Communicating about mental health and well-being: A study of restaurant workers

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Introduction

Restaurant employees are experiencing unprecedented challenges to their mental health and well-being (MHW) during the COVID-19 pandemic, reflecting trends that the general population of the United States is facing high rates of ill mental health during the pandemic. Across the board, 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 are compounding factors that have had a negative impact on mental health and well-being (Czeisler et al., 2020; Javed et al., 2020; Khan et al., 2020; Usher et al., 2020; World Health Organization, 2020). However, employees in the restaurant industry encounter new challenges on top of significant vulnerabilities that existed pre-pandemic.

State-enforced safety restrictions and social distancing have vastly altered the restaurant workplace, including temporary and permanent closures, reductions in operating hours and workforce, limited seating capacity, use of PPE (personal protective equipment), and the reorganization of operations for take-out and delivery (Bufquin et al., 2021; National Restaurant Association, 2021; Tuzovic & Kabadayi, 2021). Despite these changes, many restaurant employees have continued to interact regularly with members of the public through the pandemic, thereby increasing their risk of exposure to the SARS-CoV-2 virus and to instances of customer mistreatment, and consequently heightening stress (Anonymous, 2020; Centers for Disease Control and Prevention, 2020; Chen & Eyoun, 2021; de Freitas & Stedefeldt, 2020; Sim, 2020; The Lancet, 2020; Visram, 2020). Furthermore, work stress has been shown to be associated with poor mental health and well-being (Kramer & Sias, 2014; Reichenberg & MacCabe, 2007; Sonnentag & Frese, 2003). Restaurant employees may also be experiencing
increased job insecurity, that is, fear of losing one’s job in the future, which research has shown to also be related to employees’ poor mental health and well-being (Baker, 2020; Benach et al., 2014; Burgard et al., 2009; Chirumbolo & Areni, 2010; Kochhar & Barroso, 2020; Wilson et al., 2020). Unfortunately, the pandemic has only served to exacerbate many of the prior conditions experienced by restaurant employees. Recent studies suggest that workers in any industries who engage in shift work (i.e. alternating morning, afternoon, and night shifts), including restaurant employees, experience an overall increased risk for poor mental health (Torquati et al., 2019; Zhao et al., 2019). Restaurant work is also characterized by low wages, extremely low union membership, limited benefits provided by employers, and very high rates of alcohol and drug use relative to other industries (Broome & Bennett, 2011; Cubrich, 2020; Danovich, 2018; Shierholz, 2014; U.S. Bureau of Labor Statistics, 2021a, 2021b). These longstanding circumstances placed restaurant employees at heightened risk for negative impacts when the pandemic hit in early 2020.

Mainstream media have published numerous articles about the experiences of restaurant employees in the past year (Anonymous, 2020; Baek, 2020; Crowley, 2020; Hess, 2021; Lai, 2020; McFarland, 2020; Visram, 2020), and some scholars have recently advocated for increased attention to be paid to “front-line” or essential workers like those in restaurants (Baker, 2020; Bufquin et al., 2021; Chen & Eyoun, 2021; Cubrich, 2020; de Freitas & Stedefeldt, 2020; Sim, 2020; The Lancet, 2020; Voorhees et al., 2020). However, few studies have been published on restaurant employees during the COVID-19 pandemic. Just two academic articles were found that investigated the impact of the pandemic on restaurant employees in the U.S., which confirm the timeliness of this study. Bufquin, et al. (2021) determined that employees who are currently employed and working at restaurants are experiencing more psychological distress and drug and
alcohol use than employees who are temporarily out of work (i.e. furloughed). Bufquin, et al. (2021) claim that their findings contradict prior research, which have found opposite trends that associate psychological distress and drug and alcohol with unemployment. This study further validates my claim that restaurant employees as a group are experiencing unique circumstances consequential to their MHW. In the second relevant study, Chen and Eyoun (2021) found that fear of COVID-19 correlated positively with restaurant employees’ job insecurity and emotional exhaustion (fatigue resulting from extreme job or personal demands). Chen and Eyoun (2021) also provided evidence that perceived organizational support moderated job insecurity, and consequently, the 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…” (Chen & Eyoun, 2021, Practical implications section, para. 4). In other words, communication about the personal impacts of the pandemic could be useful to providing restaurant employees with support-- which is foundational to this study.

The aim of this study is to investigate restaurant employees’ conversations about MHW with coworkers or managers. First, this study will determine whether restaurant employees are having conversations about MHW with their coworkers or managers, and if not, why not. Second, if restaurant employees do have these conversations, this study seeks to examine employees’ descriptions of them. Specifically, this study will consider the communication practices used, the topics discussed, and the motives for which employees engage in these conversations. Finally, this study will compare the descriptions of conversations with coworkers versus with managers.


**Literature Review**

The theoretical background for the current study lies at the intersection of three subfields of communication: health, organizational, and interpersonal communication. Prior studies in health communication provide initial evidence on the disclosure of MHW in the workplace, although predominantly focused on ‘disorders’ or ‘illnesses’ rather than general MHW which this study seeks to investigate. Organizational communication scholars differentiate between superior-subordinate communication and peer coworker communication, with salient differences between the two. Much of the research in organizational communication is done from the perspective of higher level managers and supervisors, thus, this study explores the perspective of lower level employees to fill this gap in the research. Interpersonal communication provides important commentary about social exchange and social support in the workplace, as well as outlining motives for communicating interpersonally that can be applied to many contexts, including organizations. The following sections will review literature in each of these subfields of communication studies further in depth and outline their relevance to the current study.

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**Concepts:** mental health and well-being (MHW); disclosure; superior-subordinate; peer coworker; social exchange; social support; Interpersonal Communication Motives (ICM)

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**Mental health and well-being in the workplace**

The World Health Organization (WHO) (2004, p. 12) 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”, and the Centers for Disease Control and Prevention (CDC) (2018b, How is well-being defined? section, para. 1) adds that it “includes our emotional, psychological, and social well-being”. Yet, the CDC also distinguishes “well-being” as a stand alone term that, besides optimal physical health, includes at minimum, “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”. For the purpose of this study, I combined the above definitions to encompass all of their elements, except for physical health as it is outside the scope of this research. This adapted definition of mental health and well-being is: one’s psychological, emotional and social functioning, ability to cope with life stressors, satisfaction with life, and the presence of positive emotions and moods.

Previous research on MHW in the workplace has mainly focused on the impact of workplace context and work stress on employees or how to improve employees’ MHW from a managerial perspective (Attridge, 2019; Danna & Griffin, 1999). Only a small portion of this area of study focuses on communication about MHW in the workplace, and most of the literature focuses specifically on the disclosure of mental ‘illness’ or ‘disorders’ (i.e. diagnosed or receiving treatment) to other members at work (Brohan et al., 2012; Dewa, 2014; Reavley et al., 2018). Stigma around mental health (i.e. negative attitudes towards it) in the workplace is pervasive and is considered to have dire negative consequences, like discrimination or harassment, on employees who experience ill mental health (Attridge, 2019; Stuart, 2004). While this line of work is important to disability research, there is little to no research conducted on employee communication about MHW more generally, for example, as conceptualized in the above paragraph of this study. It is important to investigate this because stigma not only affects
those with diagnosed conditions, but it is also associated with general knowledge about MHW and how we talk about it with others (Simmons et al., 2017). One study investigated disclosure of “common mental health problems”, defined as stress, anxiety, and depression, in the workplace (Irvine, 2011). In Irvine’s review of two studies about mental health and work, she found that employees do talk to other workplace members about work-related or personal mental and emotional issues (e.g. stress/pressure, bullying, breakups), but that they may not necessarily do so in medicalized terms. Irvine’s (2011) study substantiates the importance of examining conversations encompassing MHW more generally.

Although there are substantial gaps in the literature about disclosing mental health issues at work, another facet of this body of research that is relevant to the current study is the specific investigation of reasons why employees do not share such information with their coworkers or supervisors. In Brohan, et al.’s (2012) review of research about the disclosure of mental health problems at work, they found that employees believed they wouldn’t be hired, they would be considered less credible, they would receive unfair treatment, they would be the topic of gossip, or they would be rejected if they disclosed. Additionally, they found that employees may consider mental illness as too private, personal, or intimate of a topic to discuss with other members of the workplace. Irvine (2011) contributes that “being perceived by employer/colleague as less competent, less reliable or less able to ‘cope’”, “being treated ‘differently’ at work”, and “being dismissed from job” are salient reasons not to disclose. 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 (Irvine, 2011).
As mentioned in the introduction, restaurant employees are experiencing unprecedented challenges to their MHW during the COVID-19 pandemic. And, considering the evidence in this section, they may be facing stigma in the workplace around talking about these challenges.

Therefore, the first research question of this study is:
RQ1. Are restaurant employees having conversations about mental health and well-being with coworkers or managers during the COVID-19 pandemic? If not, why not?

The second research question this study seeks to answer is:
RQ2. How do restaurant employees describe communicating about mental health and well-being with coworkers or managers during the COVID-19 pandemic?

The following section will outline the literature relevant to this second research question and present two sub questions to RQ2.

**Communication within workplace relationships**

Research on organizational communication has demonstrated that within an organization, like a restaurant business, communication can occur in two dyads of interest to the present study: a) between superiors and subordinates; and b) between peer coworkers. The following section will explore the literature on communication in these two relationships as it takes place in physical workplaces and virtual spaces via digital technologies.
Superior-subordinate (S/S) relationships have received the most academic attention of the two dyads (Anderson & Martin, 1995; Kramer & Sias, 2014). This can be traced back to the inception of the organizational communication subfield, which was concerned with effectively managing employees in a strict top-down and instruction-focused manner (Heide & Simonsson, 2011; Miller, 1999). In the modern 21st century, however, the communication between a supervisor (here used interchangeably with “superior”) and employee is understood to be more complex and nuanced. S/S communication is defined as the communication that occurs between two individuals, one of whom has formal authority over the other in the organization (Jablin, 1979). The vertical communication between these two members occurs in two directions: upward and downward. Downward communication (i.e. from supervisor to employee) consists of not only job instructions and organizational information, but also constructive feedback, reinforcement and supportive messages (Katz & Kahn, 1966; Kramer, 2017; Myers, 2015). Supervisors, however, are also receivers of communication from their subordinates, also known as upward communication. These messages concern information about the employees themselves and their coworkers, perspectives on organizational policies and practices, and knowledge about how organizational activities can be executed (Jablin, 1979; Katz & Kahn, 1966; Kramer & Sias, 2014). Additional research and advocates of “effective” management and high quality leader-member exchange (LMX) suggest that employees and supervisors communicate to develop and maintain relationships, trust, and rapport, and engage in mutual self-disclosure as well (Anderson & Martin, 1995; Jia et al., 2017; Mikkelsen et al., 2017; Scarlett, 2006). Since the current study is concerned with upward communication, the phenomenon of “upward distortion” is relevant. Upward distortion occurs when subordinates who are concerned about impression-management are reluctant to share unfavorable or negative
information with their superiors, preferring to share positive or favorable information (Jablin & Krone, 1994; Kramer, 2017). Conversations about MHW could facilitate self-disclosure and support, but MHW topics may also be considered unfavorable or negative due to stigmatization.

**Coworker communication**

In many workplaces, like restaurants, horizontal communication, i.e. communication between peer coworkers, occurs more frequently than S/S communication (Fonner, 2015; Ploeger-Lyons & Kelley, 2017). Despite this, significantly less research has investigated the relationships and communication between peer coworkers at the same hierarchical level or within the same work group (Fonner, 2015; Heide & Simonsson, 2011; Ploeger-Lyons & Kelley, 2017). Logically, information related to tasks and coordinating are exchanged between coworkers (Fonner, 2015; Ploeger-Lyons & Kelley, 2017). However, many scholars also suggest that relationship development and exchanging social information is important, and that coworkers can enact informal social influence despite their lack of formal authority over each other (Chiaburu & Harrison, 2008; Raabe & Beehr, 2003). Kram and Isabella (1985) identified three types of coworker relationships (information, collegial, and special), increasing in their levels of intimacy, self-disclosure, support and trust. Furthermore, scholars advocate that reciprocity and mutuality are significant elements of coworker relationships, and that coworkers play an essential role in providing social support (Fonner, 2015; Kram & Isabella, 1985; Kramer & Sias, 2014; Tse & Dasborough, 2008). Fonner (2015) interestingly points out that when employees experience negative workplace conditions together, they are more likely to support one another. Considering the challenging work conditions, like job insecurity, that restaurant
employees are facing together during the pandemic, this fact may be particularly relevant to the current study.

**Workplace communication is both online and in-person**

Previous research has indicated that social media, like Facebook, is used by coworkers to connect and communicate with each other, both within the workplace during work hours and outside of the workplace, and that online interactions have an impact on employees’ experience in the workplace (Frampton & Child, 2013; Huang & Liu, 2017; Yang, 2020). In view of this vein of extant scholarship, this study considers whether restaurant employees have conversations about MHW virtually (encompassing a variety of unspecified technology) or in-person (i.e. communication mode).

Considering the literature above on the communication between peer coworkers and supervisors and subordinates, this study seeks to answer the following sub questions related to the second research question:

RQ2.1. How do restaurant employees describe the topics of their communication with coworkers or managers about mental health and well-being?

RQ2.2. How do restaurant employees describe the communication practices they use when discussing mental health and well-being with their coworkers or managers?

The focal communication practices in this study are:

- When these conversations occur;
- Where these conversations occur;
- Through what modes these conversations occur; and
• Who initiates these conversations.

Interpersonal communication in the organization

The previous section provided preliminary information on the communication that occurs interpersonally between two types of dyads in an organization. Some concepts from scholarship on interpersonal communication, i.e. the social interaction that occurs between two people to exchange messages and achieve social goals (Berger, 2014), are also part of the framework for this study. In this section, the interpersonal concepts of social exchange, social support, and Interpersonal Communication Motives (ICM) will be introduced and discussed in relation to this study. At the end of the ICM subsection, a third sub question related to RQ2 will be presented.

Social exchange

Social exchange refers to mutual and reciprocal give and take of resources between two individuals, and is generally considered to be a marker of a positive relationship (Cropanzano & Mitchell, 2005). Employees regularly engage in social exchange with one another, offering and receiving resources like information and social support, as previously mentioned (Fonner, 2015; Heide & Simonsson, 2011). The norm of reciprocity is especially important for coworkers engaged in social exchange, for example, Fonner (2015) specifically points out that employees are more likely to provide support to their coworkers who reciprocate that support. Employees are also involved in exchange relationships with their managers, for example, “exchanging good performance for their supervisors’ personal and positional resources” (Fonner, 2015, Interpersonal theories in coworker communication research section, para. 2).
Social support

Social support 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” (Cobb, 1976, Abstract section). As mentioned in the previously reviewed literature on coworker communication, coworkers can be important and effective sources of social support because of the extensive amount of time and almost daily interaction employees spend with each other. This concept, however, is less frequently cited in studies on S/S communication. Engaging in conversations about MHW in the workplace could be a way to provide others with social support, for example, an employee might express concern and care for their coworker who is expressing frustration about work stress or negative emotions. Furthermore, discussing MHW topics to attain or provide social support could improve one’s mental health, as research demonstrates that social support is positively associated with mental health and well-being (Bloom, 1990; Hefner & Eisenberg, 2009; Rodriguez & Cohen, 1998; Turner & Brown, 2010). Additionally, social support is especially beneficial during times when exposure to stress is high, like during the COVID-19 pandemic.

Interpersonal Communication Motives (ICM)

The concept of Interpersonal Communication Motives (ICM) is another useful to the current study because it identifies why people initiate conversations with others and can be adapted to different contexts, for example, the organization (Anderson & Martin, 1995; Rubin et al., 1988). The term motives here is synonymous with reasons. This theory assumes that people communicate to fulfill needs, which are then manifested in motives or reasons for communicating. Additionally, it assumes that people are aware of their needs and motives, and
can report on them. Rubin, et al. (1988) developed an ICM scale that includes six main motives for why people communicate with others: 1) pleasure, because it is fun and stimulating; 2) affection, to express caring and appreciation for others; 3) inclusion, to be with and share with others; 4) escape, to avoid other activities or communicate to fill time; 5) relaxation, to rest and unwind; and 6) control, to gain others’ compliance. In a later study, Barbato, et al. (2003) categorized the motives of affection, pleasure, inclusion, and relaxation as relationally-oriented, and the motives of control and escape as personal-influence motives.

The application of the ICM concept to the organizational context has proven useful thus far. In their study exploring employees’ motives for communicating with their coworkers and with their superiors, Anderson and Martin (1995) found that employees communicate with their superiors for the motives of inclusion and affection, and that they communicate with their coworkers for affection. On the other hand, Graham, et al. (1993) found that employees communicate with coworkers for relaxation.

Investigating restaurant employees’ motives for communicating about MHW with their coworkers or managers could help us understand whether these conversations, from the perspective of the employees, are relationally oriented or concern personal influence. Furthermore, considering the similarities between the ICM affection motive (i.e. showing care and appreciation) and social support (i.e. leading the subject to believe that they are cared for and loved), it could also provide insight as to whether talking about MHW with other work members is a way to partake in social support. Alongside this, the ICM motive scale could also shed light on whether these conversations involve exchanges of resources (e.g. social support, advice) because the language in some phrases of the scale are self-oriented (e.g. “because it makes me feel less tense”) and others are self-oriented (e.g. “to show others encouragement”). Finally,
investigating ICM in this study has the possibility to provide insight on the types of relationships restaurant employees have with their coworkers and managers, considering that the motives of affection and inclusion have been identified as more personal or intimate motives satisfied by more intimate relationships (Graham et al., 1993). With the merit of the ICM scale detailed above, the third subquestion for RQ2 is proposed:

RQ2.3. How do restaurant employees describe their motives discussing mental health and well-being with their coworkers or managers?

Final Notes

An important conclusion to draw from this literature review is that employees communicate with other members of the organization for more than simple information exchange and task-related reasons. Therefore, it is reasonable to investigate their conversations about other topics, for instance, MHW. Additionally, according to the literature review above, S/S communication and coworker communication have many similarities and differences.

Therefore, the third and final research question this study aims to answer is:

RQ3. How do the descriptions of conversations about mental health and well-being between coworkers compare with those between employees and managers?

Methods

To examine the conversations restaurant employees have about MHW with their coworkers or managers, I developed an exploratory, cross-sectional online survey that collected
self-report data from 100 restaurant employees and I analyzed the data statistically. Ethics approval was obtained from the Institutional Review Board at the University of Washington.

Sample

The population of interest for this study was restaurant employees in western Washington State. Respondents were required to answer eligibility screening questions at the beginning of the survey to complete the full survey. Eligibility criteria 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. The identification of employment in western Washington was left to the discretion of the respondent. A “management role” was elaborated on in the screening question to involve providing directions to and overseeing other staff. A total of 129 surveys were started, and 100 were fully completed.

Process

The survey was conducted online via WebQ, a survey tool in UW’s Catalyst platform, and respondents were anonymous. Close-ended survey questions were developed to generate relevant data to answer the research questions. Three screening questions at the beginning of the survey were implemented to ensure that respondents were eligible to participate. The body of the survey included two sections: one section asked questions about respondents’ conversations with coworkers, and the second asked questions about respondents’ conversations with managers. A final set of optional demographic questions was provided at the end of the survey. The survey was accessible for a total of 44 days. Two modifications were made to the survey while it was accessible. First, a study population geographical boundary expansion from King County to
western Washington was made four weeks after publishing the survey to increase the pool of potential respondents. Second, a typographical error in one question was fixed after the survey was published. This change required excluding responses to that question that had been submitted prior to the correction from the analysis, which reduced the N for that question from 100 to 90. A full transcript of the survey questions is provided in Appendix A.

Multiple channels were utilized for recruitment and survey link distribution for the purpose of snowball sampling. Emails explaining the purpose of the research and a request to forward the survey link along were sent to organizations found online that represent and/or support restaurant employees in western Washington. The full list of organizations contacted can be found in Appendix B. I posted the study information and link to social media (Instagram, Facebook, and Snapchat), as well as sending direct messages with invitations to participate or share to personal social contacts. My advisor and I passed out flyers with the survey link in-person at restaurants in multiple neighborhoods located in and around Seattle. And finally, I posted the study information and survey link to various Facebook groups dedicated to various communities in western Washington, the full list of which can be found in Appendix C.

**Concepts and Measures**

Several concepts and measures investigated in the literature review were used to develop the predetermined response options for the close-ended survey questions. As mentioned previously, the definition provided to respondents for “mental health and well-being” was: one’s psychological, emotional and social functioning, ability to cope with life stressors, satisfaction with life, and the presence of positive emotions and moods. This was adapted from the CDC and WHO’s definitions of “mental health” and “well-being”. In order to investigate the topics
discussed in restaurant employees’ conversations, I developed a set of predetermined response options also derived from the CDC and WHO’s online materials and resources (Centers for Disease Control and Prevention, 2018a, 2018b; World Health Organization, 2004). Additionally, in order to examine why restaurant employees may not have these conversations, predetermined response options were drawn from previous research on disclosure of mental health in the workplace. For example, the reasons of being perceived as “less competent, reliable, or able to cope”, being “treated differently”, and being “dismissed from job” were directly adopted from Irvine (2011). The ideas of rejection by others and not feeling that it is necessary to discuss were derived from Brohan, et al.’s (2012) and Dewa’s (2014) articles.

The Interpersonal Communication Motives scale was useful for examining restaurant employees’ motives for discussing MHW. The scale was developed by Rubin, et al. (1988) and was proven to be a reliable measurement tool (Graham et al., 1993). The original scale consists of six motives for communicating interpersonally: pleasure, affection, inclusion, escape, relaxation and control. According to Rubin, et al. (1988), the definitions of these motives are as follows: a) pleasure depicts communicating “because it was fun, stimulating, and entertaining”; b) affection depicts communicating “to express caring and appreciation for others”; c) inclusion depicts communicating “to be with and share feelings with others and to overcome loneliness”; d) escape depicts communicating in an “avoidance of other activities and the use of communication to fill time”; e) relaxations depicts communicating “to rest, relax, and unwind”; and f) control depicts communicating instrumentally “to gain compliance”. Originally, the scale contains 28 total statements that correspond to the six motives. For the purpose of this study, the statements were narrowed down to 16 statements to reduce redundancy and then adapted to the context of the study. For example, “to get something I don’t have” was adapted to “to get
something I don't have (such as getting time off from work, getting my shift covered, etc.)”, or “because I have nothing better to do” was adapted to “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, etc.).”

Data Analysis

The data was analyzed using spreadsheets and calculating frequencies, ranges, and averages. First, the data was separated by question, and frequencies, ranges, and averages calculated for each. Then the respondents were categorized into four groups, depending on who their interlocutors were or were not, frequencies, ranges and averages were calculated for each group. Findings for each group were analyzed comparatively to answer the questions driving this study.

Results

Respondents’ Characteristics

A total of 100 restaurant workers completed the full survey. Respondents held both full-time (32%) and part-time positions (68%), and a majority (74%) reported working as a server or waiter (see Table 1). Most respondents reported “white” (82%) as a part of their ethnicity, and a majority of participants identified themselves as female (72%). Around half of the respondents were in the 18-25 age range (53%), 23% were in the 26-35 age range, 18% were in the 36-45 age range; and 6% reported their age as 46 or above.
As depicted in Figure 1, almost half of the survey respondents reported talking with coworkers but not managers about MHW, while around a third said they talk with both, and one in five said they do not discuss these topics with either coworkers or managers.
Findings about conversations with coworkers will be presented first, followed by findings about conversations with managers. I will then present findings on survey respondents who reported that they did not have conversations with either. Finally, I will compare key aspects of the data regarding restaurant workers’ communication about MHW with their coworkers versus their managers.

Communicating with coworkers about mental health and well-being

*Reasons why employees don’t talk about mental health and well-being with coworkers*

Seventy-seven percent of respondents reported that they had a conversation(s) about MHW with a coworker(s) in the past six months, and 23% reported that they had not. The respondents who did not have such conversations had wide-ranging reasons for not doing so. All together they selected thirteen of fourteen possible reasons offered in the survey, and two respondents provided their own answers: “I work alone on my shifts”, and “Just got my job after
being out of work since quarantine”. The range and average number of reasons selected were one to ten and 3.9 respectively. The four most frequently selected reasons were: “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%) (see Figure 2).

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

 Respondents’ descriptions of their conversations about mental health and well-being with coworkers: Communication practices and topics discussed

 Context and medium. Of the respondents who said that they did have these conversations with coworkers, over half reported that conversations occurred both during and outside of their work hours (61%). A little over a third reported having those conversations during their work hours only (36.4%) and 2.6% reported having those conversations outside of
their work hours only. Almost all respondents reported that those conversations took place in person at the workplace (98.7%). Around half of respondents reported those conversations took place virtually (52%). Around a third of respondents reported those conversations took place in person outside of the workplace (31.2%).

**Who initiated the conversations.** When asked to report who initiated those conversations, nearly all respondents answered, “Both/all of us did, it was mutual” (96.1%). Two respondents reported that they initiated those conversations, and one respondent reported that their coworker(s) did.

**Topics discussed.** Respondents who discuss MHW with coworkers reported talking about a wide variety of related topics. The number of topics selected by one respondent ranged from three to fifteen and the average number of topics selected was 7.8. All fourteen predetermined response options were selected by at least twelve respondents and three were selected by more than half of the respondents. 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%) (see Figure 3). Just one write-in response was given: “Feeling that society and the government views us as disposable”.
Figure 3. Reported topics discussed with coworkers (N=77).

Motives for talking about mental health and well-being with coworkers. Respondents were asked to rate the extent to which they agreed with 16 possible statements regarding why they talk to a coworker(s) about MHW, using a five-point Likert scale. Each possible statement corresponded to one of six motives (Pleasure, Affection, Inclusion, Escape, Relaxation, and Control) (see Table 2).
Table 2. Motives for communicating about mental health and well-being.

<table>
<thead>
<tr>
<th>Motives</th>
<th>Corresponding statements</th>
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<tbody>
<tr>
<td>1. Pleasure</td>
<td>1.1 Because I enjoy it.</td>
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<tr>
<td>2. Affection</td>
<td>2.1 Because I’m concerned about them.</td>
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<td></td>
<td>2.2 To help others with whatever they need help with.</td>
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<td></td>
<td>2.3 To let others know I care about their feelings.</td>
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<td></td>
<td>2.4 To thank them (for example, thank them for supporting me, thank them for listening, etc.)</td>
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<tr>
<td></td>
<td>2.5 To show others encouragement.</td>
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<tr>
<td>3. Inclusion</td>
<td>3.1 Because I just need to talk about my problems sometimes.</td>
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<tr>
<td></td>
<td>3.2 Because it makes me feel less lonely.</td>
</tr>
<tr>
<td></td>
<td>3.3 Because I need someone to talk to.</td>
</tr>
<tr>
<td>4. Escape</td>
<td>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, etc.)</td>
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<tr>
<td></td>
<td>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, etc.)</td>
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<tr>
<td></td>
<td>4.3 To get away from what I’m doing (such as completing a work task, attending to customers, etc.)</td>
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<tr>
<td>5. Relaxation</td>
<td>5.1 Because it makes me feel less tense.</td>
</tr>
<tr>
<td></td>
<td>5.2 Because it allows me to unwind.</td>
</tr>
<tr>
<td>6. Control</td>
<td>6.1 To get something I don’t have (such as getting time off from work, getting my shift covered, etc.)</td>
</tr>
<tr>
<td></td>
<td>6.2 To tell others what to do (for example, telling them what they should do about their mental health, etc.)</td>
</tr>
</tbody>
</table>

Responses ranged from “Strongly agree” (= 1) to “Strongly disagree” (= 5). The average frequencies of the statements corresponding to each motive are shown in Table 3. 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. There was some ambivalence among respondents, although leaning more towards agreement, for the motives of pleasure and relaxation.

<table>
<thead>
<tr>
<th>Motives</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasure</td>
<td>18.2% (14)</td>
<td>39% (30)</td>
<td>28.6% (22)</td>
<td>11.7% (9)</td>
<td>2.6% (2)</td>
</tr>
<tr>
<td>Affection</td>
<td>26.5% (20.4)</td>
<td>56.9% (43.8)</td>
<td>11.2% (8.6)</td>
<td>3.6% (2.8)</td>
<td>1.8% (1.4)</td>
</tr>
<tr>
<td>Inclusion</td>
<td>18.6% (14.3)</td>
<td>48.9% (37.7)</td>
<td>16.9% (13)</td>
<td>11.3% (8.7)</td>
<td>4.3% (3.3)</td>
</tr>
<tr>
<td>Escape</td>
<td>9.5% (7.3)</td>
<td>16% (12.3)</td>
<td>15.6% (12)</td>
<td>36.8% (28.3)</td>
<td>22.1% (17)</td>
</tr>
<tr>
<td>Relaxation</td>
<td>11.7% (9)</td>
<td>41.6% (32)</td>
<td>28.6% (22)</td>
<td>14.3% (11)</td>
<td>3.9% (3)</td>
</tr>
<tr>
<td>Control</td>
<td>1.3% (1)</td>
<td>9.1% (7)</td>
<td>11% (8.50)</td>
<td>42.9% (33)</td>
<td>35.7% (27.5)</td>
</tr>
</tbody>
</table>

Particular statements were especially significant because they were evaluated similarly by over two thirds of respondents.

Over two thirds of respondents agreed or strongly agreed with the following statements:

- “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 to help others with whatever they need help with.” (83.1%)
- “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 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 to show others encouragement.” (88.3%)

• “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 because it makes me feel less tense.” (67.6%)

Over two thirds of respondents disagreed or strongly disagreed with the following statements:

• “I talk with my coworker(s) about mental health and well-being 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, etc.)” (68.9%)

• “I talk with my coworker(s) about mental health and well-being to get away from what I'm doing (such as completing a work task, attending to customers, etc.)” (78%)

• “I talk with my coworker(s) about mental health and well-being to get something I don't have (such as getting time off from work, getting my shift covered, etc.)” (80.6%)

• “I talk with my coworker(s) about mental health and well-being to tell others what to do (for example, telling them what they should do about their mental health, etc.)” (76.7%)

Communicating with managers about mental health and well-being
**Reasons why employees don’t talk about mental health and well-being with managers**

Thirty-seven percent of respondents reported that they had a conversation(s) about MHW with a manager(s) in the past six months, and 63% reported that they had not. Of the respondents who answered “No”, over a third selected the following reasons for not having those conversations with their managers: “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%); and “I don’t want to be perceived as less competent, reliable, or able to cope” (34.9%) (see Figure 4). All predetermined reasons were selected. The range of reasons selected by one respondent and the average of reasons selected were one to ten and 4.1 respectively. Several respondents provided their own answers, which were: “Rarely ever see manager on site”, “I’m not the one depressed”, “Just got the job”, and “They are already stressed. Unnecessary burden to them.” One respondent’s write-in comment indicated that the question was not applicable: “Have not had a manager before”. One respondent selected “other”, but did not provide a description.
Respondents’ reasons for not discussing mental health and well-being with managers (N=63).

Respondents’ descriptions of their conversations about mental health and well-being with managers: Communication practices and topics discussed

Context and medium. Of the respondents who did have conversations about MHW with managers, a majority reported that those conversations took place during work hours only (73%), and 27% reported that conversations took place both during and outside of work hours. All respondents reported that they had those conversations in person at the workplace (100%). Thirty two percent and 16.2% of respondents reported that such conversations also took place virtually and in person outside of the workplace respectively. One respondent noted that their communication with their manager occurred via translation through a third party.

Who initiated the conversations. When asked who initiated those conversations,
64.9% of respondents answered that the conversations were mutually initiated by both parties, and 29.7% answered that they had initiated. Two respondents reported that their manager had initiated those conversations.

**Topics discussed.** When asked to report on the topics about MHW they discussed with coworkers, all provided response options were selected, and the range and average number of topics reported by respondents were one to fourteen and 5.3 respectively. Respondents most frequently reported the topics of 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%) (see Figure 5). Two respondents provided their own answers: “Social battery (such as needing time to self to recharge)”, and “How we can better be a team”.

![Figure 5. Reported topics discussed with managers (N=37).](image-url)
Motives for talking about mental health and well-being with managers. Respondents were asked to rate the extent to which they agreed with 16 possible statements regarding why they talk to a manager(s) about MHW, using a five-point Likert scale. Each possible statement corresponded to one of six motives (Pleasure, Affection, Inclusion, Escape, Relaxation, and Control) (see Table 2).

Responses ranged from “Strongly agree” (= 1) to “Strongly disagree” (= 5). The average frequencies of the statements corresponding to each motive are shown in Table 4. (A typographical error was fixed in this question while the survey was distributed. For this reason, 10 answers previous to the correction were disregarded, resulting in a number of 27 valid responses instead of 37.) Affection and inclusion were the motives with the highest averaged frequencies of agreement and strong agreement. In contrast, control and escape were the motives with the highest averaged frequencies of disagreement and strong disagreement. Respondents demonstrated ambivalence towards the motives of pleasure and relaxation.

<table>
<thead>
<tr>
<th>Motives</th>
<th>Answer</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasure</td>
<td>11.1%</td>
<td>29.6%</td>
<td>22.2%</td>
<td>25.9%</td>
<td>11.1%</td>
<td></td>
</tr>
<tr>
<td>Affection</td>
<td>15.5%</td>
<td>48.2%</td>
<td>17%</td>
<td>11.9%</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>Inclusion</td>
<td>6.2%</td>
<td>55.6%</td>
<td>17.3%</td>
<td>16.1%</td>
<td>4.9%</td>
<td></td>
</tr>
<tr>
<td>Escape</td>
<td>2.5%</td>
<td>7.4%</td>
<td>6.2%</td>
<td>50.6%</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>Relaxation</td>
<td>5.6%</td>
<td>37%</td>
<td>29.6%</td>
<td>18.5%</td>
<td>9.3%</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>0%</td>
<td>11.1%</td>
<td>14.8%</td>
<td>46.3%</td>
<td>29.6%</td>
<td></td>
</tr>
</tbody>
</table>
Particular statements were significant because they were evaluated similarly by over two thirds of respondents.

Over two thirds of respondents agreed or strongly agreed with the following statements:

- “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 let others know I care about their feelings.” (70.4%)
- “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%)

Over two thirds of respondents disagreed or strongly disagreed with the following statements:

- “I talk with my manager(s) about mental health and well-being 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, etc.)” (81.5%)
- “I talk with my manager(s) about mental health and well-being 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, etc.)” (81.4%)
- “I talk with my manager(s) about mental health and well-being to get away from what I'm doing (such as completing a work task, attending to customers, etc.)” (88.9%)
• “I talk with my manager(s) about mental health and well-being to get something I don't have (such as getting time off from work, getting my shift covered, etc.)” (77.7%)
• “I talk with my manager(s) about mental health and well-being to tell others what to do (for example, telling them what they should do about their mental health, etc.)” (74.1%)

Reasons why employees don’t talk about mental health and well-being with anyone

Twenty percent of all respondents who completed the survey said that they did not discuss MHW with either coworkers or managers. The range and average number of reasons selected by these respondents were one to ten and 4.5 respectively. The top reason for not doing so with coworkers or with managers was that it would feel awkward (60%). Sixty percent of the respondents also said that they’ve never considered talking to coworkers about MHW. Around half of the respondents selected the following additional reasons for not talking to coworkers: “Those aren’t topics that get discussed with coworkers where I work”, and “I don’t want attention”. Half of respondents also reported that they didn’t want to discuss those topics with their managers.

Comparing employees’ conversations about mental health and well-being with coworkers and with managers

In light of the literature reviewed for this study, it is reasonable to foresee that restaurant employees would provide different descriptions of their conversations about MHW with coworkers and with managers in terms of the topics discussed, communication practices, and motives for communicating. In the following section, I compare the responses from two groups of respondents: those who reported conversations with coworkers and those who reported
conversations with managers. The two groups are not mutually exclusive because of overlap in those who reported talking to both.

Of the 80 respondents who had conversations with somebody, most had conversations with coworkers (96.3%). Around half had conversations with managers (46.3%) (see Figure 6).

![A comparison of who did have conversations with coworkers versus managers](image)

**Figure 6.** A comparison of those who did and did not report having conversations with coworkers and with managers. (Respondents who talk to somebody: N=80. Respondents who talk to coworkers: N=77. Respondents who talk to managers: N=37.)

**Reasons why employees don’t talk with coworkers versus why they don’t talk with managers**

Of the forty-six respondents who talked to just one of either coworkers or managers about MHW, forty-three talked with coworkers but not managers, whereas three talked with managers but not coworkers.

For those who did not talk with coworkers, each of the following reasons was selected by one respondent: “It would feel awkward”, “I’ve never needed to”, “Those aren’t topics that get discussed with coworkers where I work”, and “I don’t want to be perceived as less competent,
reliable, or able to cope” (see Table 5). The first three reasons listed in regards to coworkers were also selected by many respondents who said they didn’t have conversations with anyone, as reported above. For those who did not report having had conversations with managers, over half said that it would feel awkward (60.5%) and that they didn’t want to discuss MHW topics with their managers (53.5%). These reasons to avoid talking with managers were similarly noted by respondents who didn’t report talking to anyone, as reported above. Similar reasons for not talking to someone were given by the following three groups of respondents: those don’t talk to anyone, those who talk to only coworkers, and those who talk to only managers.

| Table 5. Top reasons for not discussing mental health and well-being with coworkers versus with managers. |
|---|---|
| Not discussing with coworkers (N=3) | Not discussing with managers (N=43) |
| 1. “It would feel awkward”; “I’ve never needed to”, “Those aren’t topics that get discussed with coworkers where I work”; “I don’t want to be perceived as less competent, reliable, or able to cope”* | 1. “It would feel awkward” |
| 2. “I don’t want to discuss those topics with my manager(s)” | 2. “I don’t want to discuss those topics with my manager(s)” |

*Four reasons are listed as the same number of respondents selected the reasons.

**Topics discussed with coworkers versus with managers**

Overall, respondents who conversed with coworkers and those who conversed with managers 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 Table 6). 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. A comparable portion of both groups reported the topic of COVID-specific concerns (see Figure 7). A significantly larger portion of those reporting conversations with coworkers discussed the other top four topics than those reporting conversations with managers.

<table>
<thead>
<tr>
<th>Topics discussed with coworkers (N=77)</th>
<th>Topics discussed with managers (N=37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work stress</td>
<td>1. COVID-specific concerns</td>
</tr>
<tr>
<td>2. COVID-specific concerns</td>
<td>2. Work stress</td>
</tr>
<tr>
<td>3. Negative emotions</td>
<td>3. Negative emotions</td>
</tr>
<tr>
<td>4. Burnout</td>
<td>4. Burnout</td>
</tr>
<tr>
<td>5. Job satisfaction</td>
<td>5. Job satisfaction</td>
</tr>
<tr>
<td>6. Mental illness/disorders</td>
<td>6. Ability to juggle multiple aspects of life; Mental illness/disorders*</td>
</tr>
<tr>
<td>7. Ability to juggle multiple aspects of life</td>
<td>8. Positive emotions</td>
</tr>
<tr>
<td>8. Ability to make choices about the future; Positive emotions*</td>
<td>9. Ability to make choices about the future Purpose in life</td>
</tr>
<tr>
<td>10. Substance use; Supportive relationships</td>
<td>11. Substance use; Supportive relationships*</td>
</tr>
<tr>
<td>12. Purpose in life</td>
<td>13. Non-supportive or destructive relationships Self-acceptance*</td>
</tr>
<tr>
<td>13. Non-supportive or destructive relationships</td>
<td>15. Other</td>
</tr>
<tr>
<td>14. Self-acceptance</td>
<td></td>
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<tr>
<td>15. Other</td>
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*The same number of respondents selected these topics.*
Figure 7. A comparison of the top topics discussed with coworkers and with managers. (Respondents who talk to coworkers: N=77. Respondents who talk to managers: N=37.)

Comparing contexts in which conversations occur with coworkers versus with managers

More than twice as many respondents who had conversations with managers reported that those conversations took place solely during work hours (73%), as compared to 36.4% of respondents who had conversations with coworkers (see Figure 8). None of the respondents who had conversations with managers reported that those conversations took place solely outside of their work hours, while 2.6% of respondents who reported conversations with coworkers did.

More than double the number of respondents who reported conversations with coworkers said that those conversations took place both during and outside of work hours (61%), as compared to 27% of respondents who had conversations with managers. Almost all respondents of both groups reported that those conversations took place in person at the workplace (see Figure 9).

Those who had conversations with coworkers were more than twice as likely to report that those conversations occurred in person outside of the workplace (31.2%) compared to those who
reported conversations with managers (16.2%). A higher percentage of those who reported conversations with coworkers said those conversations took place virtually (52%), as compared to those who reported conversations with managers (32.4%). When asked who initiated the conversations, 96.1% of respondents who reported conversations with coworkers answered, “Both/all of us did, it was mutual”, while 64.9% of respondents who reported conversations with managers gave that answer (see Figure 10). A significantly higher percentage of respondents who reported conversations with managers said that they had personally initiated those conversations (29.7%), as compared to 2.6% of those who reported conversations with coworkers. A small percentage of both groups reported that their coworkers had initiated conversations (1.3%) or their managers had (5.4%).

**Figure 8.** A comparison of when conversations with coworkers and with managers took place. (Respondents who talk to coworkers: N=77. Respondents who talk to managers: N=37.)
COMMUNICATING ABOUT MENTAL HEALTH AND WELL-BEING

Figure 9. A comparison of how conversations with coworkers and with managers took place. (Respondents who talk to coworkers: N=77. Respondents who talk to managers: N=37.)

Figure 10. A comparison of who initiated conversations with coworkers and with managers. (Respondents who talk to coworkers: N=77. Respondents who talk to managers: N=37.)
Motives for communicating with coworkers versus with managers (see Figure 11)

The following section will compare the motives for talking about MHW of two groups: those who talk to coworkers and those who talk to managers.

**Affection.** Over half of respondents in both groups agreed with the motive of affection, although respondents who talked to coworkers were more likely to agree. Eighty-three percent of respondents who talked with coworkers agreed or strongly agreed with the affection motive, and 63.7% of respondents who talked with managers agreed or strongly agreed. Respondents who talked to managers were more likely to disagree with the affection motive, i.e. more respondents who reported conversations with managers disagreed or strongly disagreed (19.3%), whereas only 5.4% of those reported conversations with coworkers disagreed or strongly disagreed.

**Inclusion.** Over half of respondents in both groups of respondents agreed with the motive of inclusion. Comparable portions of those who talked with coworkers (67.5%) and those who talked with managers (61.8%) of respondents agreed or strongly agreed with the inclusion motive. Both groups were also comparable in their disagreement or strong disagreement with the motive.

**Pleasure.** Those who reported conversations with managers provided more distributed responses to the motive of “pleasure” than those who reported conversations with coworkers, demonstrating significantly more ambivalence toward the motive. Those who talked with coworkers were more likely to agree with the motive, i.e. more respondents who reported conversations with coworkers agreed or strongly agreed with the motive (57.2%), whereas only
40.7% of those who reported conversations with managers agreed or strongly agreed with the pleasure motive. Respondents who reported conversations with managers were more likely to disagree with the motive, i.e. 37% of those who talked to managers disagreed or strongly disagreed with the motive, as compared to 14.4% of respondents who reported conversations with coworkers.

**Relaxation.** Both groups of respondents demonstrated ambivalence toward the motive of relaxation, although those who talked to managers were slightly more ambivalent. A slightly larger portion of those who talked with coworkers agreed or strongly agreed with the motive of relaxation (53.3%), whereas 42.6% of those who talked with managers did. A slightly larger portion of respondents who talked to managers disagreed or strongly disagreed with the motive (27.8%), whereas 18.2% of those who talked to coworkers did.

**Escape.** Over half of both groups of respondents disagreed with the motive of escape, although respondents who talked to managers were significantly more likely to disagree. Eighty four percent of those who talked to managers disagreed or strongly disagreed with the motive, whereas 58.9% of those who talked to coworkers disagreed or strongly disagreed. On the other hand, respondents who talked to coworkers were significantly more likely to agree or strongly agree with the escape motive (25.5%), than those who talked to managers (9.9%).

**Control.** The majority of both groups of respondents disagreed or strongly disagreed with the motive of “control” for why they talk about MHW with their coworkers and managers. The portions are comparable, with 78.6% of respondents who talked with coworkers disagreed or
strongly disagreed, and 75.9% of those who talked with managers disagreed or strongly disagreed. Small comparable portions of both groups of respondents agreed or strongly agreed with the control motive.

Figure 11. A comparison of motives for communicating 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.)

Discussion

The aim of the current study was to investigate restaurant employees' conversations about MHW with their coworkers or managers during the COVID-19 pandemic. First, this study determined whether restaurant employees discuss MHW with their coworkers or managers. For those who did not, this study asked why not. For those who did have these discussions, this study then identified the communication practices of the employees; the MHW topics discussed, and their motives for communicating about MHW. Finally, this study investigated how restaurant
employees’ descriptions of their discussions with coworkers and with managers compared. To the best of the author’s knowledge, this is the first study to investigate communication about MHW in the restaurant industry.

In answering RQ1, this study confirms that restaurant employees did talk about MHW with coworkers and with managers during the COVID-19 pandemic. The study results show that restaurant employees were much more likely to talk to their coworkers about MHW than to their managers, and that they are least likely to converse with only managers about MHW. There are, however, a significant number of employees in the study who either talked to both coworkers and managers, or who didn’t discuss MHW with anyone from the workplace. This breakdown of respondents’ interlocutors can be partially explained by the fact that generally employees spend time with and talk to their coworkers more frequently than they do with their superiors (Fonner, 2016).

The second part of RQ1 questioned why some restaurant employees may not converse with other work members about MHW, and the results show that there are numerous noteworthy reasons. For those who did not talk to coworkers, two interesting reasons selected were “I don’t want attention” and “I don’t want to be perceived as less competent, reliable, or able to cope”, suggesting that employees are concerned about their social relationships with their coworkers, and specifically how their coworkers might perceive them. This is interesting because while peer coworkers do not hold formal power over each other they can enact informal social influence (Chiaburu & Harrison, 2008; Raabe & Beehr, 2003). It also aligns with the organizational communication literature which affirms the importance of relationship development among coworkers. Additionally, respondents noted that MHW topics were simply not discussed with coworkers at their workplace and that they’ve never considered doing so, suggesting that there
may be a “status quo” they don’t deviate from. However, we cannot know yet what or who perpetuates this understanding, besides potential stigma. Significant reasons selected for not discussing MHW with managers were because respondents didn’t want to and had never considered doing so, suggesting that some employees purposely choose not to and others simply do not have these topics on their minds when interacting with their superiors. I can only speculate as to why, however, previous research notes that superiors can influence subordinates, especially because of their formal, structural power (Raabe & Beehr, 2003). This point may not be relevant, however, because the reason, “My manager doesn’t want employees to discuss those topics”, was not selected by a significant number of respondents. Regardless, I argue that these reasons can be linked tentatively to another significant one, “Those aren’t topics that get discussed with managers where I work”, which again points toward a status quo. In this case, then, stigma might better explain respondents’ selections.

Employees also didn’t want to be treated differently or were worried about being perceived as less competent, reliable, or able to cope. This is interesting because it suggests that restaurant employees are concerned about their social relationships with their managers too. The top reason for not talking about MHW with coworkers and with managers was that it would feel awkward. This may again be due to the fact that MHW is considered a sensitive or personal topic and carries stigma (Brohan et al., 2012; Dewa, 2014; Irvine, 2011; Reavley et al., 2018). Additionally, previous research on the disclosure of mental ‘illness’ or ‘disorders’ demonstrates that fear of rejection and discrimination, and concerns about interpersonal relationships influence decisions to disclose (Brohan et al., 2012; Dewa, 2014; Irvine, 2011; Reavley et al., 2018). While the current study concerns a more general understanding of MHW, the evidence expands the narrative that our coworkers and managers influence whether or not we talk about MHW.
The second research question examined restaurant employees’ descriptions of their conversations about MHW with their coworkers or managers. The findings of the current study show that restaurant employees use various communication practices to have conversations with their coworkers about MHW. The conversations occurred during and outside of work hours, as well as in person at the workplace, in person outside of the workplace, and virtually. This is noteworthy because it suggests that coworkers do interact outside of work, however, they are also undeterred by the formal work environment when deciding to talk about MHW in person at the workplace. On the other hand, this may also suggest that the restaurant work environment is considered more casual and intimate, and that it may be relatively conducive to disclosing personal information. Additionally, the evidence suggests that technology is a tool utilized by coworkers to connect, develop relationships and discuss personal topics. This finding is consistent with studies discussed above that have shown that social media platforms are used by coworkers to connect within and outside of the workplace, and that online interactions have an impact on employees’ experience in the workplace (Frampton & Child, 2013; Huang & Liu, 2017; Yang, 2020). The findings also demonstrate that restaurant employees are mutually engaging in conversations about MHW, suggesting that they are interested and willing to, and that these exchanges are positive and reciprocal.

This study shows that conversations about MHW with managers most frequently occur in person at the workplace. The evidence also demonstrates that a significant portion of these conversations occur virtually and that they least frequently occur in person outside of the workplace. This could suggest that restaurant employees are less likely to spend time with their managers in person outside of the workplace, or that if they do, they do not discuss MHW. It is noteworthy that conversations about MHW do occur virtually because no literature was found
that investigated the use of technology between superiors and subordinates for the purpose of discussing personal topics. The initiation of conversations with managers was more varied than those with coworkers. Most respondents similarly reported that conversations between employees and managers were mutually initiated, while some reported that they had personally initiated conversations. This demonstrates that there are managers who want to have these conversations with their employees, and that there are employees who are willing and motivated to initiate them regardless of other influences or deterrents from their work environment or relationships with their managers. Interestingly, significantly more respondents reported that their managers had started the conversations than those who reported that their coworkers had. This could suggest that there is a greater sense of mutual understanding between coworkers than between employees and their managers when it comes to MHW.

Restaurant employees in this study reported that their conversations with coworkers and with managers encompassed the same top five topics (COVID-specific concerns, work stress, negative emotions, burnout, and job satisfaction). Work stress and COVID-specific concerns (specified in the response option provided to respondents as concerns about working in a high-risk environment, family and friends, and interaction “bubbles”) were the most frequent topics in MHW conversations with both managers and coworkers. This finding is unsurprising in view of the pandemic’s impacts on the restaurant industry and its employees, documented above. Additionally, it is unsurprising that the following three topics are among the most frequently discussed because they are work-related: COVID-specific concerns, work stress, and job satisfaction. As mentioned in the literature review, employees frequently have task- and organization-oriented conversations with their coworkers and supervisors. Ploeger-Lyons and Kelley (2017) point out that coworkers are best equipped to “understand what a peer goes
through on a daily basis while at work”, which can explain why work-related topics are the top of the list in conversations specifically with coworkers. The other two significant topics (negative emotions and burnout) could be related to work. For example, one might verbally express negative emotions like frustration about one’s work schedule or despair about COVID-19 restrictions, or talk about burnout due to a busy schedule with work and other obligations like school, child care, or other job or household duties. However, this is speculation and cannot be confirmed based on the data collected. It may also be true that negative emotions and burnout can be categorized as psychological or emotional topics. It is interesting that “negative emotions” was a topic in over half of reported conversations with managers. This is not on par with the literature on upward distortion, which predicates that employees are more reluctant to share negative or adverse information with superiors, and more willing to share positive or favorable information (Jablin, 1979). For this reason, it is also thought-provoking that positive emotions and supportive relationships, both positive topics, fall further down on the list of topics discussed with managers. Overall, significantly more respondents discussed these MHW topics with coworkers than with managers, besides COVID-specific concerns, which was fairly equal in proportions. This finding could suggest that restaurant employees are more willing and thus more comfortable talking about MHW with one another rather than with their managers.

This study shows that restaurant employees talk about MHW with their coworkers for the motives of affection and inclusion, with some evidence suggesting that the motives of relaxation and pleasure may be important too. This indicates that employees are predominantly seeking to develop or maintain relationships with their coworkers by discussing these topics, considering that these four motives are relationally-oriented (Barbato et al., 2003). Additionally, the significant statements selected by the majority of respondents suggest reciprocity and exchange
between coworkers, which is corroborated by the finding that a majority reported conversations were mutually initiated. Statements such as, “it makes me feel less lonely” and “I need someone to talk to”, appear to be self-oriented in that they insinuate receiving something from others, like their positive presence or space to blow off steam. Statements like, “to show others encouragement” and “to let others know I care about their feelings”, can be interpreted as other-oriented because they suggest providing something to others, like emotional support and appraisal (Fonner, 2015). The current study’s findings provide further evidence for the claim made by other organizational communication scholars that peer coworkers are sources of social support for one another. This study shows that restaurant employees talk about MHW with their managers also for the motives of affection and inclusion. The evidence illustrates reciprocal exchanges, with self-oriented statements frequently selected, like “it makes me feel less lonely”, and “I need someone to talk to”, as well as other-oriented statements, like “to help”, and “to let others know I care about their feelings”. This suggests that employees are seeking something from managers that will benefit or support them, but they may also be interested in providing support to their managers. While scholars recognize the role superiors play in providing their employees with support, there is a lack of research probing how and why employees provide support to their superiors.

The final research question this study addresses is how the descriptions of restaurant employees’ conversations about MHW with coworkers and managers compare. Overall, restaurant employees engaged in more varied communication practices when discussing MHW with their coworkers than with their managers. Importantly, significantly more restaurant employees initiated MHW conversations with their managers and conversations with coworkers were more likely to be mutually initiated. The most frequently discussed MHW topics were
similar in the conversations of both dyads, but generally employees were more likely to discuss these topics with their coworkers. And finally, restaurant employees were relationally-oriented and engaging in social support in their conversations about MHW with their coworkers and managers.

Conclusion

This study investigated restaurant employees’ conversations about MHW with their coworkers and their managers during the COVID-19 pandemic employing a survey-based approach to collect self-report data. The study first asked whether restaurant employees have such conversations, and if not, why not. If these conversations do occur, the study then sought to determine the topics discussed, the communication practices used, and for what motives restaurant workers had these conversations. The findings confirm that restaurant employees do discuss MHW with coworkers and, to a lesser extent, with managers, but that there are many significant reasons why restaurant employees also did not engage in these conversations.

Overall, restaurant workers are more likely to talk to their coworkers about MHW, and do so using a variety of communication practices. On the other hand, restaurant workers do at times talk about MHW with their managers too, although they utilize fewer communication practices. Specifically, the restaurant employees’ conversations with coworkers and managers are mutual, reciprocal, and relationally-oriented. Regardless of these promising conclusions, there are many significant reasons why restaurant employees do not engage in conversations about MHW with other members of the workplace that warrant further investigation. These conclusions have important implications for managers and employees alike who are interested in supporting each
other while working during the COVID-19 pandemic. Furthermore, this study introduces more questions worthy of further research.

**Limitations**

There are several limitations to this study beginning with the fact that while this study does provide significant insights, the findings are not generalizable to all restaurant employees due to the small size of the study group and convenience sampling. Notably, the majority of respondents identified their gender as female. This could be partially explained by the fact that more women than men work in the restaurant industry, especially in non-leadership positions (U.S. Bureau of Labor Statistics, 2020). A second limitation of this study is potential self-selection bias. Respondents who chose to participate were informed on what the survey was about by the recruitment material. Thus, respondents who participated were more likely to have had experiences talking about MHW with other members of their workplace. A third limitation is that the survey was only offered in English, so restaurant employees whose first language is not English were less likely to participate. Additionally, the concepts related to MHW were drawn from the WHO and CDC’s public websites and published materials, one of which is a U.S.-based organization and the other’s largest donor is the U.S. Thus, the conceptualization of mental health and well-being in this study were formed through a Western psychiatric lens, which disregards non-Western understandings of MHW. In the field of global mental health, there is a lack of sufficient culturally relevant and context-specific research which this study did not seek to address, but which further studies ought to. These limitations were confirmed by feedback received from an organization based in the International District of Seattle that non-English speakers were unable to understand the questions and that the questions and predetermined
response options were culturally inappropriate for some restaurant employees in that neighborhood.

**Implications and future research**

Despite these limitations, this study is groundbreaking as the first of its kind to investigate conversations about MHW with any detail, and to examine communication in restaurants. Employee MHW is increasingly a focus of scholars and employers alike. The workplace is no longer a fully bounded environment to simply complete tasks and leave at the end of the workday. Employees develop relationships and engage in informal communication in the workplace, as well as interacting outside of the workplace and virtually. Additionally, research increasingly provides evidence that employee communication with superiors is more complex and nuanced than one-way task instruction and feedback, but that relationships between superiors and subordinates are considered important too. This study provides initial evidence that talking about MHW with coworkers and managers can be a helpful way to give and receive social support, and that because social support is positively associated with mental health, it may also be a way to improve employee MHW. Future research should examine directly the relationship between discussing MHW with other workplace members and positive or negative personal (e.g. mental health, life/job satisfaction, affect) and organizational outcomes (e.g. collaboration, creativity, productivity). Much organizational research focuses on employees’ productivity and their outcomes that directly support the organization, however, I would advocate for this future research take on a more humanistic approach, challenging researchers to consider the benefit of their findings to the employees as people, rather than as cogs in a productivity machine.
This study’s findings proffer a few practical applications that may be of interest to employers and managers. Firstly, this study suggests that there is more to supporting employees than providing mental health days, pasting motivational posters around the workplace, or sending well-intentioned mental health “resources” emails. Relationships and conversations with others provide an ideal opportunity to exchange support, and so, employers should be encouraged to start formal or informal discussion with employees about topics like burnout, stress, or negative affect related to the workplace and their personal lives. On that note, there is one important caveat: it is important to ensure that conversations about MHW are reciprocal, with opportunities for listening and sharing on both sides. The evidence from this study suggests that employees are interested in providing their managers with support, and so, employers should feel encouraged to discuss their own MHW too. Future research should examine employees’ perspectives on instances of superior sharing personal or private information, like that about MHW, to further corroborate this suggestion. Conversely, employers should also internalize that their employees have personal conversations with one another, in and outside of work, and that this can be beneficial for coworker relationships. Employers can informally encourage these relationships and conversations or find ways to formally facilitate coworker connection about MHW, and future scholars should develop interventions to promote MHW in the workplace that involve and target primarily subordinate employees.

Finally, it is important to note that some employees may not want to talk about MHW for various reasons. Employers should consider how they can make conversations about sensitive topics more comfortable and ensure that there will be no repercussions for any information or feeling shared, although maintaining that these conversations are optional and respect personal boundaries. Additionally, employers might consider strengthening an open and supportive
workplace culture and addressing potential stigma against mental health. Lastly, there is a clear need for more research probing mental health stigma specifically in the restaurant industry, but also generally in the workplace environment.
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Appendix A

Survey Transcript

Communicating about mental health and well-being

The purpose of this study is to ask non-managerial restaurant employees in Western Washington who interact with the public how they communicate with their coworkers and managers about topics related to mental health and well-being.

You will not be asked to disclose any specific information about your personal mental health and well-being. This survey will take about 15-20 minutes to complete, and I appreciate you being a part of the study.

This survey is completely voluntary, and you may choose to end the survey at any point. All answers are anonymous (that is, none of the data collected will be linked to you in any way). By continuing this survey you are consenting to take part in it and you acknowledge that you are at least 18 years of age.

Whether or not you are eligible to participate in the study, please consider sending this survey link and information to other restaurant employees you know.

I'm happy to answer any questions that you or others might have about my study. Thank you for your participation!

**Screening: questions will determine whether respondents are meet criteria for the study, all questions are required**

First, a few general questions about your work:

1. Are you currently employed at a restaurant in Western Washington?  
   **Answer: a) Yes; b) No**  
   **If the “No” response is selected, the survey will end.**

2. Are you in a management role at work (that is, you provide directions to and oversee other staff)?  
   **Answer: a) Yes; b) No**  
   **If the “No” response is selected, the survey will end.**

3. Do you interact with members of the public (customers, delivery/pickup persons) face-to-face during your working hours?  
   **Answer: a) Yes; b) No**
**If the “No” response is selected, the survey will end.**

**Body: questions will be asked twice - once “with coworker(s)” once “with manager(s)”**

Interacting directly with the public in the course of your work during a pandemic can be stressful. While the public is experiencing difficulties with mental health and well-being as well as physical health during this pandemic, researchers are recognizing that restaurant employees, as members of the “front line” may be particularly vulnerable.

For the purpose of this survey, mental health and well-being is defined 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 following questions will be asked twice, first in relation to your coworker(s), and then again in relation to your manager(s):

1. Have you had a conversation(s) about mental health and well-being with a coworker(s) in the past 6 months?
   Answer: a) Yes; b) No

**If answered “Yes”, the survey prompts them to continue with questions detailing their conversations with their coworkers.**

**If answered no: 2. If not, why not? (Select all that apply.)**
   Answer:
   a) I’ve never needed to
   b) I’ve never considered doing so
   c) It would feel awkward
   d) Those aren’t topics that get discussed with coworkers where I work
   e) I tried to but wasn’t successful
   f) I don’t want to discuss those topics with coworkers
   g) My manager doesn’t want employees to discuss those topics
   h) I don’t want to be perceived as less competent, reliable, or able to cope
   i) I don’t want to be treated differently
   j) I don’t want to be dismissed from my job
   k) I don’t want attention
   l) I don’t think I’ll be taken seriously
   m) I don’t want my coworkers to reject or exclude me
   n) I have had a negative experience doing so in the past
   o) Other: please describe

** For those who answered “No” to the question, the survey will prompt them to the second section that asks the same questions, but regarding manager(s).
2. What topics about mental health and well-being have you discussed with a coworker(s) during those conversations? (Select all that apply.)
   Answer:
   a. Mental illness (anxiety, depression, OCD, suicide, etc.)
   b. Work stress
   c. Positive emotions (happiness, joy, excitement, etc.)
   d. Negative emotions (sadness, anger, etc.)
   e. Job satisfaction
   f. Supportive relationships
   g. Self-acceptance
   h. Non-supportive or destructive relationships
   i. Purpose in life
   j. Personal growth
   k. Ability to make choices about the future
   l. Ability to juggle multiple aspects of life
   m. Burnout
   n. Substance use (alcohol, drugs, tobacco)
   o. COVID-specific concerns (high-risk work environment, family and friends, “bubbles”, etc.)
   p. Other(s): please describe

3. When have those conversations with a coworker(s) taken place?
   Answer: a) During my work hours; b) Outside of my work hours; c) Both during and outside of my work hours

4. How have those conversations with a coworker(s) taken place? (Select all that apply.)
   Answer: a) In person at our workplace; b) In person outside of our workplace, c) Virtually (via email, social media, texting, phone call, etc.); d) Other: please describe

5. Who has initiated those conversations with a coworker(s)? (Select one.)
   Answer: a) I did; b) My coworker(s) did; c) Both/all of us did, it was mutual.

6. Indicate on a scale how much you agree or disagree with the following statements:
   I talk with my coworker(s) about mental health and well-being...

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree and disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
<tr>
<td>Because it makes me feel less tense.</td>
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<td>Reason</td>
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<td>Because I’m concerned about them.</td>
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<td>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, etc.)</td>
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<td>To get something I don’t have (such as, getting time off from work, getting my shift covered, etc.)</td>
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<tr>
<td>To help others with whatever they need help with.</td>
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<tr>
<td>To put off doing 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, etc.)</td>
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<td>To let others know I care about their feelings.</td>
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<td>To get away from what I’m doing (such as completing a work task, attending to customers, etc.)</td>
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<tr>
<td>Because I just need to talk about my problems sometimes.</td>
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<tr>
<td>Because it makes me feel less lonely</td>
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<tr>
<td>Because I need someone to talk to.</td>
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<tr>
<td>To thank them (for example, thank them for supporting me, thank them for listening, etc.)</td>
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<tr>
<td>Because I enjoy it.</td>
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<tr>
<td>To tell others what to do (for example, telling them what they should do about their mental health, etc.)</td>
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<tr>
<td>To show others encouragement.</td>
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<tr>
<td>Because it allows me to unwind.</td>
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</table>
The next set of questions are in relation to your manager(s).

A reminder that for the purpose of this study, mental health and well-being is defined 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 survey will then prompt the respondent to answer the same set of Body questions, but in relation to manager(s).**

Background information: questions gather demographic information, questions are not required

Finally, a few questions about yourself. Answers are anonymous, and no information you provide will be used to identify you. None of these questions are required to complete the survey, but they will help to define the group who has completed the study.

1. What is your position at work?
   Answer: a) Host; b) Server/Waiter; c) Bartender; d) Cook/chef; e) Other: please specify

2. Is your position full or part-time?
   Answer: a) Full-time; b) Part-time

3. What gender do you identify as?
   Answer: a) Female; b) Male; c) Non-binary; d) Other

4. Which ethnicities are part of your identity? (Select all that apply.)
   Answer: a) Black or African American; b) Asian; c) White; d) Native Hawaiian or Other Pacific Islander; e) Hispanic or Latino; f) American Indian or Alaska Native; g) Other/Unknown

5. What is your age?
   Answer: a) 18-25; b) 26-35; c) 36-45; d) 46-55; e) 56-65; f) 66+

Conclusion:

Thank you for participating in this survey.

Please consider sending the survey link and information about the study to any other restaurant employees you know in Western Washington.

If you have any questions regarding this study, please feel free to contact me, Anamaria Tepordei, at tepora@uw.edu.
Appendix B

Organizations Contacted for Respondent Recruitment

1. Fare Start
2. Big Table
3. Seattle Good Business Network
4. The Plate Fund
5. Seattle Chinatown International District Preservation and Development Authority
Appendix C

Facebook Groups Used for Respondent Recruitment

1. Pierce County Restaurant Workers
2. Baristas Guild of Washington State
3. West Seattle Connection
4. Long Beach Peninsula Friends of Facebook
5. Food Marketing, Restaurant owners, Foodies, Food Delivery, Meal Prep
6. Lewis County News and more
7. Carnation, WA
8. Tacoma Community Page
9. Bothell Community
10. Helping Small businesses of Tacoma
11. Chat Cafe Bellevue, WA
12. Orcas Island Discussion Forum
13. Mountlake Terrace Community
14. Sammamish: Ask Everything
15. Kenmore Neighbors (WA, USA)
16. What’s Going On In Forks
17. Support Washington State’s Hospitality/Restaurant Workers
18. UW Teens for Boundless Memes
19. Chat Cafe Redmond, WA
20. Sammamish and Issaquah Businesses
21. Dawg Discussions
22. Clark County Washington News
23. Yelm, WA - Community Stuff
24. Downtown Puyallup Neighbors
25. Bellingham Open
26. Eastside Restaurant Support (Kirkland, Redmond, Bellevue, and Surrounding)
27. UW Public Health - Global Health Class of 2021
28. Key Peninsula, Washington
29. Chat Cafe Renton, WA
30. Blaine and Birch Bay Neighbors
31. Chehalis WA, Napavine area Community page
32. Lopez Island Community Board
33. Hey! What’s Happenin’ Sequim and Ports of Angeles & Townsend?
34. Being Neighborly: Centralia, Chehalis & Surrounding Areas.
35. Vashon for All
36. Kitsap community
37. Pacific, WA Neighborhood Watch, Community News and Updates!
38. Raymond WA Buy, Sell, Trade, and Community Support
39. Lake Stevens Community
40. Winlock, WA Community Forum
41. Silverdale
42. The Newcastle, WA Neighborhood
43. Others Helping Others Pierce County!!
44. Seattle Area