

Managers' attitudes toward employees with depression and organizational citizenship behaviors in the hospitality industry: assessing the mediating role of personality

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Abstract

Purpose – This study aims to examine the individual and contextual predictors of managerial attitudes toward employees with chronic depression (EwCD) in the hospitality and tourism field, the relationship between managerial attitudes toward EwCD and levels of organizational citizenship behavior, and the mediating role of personality in this relationship.

Design/methodology/approach – Empirical data were collected through an online survey of 305 managers working in the hospitality and tourism industry in the USA. SmartPLS 3 software was used to conduct a partial least squares-structural equation modeling analysis.

Findings – Organizational and individual characteristics of managers, such as pressure to be productive in the workplace, previous experience with depression, levels of anxiety and personality characteristics, are strong predictors of attitudes toward employees with depression. Personality mediates the effect of managers' attitudes toward organizational citizenship behavior.

Practical implications – The study provided support that managers who have experienced depression are more understanding of the needs of EwCD and, consequently, can reduce related stigma in the workplace. Likewise, open and agreeable managers who do not feel the constant pressure to showcase high performance and who score low on anxiety and high on organizational citizenship behavior can create a safe working environment free from prejudice and discrimination toward EwCD.

Originality/value – Examining depression in the hospitality and tourism industry becomes even more critical as mental health issues are increasing in the workplace. This research contributes to the hospitality and tourism literature, which seldom investigates managerial perspectives of mental illness



and sheds light on the desirable managerial personality traits necessary for creating an inclusive workplace.

Keywords Employees, Depression, Managers, Hospitality, Tourism, Attitudes, Organizational citizenship behavior, Personality, Stigma

Paper type Research paper

1. Introduction

According to the 2018 National Survey on Drug Use and Health, one in five US adults (aged 18 and over) experienced mental illness in 2018, and 17.7 million of those experienced at least one major depressive episode (MDE) ([Substance Abuse and Mental Health Services Administration, 2019](#)). The mental well-being of US employees reached a five-year low in 2018, as the prevalence of depression among US workers increased by more than 18% between 2014 and 2018 ([Happify Health, 2019](#)). A national survey in the UK found that managers are disconnected from the reality of employee experience. Specifically, half of the employees who disclosed symptoms of mental illness said that their employers took no mitigating actions, and only 22% of managers were found to have had relevant mental health training at work ([Bean, 2016](#)).

For employees with chronic depression (EwCD), an unsupportive employer can be a real obstacle. Research has shown that working for an unsupportive employer increases the likelihood and duration of sick leave taken by EwCD ([Nieuwenhuijsen et al., 2004](#); [Thisted et al., 2018](#)). Thus, working for an unsupportive employer makes it more difficult for EwCD to maintain normal and consistent work habits. Still, it is important to realize that employers have very limited opportunities available to support EwCD. One major reason for this is the fact that employees often fail to disclose their condition when their depressive symptoms, such as guilt, self-blame and low self-confidence, begin to affect their emotions, cognition and behavior. Additionally, the stigma attached to depression and the fear of being labeled “damaged goods” often discourage EwCD from disclosing their condition ([Gurchiek, 2018](#); [Lochner et al., 2003](#); [Martin and Fisher, 2014](#); [Thisted et al., 2018](#)).

The increased deterioration of mental health among EwCD and the disconnect between EwCD and their managers create the need to study the qualities of a manager who supports mental health in the workplace. Deeper awareness and understanding of the factors that influence attitudes toward mental illness can help promote a more positive work environment for EwCD. Additionally, managers who are more effective and efficient at managing employees with mental health conditions are more likely to promote positive behaviors in the workplace, increase worker productivity, reduce costs related to untreated mental illness, develop better organizational citizenship behaviors (OCBs) and foster more positive relationships between managers and employees ([Dimoff, 2016](#); [Shann et al., 2014](#)).

Despite research conducted on the employment of people with disabilities (PwDs) related to employers' and customers' attitudes in the hospitality and tourism industry ([Geng-Qing Chi and Qu, 2008](#); [Gröschl, 2005, 2013](#); [Houtenville and Kalargyrou, 2012, 2015](#); [Kalargyrou et al., 2020](#); [Köseoglu et al., 2021](#)), research on mental illness remains scarce. In addition, only a few existing hospitality studies examine employee depression as it relates to sexual harassment, burnout, job insecurity and emotional exhaustion ([Aguilar-Quintana et al., 2021](#); [Karatepe and Tizabi, 2010](#); [Zhu et al., 2018](#)). Studies examining leadership attitudes toward depression and the role of personality are also lacking.

Examining depression in the hospitality and tourism industry becomes even more critical as mental health and well-being have been strongly affected during the COVID-19

pandemic, which has hit the hospitality and tourism sectors particularly hard ([Centers for Disease Control and Prevention, 2022a](#)). Depression can result in direct and indirect costs for a hospitality business. It can harm employees' cognitive abilities, motivation and productivity. Thus, the design of effective strategies to address the phenomenon of depression, especially postpandemic, is pivotal ([Ruiz-Palomino et al., 2022](#)). This research sheds light on the managerial personality traits necessary for creating an inclusive workplace.

To fill this research gap, the present exploratory study will attempt to:

- identify individual (i.e. managers' mental health and mental health literacy, locus of control and personal traits) and contextual (i.e. organizational climate) predictors of managerial attitudes toward employees with clinical depression;
- investigate the relationship between managerial attitudes toward EwCD and levels of organizational citizenship behavior; and
- examine the mediating role of personality in the relationship between managers' attitudes and organizational citizenship behavior at the managerial level.

This study contributes to the body of knowledge in the hospitality and tourism field by offering empirical research findings and discussions on the interventions that could assist in promoting mental health within hospitality organizations in favor of EwCD.

2. Conceptual framework and hypotheses development

2.1 *Depression and stigma*

Clinical or major depression is the most severe form of depression ([Mayo Clinic, 1998-2020](#)) and is among the top three problems facing employees in the workplace. According to the National Institutes of Health, depression is one of the leading risk factors for suicide. In 2020, among adults aged 18 or older, 8.4% (or 21 million people) had a MDE within the past year. The percentage was highest among young adults aged 18 to 25 (17% or 5.6 million people), followed by adults aged 26 to 49 (9.1% or 9.2 million people) and those aged 50 or older (5.4% or 6.2 million people) ([Substance Abuse and Mental Health Services Administration, 2021](#)). More recent studies report an increase in rates of depression, which women are more likely to report. Specifically, a study examining waiters in upscale restaurants reported that 59.6% had at least one mental health problem and that 38.3% were depressed ([Saah et al., 2021](#)).

Depression rates tripled during the COVID-19 pandemic, increasing rates of morbidity and mortality ([Centers for Disease Control and Prevention, 2022b](#)). The outbreak and its attendant fears of economic crisis have devastated the global hospitality and tourism industry, leaving thousands of employees without employment or job security, creating social disconnectedness and perceived isolation and resulting in depressive symptoms (especially in women and younger employees). Research has shown that social support from family, friends and coworkers can mitigate the effects of social isolation. Management needs to rethink policies and procedures to better deal with the psychological factors associated with an unusual increase in the deterioration of employees' mental health ([Chen et al., 2021](#); [Khan et al., 2021](#); [Nisar et al., 2021](#); [Yang and Wong, 2021](#)).

The 2018 National Survey on Drug Use and Health defines a MDE as:

[a] period of at least two weeks when a person experiences a depressed mood or loss of pleasure in daily activities, and had a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth ([National Institute of Mental Health, 2022](#)).

Although depression may be broadly defined as sadness, clinical depression refers to a diagnosable medical disorder (Parker *et al.*, 2012). The severity of symptoms varies with each individual's experience, resulting in either short-term depressive mood states or longer-lasting clinical depression (National Institute of Mental Health, 2011). To be considered a diagnosable state, *clinically significant* symptoms must impair individuals' functioning (Parker and Paterson, 2015). Similarly, a major depressive disorder is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) as presenting with symptoms including significantly decreased mood or interest (American Psychiatric Association, 2013).

The incidence of depression in the workplace creates low productivity, sick leave absences and low workplace morale (Pizam, 2008). Depression occurs mostly in adults of working age as one of the top employee problems in human resources and is a cause of increased treatment costs and lost productivity (Mental Health America, 2018). In total, 70% of individuals with depression are employed, resulting in about 400 million lost workdays per year (Sipkoff, 2006). Individuals living with depression also report potential negative effects on their job as one of the top reasons for not seeking treatment (Center for Behavioral Health Statistics and Quality, 2017).

Research shows that depression is a common phenomenon in the hospitality workplace (Karatepe and Tizabi, 2010; Shani and Pizam, 2009). Occupations involving food preparation and serving reported the highest rates of depression: 10.3% of adult food service employees reported a MDE. Women in tipped service work are more likely than men to report depression than women in nonservice work. The reasoning lies in the precarious nature of service work, which often entails a lack of access to benefits, low wages, unusual hours and last-minute scheduling practices (Andrea *et al.*, 2018).

To explain managerial attitudes and the stigma of mental illness, our study will use the tripartite model of attitudes, consisting of cognitive, affective and behavioral components (Eagly and Chaiken, 1993; Ottati *et al.*, 2005). Social psychologists make a distinction between stereotyping, prejudice and discrimination. Stereotyping refers to false correlations between an individual's abilities and perceived weakness or deficiency. Prejudice manifests as an active disliking of people who possess said perceived weakness or deficiency. Within the area of mental health, discrimination may lead, for example, to an employer refusing to offer a job based purely on the prospective employee's cognitive impairment (Martin, 2010).

Stereotyping, prejudice and discrimination are often causally related. For example, an individual who believes that a person with depression is incompetent (stereotype) might evaluate an individual with depression in a negative fashion (prejudice), ultimately refusing to hire that person (discrimination) (Ottati *et al.*, 2005). For the present study, we measured managers' attitudes toward EwCD to assess our three attitudinal dimensions of interest.

2.2 Manager characteristics

Recent research in social psychology postulates that individuals who have not experienced a particular situation for themselves will be less able to respond effectively than individuals who have already experienced it. This is especially true in situations involving moral implications (such as intervening with a potentially depressed employee) because an individual who has not experienced such a situation tends to form overly positive predispositions about how they will react if that situation ever arises, which can cloud their decision-making ability. This is called the holier-than-thou phenomenon (Balcetis and Dunning, 2008). In keeping with this idea, when examining the impact of disability and disability type on service quality delivery and stereotyping, individuals tended to express less stereotyping toward PwDs when they had previous experience interacting with a PwD in their family or close circle of friends (Kalargyrou *et al.*, 2018, 2020). This can be further

explained using the theoretical framework of social identity theory, in which people tend to form categories and classify themselves into different groups based on social behaviors, holding a more positive image of the group to which they belong. Furthermore, they tend to rate and evaluate in-group members (people who have not experienced depression) higher than out-group members (people who have experienced depression) (Tajfel and Turner, 1979, 1986).

Research has shown that a manager's ability to develop an awareness of an employee's mental health issue depends on two types of knowledge: conceptual knowledge, which refers to a knowledge of different mental health conditions and how they manifest in the workplace, and procedural knowledge, which refers to an understanding of the process by which a manager can best observe and investigate employees' workplace behaviors and address any concerns that may arise (Martin and Fisher, 2014; Martin *et al.*, 2015).

Several studies have suggested that improving managers' conceptual knowledge will enhance their future experiences in dealing with EwCD. A 2012 survey of workplace managers and supervisors conducted by Ipsos Reid revealed that while 55% of respondents claimed to have personally intervened with an employee showing signs of depression, only 31% of respondents stated that they had received adequate training to be able to identify and respond appropriately to such indicators. Furthermore, 63% felt they would have been able to more effectively respond to their employees' depression if they had received better training and education in dealing with such a situation (Ipsos Reid, 2012). Managers who received education and/or training regarding employee mental health disorders were significantly more likely to implement strategies to reduce the prevalence of employee depression (Van der Voort *et al.*, 2019) and believed that such training could lead to increased employment for individuals with mental health issues (Ottewell, 2019).

The importance of improving managers' procedural knowledge has also been documented. Hauck and Chard (2009) conducted interviews of employees and managers at a Canadian forest products company and found that, among their respondents, perception of the process of supporting workplace depression was heavily influenced by prior knowledge, experience and understanding of depression, among other factors. Martin *et al.* (2018) conducted interviews with a sample of Australian managers, each of whom had supervised an employee with emerging mental health issues caused by depression or burnout. These respondents reported a range of positive elements gained from the experience of supporting an employee with a mental health issue, including new professional knowledge and insights that may contribute to an overall reduction in stigma toward employee mental health. Numerous other articles have reached similar conclusions highlighting the need for employers to develop a more thorough understanding of the mental health conditions (such as depression) their employees have. This can ultimately help facilitate a more accommodating workplace environment for employees with these conditions (O'Brien and Fisher, 2019; Putnam and McKibbin, 2004; Thisted *et al.*, 2019). Therefore, the following hypothesis is proposed:

H1a. Managers who have more experience in dealing with depression (i.e. on a personal and professional level) will report more positive attitudes toward EwCD.

While there is currently a sizable body of literature regarding the various links between employee stress, anxiety and workplace depression, surprisingly little work has been done to examine the relationship between manager stress, anxiety and the attitudes that managers demonstrate toward employees with mental health conditions. One relevant strand of the literature examines the connection between manager stress and abusive supervision. For example, a study by Burton *et al.* (2012) established a link between supervisor stress and abusive supervision. Additionally, a study by Mawritz *et al.* (2014)

found that supervisors who are given tasks they deem to be especially difficult demonstrate increased levels of hindrance stress, which leads them to display angrier and more anxious behaviors at work. Since managing EwCD and other mental health conditions can be a difficult task (Gurchiek, 2015), it follows that supervisors charged with doing so tend to have increased levels of stress, thus impacting their attitudes toward EwCD.

Managers who report higher levels of stress are also more likely to report negative affective and cognitive attitudes toward employees with a mental health condition such as depression. Managing EwCD under stress tends to provoke deeper prejudice in response to additional situational challenges (Martin, 2010). Managers often report feeling unsure about what to do when a staff member has a mental illness, which causes additional stress for managers (Gayed *et al.*, 2018). Therefore, the following hypotheses are proposed:

H1b. Managers with high levels of anxiety will report more negative attitudes toward EwCD.

H1c. Managers with high levels of stress will report more negative attitudes toward EwCD.

2.3 Locus of control

One of the factors examined in this study that could potentially influence attitudes toward EwCD is the internal *locus* of control. Internal *locus* of control is the belief that people have the ultimate power and control over both positive and negative situations in life. Internal *locus* of control has an inverse relationship with depression, especially among employees with lower workloads (Gray-Stanley *et al.*, 2010). Research further supports that managers with more negative attitudes toward EwCD have a higher *locus* of control and hold workers more accountable for their behaviors in the workplace and attribute declining work performance to lack of effort (Martin, 2010). Depression is often perceived as less stable and more blameworthy than physical illnesses (Monteith and Pettit, 2011). Thus, managers who perceive employees as accountable for personal life events and circumstances are more likely to discriminate against EwCD because they perceive that people have control over life circumstances and do not understand what it feels like to be depressed (Chan *et al.*, 2005; Gray-Stanley *et al.*, 2010). Therefore, the following hypothesis is proposed:

H1d. Managers whose locus of control is more internally oriented will report more negative attitudes toward EwCD.

2.4 Contextual organizational characteristics

Organizational climate refers to a psychological meaningful representation of one's place of work (Aarons and Sawitzky, 2006). It consists of attributes that are shaped by organizational context (Liu and Chan, 2017). Workplace climate is often the product of organizational members' responses to and perceptions of organizational context (Liu and Chan, 2017). Martin (2010) found that contextual factors can also influence managers' attitudes toward EwCD.

Employee welfare is a comprehensive term used to describe organizational efforts on the part of an organization to support employee betterment and well-being (Martin, 2010). These efforts include any initiatives that go beyond employees' wages to help provide a better quality of life and health to workers. Employee welfare initiatives may occur inside and outside of the workplace (e.g. honors and awards and employee benefits), increasing

motivation among employees and encouraging interpersonal relations to be trusting, cooperative and supportive (Patterson *et al.*, 2005). In a recent study, Gordon and Adler (2017) examined the impact of wellness benefits on line-level employees' perceptions of well-being in the workplace. Their findings demonstrate how contextual factors, such as employee welfare initiatives, can shape employees' attitudes in the workplace and make them feel valued and supported in their roles (Gordon and Adler, 2017).

Often, managers experience high levels of stress. Therefore, having to deal with EwCD may constitute an additional source of pressure. Martin (2010) found that Australian managers perceive EwCD more negatively when they have higher levels of stress. In the hospitality industry, managers often experience long hours, high levels of job insecurity, demanding customers and high work stress that can intensify conflicts between work and family. The high levels of stress that hospitality managers face correlate with job burnout (Higgins, 2020; Shani and Pizam, 2009; Zhao *et al.*, 2014). Hospitality employers believe that work expectations cannot be effectively performed by PwDs. In some cases, they are unable to find qualified PwDs (Houtenville and Kalargyrou, 2012, 2015; Jasper and Waldhart, 2013). Because hospitality managers assume high-stress roles, hiring high-performing employees is vitally important. Moreover, employers, perceiving that EwCD are lower performers, are less likely to hire EwCD than employees with physical conditions (Glozier, 1998).

Workplace norms are organizational contextual factors that can influence the overall climate in the workplace. Martin (2010) found that managers subscribing to less supportive norms were more averse to the disclosure of depression and exhibited negative attitudes toward EwCD. While depression disclosure can assure that employees receive appropriate workplace accommodations, many employees may not feel safe coming forward in the workplace (Tugend, 2014). In a study on disability disclosure, Schrader *et al.* (2013) found that out of 600 PwDs, around a quarter of the respondents reported unfavorable outcomes when they disclosed information about their disability to their current or potential employer. In particular, participants reported feeling treated differently or held back from being promoted after opening up to their employers about their condition (Schrader *et al.*, 2013). This research aims to further investigate whether managers are more likely to report positive attitudes toward employees with disabilities when they perceive a positive organizational climate in their workplace. Therefore, the following hypothesis is proposed:

- H2. Managers who perceive their organization as having a positive organizational climate (i.e. organizational welfare, the pressure to produce) will report more positive attitudes toward EwCD.

2.5 Personality as a mediator in the relationship between managers' attitudes and organizational citizenship behavior-individual

2.5.1 Personality and attitudes. Given that 6% of American workers experience depression, research is needed on managers' personality traits concerning attitudes toward EwCD (Martin, 2010). According to organizational behavior theory, a relationship exists between managers' personality traits and attitudes toward employees (Doan *et al.*, 2021; Parker *et al.*, 2003). Several personality traits correlate to attitudes toward EwCD. In an analysis of the "Big Five" personality traits, managers score higher in neuroticism than other types of employees, resulting in more emotions such as anxiety, anger, self-consciousness and impulsiveness (Hao and Scott, 2006). These traits often emerge from working within strict organizational procedures, carrying over to interactions with employees. Regarding EwCD, managers who are considered good listeners may be more supportive of workplace mental

health after individually meeting with all employees (Twenge and Campbell, 2008). Similarly, managers considered to be open and accommodating present with more positive attitudes toward EwCD.

Sibley and Duckitt (2008) conducted a meta-analysis of 4,713 participants and found that openness (to experience) and agreeableness were moderately and inversely correlated with general prejudice. Brown (2012) and Costa and McCrae (1992) examined the stigma toward individuals with severe mental illness and found similar results. Openness and agreeableness were inversely correlated to stigma, while neuroticism was correlated to stigma. In another study investigating stigma toward attention-deficit/hyperactivity disorder in adulthood, agreeableness, conscientiousness and extraversion positively predicted social acceptance; however, the study did not find any significant differences in the impacts of neuroticism and openness (Canu *et al.*, 2008).

2.5.2 Personality and organizational citizenship behavior. OCB describes employees who exceed job expectations for the betterment of the company regardless of financial incentives or performance targets (Rayner *et al.*, 2012). Although financial incentives are often used in capitalist companies, they rarely improve employees' motivation and performance (Murphy, 2007). Rather, the OCB model highlights the unspoken obligation among employees to engage in altruistic behaviors to promote a loyal workplace environment.

Personality traits are significant predictors of OCB characteristics, resulting in increased customer satisfaction in service industries (Mahajan, 2017). Managers who have proactive personality characteristics such as openness, conscientiousness and agreeableness are more likely to engage in discretionary behavior that benefits the organization and its mission, such as supporting coworkers or prioritizing customer service (Chiaburu *et al.*, 2011; Singh and Singh, 2009). On the other end, neuroticism is the least likely predictor of OCB characteristics. Agreeable personality traits create more OCB and, therefore, increased organizational efficiency and effectiveness (Mahajan, 2017). Another outcome of these personality traits is the increased likelihood of positive coworker interactions. A recent trend in supervision styles sees managers inviting employees to regular meetings dedicated to individualized progress (Twenge and Campbell, 2008). This extra step on the part of managers, in turn, creates increased satisfaction and commitment to their job among the employees they supervise, providing further support for EwCD. The combination of personality traits and OCB creates a positive workplace for employees in need of support.

Ma and Qu (2011) have suggested that OCB should be categorized into OCB-O and OCB-I for the organization and individual, respectively. Actions of OCB-O include above-normal attendance and limited time allocation for personal reasons during work, whereas OCB-I refers to helping behaviors such as assisting coworkers with additional tasks and traits such as altruism, peacekeeping, courtesy and cheerleading efforts toward others (Newland, 2012). Dividing the OCB framework into OCB-O and OCB-I is a valid and meaningful model for the hotel industry (Ma and Qu, 2011). The current study will focus on OCB-I, given that the emphasis is on individual managers and the provision of a supportive working environment for EwCD.

Perceived organizational diversity and human resource diversity management are positively related to OCB (Hsiao *et al.*, 2015; Shen *et al.*, 2010). Specifically, higher levels of diversity in the workplace contribute to higher levels of OCB, possibly due to an increased sense of belonging (Hsiao *et al.*, 2015). A study on perceived low-status minorities (in terms of disability, gender, ethnicity and racial background) reported a relationship between perceived injustice and withdrawal from OCBs (Mamman *et al.*, 2012). Supervisory commitment and perceived supervisory support increased the likelihood of individuals

participating in OCBs and the perception of more productive employees. Therefore, to increase OCBs, supervisors should focus on offering support and changing the work environment and perceived positive experiences (De Vries, 2012).

We posit that personality traits such as openness and conscientiousness can broker the relationship between attitude and OCB. Situational attitude refers to individuals' outlook on certain situations that may influence their behavior. For example, when managers encounter situations in which employees with depression need additional support (e.g. extra time or a quiet environment), manager personality traits such as openness and conscientiousness can amplify proactive citizenship behaviors while other traits like neuroticism can dampen citizenship behaviors. Similarly, managers working within a company with strong support for employee mental health may alter their predisposed negative attitudes toward EwCD (Martin, 2010). The examination of the relationship between personality, OCB-I and attitudes toward EwCD will advance the conversation for the hospitality industry with a focus on the behavior of managers directed toward other individuals. Therefore, the following hypothesis is proposed:

H3. Personality indirectly mediates the relationship between managers' attitudes and OCB-I. Figure 1 depicts the conceptual framework of the study.

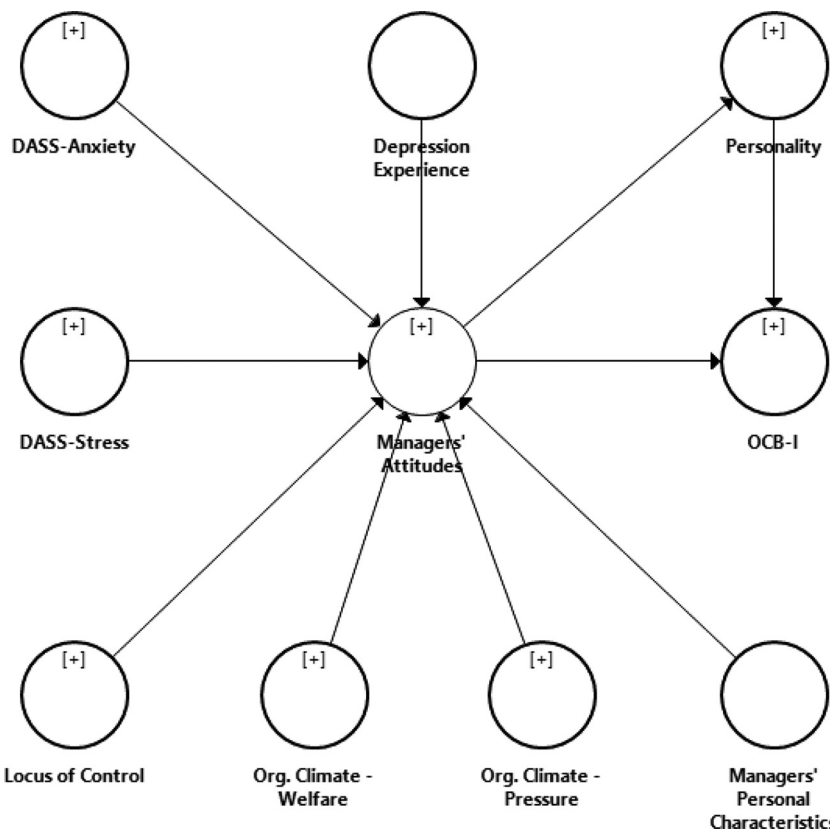


Figure 1.
Conceptual model

3. Methodology

A survey research design was used to conduct an online survey of managers within the hospitality and tourism industry. Managers were recruited and surveyed via Qualtrics, an online market research company and survey research platform.

3.1 Instrument development

The survey instrument was developed using an iterative process with the main goal of collecting data to test our hypotheses. Before developing the survey instrument, we conducted an extensive review of the literature to identify questionnaires that measure managers' attitudes toward employees with depression. We noted the dearth of empirical research in this area coupled with the lack of sensitive questionnaires on this topic. We used a comprehensive battery of survey questionnaires loosely based on the survey research conducted by [Martin \(2010\)](#). We obtained permission from the author of the study to modify and use the survey instrument. Based on recommendations from five experts [hospitality general managers and human resources (HR) directors], we developed two vignettes to explicate and distinguish employees with diagnoses of clinical depression from those who may exhibit depressive symptoms.

The two vignettes were similar in content and represented a male and female employee experiencing clinical depression. According to the National Institute of Mental Health, clinical depression is known as major depressive disorder and is characterized by feelings of sadness, tearfulness or emptiness, resulting in difficulties negotiating activities of daily living and/or work, sleep disturbances, fatigue and slowed thinking and body movements. Clinical depression is distinct from temporary episodes of sadness (e.g. the loss of a loved one) and persistent depression (National Institute of Mental Health, n.d.). Survey respondents were asked to think about employees, such as those depicted in the vignette, before responding to the survey.

The survey instrument included standardized and open-ended questions, along with questions intended to collect background information about the respondents. Managers' attitudes toward employees with depression were measured using the scale developed by [Martin \(2010\)](#); see also [Martin and Giallo, 2016](#)). The scale consists of 20 items on a seven-point Likert scale. Questions address behavioral, cognitive and affective dimensions of stigma. Behavioral items on the scale included observable actions, cognitive items addressing thoughts and belief systems and affective dimensions addressing feelings and emotions. Exploratory factor analysis of the scale showed adequate loading of items on the three domains of cognitive, affective and behavioral stigma with respective eigenvalues of 6.09, 2.14 and 1.16 ([Martin, 2010](#)). Confirmatory factor analysis provided preliminary evidence to support the three-factor structure of the questionnaire. Cronbach's alphas for the item-total correlations were between 0.46 and 0.62 and between 0.72 and 0.75 for the three subscales ([Martin and Giallo, 2016](#)).

The survey questionnaire was vetted by five experts who were general managers and HR directors in large hotel chains and who further provided recommendations to revise the survey instrument. We revised the survey instrument to reflect the workplace climate and culture in the USA. For example, we omitted questions referring to broad mental health strategies that were implemented in the Australian context and edited language to reflect American usage based on expert opinion. Manager's personality was measured by the Ten-Item Personality Inventory (TIPI; [Gosling et al., 2003](#)), which measures five personality dimensions: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. The TIPI uses two items to measure whether each personality dimension has been used extensively in diverse populations across the world ([Denissen et al., 2008](#);

Muck *et al.*, 2007; Oshio *et al.*, 2012; Thompson, 2008). Using a latent structure model, Ehrhart *et al.* (2009) demonstrated that the five factors of TIPI correlated strongly with other measures of personality (0.48 to 1.00) and were distinct from measures of *locus* of control, self-monitoring, life satisfaction, etc. For this study, both personality and managers' attitudes were conceptualized as formative constructs, meaning the indicators are defining characteristics of the construct. The five dimensions of personality are theoretically uncorrelated, and the removal of the indicator (dimensions) alters the nature of the construct itself. Similarly, we conceptualized managers' attitudes as a composite of cognitive, affective and behavioral dimensions.

Locus of control was measured by Rotter's Locus of Control Scale (Rotter, 1966), which assesses internal and external loci of control. Higher scores indicate an external *locus* of control. Organizational climate was measured using the pressure and welfare subscales of the Organizational climate measure developed by Patterson *et al.* (2005). The two subscales include 15 items rated on a seven-point Likert scale ranging from disagree strongly to agree strongly. Higher scores indicate positive organizational climate and welfare. Managers' experience of anxiety and stress was measured by respective subscales of the Depression Anxiety Stress Scale (DASS; Lovibond and Lovibond, 1995). The DASS is a self-reported questionnaire used to measure clinically significant negative states of emotion like depression, anxiety and stress. The DASS includes 14 items organized in three subscales. Each item is rated on a four-point Likert scale; higher scores represent stronger negative emotional states.

OCB-I was measured using the individual subscales from Turnley *et al.*'s (2003) OCB scale. Because the primary outcomes of interest are managers' attitudes and levels of organizational commitment, we did not include behaviors directed by organizational policies and culture that would influence the four items related to individuals' orientation to the organization used in this study. Managers' personal experience with depression was gauged by asking three questions: whether they were ever diagnosed with depression, whether their family members were ever diagnosed with depression and whether they ever supervised someone with depression. Locus of control, OCB, DASS and organizational welfare climate were conceptualized as reflective measures, where the items or indicators are caused by the underlying latent construct. The items in each of these scales are interchangeable, and any such change will not affect the underlying construct (Hair *et al.*, 2017).

3.2 Sample and data collection

Our study included managers within the hospitality and tourism industry in the USA identified via an online market research company. Individuals were eligible to participate in the study if they were currently employed full-time within the hospitality sector and holding management responsibility. The initial invitation for the survey was sent to hospitality and tourism managers for screening and obtaining consent for participation in the research study.

The median time taken to complete the survey was 15 min. We monitored the data collection process closely for quality control, especially regarding improvising and satisficing. Satisficing occurs when respondents provide responses that are adequate but not carefully thought through. Improvising was monitored by adding attention checks wherein four reverse-worded questions were added for quality control. Respondents were deleted if the following conditions were all met:

- response patterns for the reverse-worded questionnaires were contradictory or not logical;
- respondents skipped open-ended questions (or their responses were nonsensical or irrelevant); and
- response time was five minutes or less (i.e. less than a third of the median response time).

A combination of the above criteria suggested response bias and that respondents were likely improvising or satisficing their answers.

3.3 Data analysis

Data were analyzed using SPSS 24 and SmartPLS 3. Of the 309 responses received, we eliminated four cases during the data cleaning process because the respondents were not employed in the hospitality and tourism industry. Our sample size for the final analysis was 305. Descriptive statistics were used to understand the sample profile, and Pearson's bivariate correlation was used to understand the relationship between the variables. We used SmartPLS 3 software to conduct the partial least squares-structural equation modeling (PLS-SEM) analysis. PLS-SEM is a variance-based SEM process gaining popularity among management and hospitality researchers over traditional covariance-based SEMs. Following Reinartz *et al.* (2009), we used PLS because our goal was to predict and identify the relationships between the latent variables developing or refining theories. PLS is also preferred when dealing with a large number of variables in the structural model. Given that little research has been conducted in this area, we chose to use PLS-based SEM instead of covariance-based SEM (Kock, 2019).

The structural model included three endogenous variables:

- (1) managers' attitudes;
- (2) individual organizational citizenship behavior; and
- (3) personality.

Personality was also conceptualized as a mediator of the relationships between managers' attitudes and OCBs. Exogenous variables in the model included stress, anxiety, depression experience, managers' loci of control, managers' personal characteristics and organizational climate measured by pressure and welfare. Data were analyzed using a two-stage model (Chin, 2010; Hair *et al.*, 2017). First, we examined the inner or structural model (to test the relationship between the variables) and then examined the outer or latent model (to test the latent variable components). In Stage 1, we examined the latent variables by analyzing the measurement model, where the relationship between each item (indicator) and the corresponding construct were examined. Stage 2 examined the structural model to analyze the relationships between the latent variables.

Stage 1 outer models may be reflective or formative. Reflective models are used when the latent construct causes the indicators (items). For example, a scale that measures attitudes toward diversity and inclusion is reflective because the items in the scale reflect (or represent) the latent construct of inclusion. In contrast, formative models are used for latent variables caused by the indicators (items) that make up the latent variable. Socioeconomic status is often understood to be a composite of education, occupation and income. For this study, we used formative models for personality, depression experience, locus of control, managers' personal characteristics and managers' attitudes because we believe that these constructs are best represented as composites of individual items and that there is little observed correlation between the items making up the construct.

DASS-anxiety, DASS-stress, OC-pressure, OC-welfare and OCB-I were considered reflective constructs made up of items that are highly correlated and interchangeable. For formative constructs, outer weights and multicollinearity (variance inflation factor or VIF) were examined. The significance of outer weights was established by analyzing the bias-corrected confidence intervals. For reflective constructs, outer loading, Cronbach's alpha, composite reliability (CR) and

average variance extracted (AVE) were considered. Discriminant and nomological validity for both formative and reflective constructs were examined using the Fornell–Larcker and heterotrait–monotrait (HTMT) criteria. The Fornell–Larcker criterion requires that for any latent variable, the variance shared with its block of indicators should be greater than the variance shared with other latent variables in the model (Garson, 2016). HTMT is a more stringent criterion to assess discriminant validity or lack thereof (Henseler *et al.*, 2015).

4. Results

The study sample included 26.6% males and 73.4% females. All study participants were full-time employees, of which 47.2% had more than five years of experience as a manager, and the majority (81.3%) worked for a medium or large-size company. Over 63% of the participants had some college education, and 81.3% were white or Caucasian. About 30.9% of the participants reported having a bachelor's degree, and 43.6% had either some college or an associate degree. Our sample demographics were similar to those reported in comparable studies (Blayney and Blotnicky, 2014; Halldén *et al.*, 2018). Detailed demographic characteristics of the study participants are reported in Table 1.

4.1 Assessment of measurement model

We used PLS-SEM to evaluate both the measurement and structural models. First, we examined the reliability and validity indices of the outer model for the corresponding formative and reflective constructs. Overall, the outer weights for the formative constructs seemed adequate, with some exceptions. The outer weights for the emotional stability, experience supervising employees with depression and managers' attitude-affective dimensions were negative. Although the loadings for some indicators for personality and managers' attitudes were negative, those dimensions were retained for their theoretical significance. The VIF was used to measure the multicollinearity of indicators. All VIF values were well under the recommended value of 5.0. As a result, no indicators were dropped from the measurement model for any of the formative constructs. For the reflective constructs, we examined the outer loading, internal consistency and convergent validity of the indicator items.

The outer loadings were found to be above the recommended value of 0.5 for all items except two in the organizational climate-pressure subscale and one item in DASS-anxiety (Garson, 2016). The internal consistency and CR for the final model exceeded 0.7 (as recommended by Hair *et al.*, 2017). We then used the AVE to assess the correlations between indicators of the same construct. The AVE was above the 0.5 cutoff value for all constructs (Garson, 2016; Sarstedt *et al.*, 2014). The final model did not include the three items with low outer loadings. Results from the reliability and validity analysis of the formative and reflective constructs are presented in Tables 2–5.

Next, we evaluated discriminant validity by examining the Fornell–Larcker and HTMT criteria. Validity indices are presented in Table 5, which shows that the cross-loadings between the constructs are lower than the factor loadings on the indicators are higher than the constructs' cross-loadings. The HTMT values for all constructs were between 0.32 and 0.09, well below the recommended value of 1.0, indicating a lack of discriminant validity (Ab Hamid *et al.*, 2017). The overall fit of the model was examined using the standardized root mean square residual (SRMR), which is the difference between the observed and implied correlation matrices. The SRMR (0.085) was found to be within the recommended range of 0.08 to 0.10 (Dijkstra, 2014; Hu and Bentler, 1998).

4.2 Assessment of the structural model

The relationship between the latent constructs was examined through an analysis of the structural model. In the initial model, DASS-stress and managers' personal characteristics

		Managers' attitudes toward employees
<i>Gender</i>		
Male	81 (26.6%)	
Female	224 (73.4%)	
<i>Education</i>		
Less than high school	1 (0.3%)	
High school graduate	36 (11.8%)	
Some college (but no degree)	74 (24.3%)	
Associate's degree (two years)	59 (19.3%)	
Bachelor's degree (four years)	95 (31.3%)	
Master's degree	33 (10.8%)	
Doctoral or professional degree	7 (2.3%)	
<i>Race</i>		
White or Caucasian	248 (81.3%)	
Black or African American	18 (5.9%)	
American Indian or Alaska Native	14 (4.6%)	
Asian	14 (4.6%)	
Native Hawaiian or Pacific Islander	1 (0.3%)	
Mixed Race	4 (1.3%)	
Other	6 (2%)	
Full-time worker	305 (100%)	
<i>Years of experience in current position</i>		
Less than one year	33 (10.8%)	
1–5 years	128 (42.0%)	
6–10 years	84 (27.5%)	
11–20 years	38 (12.5%)	
Over 20 years	22 (7.2%)	
<i>Years of managerial experience</i>		
Less than one year	7 (2.3%)	
1–5 years	126 (41.3%)	
6–10 years	89 (29.2%)	
11–20 years	44 (14.4%)	
Over 20 years	39 (12.8%)	
<i>Company size</i>		
Small (5–14 employees)	57 (18.7%)	
Medium (15–249 employees)	115 (37.7%)	
Large (250 or more employees)	133 (43.6%)	
<i>Industry or sector</i>		
Food service and lodging	157 (51.5%)	
Travel and tourism	72 (23.6%)	
Other	19 (6.2%)	

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Table 1.
Participant demographics

did not contribute adequately to the structural model and were not included in the final model to preserve parsimony of the model and because of their minimal contribution to the overall variance explained. Approximately 23% ($R^2 = 0.23$) of variance in managers' attitudes was explained by the latent factors in the structural model (Table 6).

The results of the final structural model and the path coefficients are presented in Table 7 and Figure 2. We examined the direct, indirect and total path coefficients as well as the mediating role of personality. *H1* examined the relationship between managers' experience with depression and their attitudes toward employees with depression. A significant direct effect (0.228, $p = 0.000$) was found between the two variables. Similarly, managers' experience with anxiety and organizational climate-pressure also had a direct effect on managers' attitudes toward employees with depression (0.216, $p = 0.003$; 0.110, $p = 0.041$,

Table 2.
Measurement model
– reliability and
validity of formative
constructs

Constructs and items	Type of construct	Outer weight (<i>p</i> -value)	Confidence interval-bias corrected	VIF
Depression experience	Formative		[0.101, 0.340]*	
Diagnosed with depression		0.493 (0.079)		1.072
Friends and family have depression		0.829 (0.001)*		1.146
Supervised someone with depression		–0.466 (0.125)		1.130
Manager’s attitude	Formative		[–0.353, –0.067]*	
Affective		–0.313 (0.015)*		1.554
Behavioral		0.939 (0.000)*		1.936
Cognitive		0.263 (0.075)		1.911
Locus of control	Formative		[–0.366, 0.418]	
Respect vs lacking recognition		0.258 (0.197)		1.206
Fairness vs accidental happenings		0.039 (0.817)		1.072
Right breaks vs opportunities		0.346 (0.145)		1.047
Likeability vs inability to get along		–0.610 (0.113)		1.062
Fate vs distrust in fate		–0.223 (0.308)		1.020
Preparedness vs unfair tests		–0.278 (0.191)		1.117
Hard work vs luck		–0.219 (0.302)		1.074
Citizens vs people with power in govt.		–0.004 (0.983)		1.103
Making plans work vs relying on fortune		0.076 (0.692)		1.159
Effort vs luck		–0.12 (0.521)		1.108
Own doing vs lacking control		0.440 (0.107)		1.132
Personality	Formative		[0.135, 0.360]*	
Agreeableness		0.809 (0.000)*		1.237
Conscientiousness		0.357 (0.001)*		1.247
Extraversion		0.016 (0.873)		1.244
Neuroticism		–0.436 (0.000)*		1.309
Openness		0.311 (0.011)*		1.429

Note: **p* < 0.05

respectively). Locus of control and organizational climate-welfare did not have significant direct effects on managers’ attitudes (–0.272, *p* = 0.190; –0.103, *p* = 0.270, respectively). In examining the indirect effects on OCB-I, depression experience (–0.077, *p* = 0.006) had an indirect effect on OCB-I and DASS-anxiety had a negative indirect effect on OCB-I (–0.073, *p* = 0.014). Furthermore, we analyzed the mediating role of personality in the relationship between managers’ attitudes and OCB-I using the product coefficient approach. In this case, the indirect effect of the mediator (0.132, *p* < 0.000) suggests a partial mediation of personality. The introduction of personality as a mediating variable enhanced the relationship between managers’ attitudes and OCB-I.

5. Discussion and conclusion

5.1 Conclusion

This exploratory study investigated the relationship between managerial attitudes toward EwCD and levels of organizational citizenship behavior and examined the mediating role of personality in the relationship between managers’ attitudes and managerial OCB. With one in four US working-age adults having received a diagnosis of depression, depression has a serious

Constructs and items	Type of construct	Outer loading (<i>p</i> -value)	Composite reliability	Cronbach's alpha	Average variance extracted (AVE)
Org. citizenship behaviors (OCB-I)	Reflective		0.846	0.756	0.580
Take time to listen to coworkers		0.793 (0.000)*			
Take personal interest in employees		0.850 (0.000)*			
Pass on work-related information		0.720 (0.000)*			
Help others who have heavy workloads		0.670 (0.000)*			
Organizational climate – welfare	Reflective				
Org. pays attention to employees		0.914 (0.173)	0.907	0.896	0.710
Org. looks after employees		0.811 (0.126)			
Org. cares about employees		0.851 (0.129)			
Org. tries to be fair		0.788 (0.173)			
Organizational climate – pressure	Reflective				
Expected to do too much		0.935 (0.000)*	0.841	0.763	0.642
Required to work extremely hard		0.687 (0.000)*			
Under pressure to meet targets		0.761 (0.000)*			
Anxiety	Reflective		0.925	0.904	0.673
Difficulty breathing		0.816 (0.001)*			
Difficulty with initiative		0.832 (0.002)*			
Worried about situations		0.800 (0.001)*			
Close to panic		0.850 (0.001)*			
Aware of heart activity		0.783 (0.001)*			
Felt scared without reason		0.840 (0.001)*			

Note: * $p < 0.05$

	DASS-anxiety	OCB-I	Org. climate-pressure	Org. climate-welfare
DASS-anxiety	0.820			
OCB-I	–0.112	0.761		
Org. Climate – pressure	0.151	0.029	0.801	
Org. Climate – welfare	–0.232	0.042	–0.369	0.843

Table 4.
Discriminant validity: Fornell–Larcker criterion

	DASS-anxiety	OCB-I	Org. climate-pressure
DASS-anxiety			
OCB-I	0.154		
Org. Climate – pressure	0.160	0.111	
Org. Climate – welfare	0.206	0.097	0.323

Table 5.
Heterotrait–monotrait (HTMT) ratio

impact on individuals, their families and the broader community. The hospitality industry is an extremely high-paced industry with high turnover rates, partially due to the pressure placed on managers to be productive. The fast-paced nature of this industry can serve as a roadblock to employing EwCD as managers need to be more patient in communicating effectively with such employees. Organizations that are proactively seeking to employ EwCD should invest in hiring managers who have experience with depression, score high on agreeableness and openness, score low on neuroticism and anxiety and have high levels of OCB-I.

Several conclusions can be drawn from this study. First, both individual and organizational characteristics predicted managers' attitudes toward employees with depression. Individual factors rather than organizational predictors had a strong impact on managers' attitudes toward employees with depression. Second, where applicable, managers' experiences with depression and personalities were strong predictors in the model. Third, OCBs at the individual level were not influenced by organizational climate variables but rather by personality and attitude. Fourth, the affective dimension of the managers' attitude scale weighed negatively on the construct of managers' attitudes. By contrast, the behavioral dimension was a strong contributor to the same construct. Finally, personality was a partial mediator of the relationship between managers' attitudes and OCB-I. The introduction of personality as a mediator enhanced the relationship between the two variables. Based on these findings, this study offers specific theoretical and practical implications.

Table 6.
R-square

	<i>R</i> -square	<i>R</i> -square adjusted
Managers' attitudes	0.230	0.217
OCB-I	0.163	0.157
Personality	0.269	0.267

Table 7.
Path coefficients

Hypothesis	Relationship	Path coefficient	<i>t</i> -value	95% bias corrected CI	<i>p</i> -value	Effect size (<i>F</i> ²)	Supported
1a	Dep. exp. → Managers' attitude	0.228	3.560	[0.11, 0.34]	0.000**	0.064	Yes
1b	Anxiety → Managers' attitude	0.216	2.944	[−0.01, 0.3]	0.003**	0.053	Yes
1d	Locus of control → Managers' attitude	−0.272	1.311	[−0.41, 0.35]	0.190	0.092	No
2a	Org. climate – pressure → Managers' attitude	0.110	2.046	[0, 0.22]	0.041*	0.013	Yes
2b	Org. climate – welfare → Managers' attitude	−0.103	1.105	[−0.22, 0.14]	0.270	0.011	No
3	Managers' attitude → Personality	−0.519	10.686	[−0.62, −0.43]	0.000*	0.368	Yes
	Personality → OCB-I	0.255	4.459	[0.15, 0.37]	0.000**	0.057	Yes
	Manager's attitude → OCB-I	−0.207	2.742	[−0.35, −0.07]	0.006**	0.038	Yes

Notes: *H*1c (Stress → Managers' attitude) was not supported and was not included in the final model; **p* < 0.05; ***p* < 0.01

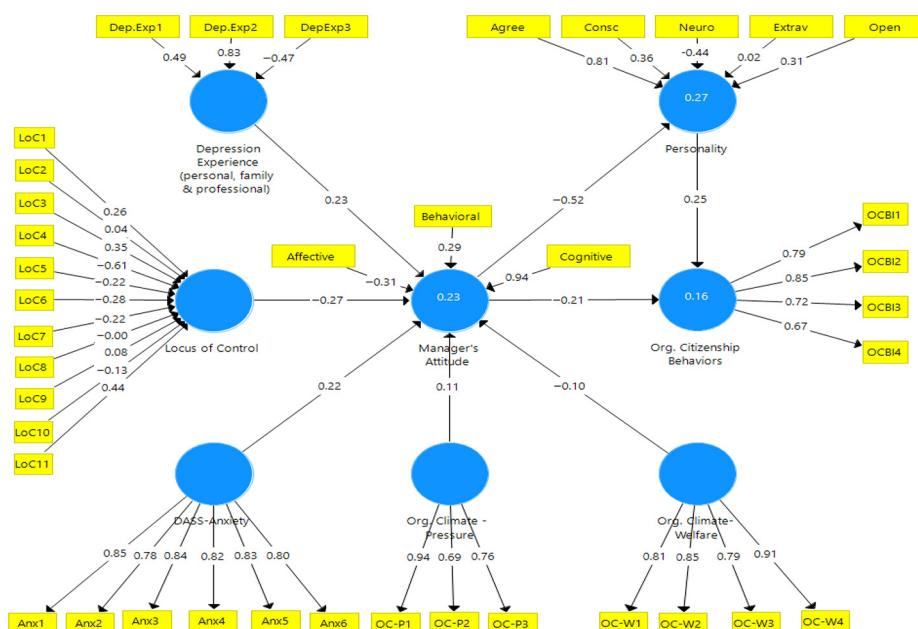


Figure 2.
Final path model

5.2 Theoretical implications

The current study builds on several previous studies (Ipsos Reid, 2012; Martin, 2010; Ottewell, 2019; Van der Voort *et al.*, 2019) by testing individual and organizational contextual characteristics in the hospitality and tourism context. Our findings suggest that:

- organizational characteristics (e.g. pressure to produce);
- individual characteristics of managers (e.g. previous experience with depression and anxiety); and
- personality characteristics of managers are strong predictors of attitudes toward employees with depression.

The study confirmed that managers with high levels of anxiety and pressure in the workplace report more negative attitudes toward employees with depression. High levels of anxiety might be the result of their effort to avoid certain challenging situations over the worry of triggering related episodes (American Psychological Association, 2020). An alternative justification might be that managers with anxiety are more judgmental due to added situational challenges. These findings are consistent with previous studies (Martin, 2010; Mawritz *et al.*, 2014) demonstrating increased levels of anxious behaviors and negative attitudes toward EwCD when supervisors are given difficult tasks and are under immense pressure to perform. We found that personality was a partial mediator of the relationship between attitudes and OCB. In general, theories of attitude and stigma toward individuals with mental health issues treat previous experience and exposure to mental health as attitudinal determinants. Our study suggests that, in addition to previous experience, personality factors may play a role in how managers approach EwCD through their citizenship behaviors. This finding is especially significant for the hospitality and tourism sector, where the pressure to meet guests' demands 24/7 in a highly competitive environment creates exacerbating circumstances for management.

If we consider having to manage EwCD without the proper training to be difficult, then training becomes even more necessary in the workplace. The experience of depression, as a formative construct, was a composite of three indicators: knowing a family member with depression, supervising an employee who disclosed depression and managers' experiences with depression. These findings are consistent with previous studies (Kalargyrou *et al.*, 2018, 2020) in which individuals tended to express less stereotyping toward PwDs when they had experience interacting with PwDs in their families or close circles of friends.

Surprisingly, the outer loading for the indicator *supervised an employee who disclosed depression* was negative, suggesting minimal or no contribution of said indicator to the latent construct. Several explanations may be considered. Some researchers suggest that PLS-SEM does not take into account the (positive or negative) direction of loading but just the magnitude and, therefore, recommends considering the absolute values of loadings. Perhaps the managers did not have an opportunity to supervise an employee who disclosed their depression or their experience with depression was a second-order construct comprising latent variables rather than composites. Regardless, further research is needed to explicate the structure of the latent construct of depression experience.

Similarly, the outer loading for managers' attitudes (affective domain) was negative. Previous research on the nature of stigma suggests that our appraisal of personal affect through emotions and feelings is highly unreliable (Peters *et al.*, 2004; Solomon, 2007). The affective domain addresses prejudicial and negative reactions associated with managing employees with depression. Respondents may have answered in a socially desirable manner, masking their innate affective reactions. The behavioral dimension of managers' attitudes contributed substantially to the latent construct of managers' attitudes. Our findings are comparable with previous research suggesting that overt behaviors are the strongest indicators of attitude over thoughts or feelings (Ajzen, 1989; Jackson *et al.*, 1996).

While previous studies have examined the impacts of individual and contextual characteristics on managerial attitudes (Martin, 2010; Martin and Fisher, 2014; Martin and Giallo, 2016), the current study attempts to make a significant contribution to the literature by testing personality as a mediator between managerial attitudes toward EwCD and managerial OCB in a hospitality and tourism setting. Specifically, our study supported the mediating effect of personality on managers' attitudes and OCB-I. The mediating role of personality traits further explains *how* managers' attitudes may influence OCB-I. In a high-stress industry such as hospitality, managers who score high on neuroticism are more likely to feel anxiety, anger and frustration, and those emotions can carry over into interactions with their employees with depression. On the contrary, managers who had more positive attitudes toward EwCD were more open and agreeable. These findings are similar to several other studies in which agreeableness and openness were inversely correlated to stigma and neuroticism was correlated to stigma (Brown, 2012; Canu *et al.*, 2008; Sibley and Duckitt, 2008).

5.3 Practical implications

Since the COVID-19 pandemic, the pressure to perform in the hospitality industry has reached a new high, as guests have become more demanding and companies are trying to "do more with less," forgoing investing in training and offering lower wages. Such measures have compelled over a third of US hospitality workers to consider not reentering the industry (Adams, 2021). For that purpose, the industry might consider finding a new way of driving the bottom line by striving to provide exceptional hospitality not only to guests but also to employees. Hilton has created the Thrive program, which attempts to normalize talking openly about mental health as it can affect everyone. Thrive offers free counseling, a website with wellness tips (e.g. managing stress), a Thrive Global app (e.g. how to take small

strategic breaks during the day), one-on-one meetings with leaders to check on employees' well-being and online support resources for managers (e.g. a self-reflection guide).

Another consequence of the pandemic was an increase in anxiety levels in the workplace, especially in the sectors of hospitality and tourism, as the fear of an unknown future intensified. As many successful leaders react to anxiety by imposing higher, often impossible standards and asking employees to be "perfect," it is not surprising that managers with high anxiety have negative attitudes toward EwCD. Unfortunately, in many societies, such behaviors are rewarded as a good work ethic. However, managers must become "better neighbors" by connecting openly, either in person or digitally, with their teams. Practicing mindfulness, acknowledging their feelings and admitting they are vulnerable are some techniques managers can practice toward building human connections and trust (Aarons-Mele, 2020).

This study provided support that managers who had experienced depression were more understanding of the needs of EwCD and, consequently, were able to reduce stigma in the workplace. Managers reported more positive attitudes toward EwCD, the more familiar they were with depression in direct and indirect ways. In a competitive industry where guest service is a core business, hospitality and tourism managers are responsible for ensuring immaculate customer service in a high-stress environment (Corris, 2020). Notably, managers' positive attitudes toward EwCD increased more when they had friends and family members with depression than when they had personally experienced depression. The relationship was inverse for managers who have supervised EwCD. The majority of respondents (75%) said that their companies do not offer any guidance or that they are not aware of any guidance on how to support employees with depression except for support in the form of employee assistance programs or counseling through employee health insurance plans. None reported any specific training directed at managers to support EwCD, resulting in managers who might have perceived supporting someone with depression as burdensome over a lack of relevant knowledge and skills.

In light of these conclusions, companies should offer managerial training to develop the necessary skills and knowledge (e.g. how to recognize the signs of depression), implement mental health policies, establish mental health champions and ambassadors and work closely with HR to create pathways to flexible accommodation. Examples of resources for managers are the National Council for Mental Well-being, which offers [Mental Health First Aid at Work \(2022\)](#) (MHFAW) and State Vocational Rehabilitation. The MHFAW program is directed at HR officers, senior leaders, frontline managers and all interested employees who want to learn "how to identify, understand and respond to signs and symptoms of mental health and substance use challenges encountered in the workplace" ([Mental Health First Aid at Work, 2022](#)).

Given that one in four US working-age adults has received a diagnosis of depression (New Survey of US Workers Reveals Two in Five Survey, n.d.), an understanding of what kinds of managers are supportive of EwCD is needed to link managers' personality traits to attitudes toward EwCD. Open managers are open-minded, comfortable with unfamiliar situations and new experiences and are not judgmental toward EwCD (Costa and McCrae, 1992; *Psychology Today*, 2020). Thus, they might be less influenced by societal attitudes and more receptive to working and interacting with EwCD. Agreeable managers are trustworthy, altruistic, modest and tender-minded. They get along with others even though sometimes they are not comfortable with their ideas or actions. Agreeable managers are more empathetic and willing to help others. Therefore, they are more concerned about protecting their employees, especially those who belong to more sensitive groups (Costa and McCrae, 1992; Ellis *et al.*, 2019; Nguyen *et al.*, 2013).

Hospitality and tourism companies should consider selecting managers based on structured interviews and personality assessments. Desired candidates must score high on

OCB-I and be open, agreeable and nonneurotic, resulting in higher productivity and less prejudice and discrimination in the workplace (Allen *et al.*, 2004; Podsakoff *et al.*, 2009). In addition, toward instituting a system of accountability for hospitality and tourism managers, HR should put in place regular performance appraisals aiming to measure the understanding and knowledge of the symptoms of (and appropriate responses to) depression, the flexibility of scheduling, the simplification of the scope of work and a focus on positive outcomes and less criticism.

5.4 Limitations and future research

The findings of this study should be considered within the context of some limitations. The use of internet-based surveys is restrictive in terms of the target sample. In addition, female managers were oversampled in our study. Because the data were self-reported, social desirability might have affected managers' responses. Future studies might use field research or use an implicit measurement of stigma to avoid social desirability effects. Managers who chose to participate in the online study reported low levels of stigma. Therefore, we might speculate that managers with high stigma levels avoided participating in the study. Regardless, this study contributes to the growing body of research on the interplay between individual and organizational factors that impact managers' attitudes. Supporting employees with depression requires concerted efforts of individual managers and organizations as a whole. The topic of employee depression is worthy of further research, and our hope is that other researchers will expand to different stakeholders, such as coworkers' attitudes toward employees with different types of mental disabilities in different cultural contexts.

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