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To Disclose or Not to Disclose? Self-Disclosure of Mental Health in the Workplace

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by

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Abstract

When making the decision to disclose a mental illness, individuals may be met with a number of factors that impact disclosure. This study examines the relationship between self-stigma, psychological safety, social support and self-disclosure of mental illness in the workplace. The present study surveyed 756 participants and found a positive relationship between stigma and self-disclosure as well as a positive relationship between social support and self-disclosure. For work outcomes, there was a negative relationship between both job satisfaction and productivity in relation to self-disclosure. This study potentiates the antecedents and consequences of self-disclosure of mental illness and how it impacts employees and the workplace overall.

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CHAPTER 1

INTRODUCTION

The National Institute for Mental Health estimates that one in five adults experience mental illness of varying severity (National Institute of Mental Health, 2016). More specifically, a 2017 study by the National Institute for Mental Health estimates that 31.1% of adults experience an anxiety disorder in their lifetime. Among adults experiencing anxiety disorders, 43.5% suffer from mild impairment, 33.7% suffer from moderate impairment, and 22.8% suffer from serious impairment as a result of their anxiety disorder. In addition, the National Institute for Mental Health names major depression as one of the most common disorders affecting individuals in the United States. According to the Center for Disease Control, 80% of adults who experience depression reported they have felt difficulty at work or in social settings as a result of their symptoms.

According to the National Institute of Mental Health, anxiety is characterized by symptoms of feeling restless, on-edge, easily fatigued, difficulty concentrating or making decisions, irritability, muscle tension, and difficulty managing feelings of worry. Alternatively, depression is characterized by symptoms of hopelessness, irritability, fatigue, and restlessness. In addition, individuals may also experience a continuous anxious or "empty" feeling, difficulty concentrating or decision-making, and headaches as well as other bodily pains. It is clear that some of the symptoms of anxiety and depression coincide; although, not everyone who feels depressed encounters every symptom (National Institute of Mental Health).

Relevant to this topic is the issue of self-disclosure in the workplace (i.e., whether or not organizational members opt to disclose their condition to other co-workers). Self-disclosure of mental health is applicable to the workplace as it illuminates how individuals who experience mental illness navigate their symptoms at work. However, among mental health research, there is a deficit in studies that seek to understand how existing stigmas around mental illness, specifically anxiety and depression, impact an individual's decision about whether or not to disclose their mental illness in the workplace. Consequently, the goal of this study is to understand the relationship between numerous factors (e.g., psychological safety, social support and self-stigma) that are expected to impact the probability of discussing mental health symptoms in the workplace.

This manuscript begins by examining the construct of self-disclosure. Next stigma is explicated in relation to its impact on self-disclosure in the workplace. Following this, the role of perceived workplace psychological safety and social support are examined in regard to an individual's decision to disclose information about their condition in the workplace. Finally, a method by which to explore the proposed hypotheses and research questions is offered. By studying these components, this study plans to illustrate how psychological safety, social support, and stigmatization help determine whether an individual discloses their mental illness symptoms in the workplace.

CHAPTER 2

A REVIEW OF PREVIOUS LITERATURE

Self-disclosure

Self-disclosure lends itself to a number of antecedents and outcomes. At its core, self-disclosure refers to "the act of making yourself manifest [and] showing yourself so others can perceive you" (Jourard, 1971, p. 19). Self-disclosure also presents a number of health benefits, such as reductions in blood pressure and muscle tension (Pennebaker, 1995). In addition, Farber (2006) summarizes the benefits of self-disclosure in six positive outcomes: (1) feelings of emotional closeness, (2) affirmation by others, (3) more cohesive sense of self, (4) expansion of an individual's sense of self, (5) greater sense of authenticity through sharing, and (6) relief of the psychological pressures from painful experiences (Farber et al., 2006). Similarly, through clinical studies of women who had a history of sexual abuse as a child, Farber et al. (2009) found that disclosure helped individuals relate to others as well as experience a more cohesive sense of self. In addition, disclosure contributed to individuals being able to recognize other positive aspects of themselves outside of their abuse. This finding is also applicable to individuals with chronic illness (Farber et al., 2009). For example, in a study observing the emotional, psychological, and physical benefits of self-disclosure in middle-aged and older adults, Magai et al. (2009) asked participants to share a story that had emotional relevance based on the sad or mixed affect condition they were assigned. Over a six-week period, they found a decrease in sad mood and an increase in physical health between T1 and T2 following the disclosure of the event they discussed with researchers.

While there are a number of benefits to self-disclosure, individuals deciding whether to disclose mental illness may grapple with the uncertainty of whether disclosure will result in a positive or negative outcome. Jourard (1971) describes that willingness to self-disclose is influenced by the fact that the probable reactions of those whom individuals are self-disclosing to are "assumed, but not known" (Jourard 1971, p. 31). Previous research has shown that at times, an individual's resistance to self-disclosure lies in the fear of the consequences; therefore, by not self-disclosing the individual is avoiding the potential for negative outcomes (Brinsfield, 2013). Indeed, as a result of fearing the discrimination towards mental illness, individuals sometimes experience interpersonal difficulties stemming from their mental illness -- not necessarily their symptoms, but the "fact" that they have a mental illness (Honey, 2003). The fear of discrimination arises from the stigmas that exist around mental illness.

Stigma

Goffman (1963) defines stigma as the relationship between an attribute and the stereotype it carries. Therefore, when an individual possesses an attribute that is viewed as undesirable by others, they are "reduced in our minds from a whole person to a tainted, discounted one" (Goffman, 1963, p. 3). Consequently, those who have a stigma attached to them possess an *undesired differentness* from what is deemed *normal* (Goffman, 1963). Similarly, Link and Phelan (2001) describe the process of stigma formation with four components: (1) identification and labeling of differences, (2) associating differences with

negative attributes, (3) separation of "us" and "them," and (4) status loss and discrimination.

Notably, Link and Phelan (2001) posit that "when people are labeled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting, and excluding them" (Link & Phelan, 2001, p. 370-371). As such, once an individual is negatively labeled and stereotyped, they are viewed as lower on the status hierarchy. In support of this claim, Elraz (2018) conducted a series of interviews with people who have been diagnosed with a mental health condition about how they manage their mental illness in the workplace. One of the major themes he identified was a pejorative construct of mental illness that was exemplified through a shared belief that it is assumed that people with mental health conditions should only be tasked with undemanding work because their condition prevents them from being fully present in the workplace. In addition, subjects also believed there was an assumption that individuals with mental health conditions were incapable of handling workloads or coping with stress (Elraz, 2018).

The issue of stigma and devaluing those with mental illness is further complicated when individuals internalize and harbor beliefs that they are unable to perform adequately due to their mental health condition (i.e., self-stigmatization). Ultimately, this too is expected to impact the probability of self-disclosing in the workplace by encouraging members to engage in the behaviors of secrecy and withdrawal (Link et al., 1989). Specifically, individuals who demonstrate secrecy may keep their treatment hidden from employers, family, and friends. Additionally, and as suggested by Corrigan and Rao

(2012), individuals often hide the shame they encounter as a result of self-stigma by abstaining from disclosing their mental illness.

As noted previously, such behavior in the workplace is problematic because self-disclosure can lead to a reduction of worry over keeping their mental illness a secret, support from family members and peers, and a sense of control over one's life (Corrigan & Rao, 2012; Corrigan et al., 2011). However, as suggested by the Disclosure Decision-Making Model (DD-MM) and others (e.g., Corrigan & Rao, 2012; Greene, 2009), the more stigma an individual perceives the less likely they are to disclose their stigmatized illness. For example, a study observing the stigma experienced by HIV-positive black men revealed that anticipated fear of mistreatment following disclosure often guided disclosure decisions. In addition, individuals internalized the negative views they held about being HIV-positive prior to learning about their positive serostatus thus discouraging disclosure (Bird et al., 2013). Consequently, given the empirical evidence and theoretical arguments provided herein, the first hypothesis is offered:

H1: Stigma regarding mental illness is associated negatively with self-disclosure of mental illness to coworkers in the workplace.

Psychological Safety

In addition to stigma, another factor that may impact an individual's willingness to disclose information about their mental illness in the workplace is *psychological safety*. Psychological safety is defined as a belief shared by a team or larger group that the environment is safe for an individual to take interpersonal risks (Edmonson, 1999). Of note, the theme of the individual perceiving minimized interpersonal risk is prevalent in extant

research on psychological safety (Frazier et al., 2017). As a result, an outcome of experiencing psychological safety creates a "feeling [of being] able to show and employ one's self without fear of negative consequences to self-image, status, or career" (Kahn, 1990, p. 708). Similarly, Jourard (1971) posits that the development of a healthy personality where one can feel comfortable making their true selves known to others is a consequence of self-disclosure, thus potentiating the relationship between self-disclosure and feelings of psychological safety.

As discussed previously, disclosing mental illness to others can present a risk of stigmatization by others and a subsequent self-stigmatization as they internalize these stereotypes. Specifically, individuals who disclose their mental illness sometimes face discrimination in their workplace as a result of the prejudices of their colleagues. This discrimination can lead to stress and difficulty relating to others (Honey, 2003). Indeed, individuals sometimes respond to the stigmatization of their mental illness by withdrawing from social interactions in addition to keeping their mental illness a secret from employers and family (Link & Phelan, 2001; see also Van Dyne, 2003).

However, it is argued that workplace climates with evidence of strong levels of psychological safety, where an individual can express themselves without the fear of negative repercussions to their self-image or career, should mitigate the aforementioned fear, thus increasing self-disclosure (e.g., Kahn, 1990). Van Dyne et al. (2003) observe the differences between the role of voice and silence in employees when deciding whether to speak their opinions in an organization. In this analysis, defensive silence is described as fear-based self-protection as a result of the awareness and consideration of the alternatives

(Van Dyne et al., 2003). For example, when examining the antecedent factors that influence defensive silence, Brinsfield (2013) found a negative relationship between defensive silence and psychological safety. Similarly, Milliken et al. (2003) posit that managers must create an environment where employees feel that management truly wants to hear their opinions, "if employees sense that managers are not interested in learning about potential problems or issues, or will react negatively to such information, they will not talk about them" (Milliken et al., 2003, p. 1473; Edmondson, 2003). Consequently, it is argued that the probability of self-disclosure is influenced by the fear of experiencing external consequences, for example, by not self-disclosing the individual is avoiding the potential for negative outcomes in the workplace. Therefore, the present study posits a second hypothesis:

> **H2:** Psychological safety is associated positively with self-disclosure of mental illness to coworkers in the workplace.

Social Support

An additional factor that might increase one's willingness to disclose about mental illness in the workplace is *social support*. Albrecht and Adelman (1984) define social support as the feeling of belonging, being loved, and accepted for oneself and their abilities. This definition is similar to Edmondson's (1999) explication of psychological safety, which "describes a team climate [as] characterized by interpersonal trust and mutual respect in which people are comfortable being themselves" (Edmondson, 1999, p. 354). Both definitions of social support and psychological safety involve the ability to feel loved, respected, and accepted for being one's true self by their organization. The difference

between social support and psychological safety, however, is that psychological safety describes how you feel and whether you are feeling accepted by your team for being one's true self. Alternatively, social support describes the act of being supported by and offering support to others without feeling the need to change oneself.

In the main, social support and psychological safety are essential to the explication of organizational support theory, which suggests that individuals that have higher levels of perceived organizational support have been shown to experience fewer strain symptoms such as anxiety (Rhoades et al., 2002). Mueller et al. (2006) observed how social support assisted individuals in navigating mental illness stigmatization following psychiatric hospitalization. Using a longitudinal design, Mueller et al. (2006) found that individuals who perceived higher levels of support from their social network during hospitalization perceived less stigmatization following their hospitalization. Similarly, Singh et al. (2018) examined the role of social support, psychological safety, and the need to belong in the context of community embeddedness. Of note, a positive relationship was found between psychological safety, social support of their organizational community, and community embeddedness among employees. Ultimately, such findings demonstrate the important role of psychological safety and social support in the workplace when attempting to facilitate levels of members' workplace inclusion. Indeed, when support is present in an organization, employees feel understood by their colleagues and the organization as a whole thus encouraging them to speak their mind (Nils & Rimé, 2012; Singh et al., 2018). As such, a third and final hypothesis is offered:

H3: Perceived emotional support from coworkers is associated positively with the self-disclosure of mental illness to coworkers in the workplace.

Work Outcomes

As has been documented throughout, mental illness disorders have been shown to impact both work performance and work-related behaviors. In 2017, for instance, the World Health Organization estimated that depression and anxiety contributed to $1 trillion dollars of economic impact through productivity loss (WHO, 2017). At a glance, it can appear as though individuals with mental illness are underperforming in comparison to their peers (Follmer et al., 2017); however, the decision to disclose mental illness and its impact on workplace outcomes is a multifaceted matter. Munir et al. (2005) found that even with disclosure, individuals with depression are less likely to receive cognitive work adjustments. One potential reason for this finding is that management may not be as aware of the impact of depression on productivity or individuals may not have disclosed their illness at all (Munir et al., 2015). Consequently, individuals may withhold disclosing their mental illness symptoms when reasonable work adjustments are perceived to be unavailable (Stratton et. al, 2018). Similarly, through conducting a series of focus groups with supervisors and individuals who had disclosed their mental illness, Stratton et al. (2018) found that at times the only work adjustment available was a change in roles completely; however, the new responsibilities were described as "boring" or "meaningless" by participants. As such, although self-disclosure is expected to help organizational members manage their emotional disorders, it is unclear how it impacts the common work-related outcomes of *job satisfaction* and *productivity*.

Of note, job satisfaction and productivity go hand-in-hand when understanding the negative impact of employee stress on the organization. Similar to low levels of productivity, low job satisfaction can also contribute to absenteeism and employee turnover (Nadinloyi et al., 2012). However, one major difference between job satisfaction and productivity is that "job satisfaction is an emotional response to a job situation. As such it cannot be seen, it can only be inferred" (Nadinloyi et al., 2012, p. 294). Thus, in addition to determining the factors that facilitate self-disclosure in the workplace, the present study also seeks to understand the impact of self-disclosure on productivity and job satisfaction. In the interest of structuring this investigation, two additional research questions are offered:

RQ1: Is there a relationship between self-disclosure of mental illness in the workplace and productivity?

RQ2: Is there a relationship between self-disclosure of mental illness in the workplace and job satisfaction?

In sum, this study is predicting there will be a negative relationship between self-stigma and disclosure, which suggests that the less stigma an individual feels the more likely they are to disclose their mental illness. This study also posits a positive relationship between psychological safety and emotional support, and disclosure. These hypotheses are based on previous findings that suggest the more supported and accepted for oneself an individual feels, the more they are likely to disclose. Due to a deficit in the literature around work outcomes and self-disclosure of mental illness, this study also queries as to whether there is a relationship between productivity, job satisfaction, and self-disclosure.

CHAPTER 3

METHOD

Sample

A survey was created and distributed to subjects via Mechanical Turk. Inclusion criteria for the study was participants needed to be at least 18 years old and currently employed. The study had a total of 756 participants. Participants included $n = 449$ (59.4%) men and $n = 307$ (40.6%) women between the ages of 18 and 91 (*M = 32.28, SD= 9.53)*. The sample was composed primarily of individuals who identified as White $n = 391$, 51.7%; Asian: $n = 283$, 37.4%; Black: $n = 59$, 7.8%; American Indian or Alaska Native: $n = 24$, 3.1%; Native Hawaiian or Pacific Islander: $n = 3$, 0.3%; other: $n = 16$, 2.1%. Participants also reported which industry closely matched their job by selecting one of twenty categories. The sample was comprised of participants who worked in Educational services $n = 86$, 11.4%; Professional, scientific or technical services $n = 71$, 9.4%; Information $n = 71$, 9.4%; Finance or insurance $n = 64$, 8.5%; Health care or social assistance $n = 63$, 8.3%; Manufacturing $n = 54$, 7.1%; Management of companies and enterprises $n = 52$, 6.9%; Retail trade $n = 48$, 6.3%; Other services except public administration $n = 40$, 5.3%; Construction $n = 39$, 5.3%; Arts, entertainment or recreation $n = 35$, 4.6%; Accommodation or food services $n = 32$, 4.2%; Admin, support, waste management or remediation services $n = 30$, 4.0%; Transportation or warehousing $n = 15$, 2.0%; Wholesale trade $n = 14$, 1.9%; Real estate or rental housing $n = 12$, 1.6%; Mining $n = 11$, 1.5%; Utilities $n = 11$, 1.5%; Unclassified establishments $N = 5$, 0.7%; Forestry, fishing, hunting or agricultural support $n = 3$, 0.4%. Across the sample, the education level

consisted of participants who had completed Bachelor's degree $n = 420$, 55.6%; Master's degree $n = 141$, 18.7%; Some college but no degree $n = 78$, 10.3%; High school degree or GED $n = 47$, 6.2%; Associate degree $n = 44$, 5.8%; Doctoral degree $n = 14$, 1.9%; Professional degree $n = 11$, 1.5%; Less than high school degree $n = 1$, 0.1%). In addition, participants responded to a single-item measure regarding mental health diagnosis, which revealed that $n = 372$ (49.2%) had been previously diagnosed with a mental illness while $n = 384$ (50.8%) had not.

A total of 41 responses were excluded from the data for either repetitive or incomplete survey responses. An additional 39 responses were excluded for responding that they were currently unemployed. Participants were paid $0.25 to complete the survey.

Procedure

Participants responded to a questionnaire that was distributed through Qualtrics. Upon providing consent to partake in the survey, the survey began by assessing subjects' general health through asking them to respond to questions about any anxiety/insomnia and depression symptoms they have been experiencing. Next the survey evaluated psychological safety, social support, self-disclosure, productivity, and job satisfaction. Then participants responded to questions that evaluated their perception of stigma surrounding mental illness in the workplace. Moreover, and as is described below, this variable was measured in two ways: subjects were asked to report on their (1) perceptions of their coworkers' beliefs regarding mental illness, and (2) their own beliefs about individuals with mental illness. Finally, the survey included a set of demographic questions where participants provided information about their current work environment, including

salary, company size, and industry, as well as a question about whether they have ever been diagnosed with a mental illness.

Measures

  Self-Disclosure. This measure was adapted from Snell, Miller, and Belk's (2013) Emotional Self-Disclosure Scale (ESDS) to be specific to individuals' colleagues. This 40-item scale is broken into eight subscales to measure depression, happiness, jealousy, anxiety, calmness, apathy, and fear. For the purpose of this study, only the depression and anxiety five-item subscales were used to ask participants to rate items pertaining to both depression- and anxiety-related self-disclosure on five-point Likert-type scales (1 = *I have not disclosed this topic with my work colleagues,* 5 = *I have fully discussed this topic with my work colleagues*). Example depression self-disclosure items include, "times when you felt depressed," and "times when you felt discouraged." Participants also responded to five statements pertaining to anxiety self-disclosure such as "times when you felt anxious" and "times when you felt uneasy." When combined, the anxiety and depression self-disclosure items had a Cronbach's alpha of .95. Of note, there was a strong correlation between the two variables $r(756) = .89, p < .01$, thus justifying their aggregation, $M = 2.67$ ($SD = 1.05$).

  Stigma. These measures were taken from Corrigan et al.'s (2006) Self-Stigma of Mental Illness Scale (SSMIS) to measure how self-stigma impacts how individuals with mental illness view themselves in comparison to their perception of how individuals with mental illness are viewed by others in the workplace. This scale was adapted to be more specific to the workplace by adapting the questions to address the beliefs of coworkers.

Stigma (Others). The stigma (others) section was comprised of ten items of the Self-Stigma of Mental Illness *Awareness* subscale, which asks participants to rate statements on seven-point Likert-type scales (1 = *strongly agree*, 7 = *strongly disagree*). The items addressed participants' perceptions regarding their coworkers' beliefs about mental illness. Starting with the phrase "I think my coworkers believe," participants rated items such as "most persons with mental illness cannot be trusted" and "most persons with mental illness are unable to get or keep a regular job." These items were aggregated to create the stigma (others) variable, to describe the participant's perception of how others view individuals with mental illness. The scale was reverse coded so that lower values reflected less stigma and higher values reflected more stigma. The items of this scale had a Cronbach's alpha of .94. Overall participants rated a mean of *M = 3.93 (SD =* 1.33).

Stigma (Self). The stigma (self) section was comprised of ten items of the Self-Stigma of Mental Illness *Agreement* subscale asking participants to rate statements on seven-point Likert-type scales (1 = *strongly agree*, 7 = *strongly disagree*). The agreement section of the SSMIS asks participants to rate the same items as the stigma (others) section, but from their own perspective. Sample items include "I think most persons with mental illness cannot be trusted," and "I think most persons with mental illness are unable to get or keep a regular job." This scale was used to assess how participants view individuals with mental illness. Responses were reverse coded so that lower values reflected less stigma and higher values reflected more stigma. These items had a Cronbach's alpha of .95. On average, participants rated a mean of *M =* 3.51 (*SD =* 1.45).

Social Support. In order to evaluate social support in the workplace, three items from Lawrence et al.'s (2007) Support Appraisal for Work Stressors (SAWS) was adapted to be specific to coworkers. This inventory evaluates emotional support received from coworkers by asking participants to rate items on five-point Likert-type scales (1 = *not at all*, 5 = *very often*). Sample items include "I can rely on my coworkers to help me feel better when I experience work-related problems," and "I can rely on my coworkers to be sympathetic and understanding about my work-related problems." Of note, although Lawrence's et al.'s measure consisted of twelve items that measured different types of support (e.g., instrumental support), for the purpose of this study only the first three items about emotional support were utilized. The emotional disclosure measure had a Cronbach's alpha of .81. On average, participants rated a mean of *M* = 3.32 (*SD* = .86).

Psychological Safety. In order to evaluate psychological safety, Edmondson's (1999) seven-item Psychological Safety Scale was used. This measure asks participants to evaluate their experiences on their team in the workplace on five-point Likert-type scales (1 = *strongly disagree*, 5 = *strongly agree*). In order to evaluate the psychological safety of an environment, this scale asks participants to respond to statements such as "members of this organization are able to bring up problems and tough issues," and "no one in this organization would deliberately act in a way that undermines my efforts." These items had a Cronbach's alpha of .53. Overall participants rated a mean of *M* = 3.14 (*SD* = .54).

Productivity. Endicott and Nee's (1997) Endicott Work Productivity Scale (EWPS) was employed to measure overall productivity at work. This measure asked participants to respond to twenty four statements on five-point Likert-type scales (1 =

never, 5 = *almost always*). Participants rated items such as how often do you... "arrive at work late or leave early?" and "just do no work at times when you would be expected to be working?" Items were reverse coded so that higher ratings reflected more productivity. This scale had a Cronbach's alpha of .96. Overall participants rated a mean of $M = 2.74$ ($SD = .93$).

Job Satisfaction. This measure was taken from the Babin and Boles' (1996) Job Satisfaction scale, which was used to measure participants' overall satisfaction with their job and the nature of their work. Participants were asked to respond to nine statements on five-point Likert-type scales (1 = *Strongly disagree*, 5 = *Strongly agree*). Sample items include "I am disappointed that I ever took this job," and "I consider my job rather unpleasant." Items were reverse coded so that higher ratings consistently reflected more job satisfaction. The scale had a Cronbach's alpha of .74. Overall participants rated a mean of $M = 2.77$ ($SD = .79$).

Additional measures. In order to understand subjects' general mental illness symptoms and subsequent diagnosis, the following measures were also included for descriptive purposes.

Anxiety. Seven items were taken from Goldberg and Hillier's (1972) General Health Questionnaire (GHQ) and were used to evaluate individual symptoms of anxiety. This questionnaire evaluates subjects' symptoms of anxiety by asking participants to rate items on four-point Likert-type scales (1 = *not at all*, 4 = *much more than usual*). For example, participants responded to items such as "have you recently lost sleep over worry," and "have you recently felt constantly under strain?" The anxiety items had a Cronbach's

alpha of .89. The items of this scale were aggregated to create one variable for anxiety, M = 2.52 (SD = .74).

Depression. Seven items were also taken from the Goldberg and Hillier's (1972) General Health Questionnaire (GHQ) to evaluate subjects' symptoms of depression. Participants were asked to rate items on four-point Likert-type scales (1 = *not at all*, 4 = *much more than usual*). For example, participants responded to questions such as "have you recently been thinking of yourself as a worthless person?" and "have you recently felt that life is entirely hopeless?" The depression items had a Cronbach's alpha of .92. The items of this scale were aggregated to create one variable for depression, M = 2.22 (SD = .85).

Mental health diagnosis. In order to determine if participants had previously received a diagnosis for a mental illness, they responded to a single-item measure asking, "have you ever been diagnosed with a mental illness (i.e., anxiety, depression)?" Participants responded to two options where 1 = *yes* and 2 = *no* to this item. These items were recoded so that 0 = *no* and 1 = *yes*. Overall participants rated M = .49 (SD = .50).

Analysis

All hypotheses and research questions were tested using Pearson's r correlation in order to investigate whether there was a relationship between the dependent variable, disclosing mental illness symptoms, and the independent variables of emotional support, psychological safety, and perceived stigma. The RQs, which focused on the associations between self-disclosure and both productivity and job satisfaction, were also explored.

CHAPTER 4

RESULTS

Correlations between each of the variables are presented in table 1. Other statistics are also included (i.e., *M*, *SD*, and alpha). H1 predicted that lower ratings of stigma would result in more self-disclosure to coworkers about mental illness (i.e., a negative relationship). Of note, stigma (others) was associated positively with self-disclosure about mental illness symptoms, $r(756) = .11, p < .01$. Similarly, stigma (self) also revealed a positive correlation with self-disclosure about mental illness symptoms, $r(756) = .36, p < .01$. As such, although substantial relationships were uncovered, H1 failed to receive statistical support.

H2 predicted that higher feelings of psychological safety in the workplace would potentiate more self-disclosure (e.g., a positive association). The analysis revealed no significant relationship between psychological safety and self-disclosure $r(756) = .03, p = .354$. Consequently, support was not found for H2.

H3 predicted a positive relationship between emotional support and self-disclosure. There was a positive correlation between emotional support and the self-disclosure of mental illness symptoms to coworkers, $r(756) = .31, p < .01$. Consequently, support was found for H3.

The first RQ inquired as to whether there is a relationship between self-disclosure and productivity. The analysis revealed a negative correlation between self-disclosure and productivity, $r(756) = -.64, p < .01$. Moreover, the second RQ investigated whether there

was a relationship between self-disclosure and job satisfaction. Upon analysis, there was a negative correlation between job satisfaction and self-disclosure, $r(756) = -.22, p < .01$.

Post hoc analyses

Although the anxiety and depression measures were used primarily for descriptive purposes, post hoc analysis revealed multiple relationships between these items and other survey measures worth reporting. In the main, there was a positive relationship found between symptoms of mental illness and disclosure. Specifically, results indicated a positive correlation between anxiety and self-disclosure, $r(756) = .43, p <.01$, as well as a positive correlation between depression and self-disclosure, $r(755) = .54, p < .01$. Both of these results illustrate that the more an individual experiences symptoms of anxiety and depression, the more likely they are to disclose. Conversely, the fewer symptoms of mental illness an individual experiences the less likely they are to disclose. In addition, there were comparable negative correlations found between psychological safety and anxiety, $r(755) = -.22, p < .01$, and depression, $r(756) = -.20, p <.01$. These findings suggest that higher levels of mental illness symptoms potentiate lower feelings of psychological safety. Conversely, increasing feelings of psychological safety in a workplace environment may present the opportunity for reducing symptoms of mental illness. Similarly, there was also a negative correlation between social support and depression $r(755) = .07, p < .05$; however, there was no significant relationship found between anxiety and social support despite the fact both relationships were positive. These findings could allude to a difference in the type of support that is desired for the varying symptoms of anxiety and depression.

In regard to work outcomes, analyses revealed that there is a positive relationship between job satisfaction and emotional support, $r(756) = .27, p < .01$. As a whole, there is a negative relationship between symptoms of mental illness, productivity, and job satisfaction. There was a negative correlation found between symptoms of anxiety and productivity, $r(756) = -.63, p < .01$, as well as anxiety and job satisfaction, $r(756) = -.44, p < .01$. Similarly, there was a negative correlation between depression and productivity, $r(755) = -.72, p < .01$, along with job satisfaction, $r(755) = -.50, p < .01$. Thus, these results suggest that more symptoms of mental illness impact feelings of productivity and job satisfaction. These findings are consistent with Nadinloyi et al. (2012), who found that higher levels of anxiety and depression contributed to lower job satisfaction.

CHAPTER 5

DISCUSSION

In the main, H1 failed to receive statistical support in that the produced findings were in the opposite direction of what was initially predicted. Specifically, there was a significant positive correlation found between stigma (self) and self-disclosure $r(756) = .36, p < .001$. Similarly, there was a positive correlation produced between stigma (others) and self-disclosure $r(756) = .11, p < .001$. Thus, as is illustrated by both correlations, when individuals feel burdened by the public perceptions of a stigmatized illness, and when they tend to self-stigmatize, they are more likely to disclose their illness. Presumably, this is occurring in order to obtain support from fellow coworkers (see Brown et al., 2017). Moreover, and as has been suggested by others, when individuals internalize the perceptions of how others view individuals with mental illness, they may feel the need to disclose their mental illness in order to educate others (Link et al., 1989). This is also consistent with the work of Elraz (2018), which described one of individuals' reasons for disclosure being to present positive identities and furthering the understanding of their mental health condition. Additional research is required in order to investigate some of these possibilities.

Regarding the second hypothesis, the present study failed to reject the null hypothesis. Although a correlation was not found between psychological safety and self-disclosure, previous studies have illustrated the negative relationship between defensive silence and psychological safety (Brinsfield, 2013). In addition, previous research has suggested that feeling as though one's job or reputation at work is at risk can discourage

disclosure (Stratton et al., 2018). Consequently, the results of this study may be due to a host of methodological artifacts (e.g., sampling error), or perhaps due to some extraneous, moderating variable that accentuates the relationship between psychological safety and self-disclosure in some instances, but attenuates it in others (e.g., industry). Additional research is required to explore these possibilities.

Lastly, and as predicted, there was a positive relationship found between emotional support and self-disclosure. This finding suggests that the more employees feel supported, the more likely they are to disclose their mental illness to their coworkers. This study observed specifically the relationship between emotional support and self-disclosure, which demonstrates the relationship between feeling emotionally supported and feeling like they are able to express their true selves. Ultimately, this result is consistent with Nils and Rimé's (2012) findings about social sharing that illustrated individuals are more likely to share their emotions when emotional support is present. As such, employers could facilitate a more supportive environment by offering training for employees who want to learn how to better support their colleagues when they are experiencing mental illness symptoms in the workplace. In addition, employers can increase the availability and visibility of resources provided by the organization such as Employee Assistance Program (EAP) options.

In addition to all three hypotheses, two additional research questions were explored. In the main, the results of this study revealed a negative relationship between productivity and self-disclosure. This finding suggests that the less productive an employee is the more likely they are to disclose. One possible explanation could be the self-stigmatization

individuals experience when they are unable to be as productive at work; therefore, they may feel the inclination to disclose their mental illness in order to justify their performance. Alternatively, and consistent with Munir et al. (2003), individuals may be encouraged to disclose their mental illness in order to receive work adjustments to mitigate their cognitive limitations. Although, they note that while employees may disclose their symptoms in hopes of receiving work adjustments to help their productivity, employers may not have an adequate understanding of the mental illness or how it impacts productivity. As a result, self-disclosure has the potential to lead to work adjustments or conditions that in turn make the employee less productive. Moreover, when an individual is experiencing symptoms of anxiety and depression, they may put undue pressure on themselves when they are not performing to their normal standard (Stratton et al., 2018). Conversely, this negative relationship reveals that more productivity means an individual is less likely to disclose. However, the potential for there to be ancillary factors that led to this negative relationship could lie in what contributes to higher productivity and subsequently not feeling the need to disclose. Consequently, one way employers could improve their understanding of the work adjustments needed is by learning to connect with employees in a way where they can feel comfortable not only disclosing the impact of their mental illness on their productivity, but also feel comfortable educating their employers on what adjustments would be beneficial.

Similar to the negative relationship produced between self-disclosure and productivity, this study found a negative relationship between job satisfaction and self-disclosure. This finding is consistent with Nadinloyi et al.'s (2012) study on the

relationship between mental health and job satisfaction, which showed that as employees experience more mental health symptoms, they are less satisfied with their job. One of the reasons being that they may become unsatisfied with their lack of productivity while at work. General life satisfaction could also impact this as illustrated by Judge and Watanabe (1993) who found a positive and reciprocal relationship between life and job satisfaction.

Overall, previous research suggested that there would be a negative relationship between self-stigma and self-disclosure. However, this present study found that higher levels of self-stigma contributed to more self-disclosure. As all of the measures were self-reported by the participants it is unclear if self-stigmatization itself had an impact on the participant responses. If participants were self-stigmatizing while taking the survey, this may have influenced the ratings they reported. This research is a starting point for understanding the relationship between self-stigmatization and self-disclosure of mental illness in the workplace. By revealing a positive relationship between self-stigma and self-disclosure, this research illuminates the impact self-stigmatizing can have on individuals. According to previous research, feelings of psychological safety were expected to predict less defensive silence in employees (Brinsfield, 2013) and more self-disclosure (Jourard, 1971); however, the present study did not find a significant relationship between psychological safety and self-disclosure. Consistent with previous research, there was a positive relationship between emotional support and self-disclosure. Previous research has not examined the relationship between self-disclosure, job satisfaction and productivity. However, the present study found that less job satisfaction may predict more self-disclosure

and similarly less productivity also may predict more self-disclosure. Conversely, more self-disclosure may predict less productivity and job satisfaction.

Self-disclosure is not always depicted in a positive light as previous research has focused on some of the potential risks of disclosing invisible illnesses - including mental illness. However, there is merit in understanding the potential for negative outcomes as it illustrates why individuals may choose to not disclose. The benefits of self-disclosure are exemplified through understanding how individuals can feel they can be their true selves while at work without fearing self-disclosure could put their job at risk. By examining the confluence of self-disclosure of mental illness with traditional organizational communication variables, this study illuminates where the focus needs to be turned in order to further understand how workplace culture impacts disclosure and in turn its impact on individual productivity and satisfaction with their job.

Limitations and future research

The current study presents a variety of avenues that future research could explore. One route is understanding the actual impact of whether training employees to identify and help colleagues who are experiencing mental illness symptoms at work is an effective avenue for creating a more supportive work environment, as well as increasing productivity and job satisfaction. This avenue also raises the contingency of whether disclosure is impacted by an individual's feelings of closeness to the coworker to whom they are disclosing. Future research could also examine the impact of other cultural aspects of the organization such as employee openness or management's view of mental illness. Stratton

et al. (2018) found that some supervisors viewed mental illness disclosure from the perspective of "as soon as you disclose, you're a workers compensation case" (Stratton et al., 2018, pp. 4), a view that places a negative onus on mental illness disclosure. Whereas in some conditions, such as different types of organizational climates, a positive relationship between self-disclosure and productivity could be potentiated. In addition, training managers on the construction, implementation, and benefits of offering effective adjustments may help encourage employees to disclose without making them feel as though disclosing their mental illness will impact their chances of advancing their career. Lastly, future research could examine individual's reasons for disclosure and whether it was by choice or if they felt it was imperative to disclose their mental illness in order to obtain work adjustments. Future research could further examine the negative relationship between self-disclosure and productivity by understanding the potential ancillary factors that may have contributed to this result, such as the nature of the mental illness an individual is navigating. In addition, understanding how individuals manage their mental illness in the workplace could illuminate what contributes to more or less productivity.

One limitation of this study was the use of Mechanical Turk instead of distributing the survey to one company. Data from one company would have presented the opportunity to observe how individuals within one organizational culture disclose their mental illness as well as how organizational norms and culture impact disclosure. The difficulty to secure a company to distribute the survey alludes to roadblocks that perpetuate the deficit in this research. However, having data from multiple industries did not completely work against this study as this makes the results more generalizable. Having the ability to know the types

of organizations where individuals worked and how much variance there is within an organization could reveal if relationships differ based on organizational culture.

Another limitation of this study is that it does not address reasons for disclosure. Just as the impact of navigating a mental illness varies by person, as do the reasons for disclosure. Examining the reasons for disclosure, would provide a better view of the motivations for disclosure and how those motivations were impacted by the individual's work environment. Future research could also employ a longitudinal study in order to better determine causality among these results. Stated differently, a longitudinal study could provide better insight into whether or not self-disclosure in the workplace is best thought of as an independent or dependent variable. Similarly, this study does not examine self-disclosure within differing interpersonal contexts. By understanding an individual's self-disclosure outside of the workplace, this can create a more comprehensive picture how organizational factors influence disclosure. In addition, future research could examine if and how individuals continue to feel supported following disclosure.

Lastly, there are three limitations that lie in the measures used for this study. First, the current study only addresses emotional support. Future research could explore the relationship between self-disclosure and all types of social support (emotional, informational, appraisal and tangible). Another limitation is with the psychological safety measure. The low reliability of this measure (.53) suggests that the measure did not consistently measure what it intended to measure. One reason for this could be that questions asked by the psychological safety scale may not apply to all job sectors. However, continuing to explore psychological safety as a moderator may reveal more about

its relationship to self-disclosure's underlying predictors. The third measurement limitation

lies in the fact that all measures were self-reported from the employee's perspective. Future

research could also examine productivity from the perspective of employers and

coworkers.

CHAPTER 6

CONCLUSION

In conclusion, this research contributes to a larger body of research pertaining to the importance of understanding how disclosure of mental health impacts both organizations and their employees. It is difficult to definitively conclude whether or not employees should disclose their mental illness in the workplace, as doing so can provide the potential for both benefits and disadvantages based on additional workplace factors (e.g., general stigma and work adjustments that are made available). However, this research does offer a glance into how stigma, psychological safety, and perceived social support can impact disclosure. In addition, this study elucidates how disclosure can in turn impact work productivity and job satisfaction. Moreover, by understanding the multitude of ways that mental health symptoms impact an employee's productivity and job satisfaction, employers can begin to make strides towards creating a workplace environment where employees do not fear the consequences of disclosure and feel comfortable doing so. Indeed, by gaining a better understanding of how mental illness symptoms impact perceptions of stigma, psychological safety, social support, and self-disclosure, scholars can work towards creating workplace environments where employees are better able to promote their productivity through the management of their emotional disorders.

REFERENCES

Albrecht, T., & Adelman, M. (1984). Social support and life stress. Human

    Communication Research, 11(1), 3-32. https://doi-org /10.1111/j.1468

    2958.1984.tb00036.

Babin, B. & Boles, J. (1996). The effects of perceived co-worker involvement and

    supervisor support on service provider role stress, performance and job

    satisfaction. Journal of Retailing, 72(1), 57-75. https://doi.org/10.1016/S0022-

    4359(96)90005-6

Bird, J. & Voisin, D. (2013). "You're an open target to be abused": A qualitative study of

    stigma and HIV self-disclosure among Black men who have sex with men.

    American Journal of Public Health, 103(12), 2193-2199. doi:

    10.2105/AJPH.2013.301437

Brinsfield, C. (2013). Employee silence motives: Investigation of dimensionality and

    development of measures. *Journal of Organizational Behavior, 34*(5), 671-697.

    http://dx.doi.org/10.1002/job.1829

Brown, R., Moloney, M., & Brown, J. (2018). Gender differences in the processes linking

    public stigma and self-disclosure among college students with mental illness.

    Journal of Community Psychology, 46(2), 202-212. https://doi-

    org/10.1002/jcop.21933

Corrigan, P. W., Watson, A., & Barr, L., (2006). Understanding the self-stigma of mental

    illness. Journal of Social and Clinical Psychology 25, 875–884.

    http://dx.doi.org/10.1521/jscp.2006.25.8.875

Corrigan, P. W., Rafacz, J. & Rüsch, N. (2011). Examining a progressive model of self-stigma and its impact on people with serious mental illness. *Psychiatry Research, 189*(3), 339-343. doi:10.1016/j.psychres.2011.05.024

Corrigan, P. W. & Rao, D. (2012). On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. The Canadian Journal of Psychiatry, 57(8), 464-469. doi:10.1177/070674371205700804

Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly,44*(2), 350-383. https://doi-org.proxy.lib.pdx.edu/10.2307/2666999

Edmondson, A. (2003). Speaking up in the operating room: How team leaders promote learning in interdisciplinary action teams. Journal of Management Studies, 40(6), 1419-1452. https://doi-org.proxy.lib.pdx.edu/10.1111/1467-6486.00386

Endicott, J & Nee, J. (1997). Endicott Work Productivity Scale (EWPS): A new measure to assess treatment effects. Psychopharmacology Bulletin, 33(1), 13-16.

Elraz, H. (2018). Identity, mental health and work: How employees with mental health conditions recount stigma and the pejorative discourse of mental illness. *Human Relations, 71*(5), 722-741. https://doi-org.proxy.lib.pdx.edu/10.1177/0018726717716752

Farber, B. (2006). *Self-disclosure in psychotherapy*. New York: Guilford Press.

Farber, B., Khurgin-Bott, R., & Feldman, S. (2009). The benefits and risks of patient self-disclosure in the psychotherapy of women with a history of childhood sexual

abuse. Psychotherapy (Chicago, Ill.), 46(1), 52-67.

http://dx.doi.org/10.1037/a0015136

Follmer, K., & Jones, K. (2018). Mental Illness in the Workplace: An Interdisciplinary

Review and Organizational Research Agenda. Journal of Management, 44(1),

325-351. https://doi-org.proxy.lib.pdx.edu/10.1177/0149206317741194

Frazier, M., Fainshmidt, S., Klinger, R., Pezeshkan, A., & Vracheva, V. (2017).

Psychological Safety: A Meta-Analytic Review and Extension. *Personnel

Psychology, 70*(1), 113-165. doi:10.1111/peps.12183

Goffman, E. (1963). *Stigma; Notes on the management of spoiled identity.* (Spectrum

book). Englewood Cliffs, N.J.: Prentice-Hall.

Goldberg, D., & Hillier, V. (1979). A scaled version of the General Health Questionnaire.

Psychological Medicine, 9(1), 139-145.

doi: https://doi-org.proxy.lib.pdx.edu/10.1017/S0033291700021644

Honey, A. (2003) The impact of mental illness on employment: Consumer's perspectives.

Work 20(3): 267–276. Retrieved from:

http://search.ebscohost.com.proxy.lib.pdx.edu/login.aspx?direct=true&db=eih&A

N=9972792&site=ehost-live

Jourard, S. (1971). The transparent self (Rev. ed.). New York: Van Nostrand Reinhold.

Judge, T., & Watanabe, S. (1993). Another look at the job satisfaction-life satisfaction

relationship. Journal of Applied Psychology, 78(6), 939-948.

http://dx.doi.org/10.1037/0021-9010.78.6.939

Kahn, W. (1990). Psychological Conditions of Personal Engagement and Disengagement

at Work. *The Academy of Management Journal, 33*(4), 692-724. Retrieved from:

http://www.jstor.org/stable/256287 .

Lawrence, S.., Gardner, J., & Callan, V. (2007). The Support Appraisal for Work

Stressors Inventory: Construction and Initial Validation. *Journal of Vocational

Behavior, 70*(1), 172-204. doi:10.1016/j.jvb.2006.09.003

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. Annual Review of

Sociology, 27, 363–385. https://doi.org/10.1146/annurev.soc.27.1.363

Livingston, J., Patel, N., Bryson, S., Hoong, P., Lal, R., Morrow, M., & Guruge, S.

(2018). Stigma associated with mental illness among Asian men in Vancouver,

Canada. International Journal of Social Psychiatry, 64(7), 679-689.

doi: 10.1016/j.jvb.2006.09.003

Magai, C., Consedine, N., Fiori, K., & King, A. (2009). Sharing the Good, Sharing the

Bad: The Benefits of Emotional Self-Disclosure Among Middle-Aged and Older

Adults. Journal of Aging and Health, 21(2), 286-313.

https://doi-org.proxy.lib.pdx.edu/10.1177/0898264308328980

Milliken, F., Morrison, E., & Hewlin, P. (2003). An Exploratory Study of Employee

Silence: Issues that Employees Don't Communicate Upward and Why*. Journal

of Management Studies, 40(6), 1453-1476. https://doi-

org.proxy.lib.pdx.edu/10.1111/1467-6486.00387

Mueller, B., Nordt C., Lauber, C., Rueesch, P., Meyer, P. C., & Roessler, W. (2006). Social support modifies perceived stigmatization in the first years of mental illness: A longitudinal approach. *Social Science & Medicine, 62*(1), 39-49. doi: 10.1016/j.socscimed.2005.05.014

Munir, F., Jones, D., Leka, S., & Griffiths, A. "Work Limitations and Employer Adjustments for Employees with Chronic Illness." *International Journal of Rehabilitation Research* 28.2 (2005): 111-117. doi:10.1097/00004356-200506000-00003

Nadinloyi, K., Sadghi, H. & Hajloo, N., "The Relationship between Mental Health and Job Satisfaction in Education Personnel." International Journal of Psychology 47 (2012): 293-297. doi: 10.1016/j.sbspro.2013.06.554

Nils, F. & Rimé, B. "Beyond the Myth of Venting: Social Sharing Modes Determine the Benefits of Emotional Disclosure." *European Journal of Social Psychology* (2012): European Journal of Social Psychology, Oct. 2012, P.(1). doi:10.1002/ejsp.1880

Pennebaker, J. W. (Ed). (1995). Emotion, disclosure, & health. Washington, DC, US: American Psychological Association. http://dx.doi.org/10.1037/10182-000

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology, 87*(4), 698-714. doi:10.1037//0021-9010.87.4.698

Snell, W. E., Jr., Miller, R.S., & Belk, S.S. (2013) . The Emotional Self- Disclosure Scale

(ESDS). Measurement Instrument Database for the Social Science.

http://dx.doi.org/10.13072/midss.621

Singh, B., Shaffer, M., & Selvarajan, T. (2018). Antecedents of organizational and

community embeddedness: The roles of support, psychological safety, and need

to belong. *Journal of Organizational Behavior, 39*(3), 339-354.

https://doi-org.proxy.lib.pdx.edu/10.1002/job.2223

Stratton, E., Einboden, R., Ryan, R., Choi, I., Harvey, S., & Glozier, N. (2018). Deciding

to Disclose a Mental Health Condition in Male Dominated Workplaces; A Focus-

Group Study. Frontiers in Psychiatry, 9, 1-10. doi:10.3389/fpsyt.2018.00684

U.S. Department of Health and Human Services, National Institutes of Health, National

Institute of Mental Health. (2015). NIMH Strategic Plan for Research (NIH

Publication No. 02-2650). Retrieved from:

https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

U.S. Department of Health and Human Services, National Institutes of Health, National

Institute of Mental Health. (2015). NIMH Strategic Plan for Research (NIH

Publication No. 02-2650). Retrieved from:

https://www.nimh.nih.gov/health/topics/depression/index.shtml

Retrieved from: https://www.nimh.nih.gov/health/topics/depression/index.shtml

Van Dyne, L., Ang, S., & Botero, I. (2003). Conceptualizing Employee Silence and

Employee Voice as Multidimensional Constructs*. Journal of Management

Studies, 40(6), 1359-1392. https://doi-org.proxy.lib.pdx.edu/10.1111/1467-

6486.00384

APPENDIX A

7	8	9	10	11	M	SD
					2.67	1.05
					3.93	1.33
					3.51	1.45
					3.32	0.86
					3.14	0.54
					2.74	0.93
(.74)					2.77	0.79
-.44**	(.89)				2.52	0.85
-.50**	.72**	(.92)			2.22	0.85
-.25**	.28**	.25**	(--)		1.51	0.50
.01	.05	.07*	.05	(--)	0.41	0.50

Table 1.
Correlations, Alphas, Means, and Standard Deviations

	1	2	3	4	5	6
Self-Disclosure	(.95)					
Stigma (Others)	.11**	(.94)	.			
Stigma (Self)	.36**	.62**	(.95)		.	
Support	.31**	-.11**	.09*	(.81)		
Psy. Safety	.03	-.31**	-.04	.45**	(.53)	
Productivity	-.64**	-.26**	-.37**	-.09*	.20**	(.96)
Job Sat.	-.22**	-.28**	-.15**	.27**	.48**	.51**
Anxiety	.43**	.22**	.21**	.01	-.22**	-.63**
Depression	.54**	.28**	.36**	.07*	-.20**	-.72**
Mental Illness Diagnosis	.10**	.06	-.06	-.01	-.13**	-.17**
Sex	-.09**	-.05	-.17**	-.08**	-.11**	.11**

Note. Reliability coefficients have been inserted in the diagonals. Correlations are not corrected for measurement error. Listwise *N* = 756.

Sex was coded as *0* = Male, *1* = Female.

Mental Illness Diagnoses was coded as *0* = No, *1* = Yes.

* = significant at the 0.05 level

** = significant at the 0.01 level

APPENDIX B

Self-Disclosure in the Workplace

You are being asked to take part in a research study. The box below shows the main facts you need to know about this research for you to think about when making a decision about if you want to join in. Carefully look over the information in this form and ask questions about anything you do not understand before you make your decision.

Key Information for You to Consider

Voluntary Consent. You are being asked to volunteer for a research study. It is up to you whether you choose to involve yourself or not. There is no penalty if you choose not to join in or decide to stop.

Purpose. The reasons for doing this research are to understand what factors influence to self-disclosure about mental illness in the workplace. By examining the impact of the measures included in the survey, we plan to apply this research to understanding if there is a connection between the predictors of self-disclosure and the potential workplace outcomes.

Duration. It is expected that your part will last 10-15 minutes to complete the survey. Procedures and Activities. You will be asked to complete a survey that asks you to respond to questions that relate to mental health and stigma in the workplace.

Risks. Risks are no greater than one would encounter in everyday activities. Participants are informed at the beginning of the study that they are welcome to drop out of the study at any time should any discomforts arise. While levels of discomfort should be minimal, participants may choose to skip any questions. Participants are provided with the researchers' email addresses and told they can contact the researchers with any issues. Some of the possible risks or discomforts of taking part in this study include the potential for psychological discomfort of self-reporting mental health symptoms and your perception of the stigma that exists about mental health.

Benefits. There is no direct benefit to participants in this study; however, the researchers hope to learn more about the impact of stigma on self-disclosure in the workplace. This will help to gain an understanding of the outcomes and potential benefits of employees self-disclosing mental illness in their workplace. Options. Participation is voluntary, and the only alternative is to not participate.

What happens to the information collected?
Information collected from you for this research will be used solely for the purpose of this study. Only the aggregated results will be presented. If the study is published, only the

aggregated results will be published as well. At no point will any identifiable information be collected, published or disseminated.

How will I and my information be protected?
We will take measures to protect your privacy by not collecting any personal information with your survey responses. This survey will be conducted blind; therefore, the researchers will never be aware of the identities of the participants. To protect all of your personal information, the survey responses will be collected through Qualtrics, and online survey tool, that is password protected. Only the researchers will have access to the survey responses. In addition, all data collected from this survey will be stored on a password protected drive.

What if I want to stop being in this research?
You do not have to take part in this study, but if you do, you may stop at any time. You have the right to choose not to join in any study activity or completely stop your participation at any point without penalty or loss of benefits you would otherwise get. Your decision whether or not to take part in research will not affect your relationship with the researchers or Portland State University.

Will it cost me money to take part in this research?
There is no cost to taking part in this research, beyond your time.

Will I be paid for taking part in this research?
Participants were paid $0.25 to take part in this study.

Who can answer my questions about this research? If you have questions or concerns, contact the research team at:

Samantha Reynolds
(216) 659-7047
sreyno2@pdx.edu

Brian Manata, PhD
(908) 463-1587
manata@pdx.edu

Who can I speak to about my rights as a research participant? The Portland State University Institutional Review Board ("IRB") is overseeing this research. The IRB is a group of people who review research studies to make sure the rights and welfare of the people who take part in research are protected. The Office of Research Integrity is the office at Portland State University that supports the IRB. If you have questions about your rights, or wish to speak with someone other than the research team, you may contact:

 Office of Research Integrity

PO Box 751
Portland, OR 97207-0751
Phone: (503) 725-5484
Toll Free: 1 (877) 480-4400
Email: hsrrc@pdx.edu

Consent Statement I have had the chance to read and think about the information in this form. I have asked any questions I have, and I can make a decision about my participation. I understand that I can ask additional questions anytime while I take part in the research.

O I agree to take part in this study

O I do not agree to take part in this study

Goldberg (1972) General Health Questionnaire

Items rated on a scale of 1- Not at all to 4 - Much more than usual

PLEASE CONSIDER THE FOLLOWING QUESTIONS. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

Anxiety
1. Lost much sleep over worry?
2. Had difficulty in staying asleep once you are off?
3. Felt constantly under strain?
4. Been getting edgy and bad-tempered?
5. Been getting scared or panicky for no good reason?
6. Found everything getting on top of you?
7. Been feeling nervous and strung-up all the time?

PLEASE CONSIDER THE FOLLOWING QUESTIONS. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

Items rated on a scale of 1- Definitely not to 4 - Much more than usual

Depression
1. Been thinking of yourself as a worthless person?
2. Felt that life is entirely hopeless?
3. Felt that life isn't worth living?
4. Thought of the possibility that you might take away with yourself?
5. Found at times you couldn't do anything because your nerves were too bad?

6. Found yourself wishing you were dead and away from it all?
7. Found that the idea of taking your own life kept coming into your mind?

Edmondson (1999) Psychological Safety Scale

Items rated on a scale of 1 - Strongly disagree, 5 - Strongly agree

WHEN ANSWERING THE FOLLOWING QUESTIONS, PLEASE CONSIDER YOUR CURRENT WORKPLACE INTERACTIONS.

1. If you make a mistake in this organization it is often held against you (R)
2. Members of this organization are able to bring up problems and tough issues
3. People in this organization sometimes reject others for being different (R)
4. It is safe to take risks in this organization
5. It is difficult to ask other members of this organization for help (R)
6. No one in this organization would deliberately act in a way that undermines my efforts
7. Working with members of this organization, my unique skills and talents are valued and utilized

Lawrence et al. (2007) Support Appraisal for Work Stressors (SAWS)

Items rated on a scale of 1- Not at all, 5 - very often

WHEN ANSWERING THE FOLLOWING QUESTIONS, PLEASE CONSIDER YOUR CURRENT WORKPLACE INTERACTIONS.

1. I can rely on my coworkers to help me feel better when I experience work-related problems
2. I can rely on my coworkers when I need to talk about work-related problems
3. I can rely on my coworkers to be sympathetic and understanding about my work-related problems

Snell, Miller, & Belk (2013) Emotional Self-Disclosure Scale (ESDS)

Items rated on a scale of 1- I have not discussed this topic with my coworkers to 5 - I have fully discussed this topic with my coworkers

WHEN ANSWERING THE FOLLOWING QUESTIONS, PLEASE CONSIDER YOUR CURRENT WORKPLACE INTERACTIONS. HAVE YOU DISCUSSED THE FOLLOWING FEELINGS WITH YOUR COWORKERS?

Depression

1. Times you felt depressed
2. Times you felt discouraged
3. Times you felt pessimistic
4. Times you felt sad
5. Times you felt unhappy

Anxiety
6. Times you felt anxious
7. Times you felt troubled
8. Times you felt worried
9. Times you felt uneasy
10. Times you felt flustered

Endicott and Nee (1997) Endicott Work Productivity Scale (EWPS)

Items rated on a scale of 1 - Never, 5 - Almost always

During the past week, how frequently did you…

1. Arrive at work late or leave early? (R)
2. Take longer lunch hours or coffee breaks? (R)
3. Just do no work at times when you would be expected to be working? (R)
4. Find yourself daydreaming, worrying, or staring into space when you should be working? (R)
5. Have to do a job over because you made a mistake, or your supervisor told you to do a job over? (R)
6. Waste time looking for misplaced supplies, materials, papers, phone numbers, etc.? (R)
7. Find you have forgotten to call someone? (R)
8. Find you have forgotten to respond to a request? (R)
9. Become annoyed with or irritated by coworkers, boss/supervisor, clients/ customers/ vendors or others? (R)
10. Become impatient with others at work? (R)
11. Avoid interaction with coworkers, clients, vendors, or supervisors? (R)
12. Have a coworker redo something you had completed? (R)
13. Find it difficult to concentrate on the task at hand? (R)
14. Fall asleep unexpectedly or become very sleepy while at work? (R)
15. Become restless while at work? (R)
16. Notice that your productivity for the time spent is lower than expected? (R)
17. Notice that your efficiency for the time spent is lower than expected? (R)
18. Lose interest or become bored with your work? (R)
19. Work more slowly or take longer to complete tasks than expected? (R)
20. Have your boss/ coworkers remind you to do things? (R)
21. Not want to return phone calls or putt off returning phone calls? (R)

22. Have trouble organizing work or setting priorities? (R)
23. Fail to finish assigned tasks? (R)
24. Feel too exhausted to do your work? (R)

Babin & Boles (1996) Job Satisfaction

Items rated on a scale of 1- Strongly disagree, 5 - Strongly agree

1. I consider my job rather unpleasant. (R)
2. I am often bored with my job. (R)
3. I feel fairly well-satisfied with my present job.
4. Most of the time I have to force myself to go to work. (R)
5. I definitely dislike my work. (R)
6. Most days I am enthusiastic about my work.
7. My job is pretty uninteresting. (R)
8. I find real enjoyment in my work.
9. I am disappointed that I ever took this job. (R)

Corrigan, P.W., Watson, A.C., Barr, L., (2006) Self-Stigma of Mental Illness Scale (SSMIS)

Items rated on a scale of 1 - Strongly agree, 7 - Strongly disagree

Awareness
1. My coworkers believe most persons with mental illness cannot be trusted (R)
2. My coworkers believe most persons with mental illness are disgusting (R)
3. My coworkers believe most persons with mental illness are unable to get or keep a regular job (R)
4. My coworkers believe most persons with mental illness are dirty and unkempt (R)
5. My coworkers believe most persons with mental illness are to blame for their problems (R)
6. My coworkers believe most persons with mental illness are below average intelligence (R)
7. My coworkers believe most persons with mental illness are unpredictable (R)
8. My coworkers believe most persons with mental illness will not recover or get better (R)
9. My coworkers believe most persons with mental illness are dangerous (R)
10. My coworkers believe most persons with mental illness are unable to take care of themselves

Agreement

WHEN ANSWERING THE FOLLOWING QUESTIONS, PLEASE CONSIDER YOUR BELIEFS REGARDING MENTAL ILLNESS.

1. I believe most persons with mental illness are to blame for their problems (R)
2. I believe most persons with mental illness are unpredictable (R)
3. I believe most persons with mental illness will not recover or get better (R)
4. I believe most persons with mental illness are unable to get or keep a regular job (R)
5. I believe most persons with mental illness are dirty and unkempt (R)
6. I believe most persons with mental illness are dangerous (R)
7. I believe most persons with mental illness cannot be trusted (R)
8. I believe most persons with mental illness are below average intelligence (R)
9. I believe most persons with mental illness are unable to take care of themselves (R)
10. I believe most persons with mental illness are disgusting (R)

DEMOGRAPHICS

What is your biological sex?

Male

Female

How old are you (in years)? _____

Choose one or more races that you consider yourself to be:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Other _____

What is the highest level of school you have completed or the highest degree you have received?

Less than high school degree

High school graduate (high school diploma or equivalent including GED)

Some college but no degree

Associate degree in college (2-year)

Bachelor's degree in college (4-year)

Master's degree

Doctoral degree

Professional degree (JD, MD)

Information about income is very important to understand. Would you please give your best guess? Please indicate the answer that includes your entire household income in (previous year) before taxes.

Less than $10,000

$10,000 to $19,999

$20,000 to $29,999

$30,000 to $39,999

$40,000 to $49,999

$50,000 to $59,999

$60,000 to $69,999

$70,000 to $79,999

$80,000 to $89,999

$90,000 to $99,999

$100,000 to $149,999

$150,000 or more

Which statement best describes your current employment status?

Working (paid employee)

Working (self-employed)

Not working (temporary layoff from a job)

Not working (looking for work)

Not working (retired)

Not working (disabled)

Not working (other) _____

Prefer not to answer

How many employees work in your establishment?

1-4

5-9

10-19

20-49

50-99

100-249

250-499

500-999

1000 or more

Where are you employed?

PRIVATE-FOR-PROFIT company, business or individual, for wages, salary or commissions

PRIVATE-NOT-FOR-PROFIT, tax-exempt, or charitable organization

Local GOVERNMENT employee (city, county, etc.)

State GOVERNMENT employee; 5-Federal GOVERNMENT employee

Federal GOVERNMENT employee

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm

Working WITHOUT PAY in family business or farm

Which of the following industries most closely matches the one in which you are employed?

Forestry, fishing, hunting or agriculture support

Real estate or rental and leasing

Mining

Professional, scientific or technical services

Utilities

Management of companies or enterprises

Construction

Admin, support, waste management or remediation services

Manufacturing

Educational services

Wholesale trade

Health care or social assistance

Retail trade

Arts, entertainment or recreation

Transportation or warehousing

Accommodation or food services

Information

Other services (except public administration)

Finance or insurance

Unclassified establishments

Please indicate your occupation:

Management, professional, and related

Service

Sales and office

Farming, fishing, and forestry

Construction, extraction, and maintenance

Production, transportation, and material moving

Government

Retired

Unemployed

Do you work from home?

Yes

No

Have you ever been diagnosed with a mental illness (i.e. anxiety, depression)?

Yes

No