
	Strongly agree	Agree	Agree and disagree	Disagree	Strongly disagree
Pleasure	11.1% (3)	29.6% (8)	22.2% (6)	25.9% (7)	11.1% (3)
Affection	15.5% (4.2)	48.2% (13)	17% (4.6)	11.9% (3.2)	7.4% (2)
Inclusion	6.2% (1.7)	55.6% (15)	17.3% (4.7)	16.1% (4.3)	4.9% (1.3)
Escape	2.5% (0.7)	7.4% (2)	6.2% (1.7)	50.6% (13.7)	33.3% (8.3)
Relaxation	5.6% (1.5)	37% (10)	29.6% (8)	18.5% (5)	9.3% (2.5)
Control	0% (0)	11.1% (3)	14.8% (4)	46.3% (12.5)	29.6% (8)

Table 5. Respondents’ motives for talking about mental health and well-being with a manager(s) (n = 27). Answers are presented as: % (n).

Affection and inclusion are the motives with the highest averaged frequencies of agreement and strong agreement. In contrast, control and escape are the motives with the highest averaged frequencies of disagreement and strong disagreement. Respondents evidenced ambivalence towards the motives of pleasure and relaxation.

The following four statements were evaluated positively (i.e., agree or strongly agree) by over two thirds of respondents:

- “I talk with my manager(s) about mental health and well-being to let others know I care about their feelings.” (70.4%)
- “I talk with my manager(s) about mental health and well-being to help others with whatever they need help with.” (66.7%)
- “I talk with my manager(s) about mental health and well-being to thank them (for example, thank them for supporting me, thank them for listening, etc.)” (66.7%)
- “I talk with my manager(s) about mental health and well-being because I need someone to talk to.” (66.7%)

4.3. Comparing conversations with coworkers and with managers

In light of the literature reviewed for this study, it is important to compare similarities and differences in respondents’ conversations about MHW with coworkers versus with managers. To answer RQ 5, we compare respondents’ reports of conversations with coworkers and with managers side by side. The following section presents a descriptive comparison of the MHW topics discussed in these different conversations, when and how these conversations occur, and respondents’ motives for talking to coworkers versus managers.

4.3.1. Comparing topics

Overall, respondents who conversed with coworkers (n = 77) and those who conversed with managers (n = 37) reported talking about the same top five topics, with slightly different frequency: (a) work stress, (b) COVID-specific concerns, (c) negative emotions, (d) burnout, and (e) job satisfaction (see **Figure 4** and **Figure 5**). While the most frequently cited topic when talking with coworkers was work stress, the most frequently cited topic when talking with managers was COVID-specific concerns. Significantly, these respondents discussed a wider variety of topics with coworkers more frequently than they did with managers.

Over half of respondents who had conversations with coworkers discussed work stress (87%), COVID-specific concerns (80.5%), negative emotions (79.2%), burnout (74%), job satisfaction (63.6%), mental illness/disorders (62.3%), and the ability to juggle multiple aspects of life (55.8%). On the other hand, over half of respondents who had conversations with managers discussed COVID-specific concerns (78.4%), work stress (67.6%), negative emotions (54.1%), and burnout (51.4%).

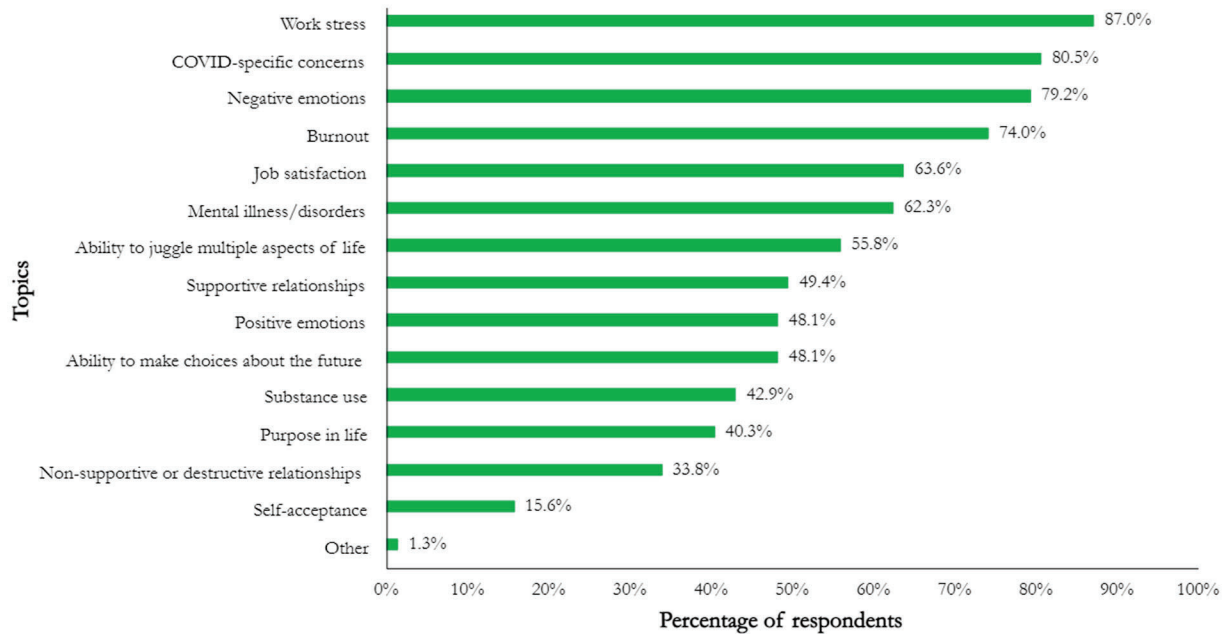


Figure 4. Topics discussed in conversations with coworkers (n = 77).

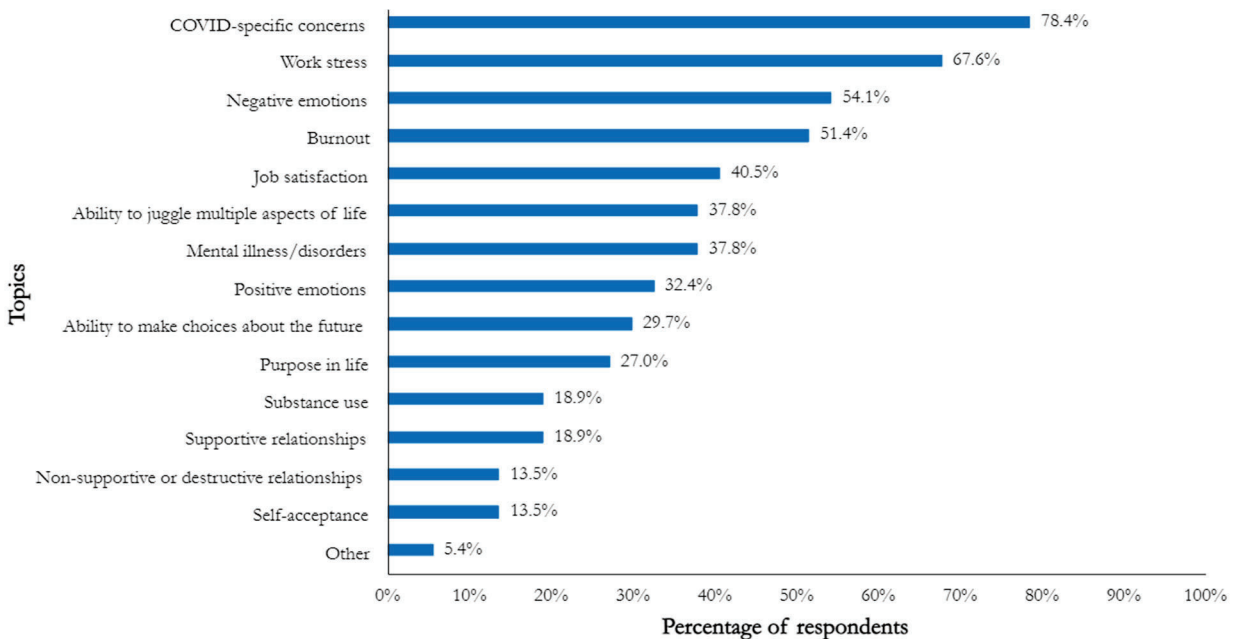


Figure 5. Topics discussed in conversations with managers (n = 37).

4.3.2. Comparing when and how conversations occurred

Figure 6, Figure 7, and Figure 8 compare respondents' reports of when conversations occur, how conversations take place, and who initiates conversations with coworkers and with managers, respectively. Responses provided by respondents were more varied regarding conversations with coworkers than conversations with managers. Coworkers discussed MHW among themselves during and outside of work hours, as well as in person at the workplace, in person outside of the workplace, and virtually.

Conversations about MHW with managers were more likely to take place in person at work and least likely in person outside of work. The initiation of conversations with managers was more varied than those with coworkers. Most restaurant coworkers mutually initiated conversations about MHW. While many conversations between employees and managers were also mutual, more employees initiated such conversations with their managers than managers did with them.

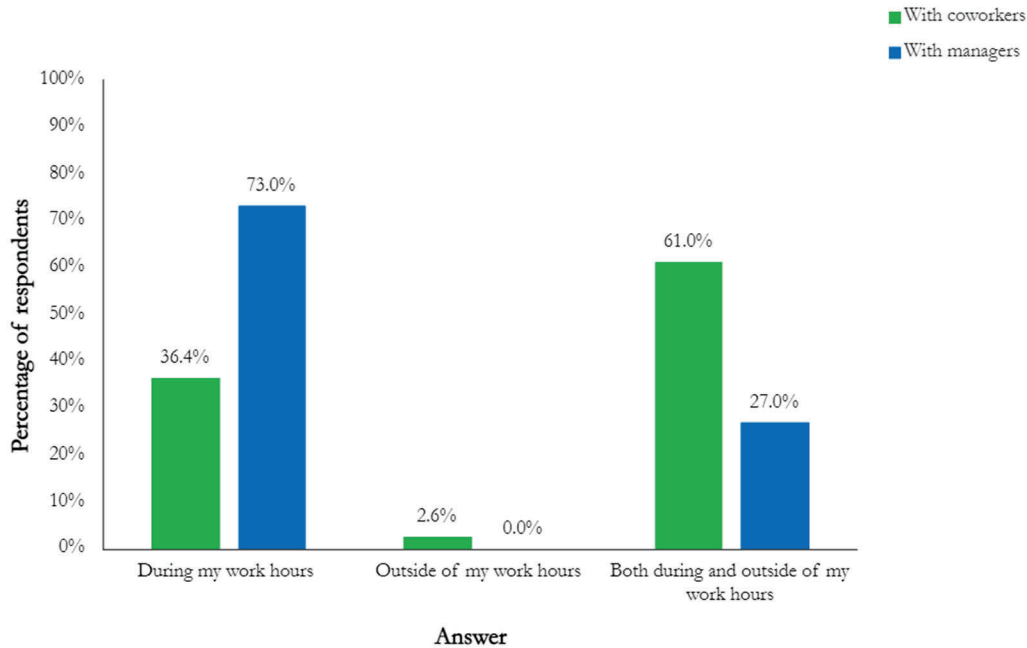


Figure 6. A comparison of when conversations occur with coworkers and with managers (Respondents who talk to coworkers: $n = 77$; Respondents who talk to managers: $n = 37$).

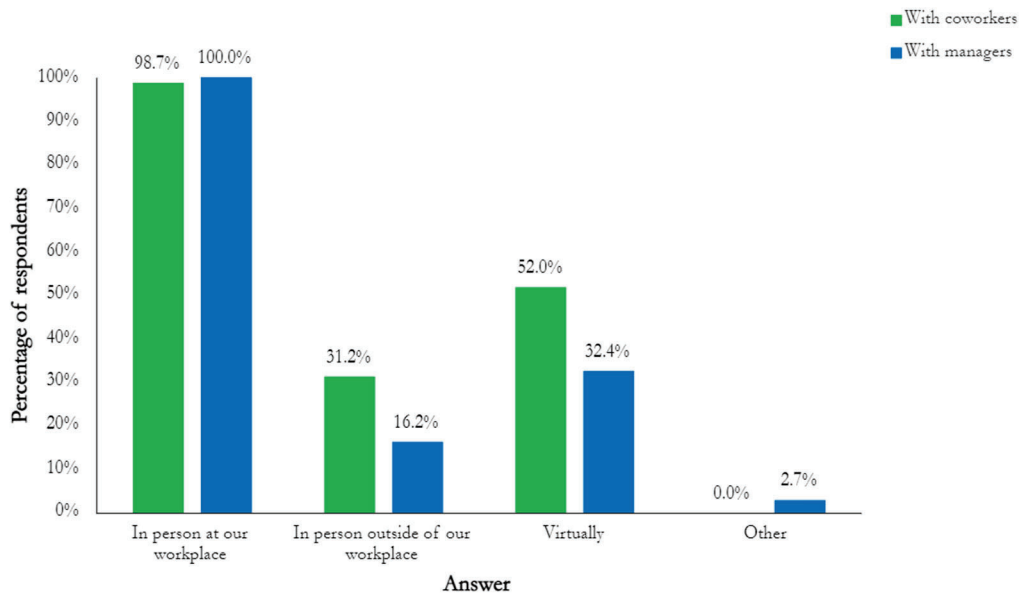
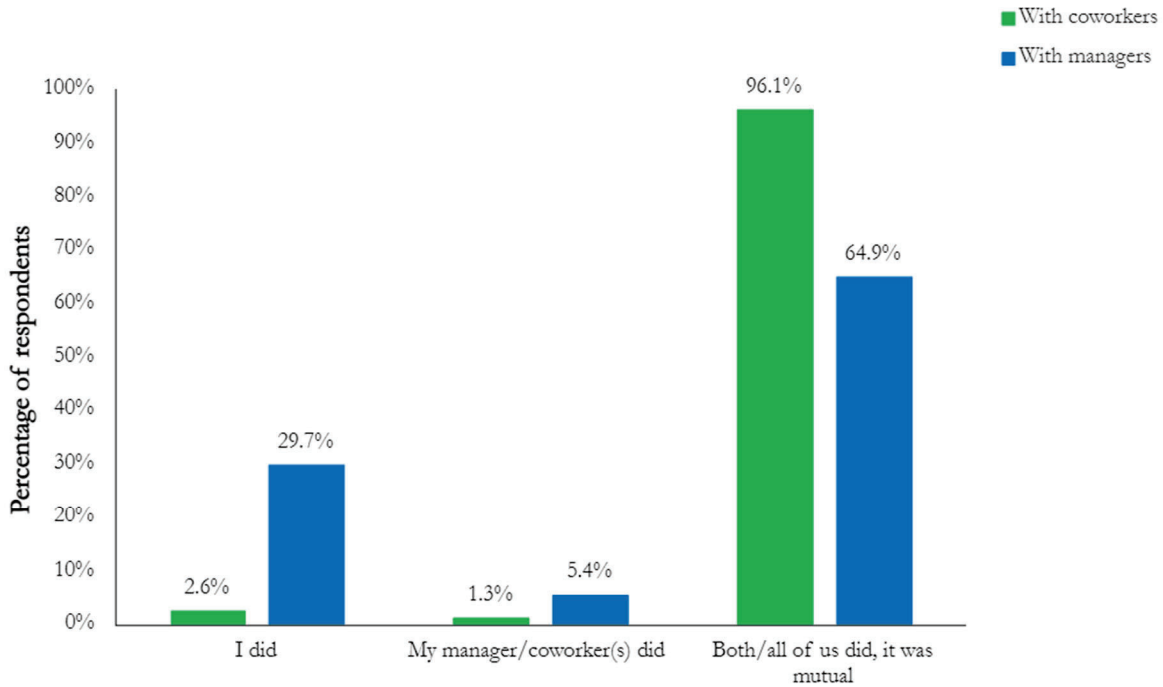


Figure 7. A comparison of how conversations occur with coworkers and with managers (Respondents who talk to coworkers: $n = 77$; Respondents who talk to managers: $n = 37$).



Answer

Figure 8. A comparison of who initiates conversations with coworkers and with managers (Respondents who talk to coworkers: $n = 77$; Respondents who talk to managers: $n = 37$).

4.3.3. Comparing motives

Figure 9 compares respondents' motives for discussing MHW with coworkers and with managers. Respondents primarily talked about MHW with their coworkers for affection and inclusion, with some evidence pointing to relaxation and pleasure too. Respondents were also motivated by affection and inclusion in their conversations with managers, although the evidence is weaker.

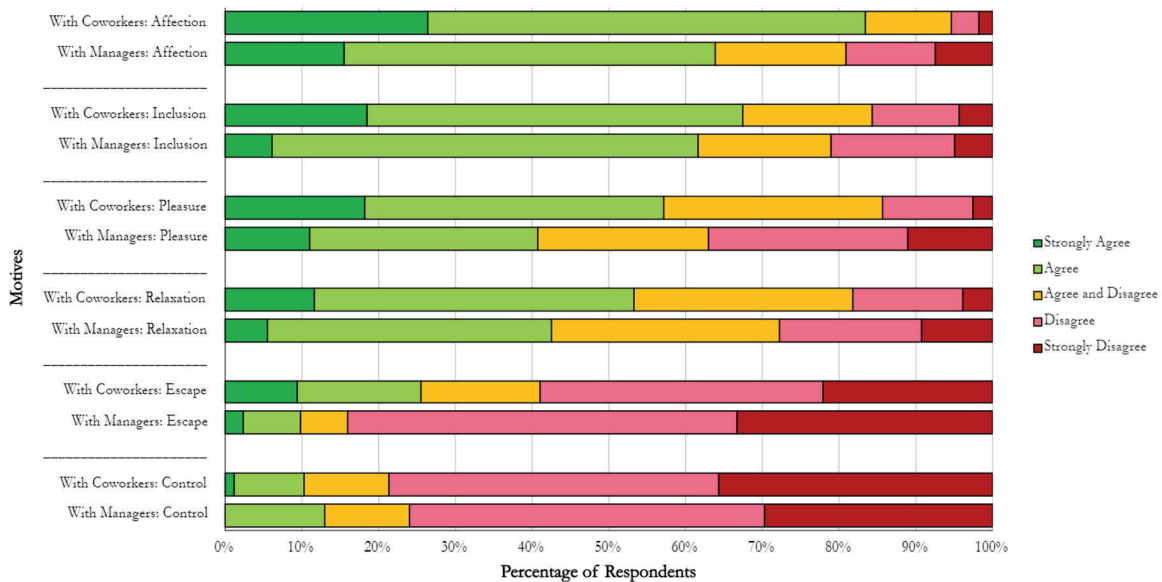


Figure 9. A comparison of respondents' motives for talking about mental health and well-being with coworkers and with managers (Respondents who talk to coworkers: $n = 77$; Respondents who talk to managers: $n = 27$).

5. DISCUSSION

Our study confirms that most restaurant employees talked about MHW with coworkers and managers during the COVID-19 pandemic, but they were much more likely to talk to their coworkers than to their managers. This result is partially explained by workplace communication patterns in that employees spend more time with their coworkers than they do with their superiors.⁴⁶ It may also hint at restaurant employees' preferences for conversational partners when discussing sensitive topics, like MHW.

5.1 Reasons for not discussing MHW with coworkers and managers

Restaurant employees cited noteworthy reasons that discouraged or prevented them from discussing MHW. For some, norms or expectations against discussing MHW in the workplace precluded such conversations with either coworkers or managers. Other reasons cited by restaurant employees indicate concern about their social relationships, and specifically how they are perceived and treated by others. Regarding conversations with coworkers, these reasons can be explained by the role of peer coworkers' informal social influence and the importance of relationship development with coworkers found in prior research on coworker communication.^{48, 49} Regarding conversations with managers, these reasons suggest employees' concern about their status as subordinates. Extant literature confirms that employees find relationship development with their superiors to be important.^{42, 43} Interestingly, respondents indicated that they did not want to talk about MHW with managers, while at the same time, this reason was not significant regarding conversations with coworkers. Prior research has established the phenomenon of 'upward distortion', which may explain this finding.^{39, 41} Most often, restaurant employees did not talk to coworkers or managers about MHW because it would feel awkward, confirming this and other studies' assumption that MHW is a sensitive and personal topic. While our study could not pinpoint exactly what precipitates the awkwardness, previous research on disclosure of mental health in the workplace implicates stigma.^{29-31, 33, 34} All reasons frequently provided by respondents align with the concerns and reasons for non-disclosure found in prior research regarding MHW in the workplace.^{29, 30, 33, 34} Contrary to this body of research, concerns regarding employment, *e.g.*, fear of dismissal, was not a response frequently provided by the respondents in our study.^{29, 30, 33, 34} This finding may indicate that once hired, restaurant employees are less concerned about discussing MHW, however, it does not provide insight into conversations with potential employers about MHW prior to hiring. Overall, our findings suggest that concerns regarding conversations about MHW in the restaurant workplace involve the consideration of norms, relationship development, and stigma.

5.2. Topics

The fact that COVID-specific concerns dominated conversations with coworkers and managers is unsurprising in view of the pandemic's devastating impacts on the restaurant industry and its employees. Our results indicate that many conversations about MHW were focused on the work sphere. For example, restaurant employees may discuss their high-risk work environment, work stress, job satisfaction, negative emotions like frustration about work schedules or anger regarding noncompliant customers, or burnout due to busy schedules or short staff. On the other hand, topics like negative emotions and burnout may originate from non-work spheres of life, such as interpersonal relationships, family dynamics, school, or psychological challenges. The findings also reveal that restaurant employees discuss a wider variety of topics with their coworkers than with managers. Again, several elements of coworker communication support this, including the greater amount of time spent together, a lack of hierarchical difference in status, and the ability to understand and empathize with each other's challenges and work experiences.^{47, 50} Contrary to the well-established phenomenon of upward distortion, it is interesting that so many employees discussed negative emotions and work stress with managers, while fewer discussed positive emotions, supportive relationships and self-acceptance.³⁷ Finally, the topics discussed by restaurant employees overall align with Irvine's³³ finding that employees discuss mental health at work in non-medicalized terms and further validates her argument that research conducted on mental health communication in the workplace ought to approach the concept as an expansive continuum of positive and negative experiences, rather than narrowly defined experiences of 'illness' or 'disorder.'

5.3. When and how conversations occurred

For the employees who did converse about MHW, our findings demonstrate when and how they occurred, and who initiated such conversations. First, the findings suggest that restaurant employees discuss MHW with one another not only at the workplace, but also outside of the workplace, outside of work hours, and via technology. This wide variety of settings and ways in which conversations occur is unsurprising in view of extant literature on coworker communication. It is well-established that coworkers exchange social and personal information with one another at work.^{46, 50} Additionally, a growing body of research investigating coworker connection via social media suggests that employees do interact virtually for not only organizational purposes, but for personal and relationship-building purposes as well.⁵⁴⁻⁵⁶ Future research should investigate how employees use different virtual channels to discuss personal topics, like MHW, as this study does not expand on the term "virtually." A small group of respondents reported interacting with coworkers in person outside of work, an interesting finding that is not supported or investigated in any other research. Overall, our results imply that restaurant employees discussing MHW are undeterred by a formal work environment and are motivated to discuss personal topics virtually. Another possibility may be that the restaurant workplace is considered more casual, intimate, and relatively conducive to disclosing personal information, however, there is no

other research on organizational culture in the restaurant workplace to support this. Respondents reported a high rate of mutual conversations among coworkers, suggesting that restaurant employees are open-minded and receptive to discussing MHW topics, especially with their peers. This element of mutuality is considered important to positive coworker relationships,^{46, 50} suggesting that such conversations among restaurant employees are indeed positive. Kram and Isabella⁵⁰ argue that without a difference in hierarchical status, peer coworkers communicate with more mutuality. This may explain why employees in our study had fewer mutual conversations with managers than with other employees.

Regarding conversations with managers, it is not surprising that all respondents reported having had conversations with managers in person at work because prior research indicates that employees prefer to share personal or sensitive information with superiors face-to-face.⁵¹⁻⁵³ However, a sizeable minority of respondents reported virtual conversations with managers about MHW, which challenges this face-to-face preference and merits further investigation. Mackenzie's⁵³ research on manager communication and workplace trust similarly indicates a need for future research on virtual communication related to personal information and relationship building: when employees were asked how they maintained relationships at work, a significant number reported doing so via email and telephone. Our findings also suggest that restaurant employees are less likely to spend time with their managers outside of work, and if they do, they do not discuss MHW. In preparing this study, we found no research on how and why employees spend time with their managers outside of work. Mutuality is an element that distinguishes conversations with coworkers from conversations with managers. We can infer that restaurant managers are willing to discuss MHW with their employees since over half of conversations with managers were mutual. However, our results indicate that managers are less likely to start these conversations without employees expressing interest in some way. In comparison with the high rate of mutually initiated coworker conversations, the findings indicate that there is a greater sense of collective understanding among coworkers than between employees and their managers in relation to MHW.

5.4. *Motives*

Prior research on interpersonal motives for communicating with coworkers implicates affection and relaxation.^{63, 64} Similarly, our results indicate that affection is a frequent motivator for restaurant employees discussing MHW with their coworkers. With the similarities between the concept of social support and the affection motive, we can infer that restaurant coworkers are sources of social support in these conversations.^{58, 61} Contrary to research on ICM at work, inclusion was also a frequent motivator for restaurant employees in our study. Interestingly, Graham, Barbato and Perse⁶⁴ claim that "people are significantly less likely to turn to less intimate relationships, such as strangers, formal friends, and co-workers, to satisfy affection, inclusion, pleasure, and relaxation needs." When discussing the specific topic of MHW, the results of this study show otherwise, with evidence pointing to all four motives. This may be because of the intimate nature of the topic, or because restaurant employees specifically consider their coworkers to be more intimate relationships. In fact, Barbato, Graham and Perse⁶² contend that affection, inclusion, pleasure and relaxation are relationally-oriented motives that facilitate positive interactions with others. Thus, we can infer that restaurant employees likely intended to develop or maintain relationships with their coworkers by discussing MHW and that such conversations are positive. These relationally-oriented motives may have been stronger during the pandemic when many people experienced diminished opportunities for relationship building due to social distancing measures. Whether the frequency of these motives was affected by the pandemic or not the results indicate social exchange between restaurant coworkers, which is corroborated by their mutual initiation of conversations. Statements such as, "it makes me feel less lonely" and "I need someone to talk to," are self-oriented in that they imply receiving a resource from other employees, like their company or the opportunity to blow off steam. Statements like, "to show others encouragement" and "to let others know I care about their feelings," are other-oriented because they denote providing a resource to other employees, like emotional support or positive appraisal.⁴⁶

Notably, our comparative analysis of motives reveals that employees were motivated more frequently by these relationally-oriented motives (*i.e.*, affection, inclusion, pleasure, relaxation) when discussing MHW with their coworkers than with their managers. From this we can infer that restaurant employees' relationships with their coworkers are more intimate in nature than with their managers, and that these employees are more often motivated by relationship development and maintenance when discussing MHW with coworkers. Even so, the findings reveal that affection and inclusion are also motivators in conversations with managers. Anderson and Martin's⁶³ claim that employees are motivated by inclusion and affection when conversing with superiors holds true for a more intimate topic, like MHW. Considering the similarities between the concept of social support and the affection motive, we can infer that restaurant managers are a source of social support for employees in these conversations, although less so in comparison to coworkers.^{58, 61} There is evidence to support social exchange between employees and managers, via self-oriented statements, such as "it makes me feel less lonely" and "I need someone to talk to," as well as other-oriented statements, such as "to help" and "to let others know I care about their feelings." We can infer that restaurant employees both solicit resources from their managers and offer them as well, challenging organizational communication scholarship that has more narrowly focused on the one-way support superiors offer subordinates.^{42, 43} Our study, along with those cited, demonstrate that the conversational partner and topic of a conversation influence an individual's motives for conversing, a phenomenon deserving of further investigation.

CONCLUSIONS

To the best of our knowledge, this is the first study to examine *communication* about MHW in the restaurant industry; we found no pre-pandemic research with which to compare our findings. After determining whether restaurant employees discussed MHW with their coworkers or managers, we asked why respondents may not engage in such discussions. The consideration of norms, concerns regarding relationship development, and mental health stigma are all implicated in restaurant employees' decisions to not discuss MHW. For those who did have such conversations, we probed the MHW-related topics they discussed, when and how they engaged in conversations, and their motives for communicating. Conversations with coworkers about MHW occur at work, outside of the workplace and virtually. These conversations are mutual and cover a wide variety of MHW-related topics, both work and non-work related. They are also relationally-oriented and positive. During these conversations, coworkers are sources of social support for restaurant employees, and resources are exchanged among coworkers. Conversations with managers about MHW occur predominantly in person and at work during work hours, with a small portion occurring virtually. These conversations are mostly mutual, but not always. When they aren't mutual, restaurant employees are more likely to initiate than their managers. COVID-specific concerns and work stress are dominant topics between restaurant employees and their managers. Although these conversations are relationally-oriented and positive, they are less so in comparison to coworker conversations. Finally, during these conversations, managers are sources of social support for restaurant employees, and resources are exchanged between employees and managers. Through a comparative analysis of employees' discussions with coworkers and with managers, we found important similarities and differences which carry implications for future research and managerial practice.

Research contributions

This study contributes novel information to the body of research on mental health communication in the workplace during a pandemic by investigating employee conversations in some detail and by examining such conversations in restaurant workplaces. Prior research on the disclosure of mental health in the workplace has predominantly approached mental health narrowly, as 'illnesses' and 'disorders,' and investigated reasons for disclosure in medicalized language, for example, after an employee has been clinically diagnosed with depression. This study challenges such approaches by utilizing a more holistic and non-medicalized understanding of MHW and revealing details about conversations previously undiscovered, such as in-person and virtual channels employed, the timing of conversations during or outside of work, and mutuality in the initiation of conversations. This study also extends organizational communication research on S/S and coworker communication by demonstrating the merit in directly comparing coworker and S/S conversations to reveal similarities and differences in not only their communication practices, but also in the nature of their relationships. One interesting finding is that social support and resources are exchanged during conversations about MHW, indicating that closer examination of how these conversations function as support, what specifically is said in these exchanges, and their impact on an individual's mental health and well-being are worthy areas of interpersonal communication research, especially because enacted support is not often studied in the context of workplace relationships. Finally, this study confirms that the ICM concept is feasible and useful not only in an organizational context, but also for investigating interpersonal conversations regarding specific topics.

Managerial implications

The findings reported in this study are important for restaurant managers because they evidence why and how employees discuss MHW with their coworkers and managers, as well as concerns they carry regarding these conversations. The following section details how managers can inform and reconsider their conversations with employees regarding MHW. Firstly, this study suggests that conversations with employees can be harnessed to provide support, expanding opportunities beyond providing mental health days, hanging motivational posters around the workplace, or sending emails with links to mental health resources. Manager relationships and conversations with employees provide an ideal opportunity to show that managers care about their employees' feelings, that they are willing to offer help based on employees' needs, and that they will listen to employees' express their thoughts, opinions, and experiences with MHW. Informed by the results of this study, managers should be encouraged to start formal or informal discussions with employees about topics like burnout, stress, or negative affect related to the workplace and their personal lives. As long as the COVID-19 pandemic continues to impact the restaurant industry, conversations about COVID-specific concerns should continue to be a significant topic of discussion. There are, however, two important caveats that managers must keep in mind. First, they must ensure that conversations about MHW are reciprocal, with opportunities for listening and sharing among all parties. The findings from this study suggest that employees discuss MHW to support and build relationships with their managers, and so, managers who are receptive to such discussions may find it mutually beneficial because past studies have linked positive interactions at work with positive affect. The second caveat is that conversations with managers about MHW ought to be voluntary and optional. Managers should consider how they can make these conversations more comfortable and guarantee that there would be no negative repercussions for any information or feelings shared. First gauging interest in discussion on the side of employees may be the best course of action. Our findings demonstrate that employees may prefer to discuss personal and sensitive topics, like MHW, with only their coworkers or with no one at work at all. Thus,

managers must be mindful to respect their employees’ preferences around personal boundaries and recognize that conversations among coworkers are beneficial to coworker relationships too and should not be discouraged.

Limitations and future research

There are several limitations to our study. First, while the findings do provide important insights, they are not generalizable to all restaurant employees due to the small size of the study group, convenience sampling, and the fact that working conditions in general and in the restaurant industry in the locale of this study in particular changed frequently during the COVID-19 pandemic. The use of interviews alongside a survey would have generated richer findings. There was the potential of self-selection bias in this study, in that, respondents who chose to participate were informed on the survey topic by the recruitment material. Thus, respondents who participated were more likely to have had experiences discussing MHW with other work members. Another limitation was the challenge of cultural relevance. The survey was only offered in English, so non-English speakers were less likely to participate. Additionally, the topics related to MHW in the survey were shaped by information from the WHO and CDC, thus, the concepts may not be culturally relevant for different communities with diverse upbringings or backgrounds. Inferential statistical analysis could have complemented the descriptive statistical analysis we conducted. The time constraints of an undergraduate research thesis and more limited knowledge base of the primary student researcher regarding advanced statistical methods led to descriptive analysis as the most feasible course of action. In light of these limitations, future studies should probe culturally-relevant and community-specific MHW concepts, recruit more diverse participants, and include qualitative data, and more advanced statistical analysis.

The results of our study prompt further questions regarding MHW-related conversations in the workplace. Future research should directly examine the relationship between discussing MHW with other workplace members and personal (e.g., mental health, life satisfaction, affect) and organizational outcomes (e.g., collaboration, creativity, productivity). Since this study found multiple reasons why restaurant employees do not discuss MHW with others, there is a clear need for more research probing mental health stigma specifically in the restaurant industry, but also generally in the workplace environment. Specifically, organizational communication scholars may be interested in how workplace culture, for example norms and values, influence conversations about MHW. Additionally, the results demonstrate the use of virtual communication channels to discuss MHW, and that restaurant employees discuss MHW with their managers to support them. Future research should examine in more detail these virtual channels, as well as employees’ perspectives on instances of superiors sharing personal information related to MHW. Lastly, a qualitative approach to answering our study’s questions, for example using interview or focus group data collection methods, would add nuance and more detailed and contextual information to our descriptive statistical analysis. **Table 6** presents questions that future researchers may consider investigating.

Questions for Future Research
<ul style="list-style-type: none"> • What is the role of mental health stigma in the restaurant workplace? • How does workplace culture (e.g., norms and values) influence employees’ conversations about MHW? • Is there a direct relationship between employees’ conversations about MHW and their personal and organizational outcomes? What is the nature of this relationship? • How, why, and through which channels do employees discuss MHW with their coworkers and managers virtually? • What do employees think about superiors’ disclosure of information related to MHW? • How do employees describe conversations about MHW with coworkers and managers in interviews and focus groups?

Table 6. Questions for future research.

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PRESS SUMMARY

Restaurant employees in the United States have experienced unprecedented challenges to their mental health and well-being (MHW) during the COVID-19 pandemic, yet little is known about communication regarding MHW in the restaurant industry. This study probed whether, how, and why or why not restaurant employees in western Washington State discussed MHW with one another and their managers during the winter of 2021. Key findings include that there are many reasons why some restaurant employees do not engage in conversations about MHW with other members of the workplace. However, when such conversations do occur, they are typically mutual, positive, and relationally-oriented—more so among coworkers than between employees and managers. Comparative analysis of conversations with coworkers versus managers revealed both similarities and differences that carry implications for managerial practice and future research.