

# “Disclosure is a Double-Edge Sword”: Communication Privacy Management Between Employees & Supervisors Regarding Mental Health

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## ABSTRACT

The following study examined the communication about mental health in the workplace and feelings or reactions experienced after disclosing mental health information and common trends and experiences when people share their mental health in the workplace. Thirteen semi-structured interviews were conducted with individuals who have disclosed private mental health information to their supervisors. Interview transcripts were examined using thematic analysis. Communication Privacy Management was used as a theoretical framework throughout this study to analyze participants' experiences disclosing mental health information to their supervisors. The results display a mix of both positive and negative reactions amongst supervisors and coworkers after disclosing. Participants who had a positive experience after disclosure continued to keep an open line of communication and trusted their supervisor with additional information. Participants who had a negative experience after disclosure stopped discussing mental health completely in the workplace, and often reported a higher rate of job dissatisfaction.

## INTRODUCTION

This study examined the communication about mental health in the workplace and feelings or reactions experienced after disclosing mental health information and common trends and experiences when people do share their mental health in the workplace. It aimed to see if there was a common notion of acceptance or disapproval when disclosing this information. It also aimed to understand how supported the employee feels when they disclosed mental health and if there was a shift in treatment before revealing the information. This study was a communication phenomenon as it requires communication between an employee and supervisor (communicator and recipient) in which there was a contextual understanding regarding the employee's mental health. This is communication-oriented as it revolved around superior-subordinate relationships and communicating or disclosing mental health concerns or topics to employees or supervisors.

The purpose of this study was to examine workplace communication between employees and supervisors and how sensitive information is disclosed. In terms of communicating mental health in the workplace to supervisors as an employee, there is not a lot of research on the topic. This research was important in discovering how comfortable people feel communicating their mental health in the workplace, and how employees feel that the organization they work for has effective training and policies in place for organizational members that can contribute to the comfortability of disclosing mental health in the workplace. Mental health has been a stigmatized topic of communication (Haslem et al., 2005), and this study helped gain more of an understanding of mental health in the workplace to remove or reduce the stigma. This study includes a literature review that discusses Communication Privacy Management theory, superior-subordinate relationships, the process of disclosing mental health, and feelings of support or no support after disclosure.

## REVIEW OF LITERATURE

To gain a better understanding of disclosing mental health in the workplace, the literature review delved into superior-subordinate relationships, the process of disclosing mental health, and feeling supported or unsupported after disclosure. Superior-subordinate relationships provided a deeper knowledge of the common workplace connections that make the workplace environment. The section detailing the process of disclosing mental health or private information was essential to be conscious of common strategies of disclosure an individual will use. Finally, the section explaining subordinates feeling supported or unsupported after disclosure is principal to analyzing superiors' reactions to information and was the basis for the research question in this study.

To understand how scholars view discussions of mental health in the workplace, a review of literature will be provided on Communication Privacy Management (CPM) theory and its influence on privacy management in organizations. Background information on the impact of workplace relationships and how relationships influence

comfortability disclosing sensitive information is discussed. Next, the causes for mental health disclosure and common communication strategies used when disclosing information are analyzed. Finally, the consequences and benefits of mental health disclosure in the workplace were presented.

### *Communication Privacy Management*

This organizational communication study will utilize Petronio's (2013) Communication Privacy Management (CPM) theory. CPM theory asserts that organizational members assume that private information is self-owned and have the desire to control when and with who it is shared (McLaren & Steuber, 2013). When people are given authorization to personal information, they become "authorized co-owners" (Petronio, 2013, p. 9), and they are responsible for keeping information private. CPM theory proposes that through disclosure, individuals can have power over what private information is discussed or not discussed (Petronio, 2013). CPM asserts that people experience a constant pull between disclosing information and keeping information private. The idea of self-disclosure entails telling another individual personal information that would most likely not be conversed unless told otherwise (Eichorn et al., 2012). Rules are arranged between co-owners to avert uncertified access by unknown people outside of the co-owners (Petronio, 2013).

If rules are not followed, this can lead to boundary turbulence. Boundary turbulence specifies that someone's disclosed, private information was exposed, and rules and expectations were not followed (McLaren & Steuber, 2013). For example, when an employee begins the discussion of their mental health concerns with their supervisor, there would most likely be boundaries established during that conversation as to how the information should be shared with other third parties (employees, other supervisors, etc.), if at all. If those boundaries are broken, there will be turbulence between the employee and the supervisor, causing mistrust or dissatisfaction of the relationship and the organization. Employees want to feel that they are in full control of the private information that is disclosed, so when that boundary is violated that can lead to a feeling of being devalued in an organizational setting (McLaren & Steuber, 2013).

CPM theory is used as a framework in this study due to its interrelation with interpersonal relationships (Baxter & Braithwaite, 2008), and in this case, within the workplace. This study analyzed the relationship and disclosure that occurs between employees and supervisors, or a superior and subordinate. CPM helped confirm why information is disclosed between the two people. It also provided understanding as to how it affects each party due to situational circumstances, such as being in a professional work environment and a power distance between positions. CPM theory was utilized to find out more information about policies in place that avoid boundary turbulence (McLaren & Steuber, 2013). Individuals within the workplace utilize CPM to control mental health information or private information, and organizations may have policies as to what they are allowed to disclose concerning mental health. It was also beneficial in discovering common experiences of approval or disapproval when this information is disclosed.

### *Mental Health Impact through Workplace Relationships*

Mental illness is very common in the United States, with 1 in 5 (20.6%) adult U.S. citizens reporting a mental illness in 2019 (Substance Abuse and Mental Health Services Administration, 2020). Mental illness is defined as a "health condition that is characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (U.S. Department of Health and Human Services, 2001 p. 7). This can include mental illnesses such as anxiety, depression, psychotic disorders, etc. While most mental health disorders are treatable, one of the first steps is for workers to recognize they need help and to seek care. The National Alliance on Mental Illness (2019) reports that about 55% of U.S. adults did not seek treatment for mental illnesses. This could be because individuals could not distinguish resources, pay for care, find time for treatment, or worry about confidentiality and job retention if they pursue treatment (Cadorette & Agnew, 2017). In every organization, relationships will be formed between coworkers, peers, and supervisors, which largely impact the employee's overall work experience and job satisfaction.

A common workplace relationship is the one between superiors and subordinates, which are crucial for interchanging information about the workplace organization, directions about job requirements, and criticism or feedback about an individual's performance (Jablin, 2001). Superiors, or supervisors, have a large impact on subordinates', or employees', experience within an organization. Superiors often are responsible for assigning work to subordinates, offering feedback and constructive criticism on projects, and helping foster the environment in which subordinates work and learn. A superior's management style contributes to "about 25% of why employees feel productive, motivated, energized, effective, and committed to their work," with the highest influential superiors focusing on work assignments and connection-building actions with subordinates (Mikkelsen et al., 2019, p. 587).

This research is important as it can create a more inclusive and congenial work environment that allows employees to feel safe disclosing personal information.

Due to superiors having such an influence on subordinates' organizational experience and environment, this can create a power distance within a superior-subordinate relationship. Hofstede (2001) voiced power distance as an evaluation of the impact or interpersonal power between a superior and a subordinate. Power distance plays a major role in superior-subordinate relationships, as the entire basis of the relationship is the emphasis on how those on differing hierarchical levels communicate with each other. When a superior does not balance the power distance or does not create a positive environment for subordinates, it can negatively affect the subordinate's work performance and experience (Butler & Modaff, 2016). Superiors can grant a "socially healthy environment" for subordinates, which can be done through having an open-door policy and flexible schedules for employees (Farrell & Geist-Martin, 2005, p. 577). When these accommodations are not provided, it can lead to burnout. Burnout is when an employee reports emotional exhaustion (Boren, 2014). This can result in declined communal conversations with coworkers and can contribute to the inability to complete workplace projects and assignments (Boren, 2014). Burnout can not only negatively impact organizations, but it can hurt subordinates' mental health as well.

Everyone copes with pressure and prevents burnout differently in the workplace based on history, habits, and experiences. However, despite some people being able to manage this well, others cannot, which can lead to stress-related dysfunctions (Decker & Borgen, 1993). This can influence employees' psychological, physical, and/or social health (Farrell & Geist-Martin, 2005). Psychological strain can contribute to feelings of lower self-esteem, a drop in job satisfaction, and a higher sense of anxiety and depression, which can all influence an employee's work relationships (Farrell & Geist-Martin, 2005). When a psychological strain occurs, an employee may want to disclose this information with their superior to prevent burnout and create a deeper understanding. This can be difficult for some subordinates based on their superior's policies and attitudes. For example, if a superior does not have an open-door policy, this can lead to subordinates feeling they cannot rely on their supervisor. This study contributes to literature in understanding how subordinates approach their superiors when disclosing mental health situations, and how superiors tend to handle private information.

### *Mental Health and Disclosure*

Disclosing mental health issues can be challenging for employees in the workplace, and many elements can contribute to whether an individual will conceal or reveal the state of their mental health. Disclosing one's private information at work can be complicated, due to workplace policies that are set for protecting one's private information in the organization, and sway how people control their personal information and disclosure process in the workplace (Smith & Brunner, 2017). Sharing this information could have drawbacks, including stigmatization and stereotypes. Subordinates often worry that when they disclose information, the stigmatizing traits that are associated with illness will be more noticed in the workplace over professional characteristics (Bohan, 1996). Mental health has such a large stigma surrounding it that employees particularly avoid telling their supervisor about such an illness (Haslem et al., 2005). However, Smith and Brunner (2017) have suggested in their study that sharing private information creates a bond among superiors and subordinates, which allows subordinates to experience more social security in the workplace.

If subordinates do not want to disclose private information about health in the workplace, this could lead to many consequences, such as the subordinate performing poorly due to few accommodations or creating tension in workplace relationships by hiding private information pertaining to personal health (Westerman et al., 2015). Mental health is a psychological and physical condition that is often invisible, which means that the subordinate would have to openly discuss their mental health to see changes in their environment. Clair, Beatty, and Maclean (2005) explained that due to obstacles of invisible social identities (religion, sexual orientation, illness, etc.) in the workplace, compared to visible social identities (sex, race, age, etc.), causes a person to out themselves. This can cause them to feel forced to do so to obtain support or an adaptation in the workplace to create a more inclusive environment. People that have invisible social identities need to decide if they want to pass, which is keeping the information private, or reveal, which is disclosing private information or revealing an invisible identity (Clair et al., 2005). Employees must decide to disclose information or not, based on these risks and benefits.

There has not been much research showing how employees disclose mental illness in the workplace, but studies focusing on chronic illness argued that subordinates decide to disclose private illness information in the workplace to improve workplace connections and create a sense of work security (Butler & Modaff, 2016). While chronic and mental illnesses are different, they are both invisible social identities. This could reveal that individuals who discuss mental health and illness will do so fully and with voluntary disclosure (Butler & Modaff, 2016). Employers need to handle health issues with grace, as it can have negative impacts on the organization. Superiors in an organization are more likely to experience negative workplace interactions including "low morale, low job

satisfaction, and antisocial behavior” if interactions surrounding subordinates’ private health information are not following the subordinate’s and superior’s expectations (Westerman et al., 2015, p. 379). It is important to recognize whether self-disclosers feel supported or unsupported in the workplace after sharing private information.

### *Consequences of Workplace Disclosure*

Relationships in the workplace are essential to creating a positive environment for employees. Subordinates who feel that they have exceptional relationships in a company sustain a higher rate of worthwhile workplace and personal developments including “effective assimilation, organizational identification, job motivation, and career relevance” (Sollitto et al., 2016, p. 84). This is important to note as these relationships can influence whether an employee discloses information and can be affected when one self-discloses information. Lee and Li (2020) argue that subordinates who trust, are content with, and feel dedicated to the workplace in their company are more likely to convince employees to disclose private information regarding mental health and disclosing can be advantageous for them.

There is limited research on supervisors' reactions with support or no support after disclosure. Previous research has highlighted the interconnection linking reassuring relationship qualities and disclosure within relationships (Banks et al., 2007). Much literature has focused on the situation self-disclosers experienced after disclosing information. One of the main support groups for self-disclosures was other employees. Previous research has indicated that support from others was the biggest advantage when disclosing private information in the workplace, aside from getting time off or workplace accommodations (Westerman et al., 2015). Supervisors must work on promoting a more accommodating workplace, as research has suggested that employees’ feel it is not appropriate to request time off of work due to an illness, or that one had to be experiencing an extremely distressing illness to warrant missing time at work (Westerman et al., 2015). Due to the lack of research in this area, finding out more information about feeling supported or unsupported was the focus of this study.

Superior-subordinate relationships were defined to provide a deeper knowledge of the workplace connections between employees and display how influential a superior's role is to the subordinate's work environment. Highlighting how private information is disclosed is important to understand the consequences and benefits that come with disclosure. The sections explaining how employees disclose private information and employees feeling supported or unsupported after disclosure are essential to analyzing supervisors' reactions to information and will be the basis for the research question in this study.

### *Research Questions*

Scholars such as Butler & Modaff (2016) have advocated for more research concentrating on private disclosures, as well as focusing particularly on the response of the supervisor when the private information is disclosed. This study focuses on how supported or unsupported employees feel after disclosing mental health information to a supervisor, as there is a limited amount of literature regarding the subject. This research questions will focus on employees' experience with their supervisor and if there was any differing treatment after disclosure. *RQ1: What messages are shared by employees and their supervisors when discussing employees' mental health?* *RQ2: How do employees experience support in the workplace related to their mental health?*

## **METHODS**

The interpretive paradigm was used for this study as it used “meaning (versus measurement) oriented methodologies, such as interviewing or participant observation, that rely on a subjective relationship between the researcher and subjects” (Antwi & Kasim, 2015, p. 219). This paradigm fits well with the qualitative method, as they both worked to find in-depth information to understand communication phenomena. This study utilized qualitative methods while enacting an interpretive paradigm. “Qualitative research preserves the form and the content of human interaction. [Qualitative] research aims for subjectivity rather than objectivity” (Keyton, 2011, p. 58). This study aimed to gain a deeper understanding of the communication between employees and supervisors regarding mental health in the workplace and to analyze the phenomenon of mental health discussion in the workplace. Qualitative research was most fitting for this study as the research was conducted with no assumptions, enabling participants to share their unique, personal experiences.

### *Participants*

Participants self-selected into this study as they were willing to discuss mental health challenges and how they shared mental health in the workplace. Thirteen participants were interviewed and were recruited from the CST research pool, personal networks, and social media posts on Instagram and Facebook. The age range for participants

was between 18-51 years old, making the average age 22 years old. The participants were largely cisgender females, with 10 of the participants identifying as cisgender women and 3 identifying as cisgender men. To be qualified for this study, participants were willing to discuss mental health and have experience sharing mental health in a workplace setting with a supervisor.

### *Interview*

To discover more information regarding the purpose of this study, semi-structured interviews were conducted. According to Keyton (2011), "Interviews are a practical qualitative method for discovering how people think and feel about their communication practices" (p. 284). Interviews were the most reliable method to gather in-depth information, as it allowed the researcher to observe specific experiences from the participant's point of view that displayed common communication patterns. Interview questions were open-ended to encourage detailed answers and gain as much information as possible. Participants were asked about their experience and satisfaction with disclosing mental health information to a supervisor. Discussing these topics will be beneficial to understand common experiences from the participant's point of view, validate previous research, and find answers to research questions in this study. See the Appendix for the complete interview protocol.

### *Procedure*

After IRB approval, participants were recruited, and interviews were scheduled. Out of the 13 interviews, 9 were conducted in person and 4 were conducted over Zoom. Interviews were between 30 minutes to an hour-long, discussing participants' experiences with mental health in the workplace. To start the interview, a short introduction of the study and research topic was explained.

To ensure participants' comfort, the interview environment was in an accessible place. Discussing mental health may be difficult for some participants, so local resource information was provided if needed as part of the interview. Participants signed an informed consent form and were audio-recorded to allow for accurate transcription. While the researcher cannot ensure anonymity, measures were set in place to protect participants' confidentiality by not using real names in any written reports. All personal information such as names, workplaces, or any information the participant did not want to be used in the study were changed or redacted. Pseudonyms were used for all participants in all written reports. All recordings, transcripts, and data were kept on a secure laptop at all times. Upon the completion of the study, all recordings and transcriptions were permanently deleted to ensure confidentiality.

### *Analysis*

Thematic analysis was used to analyze the interviews and results, which are participants' "conceptions of actual communication episodes" (Keyton, 2011, p. 313). Utilizing thematic analysis will be the best course of action to get the clearest in-depth results and find themes and patterns for communicating mental health in the workplace. Thematic analysis is a method for "identifying, analyzing, organizing, describing, and reporting" themes found in data. (Nowell et al., 2017, p. 2). All interviews were transcribed for further analysis. Quotes and information from the interviews were analyzed to determine common themes for each research question. The results were backed by previous research and will expand on how this study tells more information about mental health in the workplace and provide information to create a safer workplace culture.

## **RESULTS**

While every participant had a unique experience to share, there were common themes that were prevalent across many interviews. The themes found from RQ1 displayed three common messages shared between employees and supervisors when discussing mental health: They Get It, Are You Capable, and Organizations are Ill-prepared. The themes found from RQ2 revealed how employees are supported or not supported by supervisors in the workplace: Resources Offered or Lack Thereof, Privacy or No Privacy: Be Aware of Gossip, and Safe Space Leads to Support. These themes are discussed in depth below:

### *RQ1: What messages are shared by employees and their supervisors when discussing employees' mental health?*

The purpose of RQ1 was to identify specific messages that are displayed by employees and supervisors when discussing a person's mental health issues in the workplace. Themes emerged from the process and are described below. Each participant had a distinctive experience that contributed to the development of each theme.

**You Get Me.** This theme represents disclosure strategies toward one supervisor and reasons why employees tend to disclose or trust that one person. Many participants only disclosed private mental health

information to one manager based on comfort and relatability. Violet, who worked in a retail store, had a similar viewpoint on discussing mental health in the workplace. She had met with her manager to discuss her mental health when another coworker was causing her mental distress. Violet felt that one manager was the only one she could trust in a higher position, as a lot of the managers were unprofessional. "She's the only one I could trust and that's why I only felt comfortable with that one leader because she is the only adult in that place that can take anything seriously," Violet said.

Comfort is a common similarity among participants who only disclose mental health information to one supervisor. Another participant, Hunter, works at a gas station and frequently spoke to his supervisor regarding his mental health because they were closer in age and his supervisor made him feel secure enough to do so. "I was more comfortable with him than anything else. He was only a couple years older than me, and I talked to him more than the other supervisors." Hunter stated that his supervisor was able to tell when he was going through something and that he always seemed like he cared more than the other supervisors.

Elle, who worked in a restaurant, only disclosed to one manager because her manager saw her when she was having an anxiety attack and was very understanding. "She was able to see how much it affected me. Whereas I feel like the other ones would be like, 'She's being dramatic or trying to get out of work.'" By experiencing that support from her manager after having a physical and emotional reaction after it got busy, it built trust and security between the two.

Faith, who worked in a grocery store, had a similar experience as the other participants and only disclosed to one supervisor at work. Faith explained, "I know her more than the other bosses. The other bosses around the store kind of scare me. Because I'm shy. I don't really like talking to other people, or I've had issues with them in the past." Faith displayed difficulty opening up to other supervisors due to her social anxiety, and because she knew her supervisor longer than the others, she felt safer going to her.

Raya works as a mental health technician and is bound to be confidential about her clients and many aspects of the job. Many of the topics discussed with clients are difficult and can sometimes impact Raya's own mental health. Because she must keep things confidential, she cannot talk to many people outside of her work, leaving her supervisor as the only person she can talk to in detail about situations. "I never did feel alone in any type of situation because they would remind me that they are always here for me. I have to stay confidential with all of this information. I can't really talk to anyone about it because these are kids' lives we're protecting."

Another similar reason why many participants only disclosed to one supervisor was because that supervisor was able to relate to them. Elle mentioned that her supervisor disclosed her own private information when Elle did. "I had already told her that I've been going to therapy. I'm starting on meds. I told her how I was going through all this stuff. She related to me. Cause she was saying how she struggled with some of the same things, so she was able to understand it. She also had been put on a similar medication when she was my age."

While working at a call center in customer service, Sonya discussed a similar experience when disclosing to her supervisor. She had disclosed her mental health to keep her supervisor updated and to explain her anxiety when taking certain calls. "It helped that she also disclosed to me that she had mental health issues herself. So, it's just helped bring an understanding to what needed to be done," Sonya explained. Another participant, Olive, was working as a journalist and began having trouble meeting deadlines due to her mental health. Olive was experiencing depression and anxiety about her future and the different pressures from her responsibilities. During a check-up with her supervisor, she disclosed her information, and her supervisor was able to relate and connect with her feelings. She reported:

He said he also suffered from depression in college. He's a journalist too, in the same field, so he can understand the different pressures and be able to empathize with me, which helped me understand more about him. He gets it, he was able to share with me, and he's still able to be successful after going through that and still continuing to have those challenges.

Because her supervisor shared his personal experiences, Olive was able to ease some anxiety about her future. However, as shown in the next theme, not all participants experienced a bond or received a relatable response from their supervisor.

**Are You Capable?** This theme represents messages that participants' jobs largely impacted their mental health. An assumption surrounding mental health in the workplace is that mental health impacts a person's job, and many participants reported otherwise in both positive and negative ways. When the work environment gets busy and stressful, many participants reported their mental health declining. In high-intensity situations, many participants reported feeling increased levels of anxiety. Elle noted that she gets overwhelmed when it gets busy, causing her anxiety to skyrocket. Elle explained, "I get shaky, I get hot and sweaty. I get pale. My heart starts racing." Elle

reported that after those busy days, the anxiety can follow her outside of work, and when she would go home, she would lay in bed for the rest of the day, emotionally and physically drained.

Faith would have increased anxiety when it would get busy, which would make it hard for her to perform tasks. "One time I was in the back office, the entire time because I just couldn't be out in public. I was having major anxiety. Nobody said anything, and I tried to go back out a few times but couldn't do it." During her job at the call center, Sonya had high-intensity anxiety in situations where a big transaction was involved. "I don't want to lose the company money or anything. And I explained to my supervisor that it had triggered me." Sonya's supervisor offered tips to manage her anxiety when on the phone with a customer handling a large transaction so she would not get a bad review.

When COVID-19 hit the U.S., many participants noted that their job impacted their mental health, especially during this time. Cora expressed that working at the nursing home during the pandemic made her extremely depressed. "I worked all the time, but it was very traumatic to see some of these old people isolated and our facility had boards everywhere. You just felt so sad because there was nothing you could do to change anything. Freaking COVID was going on. What are you going to do? You can't change the pandemic." Cora did not feel she could approach her supervisors at work because it was a fast-paced environment in which she felt that no one would have the time or energy to listen or help her.

Other participants reported feeling their mental health was better because they were working. Hunter reported that going to work gave him a sense that people were still around and took him out of isolation, lifting his mood. Fallon, who worked in a nursing home, said that working gave her a sense of purpose and gave her the ability to interact with others. "These people are always in the back of my mind during those times when the dark thoughts do come up. I have an entire institution of people essentially rooting for me and don't want to see me go." She continued, "I would say that has helped me get out of some of those depressive episodes and struggles with suicidal thoughts." Fallon and Hunter were able to have a support system when the pandemic began that improved their mental health and gave them a chance to interact with employees and people.

Many participants mentioned that there is a large stigma surrounding mental health and job performance, and even though they struggled with their mental health they were still capable of doing their job. One participant, Mateo, who worked for a vaccine company, said someone can still be functional in their job and have a mental illness. "The people I worked with were basically in a nutshell, bringing me down. So, it was really more how the job and the associates impacted my mental health rather than my mental health impacted how I perform my job." When Mateo was diagnosed with Major Depressive Disorder, he disclosed that information but expressed that despite struggling with mental illness, he was still qualified for the job. In Olive's case, she was satisfied with disclosing to her supervisor because he not only listened to her but continued to focus on her productivity, making her feelings of capability for the position rise. Olive explained:

I felt, supported, respected, but he still challenged me. He was able to reassess his expectations and say this isn't working, let's readjust. Let's add an extra week for this assignment, but still have those deadlines, making sure we're keeping on track and getting all this done. He did support me and then reassessed how can he make this experience the best he can for me now, knowing what mental health challenges I have. Scarlett is currently working as a writer and had disclosed to her supervisor that she was struggling with depression after losing a friend to suicide. "I didn't want her to think that because of this, I wasn't going to be able to handle my work because of the situation I disclosed." Scarlett had deadlines coming up and wanted to make her supervisor aware that even though she was depressed, she was still capable of doing the work. Raya frequently discusses sensitive, difficult topics with clients at work that make her depressed. "It affects me in the sense that I'm not on my game or I don't try as hard to dig down deep and get things out of them. But I had hoped that other people see that it doesn't affect me in the sense of I can't do this job when I'm having a bad mental day."

Participants noted that it is important to recognize that occupations and mental health go hand-in-hand, and it's important to have a healthy balance between the two. Fallon explained in-depth about having a healthy work and mental health balance:

"I do think jobs do almost encourage you to shove your mental health aside, put it on the back burner. I think people need to understand that it is more important to notice that mental health and your occupation exist in spheres together. Not one has to be completely shoved to the side to take care of the other. On the other hand, some people believe that they can't have any occupation when they are dealing with their mental health. I think we need to see them as equals. You can be seeking treatment and still be working. You can be going to counseling and still be working shifts.

Participants stated a similar belief that mental health is the basis of everything, especially in the workplace, as it impacts how you interact with clients and coworkers. All the messages were reported by participants who experienced different communication responses surrounding the disclosure of mental health to their supervisor in the

workplace. A large part of the messages were different takeaways, advising others how to disclose and with whom to disclose. The next theme looks at participants' messages of how organizations need to do better, and how they would handle mental health conversations in the workplace.

**Organizations are Ill-prepared.** This theme focuses on changes participants would make to promote more discussions of mental health in the workplace. All participants mentioned that promoting mental health conversations could be something as simple as having more frequent check-ins. Scarlett mentioned that supervisors need to be more prepared for mental health conversations with their employees. She explained, "At the end of the day, the human brain has to come first. Even if it's going to hurt profit or productivity."

Cora mentioned making a more welcoming environment and bringing more awareness to mental health in the workplace. She explained, "I'd make sure we had a resource center, therapists, anybody that could help. Maybe even doctors that could prescribe medication." Cora worked at a restaurant and in a nursing home and said she felt more comfortable disclosing mental health at the restaurant and was offered more support there from her supervisors. She noted, "I'm a lot more comfortable in my other job at the restaurant. I don't know if it's because of the connection that formed, or it's not as an intense workplace. It's more laid back." Mateo had a similar message, saying that there needs to be a lot of reform in organizations when it comes to discussing mental health. He reported:

Companies are woefully inadequate in terms of wanting to deal with mental health. They would rather just say, here's a number, call them and we're going to talk about your productivity. I think if they were serious about mental health, they would be proactive. Even if it was just a 15-to-20-minute conversation once a month to talk about it and talk about things or EAP's that are available through the company.

Mateo mentioned that a lot of people in leadership positions are not trained to have conversations about mental health, and there needs to be more of a push for them to simply check up on people and know proper resources to offer if someone needs help.

Many participants mentioned keeping an open-door policy for all employees if they were in a supervisor position. Asher, who worked as a construction worker, said he would handle conversations with an open mind. Asher explained, "If I was a supervisor and some kid was talking to me about their mental health, I would completely drop my walls because it's a big vulnerability."

Other participants reported that they would model discussions of mental health like their supervisors did for them. When asked how she would handle mental health information if she was a supervisor, Elle responded that she would handle it the same way her manager did when she disclosed her mental health information. Elle said, "I would try to be really empathetic and try to listen to see what their triggers were or what would set them off and then try to prevent that from happening like my one manager did."

Raya had a similar message when asked how she would handle mental health conversations as a supervisor, responding, "I feel like it would be a mirror image of my boss. I am one of those people that I'm a friend that helps everyone that I can." Raya also mentioned that mental health resources and conversations should vary based on the field someone is working in. She explained, "In some sense, someone could argue that if you're working as a mental health technician, your boss needs to be supportive. You are working as a mental health technician versus someone working in business or someone working in something that isn't so quote, draining, just because you're not listening and hearing these people share shitty things."

Many participants like Melody, Faith, and Sonya, mentioned that someone talking about their mental health is a vulnerable thing to do and can be very difficult, so they would offer resources, lend a helping hand, and make them feel understood. Sonya explained, "Not a lot of people have advocated these days, and early on before I officially received a diagnosis, I didn't have anybody to advocate for me. If I were a supervisor, I would make sure that I could be an advocate for them." Participants reported being compassionate and understanding was the best thing supervisors could do to make an employee feel supported.

Overall, RQ1 revealed that employees felt comfortable to disclose when their supervisor related to them, it was essential that employees communicated they were still qualified for the job, and organizations need better resources equipped to handle discussions of mental health. RQ2 looked at various ways employees experience or do not experience support from their supervisor after disclosure.

*RQ2: How do employees experience or not experience support in the workplace related to their mental health?*

The purpose of RQ2 was to identify whether employees felt that they felt supported or unsupported after disclosing their mental health information in the workplace. Themes emerged from the process and are described below. Not every participant had the same reaction to situations, but participants' experiences contributed to these themes.

**Resources Offered or Lack Thereof.** This theme discusses whether supervisors offered additional mental health resources to support employees after disclosure. Participants reported a mix of support and no support when it came to additional mental health resources offered. Many participants, such as Violet, Hunter, and Fallon, were offered resources within the organization they worked for that could aid with their mental health. However, none of them utilized any of the resources. Hunter claimed that the gas station he works for has a mental health program employees can utilize, but when he was offered the sign-up option, he said he was “good without it” because it was a lot of work to sign up for the program.

Violet had a similar experience when she had no choice but to disclose to a different supervisor that she did not normally go to. “This supervisor’s way of helping me was by directing me to a helpline. I was like, no offense, ‘I don’t really want to call.’” Fallon disclosed to her supervisor after being sexually harassed by another employee in the workplace, discussing the incident and how it impacted her mental health. Fallon reported, “He let me know that if for some odd reason I didn’t feel it was handled properly with him, there was a higher level of HR that I could go to. I did feel that he took it seriously and that it was handled well, so I didn’t use it.” Mateo had used a third-party Employee Assistance Program (EAP) promoted through his organization, but was not referred to it by a supervisor and instead had to find the resource on his own. When Mateo found and utilized the EAP within the organization he was working for, the counselor he was seeing said he needed more help than what they could offer and recommended he see an outside resource. “The best they can really do is offer some time off or the number to the EAP program. That’s really the extent they can do. Providing a workplace where you enjoy it, where it’s good for your mental health, is not their priority.”

Many of the other participants did not receive any additional resources when disclosing to their supervisor. Scarlett reported that she had disclosed her mental health information and asked for decreased hours, as she had multiple responsibilities. She said, “They told me they could decrease my hours, and there was no offer of support or anything past that. Which was fine I didn’t expect that from them. It was just uncomfortable, and they didn’t end up decreasing my hours all that much. So, I got stood up really.”

Participants such as Elle and Cora felt the lack of resources could be due to the fact that they were only part-time employees. Elle said, “I only worked part-time so I’m not sure about full-time benefits and everything. I get my resources through my parent’s insurance, so I’ve never had the need to search elsewhere. If she would have offered it, I would have listened to it, but I probably wouldn’t have utilized it.” Cora mentioned that she had never seen any mental health resources or programs through her organization. She stated, “It’s kind of shocking they didn’t offer me any resources. I don’t know if maybe I was a full-time employee working there, I’d know more, but I have never seen anything.”

On the other hand, some participants, like Raya and Elle, were offered many in-company and outside resources. Elle had mentioned that while she has never utilized it, every employee in their company has access to free counseling and therapy. Raya reported a similar program in her organization. Due to the intensity of their positions, employees are required to do “supervisions” which according to Raya, are like group therapy sessions. For every 25 hours they work, employees are required to do an hour of supervision. Raya said:

“This lady who I think has her Ph.D. in psychology or counseling comes in and asks all of us how we’re doing. It’s incredible. We sit there and talk about the people we work with, and we talk about the struggles our clients are going through and how to help them. But it’s also a time where if one of us is struggling, we can literally just say it. Obviously, that’s not comfortable for everyone, but at my work, we’ve just gotten so comfortable with each other.”

Raya also added that her supervisor, who she often discloses to outside of the group therapy session, has helped her look for resources outside of the organization as well, including searching for a therapist for her. She reported, “I do have my own therapist, but she was helping me look for a new one at the time. She was like, ‘If you don’t love this one, we could try this one or this one.’ She’s the ‘always call if you need me’ type of supervisor.” Many participants experienced support or no support through referral to additional resources. The next theme displays how supervisors made employees feel comfortable sharing their mental health information.

**Privacy or No Privacy: Be Aware of Gossip.** This theme discusses privacy, or lack thereof, when disclosing mental health information and represents the message to be cautious *who* you speak to regarding mental health issues. Many participants experienced support from their supervisors by having their mental health information protected. One participant, Melody, was working at a daycare when she signed herself into a mental health treatment program. The program would last almost all day, which would mean she would have to substantially cut down on her hours. Her supervisors had respected her mental health information by telling other employees she was going part-time for other reasons. “My bosses didn’t tell my coworkers what was going on. My

coworker told me that they said I was going very, very part-time because of a class or something. So, she assumed it was related to school. They didn't say anything, which was very nice."

When Elle disclosed her mental health and medication change to her supervisor, she stated that she kept the information private and received no different treatment. "I don't think she even told any of the other managers, because none of them ever asked me about it or treated me different after that. So, I feel like she was really good at keeping it to herself." Fallon had a similar experience in which she disclosed her mental health and how an employee was sexually harassing her to a supervisor. Her supervisor kept her information confidential and did not make her identity known that she reported him. Fallon reported:

He never made it known to my coworkers that I was the one who had reported him or come forward.

Anyone that knew that I was reported the person at work knew because I had said something to other girls, some of my friends. I said, 'Hey, just to let you know, this should be ending soon. I have reported it.' He very much respected the privacy of the information.

However, some participants disclosed that after they disclosed mental health information, it began to spread around work to outside sources. Participants who had reported this information had spoken to their manager/supervisor and felt unsafe disclosing initially or after the first interaction. Participants Scarlett, Violet, and Cora reported that the work environments they were in had employees and managers who spread misinformation or gossiped about private information. Cora, who worked in a nursing home, reported, "Why would I tell you about what I'm going through if you're going to babble to the next person? I would not want to talk to someone about it anymore because that's my personal information. If I'm disclosing to you, shut up about it."

After Violet had met with her supervisor for the first time regarding her mental health, she reported rumors began to go around about the meeting. She said, "I know for a fact that some managers there spread misinformation about people. It's really concerning considering that they're supposed to be higher up than you and are supposed to take those types of things seriously." Violet claimed that her manager approached her and said she never told anyone about the conversation and that she was unsure how information was spreading. However, this ruined a lot of Violet's feelings of trust in her employees and other managers. She explained, "I realized I had to keep my mouth shut because people were talking about me."

Scarlett, who also worked in retail, reported a similar experience as Violet, in which her managers were known for discussing employees' private information. Scarlett had been struggling to balance school and work and noticed her mental health worsening due to being overworked. She had disclosed this to a supervisor during a quarterly employee check-in, and after the conversation, she felt "gross" and "disgusted" as she felt that her information was going to be shared with others informally: "I know for a fact that they had conversations about our workers to other workers, and they probably weren't professional conversations." She continued, "I mean, every workplace has that, but it didn't make me feel super safe disclosing."

Many participants, like Scarlett, Hunter, and Sonya shared their main takeaways after disclosing mental health information were to be careful who you disclose to, as many express anxieties about sharing private mental health information because they did not want it to be used against them. Scarlett also reported:

"Information is power, and it sounds like a cliché, but it really is. When somebody has information like that about you, it feels like you've given up some of your own control over it. That interferes with your own feelings of autonomy. I felt like I gave them too much information and now they weren't going to use it in a way that made me comfortable."

Hunter also disclosed his mental health information frequently because he had a strong trust in his supervisor, and it made him feel better doing so. However, like Scarlett, he does not favor that someone else knows his private information. He explained, "It made me feel a bit better because I was talking to someone about it, but at the same time, I was like now someone else knows this part of my shit that I don't really have to talk to people about."

After Sonya had disclosed her mental health information when she worked in retail, many employees used it against her, with some employees verbally and physically assaulting her. Sonya had a prominent experience in which she disclosed mental health information to a leader while working at a toy store. She reported disliking disclosing mental health information because she did not want "any special treatment" but felt as if she had to in order to be honest with her supervisor. She had initially disclosed to a leader and after she had disclosed, employees started using that information against her. "The moment the leader heard that I had something different about me in terms that there was something wrong with me, I basically turned into the devil to her. And I say that literally. Because she was a Reverend on the side, and she started talking to me, Bible dumping about how these things that were wrong with me," she explained. She noted to always go to a direct supervisor and no one in a lower position than that about mental health information. Despite this, she felt she had to disclose as to keep supervisors informed and disclosed in future job positions. Sonya responded, "Be careful who you disclose to because you never know

how some people are going to take it but do disclose to at least your superiors because the superiors are the ones who are able to help you more.”

Many participants had mixed experiences of support or disloyalty after disclosing to their supervisor. The next theme involves more as to how employees' job has impacted their mental health.

**Safe Space Leads to Support.** This theme delves into how supervisors provided a safe space for employees and made them feel supported. Many participants reported that their supervisors would make sure the conversation took place in a secure location, such as an office, where no one was around. Raya said that her supervisor always made a point to check in with everyone, which encouraged her to disclose her mental health information. “It’s just so cool how I can go into her office. She closes the door. We have a one-on-one conversation about what she can do to help me or what I can do to help myself.”

Some participants, like Hunter and Violet, reported that supervisors would not only have conversations in an office, but if that was not secure enough, they would also take them outside. Hunter’s supervisor shared an office, so if it wasn’t available, he would take Hunter outside of the building. Hunter said, “He kind of approached me and would bring me to the office or we’d go outside and just talk because we have a little spot that we would go to.” Violet also reported that going to a private location to talk was an option, but they never had to. She said, “She would kick people out of the office. It showed that she cared about me about wanting to talk to me and make sure I was comfortable.”

Many participants had experiences where their bosses would check in on them more frequently after they had disclosed. Many supervisors became more intuitive with participants' emotions and would make sure to ask them how they were doing. Elle reported, “If she saw I was upset or if she saw I was getting anxious she would ask me what was going on, if I’m okay, or if I needed a break, or if she needed me to talk to a customer. She’d be really good about stepping in to make sure if there were problems they were addressed.” Elle’s supervisor even accommodated when she was having a bad mental health day and was physically injured. She explained, “My boss went in for me one day at work. I called her emotionally exhausted, mentally exhausted. I was on crutches because I was hurt. She went in on a Saturday for a double shift of mine and took eight hours because I needed an off day, and I would do the exact same thing for her.”

Olive reported a similar experience, in that once she disclosed, her supervisor changed his behavior and had more frequent check-ups. “He asked me what he could be doing better or something he could do to help me specifically. So, he did make an effort to ask more questions. What I asked for help with, he changed, and was able to add that to what he was already doing to support me.”

When Melody disclosed that she would be cutting down her hours because she was being admitted to a mental health treatment program, her bosses checked in more and offered her additional time off. Melody said, “They made it work so that I could have the next week off if I wanted it. I didn’t want to, I wanted to go in. They were so accommodating with that and with planning the schedule to best help them while I was doing all of this.” Elle had a similar experience when she disclosed to her supervisor for the first time, which resulted in her supervisor giving her the rest of the day off to go home and rest.

Scarlett, Hunter, and Sonya had similar experiences when they disclosed, where their supervisors checked in with them more. However, they were all surprised that their supervisors were doing so. When Scarlett, who works at a writing company, disclosed to her supervisor that she was depressed, her supervisor began to check in with Scarlett every day over text. “Throughout the week she would send me a little text and she’d be like, ‘Are you okay?’ And it felt nice. It was a little awkward because this person is my boss, so it felt like a weird dynamic, but I really did appreciate it.” Hunter had a similar experience, in which his supervisor would check up on him throughout the day. Hunter said, “I was kind of surprised. I was like, ‘People actually care.’ It’s weird. In previous places that I had worked people really didn’t care all the much, clock-in, clock-out, go complain about your problems other places.”

Sonya reported that when she worked at the call center, she had disclosed that she had anxiety about a supervisor during the interview, explaining:

“There’s that American with Disabilities Act where she was saying they have to work to be compliant with it. And at first, she was talking about it as if I was one of those quota fillers. But then when I met everyone, she welcomed me to the pack, and I opened up. At first, it sounded like I was someone to fill a statistic, but then she turned it around, so I was a part of everything.”

Many participants relied on their supervisors for support at work, and many times, supervisors accommodated employees well and were more considerate of their feelings after disclosure. The results display a mix of support and no support between supervisors and employees through lack of privacy, more check-ins, and messages for

workplace reform on mental health disclosure. The results show a clear understanding of how communication privacy management theory impacts this research, as described in the discussion section.

## DISCUSSION

The purpose of this study was to discover new information regarding workplace communication between employees and how they disclosed sensitive information. Literature on communication privacy management provided the framework for this study.

*RQ1: What messages are shared by employees and their supervisors when discussing employees' mental health?*

The three overarching themes from this research question were They Get It, Are You Capable, and Organizations are Ill-prepared. These themes showed the messages employees discussed when disclosing mental health information to their supervisors. The results from RQ1 display that many employees typically disclose consistently to one manager because of the trust built, and that there is a call to improve mental health resources in the workplace.

One clear message is that while employees felt comfortable to disclose, there was an expression for lack of mental health awareness in organizations. When disclosing mental health information, the results display that supervisors play an important role in employee productivity and security. This supports Mikkelsen et al. (2019) findings that supervisors play a 25% role in how employees do their job, with the most influential supervisors focusing on work assignments and connection-building actions. The study found that this allowed them to be attentive to both organizational production and organizational members. Some participants reported satisfaction after disclosing to their supervisor because they not only listened but continued to focus on productivity.

This study supports Butler & Modaff's research (2016), in which employees disclose private illness information to improve workplace connections and create a sense of work security. While Butler & Modaff's (2016) study focused primarily on how employees disclose a chronic illness, employees who disclosed mental illness did so for similar reasons. Their intentions were to keep their supervisor updated and explain any behavior, missed assignments, etc. that may be a result of their mental health. Participants wanted to show that they were struggling with mental health but were still capable of completing the responsibilities in the work position. They often approached their supervisor with full honesty and disclosure about their mental health. For example, some participants fully disclosed to their supervisors that they were on medication in order to keep them updated while they got adjusted to it. By doing this they were attempting to keep an open form of communication with their supervisor, even if it did not always go well.

While mental health has less of a stigma surrounding it than in previous years, the remaining stigma surrounding makes employees not want to tell their supervisor about their mental health (Haslem et al., 2005). The results show that some employees felt that sharing their information was a very vulnerable action and did not want that information to one day potentially be used against them. However, the results support Smith & Brunner's (2017) findings that sharing private information creates a bond between supervisors and employees. This was displayed through the They Get It theme, as many participants who disclosed to their supervisor were able to relate and build a sense of trust. This allowed them to disclose multiple times to one supervisor due to the bond and comfort created. Supervisors often built a bond with employees by being understanding and sharing their own struggles with mental health. By feeling comfortable with one supervisor, this allowed employees to experience more social security in the workplace by being able to express their mental health concerns.

Many participants reported a lack of mental health guidelines in the workplace. While they had one supportive supervisor, many participants did not go through company resources or protocol when handling conversations surrounding mental health. While some participants were offered additional resources for mental health, many never utilized them. In some cases, participants simply did not think the resources through the company would be helpful, or they did not want to take the time to get enrolled. Participants who had used company resources felt that they were not equipped enough to help with their mental health. Participants called for more mental health awareness in the workplace, for it to be less stigmatized, and for there to be better resources in organizations. Participants suggested having more check-ups with employees, creating a company mental health survey, or having better policies on handling mental health. While these suggestions may not fully solve the problem surrounding mental health awareness in the workplace, they may be able to lessen the stigmatization of mental health discussions in the workplace.

*RQ2: How do employees experience or not experience support in the workplace related to their mental health?*

The three main themes from this research question were Resources Offered or Lack Thereof, Privacy or No Privacy: Be Aware of Gossip, and Safe Space Leads to Support. These themes displayed the various ways in which employees experienced or did not experience support from their supervisor in the workplace regarding their mental health. The results from RQ2 show that employees seek support from their supervisors when disclosing mental health but have had a mixture of responses. CPM was very prevalent with most participants as it is a constant pull between disclosing information and keeping information private.

The idea of self-disclosure entails telling another individual personal information that would most likely not be conversed with others unless told otherwise (Eichorn et al., 2012). When employees disclosed private information, and the supervisor did not respect it, or rumors began to spread around work, it led to a negative experience with the organization as a whole. This supports McLaren & Steuber's (2013) research that when privacy boundaries are violated, it can cause an employee to feel devalued by the organization. Participants did not discuss co-owned information, as they assumed that the information disclosed would be private between them and the supervisor. Boundary turbulence was prevalent in this study as some supervisors began to disclose their mental health information to others without authorization, leading to reports of unprofessional behavior. (Petronio, 2013). The results displayed that in many participants' experiences rumors began to spread around the workplace after disclosing to their supervisor for the first time. Trust in coworkers and supervisors decreased, and it became harder to show up to work, decreasing satisfaction in their job.

Previous research from Westerman et al. (2015) has indicated that support from others was the biggest advantage when disclosing private information in the workplace, along with getting time off or workplace accommodations. Mental health is considered an invisible social identity that causes a person to out themselves, feeling forced to do so at certain times to obtain accommodations (Clair et al., 2005). The results display a mix of support and no support for this study as many participants reported that when they disclosed their mental health information, their supervisors were accommodating by extending their deadlines or giving them time off. For example, some participants were offered support through time off provided by their supervisors. Some participants received support from their supervisors and coworkers, as supervisors respected their information and kept it private. Participants also experienced support from supervisors by receiving accommodations through not only by getting time off but covering shifts on last-minute notice so the employee could take a break. Positive support from supervisors and coworkers was the main benefit of disclosing mental health information.

Some results did not match Westerman et al. (2015) findings as many people did not get support when disclosing, finding employee interactions to be unhelpful. There were mixed results on feelings of support and no support from supervisors in organizations. However, the most beneficial reasons for employees to disclose was to maintain honest communications and connections with their supervisor and potentially gain accommodations in the workplace. Many participants noted that there needs to be more training in place for supervisors to properly handle conversations surrounding mental health disclosure. Many companies should also begin to develop or offer more mental health resources for employees to explore more options than just their supervisor. Resources can also vary based on the field an employee is working in or what position they hold. It was discovered that the more intense a work environment was, the less support was offered and employees often felt less welcome to discuss their mental health with their supervisors. More research on how field and position influence support can bring a greater understanding to superior-subordinate relationships and mental health disclosure in the workplace. Many participants noted that mental health is the basis of everything, and how you perform in the workplace. Organizations need to focus more on mental health resources and supervisor training to make employees satisfied in their work and make them more comfortable disclosing.

## **LIMITATIONS AND FUTURE RESEARCH**

The largest limitation in this study was the time constraint. This data collection of this study was done within four weeks, allowing for only 13 participants to be interviewed. Due to the time limitation, the data was not as deeply analyzed as preferred. The participants in this study were largely within the same age range, so getting a more diverse pool of participants would have been desired.

Future research could focus on different demographics among participants. This study had no requirements in terms of where participants worked, age, gender, race, etc. Focusing on a specific work industry could bring more knowledge on the progression of discussing mental health within that field. The average age for participants in this study was 22, and mental health is less stigmatized among Millennial and Generation Z populations compared to Boomer and Generation X populations. In future research, knowledge of how willing people of older generations to discuss mental health could bring a better understanding as to how disclosure has changed over the years. Also analyzing why some organizations have mental health policies and why others do not would be beneficial.

In future research knowledge of how race and gender factor into mental health disclosure, and supervisors' reactions would also create a further understanding of disclosure strategies. How does someone experience support in the workplace based on their race? Does their gender identity factor into levels of support as well? Relational Dialectics Theory or Co-Cultural Theory could be beneficial communication theories to analyze this topic for future research. In all, every participant called for reform of mental health discussion in the workplace and for organizations to provide more accessible resources. Supervisors are often the first point of contact for disclosing private mental health information, and they set the precedent for how employees will disclose sensitive information in future interactions. It is important for supervisors to have required mental health training and be taught how to navigate these sensitive conversations in the workplace.

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## APPENDIX

1. Tell me about yourself
  - a. Hobbies, age, gender identity
2. Tell me about your workplace(s).
  - a. Type of work, how long in position(s), etc.
  - b. Will you be discussing one workplace or all?
3. At your own comfort level, what can you share with me about your mental health?
  - a. Are you diagnosed?
  - b. General effect on relationships
4. In what ways, if at all, does your mental health interfere with your work?
5. Tell me about your experience discussing mental health in the workplace?
  - a. How did disclosing mental health information make you feel?
6. Could you describe who you discussed this information with (boss, manager, etc.)?
7. Where did you disclose your mental health concerns with your supervisor?
8. What was the process of approaching your supervisor regarding the subject? Did you have to have a meeting, or did you just simply approach them about the subject?
9. How was your supervisors' attitude throughout the conversation?
10. How did you get all your information across?
11. What reaction did your supervisor have during the conversation?
12. What reaction did your supervisor have after the conversation, if it changed at all? Did they ask questions or treat you differently?

13. In what ways was your supervisor supportive or unsupportive of you disclosing mental health information? Did they offer you any resources?
14. How, if at all, did your supervisor respect your private information?
15. If you are a supervisor someday, how will you handle mental health conversations in the workplace?
16. What were your biggest takeaways from disclosing mental health information?
17. Anything else you would like to add that I did not ask?