Investigation into the Effects of Anxiety and Depression on Employee Performance in the Irish Hospitality Industry

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Abstract

The primary objective of this paper was to investigate the effects of anxiety and depression on employee performance, concentrating on the Irish hospitality industry. Further themes explored include frequency and severity of anxiety and depression, accessibility and efficacy of support from employers, and options available to improve support for employees with mental illness. While a significant volume of existing research examines these areas of interest, the literature lacks studies which link these variables together and focus specifically on the Irish hospitality industry.

A quantitative, deductive research approach was utilised, collecting primary data through an online questionnaire with a sample size of 121 participants. Instruments used for analysis were the DASS, IWPQ, and PSC-12 scales. Statistical analysis of the results was performed, using various tests for correlation and regression. The main findings from the study sample included: anxiety and depression were of high incidence in general, with female participants more frequently and more severely affected; increased employee performance correlated with positive perception of managerial support; and increased working hours and depression correlated with negative perception of managerial support. No statistically significant relationship was found between anxiety, depression, and employee performance, although this may be explained by study limitations.

Based on our findings, the general recommendations are for employers to recognise the importance of employee mental health and take action to support it. Raising awareness and implementing measures such as Employee Assistance Programmes are effective and affordable ways of supporting employee mental health, which benefit an organisation as a whole.

Keywords: Employee Performance, Anxiety, Depression, Support

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Contents

Abbreviations

ASD – Autistic Spectrum Disorder

CIPD – Chartered Institute of Personal Development

DASS – Depression, Anxiety and Stress Scale

EAP – Employee Assistance Programme

ESRI – Economic and Social Research Institute

GDPR – General Data Protection Regulation

HHS – (U.S. Department of) Health and Human Services

HR – Human Resources

HSE – (Irish) Health Service Executive

IWPQ – Individual Work Performance Questionnaire

K10 – Kessler Psychological Distress Scale

PSC-12 – Psychosocial Safety Climate Scale

WEMWBS – Warwick Edinburgh Mental Well Being Scale

WHO – World Health Organisation

WOS – Workplace Outcome Suit

Introduction

In 2013, an estimated 55,000 workers in Ireland suffered from a work-related illness, leading to over 790,000 individual days of absence from work (Russell, Maître and Watson, 2016). Mental health disorders including anxiety and depression comprise a large portion of such illnesses (Russell et al., 2016).

Ireland's Health Service Executive (HSE) defines anxiety as feelings of unease, such as worry and fear (HSE, 2018). Anxiety is a normal experience, but it can become hard to control, to the extent that it affects daily life. Anxiety symptoms include feeling restless, trouble sleeping, lack of concentration, dizziness, and heart palpitations (HSE, 2018). Research suggests that it results from an imbalance of the brain chemicals serotonin and noradrenaline, which control and regulate mood (HSE, 2018).

The College of Psychiatrists of Ireland describes depression as a normal reaction to a stressful event, noting that feelings of depression can however become intense and last for long periods of time, impairing a person from carrying out day-to-day activities (The College of Psychiatrists of Ireland, 2009). This illness affects how one feels, thinks, and behaves. Common features of depression include: deep feelings of sadness; difficulties in thinking, decision-making, and concentration; loss of confidence and sense of worth; suicidal ideation. Research shows that an inability to cope with stress and conflict are contributing risk factors for depression (The College of Psychiatrists of Ireland, 2009).

Employee performance is a measure of employee behaviour and productivity in the workplace. Productivity refers to work effectiveness, quality, and efficiency. Bearing in mind that anxiety and depression, as defined above, are all-consuming illnesses which affect the person in their entirety, it naturally follows that such illnesses will impair an individual's performance. Employee performance affects the whole team and organisation (Donohoe, 2019).

The hospitality industry of Ireland is among the most successful worldwide, capturing a €5 billion annual revenue; it forms a major portion of the Irish economy, as of 2018 including an estimated 18,377 companies with approximately 177,000 employees (Creagh, 2018). The hospitality industry features any company dealing with customer satisfaction, across four specific segments; food and beverage, travel and tourism, lodging, and recreation (Novak, 2017).

As evidenced in the literature, mental health issues can have a considerable impact on employee wellbeing as well as attendance and absence from work. Ireland is seeing increasing numbers of people suffering with mental illness; therefore, it is important to investigate how mental health affects employee performance in the Irish hospitality industry. Stigma around mental health is still common in Irish society, but some industries are taking the initiative to offer support. This study sought to examine the effects of anxiety and depression on employee performance within the industry.

This topic of research was partially inspired by personal experience. My working career began in the hospitality industry, with an anxiety disorder diagnosed in 2017. This came with a daily struggle of getting out of bed to face every day, culminating in an overwhelming need to leave work as soon as I had arrived on one particular day. Upon seeking support from my manager, I was simply asked "what do you want me to do about it?" This question forms the fundamental basis of this study; what can and what should employers do to support employee mental health? Due to my anxiety disorder at the time, my work performance was suffering, as I was making frequent mistakes and regular customers were noticing the change in my demeanour. Effective supports are therefore beneficial not only on a personal level, but also to the company through improved performance. This research aimed to explore the extent to which mental illness affects employee performance in the hospitality industry, in addition to examining the availability and efficacy of support mechanisms.

Research indicates that some organisations in the hospitality industry have started to launch workplace mental health and wellness programmes. For example, food service provider Compass Group has joined industry support organisation Hospitality Action in supporting mental health and wellness among its employees. Their programme aims to get rid of the stigma attached to mental health and to provide support to those employees who need it (Compass Group, 2020). Similarly, Circle K has implemented a "team exercise challenge" initiative which aims to improve employee mental health through exercise, though this initiative may be neglected during busy working periods, rendering it ineffective (Quinlan, 2020). Despite some progress being made, such initiatives have yet to become widespread, and there is a lack of specific research into best practices. This study further sought to investigate what initiatives are available to employees and which are most effective.

Literature Review

Introduction

Employers share responsibility for protecting employee mental health, as it can have a massive impact on employee performance and therefore organisational profit. Most people spend a greater portion of their lives in work, thus it should not be a surprise to realise the impact it has on their wellbeing. Those with high job satisfaction and a positive relationship with their employer might not feel the strain, but particularly this is not the case for those faced with poor management, pressure to work at an unrealistic pace, or difficulties in communication (Farmer, 2012; Manson, 2012).

Background: Employee Mental Health

Mental illness is one of the top forms of employee disability (Jackson, 2019). Research by Unum as cited in Jackson (2019) revealed that 62% of employees had felt mentally unwell at work during the year, with 42% even working with suicidal feelings. Furthermore, 61% of employees agreed that mental health was stigmatised in the workplace, with 81% of employees and 51% of Human Resources (HR) administrators agreeing that this stigma prevents sufferers from seeking help. Battling these feelings limits productivity, performance, and quality of work. The affected employees are not the only ones suffering, however; their colleagues may be concerned about their behaviour, causing a ripple effect. Mental illness covers a wide range of conditions, but anxiety and depression are most common. An estimated 40 million adults around the world are suffering with anxiety, yet only 37% are receiving treatment. Similarly, around 16 million people were reportedly living with major depression in 2019 (Jackson, 2019).

A survey conducted by research firm Ipsos MORI (2019), on behalf of Teladoc Health as cited in Bliss (2019), evaluated the opinions of 4,000 employees regarding mental health. Reportedly, employees aged 18 to 25 face more mental health challenges than any other age group; 38% of employees in that age group admitted they suffer with mental illness, with 61% admitting that it has a negative effect on their work performance. The study also found that employees will be more open to speaking about mental health when leadership drive by example; it is undoubtably up to employers to take mental health seriously, and 57% of survey respondents said more should be done by the organisation to improve the situation for

employees. Lastly, the study assessed how employees would like to be supported: 80% suggested small gestures, such as occasional days off; 77% would like a reduction in workload; 33% want dedicated mental health support, expecting they would perform better as a result (Bliss, 2019).

Depression and anxiety are the most common health conditions affecting employee performance. Reduced performance is evident across all types of work, associated with a number of symptoms impacting work duties. Businesses in the hospitality industry in particular are constantly under pressure to stretch their resources, and the strain is often transferred to employees. Farmer (2012) says that one in six employees in the hospitality industry suffers with depression or anxiety. This should be a major concern for the industry, however Farmer (2012) adds that many employers are not even aware of the problem. Mental health in the workplace remains the elephant in the room (Farmer, 2012; Manson, 2012).

Background: Hospitality Industry and Mental Health

The hospitality sector is a cornerstone of the Irish economy (Creagh, 2018), estimated to be worth up to €9.3 billion annually (Kennedy, 2020). Kennedy (2020) says that hospitality is core to our DNA and goes to the heart of the brand "Ireland". Additionally, the hospitality sector has spent many years developing Ireland's image and reputation as a unique destination for cuisine and tourism. Despite its importance, it is particularly associated with poor mental health among employees, with many suffering from anxiety and depression. There are a number of intrinsic contributing factors in this industry: long, irregular, and unsociable hours are expected; high-adrenaline working environments lead to employee burnout; its competitive and fast-paced nature means it tends to be tough on employees. Employers are encouraged to provide employees with progress reports to keep them motivated. Setting attainable goals and providing positive encouragement will help employees perform better (Suesey Street, 2018).

Harmer (2012) argues that some employees in the hospitality industry do not have any difficulty in rising to the challenges that come with the job. However, the overall point of this study is to find out how these challenges can affect employees with fragile mental health. The burden of having to complete another task can be a trigger for those employees who experience mental health issues. The hospitality industry relies heavily on its workforce; their main task is to look after guests and customers, but the question arises, how often do these organisations take time to ensure their employees are in the right place mentally and

emotionally, and therefore able to perform to their best capabilities? Quite often, employers do not even acknowledge it as a problem (Farmer, 2012; Harmer, 2012).

Defining and Measuring Mental Health

The World Health Organisation (WHO) states that mental health means more than the absence of mental disorders; mental health is an integral part of health, such that there is no overall health without mental health. WHO (2018) further defines mental health as a state of wellbeing in which an individual realises their own abilities, can cope with normal stresses of life, can be work-productive, and is able to contribute to the community. Furthermore, mental health is fundamental to our collective and individual ability as a human to think, emote, and interact with each other, earn a living, and enjoy life (WHO, 2018). Felman (2020) further explains that mental health refers to cognitive behavioural and emotional wellbeing; it is all about how people think, feel, and behave (Felman, 2020).

Several actions may be recommended to organisations on how to measure mental health among employees. Conducting surveys is a strong option for assessing employee experience; surveys should question how employees feel at work and seek opinions on working conditions. High rates of turnover and absence in an organisation are often a clear indicator that something is not right, thus exit interviews should be carried out to understand why employees are leaving. Sharma-Kalra (2021) argues that regular one-to-one meetings with managers should be happening, as employees who have little or no support from managers are likely to experience "burnout", which leads to feelings of inadequacy and self-doubt (Sharma-Kalra, 2021).

Allen (2020) argues that if you can't measure mental health, you can't manage it. There is a further argument that every organisation should pay more attention to mental health first aid, because there is a dearth of programmes in which individuals are taught to recognise warning signs and symptoms of mental illness. Having such training helps to recognise suffering employees, enabling management to offer support and advice to those who need it (Crowley, 2018; Allen, 2020).

The demand for instruments to measure mental wellbeing is constantly growing. This quantitative study exclusively used the Depression, Anxiety and Stress Scale (DASS), but it should be noted that researchers have developed various other instruments to measure mental wellbeing, such as the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS).

WEMWBS was developed for qualitative research however, thus it was not suitable for this study; additionally, as this study focused on anxiety and depression directly, the DASS was found to be more precisely suitable. Nonetheless, WEMWBS is a 14-item questionnaire that covers mental wellbeing and psychological functioning. The score is calculated by summing all the responses on a one- to five-point Likert scale, ranging from "none of the time" to "all of the time"; the minimum score is 14 and the maximum is 70. Overall, the scale scores individual states of mental wellbeing based on subjective thoughts and feelings (Stewart-Brown and Janmohamed, 2008).

It is argued that there are several advantages to using the WEMWBS survey; in particular, it is positively worded, it covers feelings and functioning, and it is easy to complete. Even though WEMWBS has been extensively used, it does come with limitations. WEMWBS being used as a sole tool to measure means there is no evidence gathered, or in other words, a researcher cannot interpret changes in score unless further investigation is undertaken. Additionally, the results of a study based on WEMWBS are liable to being subjectively influenced by how each participant is feeling, which can affect how they report on each statement, and thus this might result in inaccurate answers. Literature has further recognised a tendency for social desirability bias and item redundancy (Tennant, Hiller, Fishwick, Platt, Joseph, Weich and Stewart-Brown, 2007).

In contrast, the DASS is considered to be a valid and reliable tool for assessing the presence of depression, anxiety, and stress. Depression and anxiety are psychiatric disorders that result in emotional and physical pain, with depression in particular being closely linked to suicide. The US Department of Health and Human Services (HHS) (2014) says that having major depression increases suicide risk compared to those without depression. From further research it has been found that a limitation to using the DASS is that none of the questions in the scale cover suicide, even though it is closely related to depression. Another argued limitation is that individuals with developmental delays may experience difficulties understanding the questions, thus leading to inaccurate responses. An advantage, however, is that it gives reliable scores, covers all subscales within each scale, and helps to assist in locating the source of emotional disturbances (HHS, 2014; Gale, 2015; Lee, Lee, Moon, 2019).

Theoretical Framework of Mental Health

McLeod (2015) says that depression is a mood disorder that prevents people from leading a normal life. Behaviourist theory emphasises the importance of environmental factors in shaping behaviour. The main focus is an observable behaviour and the conditions in which people learn behaviours, thus it follows that depression is a result of a person's interactions with the environment; operant conditioning theory takes this point further, arguing that depression can be caused by the removal of positive reinforcements from the environment. Depression also makes individuals less sociable. For instance, when someone loses a job, their positive reinforcement is lost, and their main source of reinforcement is often then the attention of friends and family. It is argued that depression can be linked to experiences including loss or rejection by a parent; it is like chronic grief (McLeod, 2015).

Berube and DeFoy (2002) argue that depression is not a passing mood or personal weakness, but rather a major yet treatable illness, often triggered by negative experiences. Furthermore, Torres (2020) adds that several factors play a role in depression: biochemistry, as chemical imbalances in the brain may contribute to depression; genetics, as depression can run in families; low self-esteem correlates strongly with experiencing anxiety and depression; and environmental factors such as neglect, abuse, and poverty can also make individuals more vulnerable (Berube and DeFoy, 2002; Torres, 2020).

Aaron Beck, an American psychiatrist, is the original creator of Cognitive Theories of Major Depression; "cognitive" is significant because it addresses mental events like thinking and feeling. According to this theory, individuals with depression think differently than the rest of the population. Aaron Beck says that negative thought is the primary cause of depressive symptoms, and that the more negative thoughts a person experiences, the more depressed they may become; it is very much a negative feedback loop (Mental Help, 2021).

Anxiety, in comparison, is closely related to fear; it involves apprehension, avoidance, and caution regarding a potential threat, danger, or negative event. Anxiety makes people experience excessive, persistent, and distressing fear, even when there is no rational reason to be frightened. Cheng and McCarthy (2018) categorise anxiety into two types that are of particular interest to an organisation; dispositional anxiety and situational anxiety. Dispositional anxiety describes general feelings of nervousness, uneasiness, and tension about one's job performance. Affected employees view situations as threatening, thus dispositional anxiety plays a big role with long-term outcomes such as performance. In

contrast, with situational anxiety, the observation is more commonly that of a temporary state of nervousness about a particular task or an event. However, there can be several episodes of anxiety within a given working day, and situational anxiety may still affect employee performance significantly (Cheng and McCarthy, 2018).

Drivers of Poor Mental Health in Hospitality

Employees are an organisation's biggest asset in the hospitality industry, and they are responsible for keeping the organisation going; thus, their health is paramount to its success. Employees are the ones to serve and feed the customers, and so they need to be confident and comfortable doing so. Higgins (2020) argues that working in the hospitality industry is a challenging position, requiring special mental focus. The word "hospitality" originates from the word "hospital", alluding to the aspect of taking care of people. Furthermore, the aim of the job is to put customer needs before your own. The author further argues that employees undergo training to comply with technical aspects of the job, such as good hygiene and safety training, but it is the pressure of the industry that affects mental health and leads to decreased employee performance; so, why are employees not being provided with mental health training? Pressure isn't the only cause of employee's suffering, however, as the hospitality industry is very demanding. Employees can be exposed to abuse by customers, whether that happens in the workplace or through social media platforms such as Trip Advisor, which can make employees feel scrutinised (Higgins, 2020).

Hurley (2020) asserts that irregular hours, extraordinary expectations, and working with thin margins is already a recipe for anxiety and depression. The global COVID-19 pandemic has only complicated this, as the world has seen hospitality industries halt operations; this has added extra pressure on employees with the lack of income, work, and connections with others. This period may put a particularly pronounced strain on the mental health of hospitality employees (Hurley, 2020).

Ballance (2019) states that an industry that brings enjoyment to people on one side is, on the other hand, operated by employees pursuing careers with which they find it hard to cope. Employees in the hospitality industry are often ordered to get on with their work despite having been running around for 12 hours or more, even without a break. We are left wondering why people in the industry suffer with anxiety and depression, which often leads

to further problems such as substance abuse. A study conducted by Dr. Giousmpasoglou in Ireland in 2018 found that alcohol and drug use was high in the industry. As the study developed further, it found that employees use substances to self-medicate for the negative feelings surrounding their employment. Additionally, it can be a coping strategy to deal with the difficult and demanding environment (Ballance, 2019)

Harjanti and Todani (2019) remind us how the hospitality industry is known to be labour intensive, and can be tiresome for employees as they are faced with demanding work expectations, complex procedures, and intense interpersonal relationships. Employees must be responsive in serving customers who may have varying demands, thus may be prone to burnout. Employee burnout consists of chronic fatigue, sleeping disorders, feeling like a failure, and loss of performance. Employees with the additional complications of depression and anxiety will particularly suffer with impaired work performance (Harjanti and Todani, 2019).

Celebrity chef Anthony Bourdain took his own life in June 2018, shocking the hospitality industry. While conversation around mental health has increased following such high-profile tragedies, the industry still has a long way to go. The WHO has deemed depression and anxiety to be the leading causes of disability. Furthermore, they addressed the problem in the 2000 report *Nations for Mental Health*, arguing that everyone has the right to decent and productive working conditions of freedom, equity, security, and human dignity. Noted, however, was that employees with mental illness find achieving this challenging (Meikle, 2018).

Mental Health and Performance in the Hospitality Industry

Poor mental health among employees is a massive barrier to optimal organisational performance. Sophie Hennekam as cited in Percy (2020) published a study, *Coping with Mental Health Conditions at Work and its Impact on Self-Perceived Job Performance*, discovering that mental state fluctuates; in other words, one day an employee fully functions, while another day they may struggle to get out of bed. Further, the study found that mental health has an impact on the quality of work, the pace at which it is completed, and the rate of mistakes. Suffering employees often find it hard to concentrate or stay focused on their tasks. Additionally, they may experience energy shifts making them slower at their job (Percy, 2020).

Employees with anxiety and depression can be unable to meet organisational expectations as they are subjected to a high degree of stress in the industry. Issues such as anxiety can cause employees to lose concentration, thus making it difficult to carry out day-to-day tasks. Stamina can be reduced, leading to difficulty in meeting deadlines. Employees may suffer from paranoia, leading to constructive criticism being taken personally, followed by self-doubt and damage to confidence. Depression affects employee performance in similar ways; depression causes lack of energy, reduced motivation, difficulty in making decisions, difficulty in concentrating, and general irritability. Lack of energy and motivation come with depression, and these are among the biggest performance killers. An employee who is unable to concentrate on tasks is not only wasting valuable time, but tends to disturb others from their own work. Lack of concentration translates to lack of productivity. Irritability is a further symptom of depression which can cause numerous issues in the workplace, not limited to causing offense to customers and fellow colleagues. Irritated moods remove focus from the job, leading to a lack of performance. Memory issues often occur too with depression, which leads to employees often making mistakes at work; the complications of memory loss can lead to enormous performance issues (Speciale, 2019).

Tigar (2021) says that work seems miserable and impossible when you are anxious, therefore being in a constant state of anguish can really limit performance. As previously mentioned, anxiety can have easy-to-detect symptoms such as a fast heart rate and rapid breathing, however suffering from anxiety means employees are further faced with intense feelings of nervousness, excessive worry, and fear. These symptoms consume employees in their daily lives, interfering with their work. Anxiety takes the form of disruptive and negative thoughts that feel intrusive; an employee frets over things that cannot be controlled, leading to them losing the ability to concentrate on a given task. This stops them from creating new ideas, as their thoughts are all over the place and not focused on innovation. A further form of anxiety is based on social interactions; employees suffering from social anxiety may be uncomfortable, for example, catering for a large event attended by many people, and therefore cannot perform well in such a situation (Tigar, 2021).

Razzetti (2018) argues how anxiety harms an employee's ability to be in control; it makes them feel paralysed. Anxiety clouds an employee's judgement, and it can be a disorientating experience when they are faced with a threat they can't understand (Razzetti, 2018).

Kausen (2003) examined the link between mental health and performance, concluding that when employees are discouraged, they see little-to-no hope of improving their situation and live in a perceived reality of wall-to-wall problems. In this situation, teamwork breaks down as employees do as little as possible. Further, when employees are operating in a revved-up state of mind, they feel under pressure as if time is in short supply and the number of tasks they are required to complete is overwhelming. This can lead an employee to jump from one job to the next, resulting in the loss of efficiency and effectiveness. They will be making decisions fast and the quality of each decision will therefore suffer. In this scenario, mistakes increase and what may look like multi-tasking is, in fact, a lot of spinning with diminished progress. Finally, the author states that when employees are in a fearful state of mind, they will become more defensive; a climate driven by anxiety will restrict communication, a process which is crucial for the hospitality industry (Kausen, 2003).

Presenteeism appears when mental health problems prevent an employee from being fully productive at work. Employees show up to work, trying to figure out ways to carry on with their duties despite their symptoms, wanting to give their best efforts but being unable to deliver. Presenteeism affects team members as well as the individual, as colleagues are pressured to pick up the slack, resulting in more loss of productivity. Presenteeism is often seen in the hospitality industry due to employees working for low hourly rates and being unable to take time off, thereby attending work even when they should be at home. Presenteeism and performance have a strong connection; when an employee is preoccupied with their mindset, they have a hard time focusing and concentrating on their job. According to a Chartered Institute of Personnel and Development (CIPD) survey on health and wellbeing at work, presenteeism has tripled between 2010 and 2018 (Klachefsky, 2013; CIPD, 2018; Daily, 2018).

Additionally, Martin (2018) adds that employers often believe that when an employee shows up to work unwell, it shows commitment. However, this can actually be costly for an organisation, as presenteeism can increase the risk of workplace accidents due to lack of attention and exhaustion. Finally, organisations may suffer from a reduced level of customer service, correlating with an increase of customer complaints (Martin, 2018).

Employee Mental Health Support

HR departments are responsible for managing benefits including mental health care cover, and as HR play an important role in dealing with workforce problems in general, they are often the first ones to deal with a distressed employee. Stress management courses can help struggling employees to deal with problematic, short-lived periods of stress; such courses tend to be insufficient for employees suffering from anxiety or depression, however. Early recognition and encouragement to seek help can reduce the impact these conditions have on employee performance. Employees may refrain from asking for help, out of fear that it will jeopardise their jobs; this barrier must be broken down (Frost, 2003).

EAPs and related training should become more common in the workplace. The emphasis of training is to communicate to employees that, while it may be uncomfortable to talk about mental health, it is critically important to do so. Complementary EAPs provide confidential information, support, and counselling to employees, with highly available options to speak to a professional via telephone, face-to-face meeting, or online platform. Effective EAP implementation helps to safeguard employees' mental health, improving personal wellbeing in addition to work performance. To ensure success, EAPs must be actively communicated, with employees encouraged to avail of services both inside and outside of working hours, as needed. Selko (2020) argues that training is standard in the hospitality industry for areas such as customer service and food safety, so why not provide training for mental health awareness (Barrett, 2014; Selko, 2020).

Brooks and Ling (2020) argue that the underlying goal of an EAP is to reduce the impact of mental health on employee performance, via services offered at no cost to the employee. The authors further argue that EAP services have been shown to be effective in improving employee mental health and performance (Brooks and Ling, 2020).

Gale (2019) explains that anxiety and depression are top reasons why employees access EAP services, and continues to strongly encourage employers to provide services that will help employees. The Workplace Outcome Suit (WOS) annual report as cited in Gale (2019) revealed that, before implementing EAP, organisations saw 10.92 hours of work being missed over a 30-day period due to mental health; after implementing EAP, organisations noted a massive drop to just 5.64 hours. Furthermore, the impact of a Canadian external EAP on mental health and workplace functioning study, as cited in Milot (2020), published their

findings in the Journal of Workplace Behavioural Health in 2019; they found that EAP was associated with lower levels of anxiety and depression, lower presenteeism, higher engagement, and improved productivity. The authors of the study argue that these findings show strong evidence of the connection between EAP and improvements in mental health (Gale, 2019). Furthermore, Giardina (2014) argues that EAP is the best mental health programme that can exist.

The Society for Human Resource Management as cited in Kreider (2019) revealed that organisations lose 36% of their productivity as a result of presenteeism, while other studies have shown that an EAP can lower that by 33%. Employees are organisational assets; one way to protect those assets is to make sure employees are healthy and happy. When employees are fulfilled in these aspects, they become more pleasant to customers and colleagues, and furthermore, they create a better working environment (Kreider, 2019). Simpson (2020) notes that since 2008, adoption of EAPs has increased by 68%, and further adds that offering this service makes employees feel valued, improving morale throughout the organisation (Simpson, 2020).

The WHO as cited in McGinty (2016) projects that without support for employees, the world will lose 12 billion workdays to depression and anxiety alone by 2030. In addition, Ireland has one of the highest rates of mental illness in Europe (Barron, 2019). Thus, the author argues the importance of offering support to employees, because healthy and supported employees perform at their best capacity (McGinty, 2016).

The long hours, lack of work-life balance, and the demands of working in a high-pressure environment are among the top reasons why hospitality employees suffer with anxiety and depression. They are faced with serving the public in an industry with tight margins and high expectations. Culture change is needed; employers must put mental health support at the top of the agenda. Supporting employees in the workplace supports the whole industry, yet hospitality employees are afraid to speak up and seek support, as they fear that doing so may harm their shifts and reputation at work (Scotsman, 2019). Ainomugisha (2020) says that lack of support results in unhappy employees and an increase in sickness, and further results in poor decision-making, poor timekeeping, and work errors. Additionally, it leads to reduced motivation and commitment, and increased turnover (Ainomugisha, 2020).

Harvey (2020) argues the benefits of offering support for employees, reinforcing that proactive management creates a safer and more supportive working environment.

Furthermore, it helps the employer to build a reputation of caring for employees, useful in attracting new talent and retaining existing employees. There is a further argument that work-related mental health illness claims are on the rise, therefore employers are facing action because they have not protected employee wellbeing; if these matters are inappropriately handled, employers are vulnerable to claims (Harvey, 2020).

Farmer (2018) says that employers have a duty of care to employees, to ensure employee health and safety and wellbeing under the relevant legislation. An employer's duty is to assess any risks from hazards at work, and this includes mental illness. Employers are legally required to abide by relevant health and safety regulations as well as the common law duty of care. Furthermore, employers have a moral and ethical duty not to cause physical or psychological injury (Farmer, 2018).

McGinty (2016) argues that employers are starting to recognise the impact of mental health, and they are also recognising the importance of offering support, as many organisations are now beginning to offer EAP. Employers in various organisations are starting to make support their priority to make employees feel valued and supported. These employers believe that happy and healthy employees are more productive and engaged, both physically and mentally (McGinty, 2016).

Further studies have found that management training is crucial, as employees often seek help from management first. Some organisations have invested in training for managers to help them to identify and manage stress, whereas some use it to effectively manage and support employees with mental illness (RoSPA, 2015). Organisations are still struggling with addressing and accommodating employees with mental illness however, and unfortunately if an employee is dealing with mental illness and does not receive proper support and accommodation, their mental health often deteriorates, as does their productivity. Vogel (2018) argues that every employer must take steps to develop an effective support system for those that need it (Vogel, 2018).

Lynne-Kurter (2020) says that selecting the right mental health support services can be challenging as each employee struggles with different issues. She further argues that it isn't enough to just have the support available; it needs to be communicated to bring awareness to it, because if employees don't know who or where to ask for help, it renders the support ineffective (Lynne-Kurter, 2020).

Hill (2020) argues the legal obligations an employer has to protect the health and safety of their employees at work. Employers ought to take these obligations seriously and they must do all they reasonably can to provide employees with a safe working environment. Furthermore, the Disability Act 2005 defines disability as "disability in relation to a person means, a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the state or to participate in a social or cultural life in the state by the reason of an enduring physical, sensory, mental health or intellectual impairment". Disability thus falls under the Employment Equality Act 1998, in which discrimination is defined as "treating one person in a less favourable way than another person". There are nine prohibited grounds for discrimination under this act, disability being one of them. This therefore means that employees with mental illness are protected from disability discrimination, and they are entitled to reasonable accommodation from their employer (The National Disability Authority, 2012; Hill, 2020; Citizens Information, 2021). Reasonable accommodation includes measures such as allowing flexible working hours, and offering time off to attend medical appointments (Short, 2018). On that note, Jackson (2019) agrees that employees will benefit from flexible work schedules, as it will allow them to build a better work-life balance (Jackson, 2019).

Several studies have revealed that employees want their employers to do more for them and offer their support; it is worrying to find that employers are neglecting their duties. Webber (2021) argues that hospitality isn't just service of food and drink, it is rather hosting, making customers feel welcome, and providing them with a good experience. This can only be achieved when employees have positive mental health. Due to the recent COVID-19 crisis and Brexit, the Irish hospitality industry is experiencing employee shortages, thus employers are now faced with working twice as hard to attract and retain talent. As such, providing a good working environment and mental health support is key to that (Webber, 2021). The hospitality industry is a demanding career sector that requires a range of skills and strong mental concentration. Considering that the sector is vital to the Irish economy, it should not consist of poor job practices (Cohen, 2020).

Mental illness does not discriminate; it can affect anyone, anywhere. The most worrying trend that keeps recurring is that neither work colleagues nor employers see and understand that mental illness can be life-threatening. Unlike many physical ailments, mental illness can be very hard to notice, yet anyone who suffers with such will admit that being able to speak about it openly can be a life saver. Hickmore (2018) suggests keeping an eye on changes in

behaviour among colleagues, being compassionate, and helping them get the support they need. Specific behavioural changes to watch out for include: tiredness, loss of energy; changes in personality; difficulty in concentrating at work; increase in errors; avoiding interaction with other people; and loss of confidence and self-esteem (Hickmore, 2018).

Critical Analysis of Literature Review

Another study using the same instrument as this study, the DASS, was carried out by Rao and Ramesh (2015) when they investigated depression, anxiety, and stress levels in industrial workers in Bangalore, India. A total of 90 participants contributed to the study. The study found a rate of 18.36% for participants experiencing anxiety and stress. 36% of employees were found to be suffering with anxiety and 18% suffering with stress, however no depression was detected. Furthermore, the study did not find significant association between leave, sick leave, anxiety, depression, and stress. A minor pattern was discovered between stress and number of days leave taken, but the result was nevertheless deemed statistically insignificant, most likely due to the small sample size. Potential bias occurred in this study too, as employees currently on leave were excluded; as such it is possible that some employees suffering from mental illness have not been included, leading to underestimation or overestimation in certain aspects (Rao and Ramesh, 2015).

In a related area of interest, Teng, Will, Lin and Xu (2020) investigated the mental health impact of COVID-19 on quarantine hotel employees in China. Similarities with this study include mental health, hospitality employees, and the use of DASS. A total of 170 hotel employees participated in the questionnaire, of which 90 participants were female and 71 were male, while 90 participants were categorised as "millennials" compared to 32 as "generation Z". The study revealed that 43.5% of participants reported moderate to extremely severe symptoms of depression, 68.8% reported moderate to severe anxiety, and 8% indicated moderate to severe stress. Additionally, employees with higher incomes were found to be less likely to experience depression, and anxiety and depression were observed to be evenly distributed between male and female workers. Overall, the study suggests that hotel employees have moderate to severe symptoms of depression and anxiety. However, the results may be exaggerated by the study's limitations. Firstly, the research was conducted at the worst levels of COVID-19 occurrence, thus resulting in employees being more depressed and anxious; many may have been lonely as socialising was rarely permitted, and understandably, others may have been just anxious of the risks in working around people who

are under quarantine. Furthermore, the study was conducted across only five hotels within China, a nation which is drastically different to Ireland both culturally and economically. Finally, the researchers claim that middle aged and young adult employees suffer from anxiety more due to having easier access to online information, even though this point is seemingly beyond the scope of the study. The researchers fail to back this assumption with evidence, suggesting that it is merely conjecture and may be the result of bias (Teng et al., 2020).

A quantitative study was carried out by Hrdzic (2016) where she attempted to identify a connection between spirituality and work performance in young adults, using the IWPQ as its primary instrument. Data for this study was only collected from employees aged 23 to 25; the targeted population sample was for "young adults", and the study found that a majority of participants were 24. The correlation between spirituality and work performance was analysed via hypothesis, which revealed that it was not statistically significant; there was a very weak correlation. Sample size was a notable limitation of this study, having only 60 participants. Furthermore, participants only had access to the study through an online platform, and not all persons of interest may have had the ability to access it. Regionally, the study was quite specific, being only available to those living in Zagreb, Croatia. Finally, various authors define "young adult" differently; according to Cambridge Dictionary a young adult is a person who is in their late teenage years or early twenties, whereas in contrast, Kessler (2021) classifies young adults as referring to people aged 12 to 18 or 18 to 30. Thus, there is no clear consensus on the definition of a young adult. The researcher was rather specific and could have used a broader target audience to receive better results from the study (Hrdzic, 2016; Cambridge Dictionary, 2021; Kessler, 2021).

Similarly, Voigt (2019) used the IWPQ to investigate "No Label Please", an explorative experiment in organisational communication. A quantitative approach was taken, and using a questionnaire, this study sought to explore the interaction of Autistic Spectrum Disorder (ASD) diagnoses and different communication methods, and how these factors influence individual work performance. A total of 317 participants were recruited for the study, although only 115 valid responses were collected. Out of these remaining responses, 50 were diagnosed with ASD and 65 were not. Using the IWPQ the study found that those with and without ASD did not differ. The sample size is a clear limitation of this study, however. The significant wastage from invalid responses makes it clear that conducting an online survey proved to be a disadvantage for this particular researcher, as they did not have sufficient

control over the participants' input. Additionally, though the study was targeting employees with ASD, less than half of the valid responses were from participants confirmed to have ASD. Finally, the study only focused on measuring employees' individual tasks as opposed to overall performance; some employees may be good at one particular task but struggle with the rest, thus the test may have been unfair to some employees (Voigt, 2019).

Research Problem and Aims of Research

As evidenced throughout the literature review, the hospitality industry is experiencing a mental health crisis, with clear negative effects on work performance. Therefore, this research will look at how Irish hospitality employees are suffering with depression and anxiety, how it affects their performance, if employers are offering employees support to overcome mental illness, and what employers can do to help employees who struggle with mental illness. Thus, we arrive at the following questions:

1. Do hospitality employees suffer with anxiety and depression?
2. Does it affect their work performance?
3. Do Irish employers support employees with mental illness in hospitality?
4. What can employers do to help employees with mental illness?

Hypotheses

	Null Hypothesis	Alternative Hypothesis
1	There is no significant association between gender, depression, and anxiety in the Irish hospitality industry	Females experience significantly higher levels of anxiety and depression in the Irish hospitality industry
2	There is no significant relationship between depression, anxiety, and employee performance	There is a significant relationship between depression, anxiety, and employee performance
3	There is no significant association between anxiety, depression, and perception of managerial support among employees	There is a significant association between anxiety, depression, and perception of managerial support among employees
4	There is no significant relationship between employee performance and perception of managerial support	There is a significant relationship between employee performance and perception of managerial support

Methodology

Research Philosophy

Research philosophy describes a system of beliefs and assumptions about the development of knowledge. Some of the beliefs and assumptions a researcher assumes are about the realities we encounter during the research, or the extent and ways our values influence the research process. These beliefs and assumptions shape how the researcher understands the research questions and methods used, as well as how to interpret the findings. Businesses and management scholars have spent a long time considering if research philosophies, paradigms, and methodologies were desirable, however they have not reached agreement; two primary perspectives have emerged, pluralism and unificationism. Unificationism sees businesses and management as a fragment, arguing that this prevents it from becoming more like a true scientific discipline. Pluralists see the diversity of the field as helpful, and as something that enriches businesses. Saunders, Lewis and Thornhill (2019) explain three types of research assumptions: ontology, which refers to assumptions about the nature of reality; epistemology, which refers to assumptions about knowledge, what constitutes acceptable, valid, and legitimate knowledge, and how knowledge can be communicated to others; axiology, which concerns the role of values and ethics. We ought to be able to distinguish the types of assumptions (Saunders et al., 2019).

Several influences of research philosophy on this study and its methods are apparent. Participant privacy was a vital axiological assumption, and as such an anonymous questionnaire was used. Because this subject is somewhat personal to the researcher, established instruments were chosen to eliminate any bias that might arise from devising a novel instrument, representing an ontological assumption. Lastly, an epistemological and positivist assumption that objective data is best contributed to the choice of quantitative research via questionnaire; however, it is worth noting that while this is objective in the sense that all participants face the same questions and choices, they may evaluate their feelings and circumstances differently, thus leading to varying results.

A positivist approach is used where quantitative methods are relied on for data collection; positivism utilises quantitative data to arrive to a conclusion. Positivism requires research to be valid and reliable, and looks for correlations or relationships between variables, such as between anxiety, depression, and performance (Dudovskiy, 2020). There are a number of

reasons why a positivist approach fits this study: a general desire to focus on the facts of the data rather than assumptions, such as how review of the relevant literature confirmed that employees in Irish hospitality are largely struggling with their mental health; utilising a self-administered survey via Google Forms meant that the researcher had no influence or interaction with participants, and thus could not manipulate the results; a rich variety of positivist frameworks and theory already exists in this subject area; lastly, the very basis of the study was the correlation between work performance, anxiety, and depression.

Research Approach

Saunders et al. (2009) explain two research approaches for a study of any subject; inductive and deductive. A deductive approach is used in this study, and it can be explained as an approach that is concerned with developing a hypothesis based on existing theory, then designing a research strategy to test the hypothesis. More formally, a deductive approach is explained by the means of hypothesis and is concerned with deducting conclusions from premises or propositions; unlike an inductive approach, which is intended to allow meaning to emerge from the collected data, building theory from patterns and relationships in the data as it is being collected. Deduction begins with an expected pattern, whereas induction starts with observations and seeks to find a pattern within them. Deduction explores theories, testing to see if they are valid. The hypothesis is tested with observations that either reject or do not reject it. The steps are as follows:

1. Deducting the hypothesis from the relevant theory
2. Formulating the hypothesis
3. Testing the hypothesis
4. Examining the outcome and rejecting or not rejecting the hypothesis

A deductive approach was used in this research as the study was trying to explain the relationship between a concept and a variable. This study sought to explore how anxiety and depression affect employee performance in the Irish hospitality industry; as such, upon reading the relevant literature review, it is clear that there is evidence to suggest there is a correlation between anxiety, depression, and employee performance. We found that mental illness is one of the top forms of employee disability, with an estimated 40 million adults around the world suffering from anxiety, and a further 16 million from depression (Jackson, 2019).

Employees with anxiety and depression often struggle with concentration, limiting their performance and rendering them unable to meet organisational expectations. Additionally, depression causes a lack of energy and difficulty in making decisions, symptoms which are significant performance killers (Speciale, 2019). Finally, we discovered that many managers in the hospitality industry hold a "not my problem" attitude when it comes to supporting employees with mental illness (Martin et al., 2016). Thus, hypotheses were developed from the literature. To test each hypothesis, quantitative data was collected. Furthermore, a deductive approach was best suited to this study as it allowed for facts to be measured; for example, one variable that needed to be measured was performance. Finally, the sample from the study was carefully chosen, and Irish hospitality was measured as a whole rather than just one particular segment, in order to gain a more objective view which would be less influenced by differences across sectors. Various tests were carried out to determine whether to reject each hypothesis; this fits with a deductive approach as it follows the same stages of theory, hypothesis, testing, and analysing (Saunders et al., 2019).

Research Strategy and Design

This section will cover research design and strategy. Research design entails how research questions will be asked and answered; firstly, a decision needs to be made about which research design is to be used, such as a qualitative, quantitative, or mixed methods approach. A key differentiation between each one is to distinguish between numerical and non-numerical data. Quantitative research design generates or uses numerical data, which can typically be done through a questionnaire. In contrast, qualitative research generates or uses non-numerical data such as can be gathered through interviews. Finally, mixed methods research uses both at the same time; for example, asking participants to answer a questionnaire with open-ended questions, which may lead to having to conduct an interview to get the remaining answers.

Quantitative research is associated with a deductive approach wherein data is collected and analysed to test a hypothesis. The deductive approach begins with an expected pattern; prior to conducting a study, the researcher predicts a pattern which will be tested against observations. The researcher wants to explain the relationship between concepts and variables. Furthermore, quantitative research explores the relationships between variables which are measured numerically and are analysed using statistical and graphical techniques. It focuses on gathering numerical data to explain a particular phenomenon. Quantitative

research was chosen for this particular study because the study sought to establish and determine relationships between independent variables (such as employee anxiety) and their dependent variables (such as work performance). The research questions were clearly defined in order to seek the relevant answers; the overall aim of quantitative research is to classify features, count them, and construct a statistical model to explain the data gathered. Conducting a quantitative study further allowed more control over how data was gathered for this study. Hypotheses were developed, and the collected quantitative data allowed testing of each hypothesis for rejection or non-rejection. The precise and reliable nature of quantitative data was also preferred as a means of avoiding bias, and finally, it was preferred as quantitative data is useful for a number of applications; forming predictions, discovering patterns, and testing relationships (Devault, 2020).

The DASS is a set of three self-reporting subscales, designed to measure negative emotional states of depression, anxiety, and stress. DASS was created to further process defining, understanding, and measuring the ubiquitous and clinically significant emotional states that are depression, anxiety, and stress. Each subscale contains 14 items which are further subdivided into groups of two to five items based on content similarity. The depression subscale assesses aspects including dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest, and involvement. The anxiety subscale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experiences of anxiety effects. Participants are asked to rate the extent to which they have experienced each state, ranging from zero ("did not apply to me at all") to three ("applied to me very much"); the DASS structure is stable and shows high consistency. Scoring is achieved by summing the results of each subscale separately, yielding discrete results for anxiety, depression, and stress.

A coding system was utilised to keep respondents anonymous; data was presented using codes assigned to individual participants. All questionnaire responses were coded to protect the identity of participants. In the demographics section, males that took part in the study now identify as one, whereas females identify as two. Similarly, the DASS was also numerically coded, where one represents the participants that selected "did not apply to me", two represents those who selected "applied to me to some degree or some of the time", and so on.

The DASS instrument was also used by Szabo (2010) when he investigated the emotional experience associated with worrying, anxiety, depression, and stress. A total of 126 students

were selected to participate in the study, with the instrument showing moderate to high positive correlation between the variables. The results of the study confirm that the DASS is an appropriate instrument for studying depressed and anxious populations. The structure of the DASS is stable, and the three subscales show good convergent and discriminant validity, in addition to high internal consistency, in clinical and non-clinical samples (Szabo, 2010; Rao, Ramesh, 2015; DASS, 2018; Teng, Will, Lin and Xu, 2020).

In order to measure employee performance, the Individual Work Performance Questionnaire (IWPQ) was next used. The IWPQ focuses on behaviours or actions of employees that are relevant to the goals of an organisation. It is an 18-item scale that was developed in Netherlands to measure three dimensions of job performance; task performance, contextual performance, and counterproductive work behaviour (Ramos-Villagrasa, Raman-Borrade, Fernandez Del Rio and Koopmans, 2019).

The IWPQ scale was divided into several sections based on different measures. Firstly, participants were asked to rate their own work performance over the past week, using a one-to-five scale, one being "insufficient" to five being "very good". The first two questions asked about quality and quantity of work performance over the past week. As mentioned to participants, quality and quantity have various definitions based on your role, but in this case, quantity may refer to rate of customers served, and quality may measure customer satisfaction. The next questions followed a similar pattern, instead asking participants to compare quality and quantity to the previous work year; once again, a one-to-five scale was used, one being "much worse" to five being "much better". The questionnaire then measures different experiences at work within the last week, for example, "I purposely worked slowly" or "I purposely left work so that someone else had to finish it". This part was measured by a five-point scale, one being "never" to five being "often". Finally, the last measure of employee performance was based on the previous working week, with one on the scale being "seldom" to five being "always". A five-point scale is used across all sections of the IWPQ; as such, the answers collected for this study were encoded numerically from one to five. In order to get calculate a score for the IWPQ scale, simply calculate the mean answer; a mean score is calculated by adding the item scores and dividing the sum by the number of items in the scale.

The IWPQ instrument was used by Van der Vaart (2021) when investigating "The Performance Measurement Conundrum: Construct Validity of the Individual Work

Performance Questionnaire in South Africa". A sample of 269 IT professionals across different organisations in South Africa completed the survey, which measured their work performance using the IWPQ (Var der Vaart, 2021). As with numerous other studies, the instrument was found to be reliable, valid, and insightful (Widyastuti and Hidayat, 2018; Rostiana and Lie, 2019).

During development of the IWPQ, a pilot study was conducted among 54 researchers to optimise clarity, reliability, and validity. Participants were asked if the questions actually measured workplace performance, to which they indicated face validity and reliability of the IWPQ. Based on the pilot study, there was one main revision; answers were reduced from seven to five categories, as participants found that the differences between some answer categories were unclear. Additionally, the original recall period was four weeks, but this was found to be insufficient and therefore increased to three months in order to ensure valid results. Participants indicated that validity and reliability of the pilot study was good, consistent with findings of subsequent studies (Koopmans, Hildebrandt, Bernaards and Van der Beek, 2013).

Petrie, Gayed, Bryan, Deady, Madan, Savic, Wooldrige, Counson, Calvo, Glozier and Harvey (2018) investigated "The Importance of Manager Support for the Mental Health and Well-Being of Ambulance Personnel" using the manager-focused subscale of the Psychosocial Safety Climate (PSC-12) questionnaire. Nine questions were developed specifically for the study, in order to assess employees' direct experiences of managerial behaviours. Questions asked, for example, how much participants agreed with statements such as "my supervisor pays attention to my feelings and problems and notices if I am not feeling well". The scale is five-point throughout, ranging from "strongly disagree" to "strongly agree" for the manager-focused subscale, and "never/hardly ever" to "always" for the remainder. The study concluded that a less supportive and distant manager, which can be a significant stressor for employees, can be identified by a low score; in contrast, a high score was a reliable indicator of a supportive manager. A high score can further be considered to indicate a high degree of commitment to employee safety; scores are calculated through summation of individual question responses, ranging in total from 6 to 30 (Petrie et al., 2018).

Furthermore, the manager-focused subscale of PSC-12 was also used by Petrie et al. (2018) to investigate supportiveness of managers, again demonstrating good reliability and validity. Participants for the study were obtained from two Australian state ambulance services,

totalling 1,807; however, following the limitation of blank or duplicate responses, a final sample size of 1,622 ambulance personnel remained. Specifically, this scale was used to measure employee perception of the importance and priority supervisors place on mental health issues in the organisation. In previous studies where this instrument was used, it showed strong reliability and validity (Petrie et al., 2018).

In summary, this study used a quantitative and deductive approach, using the following instruments to gather required information: the DASS was used to measure anxiety, depression, and stress; IWPQ was used to measure employee performance; and lastly, the PSC-12 scale was used to investigate whether employers are supportive in the workplace to employees with mental illness. Overall, four- and five-point Likert scales were preferred as being simple to understand, giving participants a choice without overwhelming them with options, and allowing for a lower margin of error. In addition, they are more suited to being displayed on mobile devices than larger scales (Newson, 2021).

Population and Sampling

Next, we will discuss population and sampling. Quinlan, Babin, Corr, Griffin and Zikmund (2019) argue that population and sampling are fundamental aspects of a methodological framework. Population can be defined as a group of entities that share some common set of characteristics, while a sample is a large portion of a population, therefore the purpose of sampling is to estimate an unknown characteristic of a population. Sampling is recommended in research as selecting the best samples yields more accurate results. It is a process that relates to the collection of data from a population. The size of the population sample chosen for the collection of information needs to be representative of the general population, in this case the Irish hospitality sector; accuracy is key, as inappropriate sampling harms the accuracy of the results. This research used sampling to gather answers through a questionnaire (Etikan, Musa and Alkassim, 2016).

Inclusion and exclusion criteria are critical when considering a study sample. The target population for this study was employees in the Irish hospitality industry. *"Hospitality industry can be defined and understood as an industry which provides facility for stay, food and complete related services for the comfort and leisure of the tourists and visitors"* (Creagh, 2018). The hospitality industry is significant to Ireland's economy, reportedly being a €5 billion industry in 2018; the Central Statistics Office (CSO) also noted *distribution,*

transport, hotels, and restaurants as generating roughly 10% of Ireland's GDP in 2020 (CSO, 2020). The following inclusion criteria applied for respondents:

- Must be currently or recently employed in the Irish hospitality industry.
- Must be 16 years of age or over.
- Must be living in Ireland.

The exclusion criteria naturally followed:

- Those aged 16 years and under.
- Those not employed in the hospitality industry.
- Those who do not live in Ireland.

Participants that fulfilled the criteria were eligible to participate in the survey.

There are various types of sampling methods available to researchers, primarily classified as probabilistic or non-probabilistic. Probabilistic sampling is defined by Howard (2019) as any method of sampling that uses random selection, and using it implies that every member of the selected population has an equal opportunity of taking part in the study. Probabilistic sampling wants to obtain a sample that is representative of the population of interest, such that findings can be generalised to the total population (Howard, 2019). This study, however, used non-probabilistic sampling; McCombes (2019) describes non-probabilistic sampling as involving non-random selection based on convenience or other criteria, allowing the researcher to easily collect data. Using this type of sampling means that not every individual has a chance of being included. Howard (2019) argues that non-probabilistic sampling tends to be more convenient and less costly, compared to probabilistic alternatives (Glen, 2021).

The sampling approach for this study began with convenience sampling for the pilot study; convenience sampling is where people known to the researcher are recruited to complete the questionnaire, and in this instance, former colleagues from the hospitality industry were invited to participate. For the final questionnaire, the approach progressed to snowball sampling; participants that had already completed the survey were asked to recruit other participants that would fit the criteria. Snowball sampling is best used to target groups that are hard to find and reach. It is called "snowball sampling" by way of analogy, as once the ball is rolling, it picks up more "snow" and becomes larger and larger, with the potential for exponential growth (Glen, 2021).

Pilot Study

The research methods were assessed by means of a pilot study; a smaller-scale execution of the study, intended not to draw conclusions, but simply to confirm the feasibility of the proposed methodology and identify any potential issues which should be addressed for the complete study (Hassan, Schattner and Mazza, 2006; Lowe, 2019). One hospitality organisation was selected randomly, in which the questionnaire was tested on a small subset of employees, before attempting data analysis; the aim was to show that the study and analysis were robust enough to address the original research problems. The pilot study was administered to a dozen people working in the organisation. It did not show any notable problems and participants did not offer any negative feedback; therefore, no changes were made to the questionnaire.

Ethical Considerations

Ethical conduct was respected by this study; Cohen, Manion and Morrison (2007) define ethics as relating to beliefs about what is morally right or wrong, and a matter of principled sensitivity to the rights of others (Cohen et al., 2007). Privacy and data protection were key ethical considerations of this study. Identifiable information was not captured where possible, or anonymised as necessary, such that respondents cannot be identified by their employers or the general public. Compliance with the General Data Protection Regulation (GDPR) was further ensured; this is an EU-wide regulation effected in 2018, which specifies privacy, security, and retention requirements for collecting and storing personal data (Citizens Information, 2018). The questionnaire avoided asking leading questions, to ensure an honest result. Finally, the study was conducted in a professional and sympathetic manner at all times, given the sensitive subject matter. An application was made to the college for ethical approval.

Data Collection

This section outlines the data collection methods. The below formula was used to calculate the ideal sample size.

$$\text{Sample size} = \frac{\dfrac{z^2 \times p\,(1-p)}{e^2}}{1 + \left(\dfrac{z^2 \times p\,(1-p)}{e^2 N}\right)}$$

N = population size • e = Margin of error (percentage in decimal form) • z = z-score

(Survey Monkey, 2021)

Given a conservatively estimated population size of 150,000, for a 95% confidence level and 5% margin of error, a sample size figure of 384 was found. However, the unstable nature of the industry during the COVID-19 pandemic presented a difficulty in reaching viable participants; the final sample size was therefore 121, yielding a higher margin of error of 9%.

There are two categories of data that can be used to conduct and complete a research study; primary data and secondary data. Primary research involves collecting original data that is specific to the particular research topic. A researcher gathers information first-hand instead of relying on data that is already available from other sources. Researchers that conduct primary research try to answer questions that have not been answered. Therefore, researchers using primary data develop research questions or hypotheses, then collect, analyse, and draw conclusions based on the evidence collected. Commonly used primary research methods include surveys, questionnaires, interviews, and observations. In contrast, research using secondary data involves summary of data and literature that has already been published by others, such that the research is somewhat based on previously analysed studies. The researcher has far less involvement in data collection, which introduces the risk that the collected data may not fit the requirements of the study. Secondary data can be sourced through books, articles, journals, and educational institutions (Saunders et al., 2019).

This study sought to use primary data with the motivation of trying to explore and seek discoveries within the chosen subject area. Furthermore, primary data is more reliable, specific, and relevant to the study (Cyr, 2016; Bouchrika, 2021). The study gathered 121 valid responses; the researcher supplied participants with an input-validated questionnaire to gain an insight into the effects of anxiety and depression on employee performance in the Irish hospitality industry. The questionnaire was administered through Google Forms and released on the 14th of June 2021, remaining open to responses until the 14th of July 2021.

The questionnaire, which can be defined as a set of questions used to gather information from respondents (Pahwa, 2019), was designed to target specific areas of interest; mental health in the hospitality industry and the effects it has on employee performance. The questionnaire included close-ended questions, allowing respondents to select typical symptoms of anxiety and depression as relevant to them.

The research aims for this study were to find out if employees in the Irish hospitality industry suffer from anxiety and depression, the impact of anxiety and depression on employee performance in the hospitality industry, what support is available for employees, and if employers are supportive to employees with mental illness. The questionnaire questions were short and clear, with most questions employing Likert four- or five-point scales to ensure effectiveness; they were designed to ensure they can be easily understood and answered. Steps were taken to ensure non-response bias by having the questionnaire kept short and being accessible to all voluntary participants. Additionally, reminders were sent by the researcher to ensure a high response rate, and finally, participants were made aware of the privacy of their responses.

There are many advantages to a self-administered survey. Participants have the flexibility to conduct it in their own time and are not put under pressure to answer questions they don't feel comfortable answering. Due to the COVID-19 outbreak, it was also not possible to meet with participants face-to-face, thus the self-administered questionnaire was orchestrated online. Another advantage of this was that it was faster, as there was no need to wait for paper-based questionnaires to return; it is much easier to analyse and have instant results. Online surveys reduce errors, as participants directly insert their responses into the system, which provides input validation (Howard, 2019). Furthermore, the sample size could be increased by sharing the survey on social media platforms such as Facebook and LinkedIn. It is important to use tested platforms to carry out online surveys, and as such Google Forms was employed for this study, which has been tested for compatibility with most electronic devices.

Normality Testing

Before continuing to analysis and testing of the hypotheses, the data was tested for normality using SPSS. Testing normality is often the first step a researcher takes before analysing data, and refers to determining whether the data exhibits a specific statistical distribution known as normal distribution; a normal distribution is one which is both continuous and symmetrical,

as defined by the standard deviation and mean of the data. Normality testing is not intended to determine if data is exactly consistent with normal distribution, but if data is close enough to normal that statistical tools requiring normal distribution can be used without concerns. The results of normality testing indicated that the data was normal for the IWPQ scale, however it was largely abnormal across the DASS and PSC-12 scales. As such, a null hypothesis and alternative hypothesis were developed:

- Null hypothesis: the data is normally distributed.
- Alternative hypothesis: the data is not normally distributed.

Normality was tested at a 95% confidence level, using the Shapiro-Wilk and Kolmogorov-Smirnow tests as implemented by SPSS. Favouring the Shapiro-Wilk test, as it is more suitable for smaller sample sizes, the following significance levels were determined: for the IWPQ, 0.362; for DASS-Stress, 0.000; for DASS-Depression, 0.004; for DASS-Anxiety, 0.004; finally, for PSC-12, 0.000.

Table 1

	Kolmogorov-Smirnow	Shapiro-Wilk
IWPQ	0.200*	0.362*
DASS-Stress	0.006	0.000
DASS-Depression	0.200*	0.004
DASS-Anxiety	0.022	0.004
PSC-12	0.000	0.000

A Shapiro-Wilk significance value greater than 0.05 is typically considered to indicate normal distribution; inversely, a lesser value implies that the data deviates significantly from normal distribution. As such, only the IWPQ data can be considered normal by this assessment. Therefore, we reject the alternative hypothesis for IWPQ, whereas we reject the null hypothesis for the PSC-12 and DASS instruments.

Statistical Testing for Significant Differences

To test the first hypothesis, examining the relationship between gender, anxiety, and depression, the Kruskal-Wallis H test was chosen. This test is ideal where a researcher wants to determine if there are significant statistical differences between two or more groups of an independent variable.

For the second hypothesis, examining the relationship between anxiety, depression, and work performance, we undertook a bivariate Pearson Correlation Coefficient test. This test produces a sample correlation coefficient which measures the strength and direction of a linear relationship between a pair of continuous variables; it shows whether a statistically significant linear relationship exists between two continuous variables, the strength of the relationship, and if it is increasing or decreasing. In addition, the test produces a Pearson Correlation Coefficient, a number ranging from -1 to 1; while a zero value implies no correlation, a negative value indicates that a higher score for one variable implies a lower score for the other variable, whereas a positive value indicates that a higher score for one variable implies a higher score for the other.

The Spearman Rank Order Correlation Coefficient, otherwise known as the Spearman Correlation, is a non-parametric test measuring the strength and direction of a relationship that exists between two ordinal variables. This was chosen to test the third hypothesis, that anxiety and depression among employees correlate with perceptions of managerial support.

The fourth hypothesis also used the bivariate Pearson Correlation Coefficient test, in which the researcher tried to find a relationship between employee performance, and the support received from management.

Finally, a linear regression test was conducted, as often follows from establishing correlations. Researchers use this type of test to verify whether the value of an independent variable can be used to predict the value of a dependent variable; it can additionally be used to validate a correlation. In this case, the test was used to explore the data, rather than test any preconceived hypotheses. Frost (2021) explains interpretation of regression results; notably, the sign of a regression coefficient tells us if there is a positive or a negative correlation between the variables. A positive coefficient indicates that as the value of the independent variable increases, the value of the dependent variable also increases. In contrast, a negative coefficient indicates that as the independent variable increases, the dependent variable decreases (Frost, 2021).

Results and Analysis

As stated in the methodology section, primary research was conducted using a questionnaire which was administered online via Google Forms. A total of 121 participants completed the questionnaire, and the responses were exported to a spreadsheet. Answers were then numerically coded; for example, answers to the question "what gender do you identify with" were encoded as one for female and two for male. Finally, the encoded data was transferred to the SPSS statistical package for analysis.

Demographics

A majority of participants were female (72.7%). Relationship status was variable, with the most common selection being single (44.6%). Age was particularly diversified, with the most common answer being 30-39 years old (36.4%). 30-40 hours were mostly commonly worked per week (31.4%). A majority of participants (63.6%) were employed full time, and 36.4% of participants were in their occupation for four or more years. Finally, participants were asked which industry best describes their occupation: 10.8% selected catering or delicatessen; 25.8% were hotel employees; 5.8% were coffee shop employees; 21.7% were bar or restaurant employees; additionally, 32.5% worked in other occupations which they felt did not exactly fit the available options, such as fast-food outlets (see table 2).

Table 2

Gender	Female (72.7%)	Male (27.3%)					
Relationship Status	In a relationship (44.6%)	Single (24.8%)	Married (27.3%)	Divorced (1.7%)	Separated (1.7%)		
Age Group	18-29 (31.4%)	30-39 (36.4%)	40-49 (25.6%)	50-59 (4.8%)	60-65 (1.6%)		
Hours Worked per Week	0-10 (3.3%)	10-20 (13.2%)	20-30 (17.4%)	30-40 (31.4%)	40-50 (26.4%)	50-60 (6.5%)	60+ (1.6%)
Full Time or Part Time	Full time (63.6%)	Part time (36.4%)					
Industry	Catering/Deli (11.6%)	Hotel (26.4%)	Coffee Shop (5.8%)	Bar/Restaurant (21.5%)	Other (34.7%)		
Length in Role	0-6 months (14.5%)	6 months – 1 year (9.1%)	1 year – 2 years (10.7%)	2 years – 3 years (18.2%)	3 years – 4 years (10.7%)	4 + years (36.4%)	

Descriptive Statistics

Table 3 shows descriptive statistics gathered from the DASS (depression subscale), DASS (anxiety subscale), IWPQ, and PSC-12 instruments. DASS-Depression scored a mean result of 20.81, with standard deviation of 11.67; this implies that participants were experiencing moderate depression. Similarly, the mean and standard deviation for DASS-Anxiety were 18.74 and 10.5 respectively, implying severe anxiety among participants. For the IWPQ, a mean of 3.42 and standard deviation of 0.373 confidently indicate that a majority of participants felt that their work is at least occasionally affected by anxiety and depression.

Lastly, the results for PSC-12 were 16.14 mean and 7.92 standard deviation, implying that participants felt the support they receive from their employers is unsatisfactory.

Table 3

	N	Minimum	Maximum	Mean	Standard Deviation
IWPQ	121	2	4	3.42	0.373
DASS-Depression	121	0	42	20.81	11.671
DASS-Anxiety	121	0	42	18.74	10.508
PSC-12 (Support)	121	6	30	16.14	7.928
Valid			121		

Reliability Statistics

Middleton (2019) argues reliability assessments are used to evaluate the quality of research; reliability relates to the consistency of a measure. Reliability testing was also conducted using SPSS, measuring Cronbach's Alpha; this is a test of the internal consistency of each scale, measured individually. A Cronbach's Alpha score of 0.7 or above implies high reliability; with DASS coming in at 0.909, IWPQ at 0.821, and PSC-12 at 0.964, all three scales were shown to have good reliability, with PSC-12 proving particularly strong. The results can be seen in table 4.

Table 4

	Cronbach's Alpha	Number of Items
DASS	0.909	43
IWPQ	0.821	46
PSC-12	0.964	12

Validity of the Instruments

Validity assessments are used to evaluate the quality of research (Middleton, 2019). Validity, as opposed to reliability, is concerned with accuracy; these are closely related, yet distinctly different characteristics. Where the same result can consistently be achieved by repeating the same method, then a measurement can be deemed to be reliable. Achieving high reliability implies that a measurement is valid (Middleton, 2019).

Internal consistency and reliability of this study were assessed in order to see how well the questionnaire measured the desired variables. According to Glen (2016), when a questionnaire has good internal consistency, participants should effectively have the same answers for each question. Similarly, internal validity was analysed in the study, which can be defined as the degree of confidence that a causal relationship under test is not influenced by other factors or variables. Internal validity makes the conclusion of a causal relationship credible and trustworthy; without internal validity we cannot confidently demonstrate a link between two variables (Bhandari, 2020).

A reliability analysis of the measuring instruments was conducted using IBM SPSS. Firstly, we tested the validity and reliability of the DASS, followed by the IWPQ and PSC-12, running consistency checks with Cronbach's Alpha. Out of 121 responses, no participants were excluded.

Table 5

Instrument	Reliability Statistics	
DASS	Alpha	0.973
	Number of items	42
	Valid Cases	121
IWPQ	Alpha	0.821
	Number of items	42
	Valid Cases	121
PSC-12	Alpha	0.969
	Number of items	42
	Valid Cases	121

Cronbach's Alpha was calculated for the DASS data, producing an alpha level of 0.973, which can be interpreted as "excellent" internal consistency. IWPQ data, at an alpha level of 0.821, indicates "good" internal consistency. Lastly, at an alpha level of 0.969, the PSC-12 data was also found to have "excellent" internal consistency.

Kruskal-Wallis H

The Kruskal-Wallis H test was used, intended to compare relative incidence of anxiety and depression among the study population between males and females; in this case, anxiety and

depression formed the dependent variables, while gender was independent. The test resulted in a p-value of 0.006 for the DASS-Anxiety subscale and a p-value of 0.005 for the DASS-Depression subscale, which are both less than 0.05 and therefore considered significant; thus we could reject the null hypothesis in both cases, but not reject the alternative hypotheses, that females experience significantly higher levels of anxiety and depression within the Irish hospitality industry. This can be seen from the difference of mean between males and females.

Table 6

	Kruskal-Wallis H	DF	Asymp. Significance	Mean Female (88)	Mean Male (33)
DASS-Anxiety	7.460	1	0.006*	66.33	46.79
DASS-Depression	8.060	1	0.005*	66.54	46.23
Total Participants	121				

* Correlation is significant at the 0.05 level (2-tailed)

Pearson Correlation

Anxiety, Depression, and Work Performance

The first Pearson Correlation test was intended for finding a relationship between employee work performance and anxiety and depression; employee work performance being the dependent variable, versus anxiety and depression which were the independent variables. For this test, correlation is considered significant at 0.05. The results showed a 0.396 p-value for IWPQ versus DASS-Depression, and 0.898 for IWPQ versus DASS-Anxiety, suggesting no correlation in either case. See table 7.

Table 7

	Pearson Correlation	Significance (2-tailed)
IWPQ & DASS-Depression	-0.079	0.396
IWPQ & DASS-Anxiety	-0.012	0.898
Total Participants	121	

Support and Work Performance

The second Pearson Correlation test was intended to find a significant relationship between employee performance and managerial support. As such, employee performance was the dependent variable, while managerial support was the independent variable. The results

showed a p-value of 0.033, less than the threshold of 0.05, and indicated a strong positive correlation between the two variables. See table 8.

Table 8

	Pearson Correlation	Significance (2-tailed)
IWPQ	0.194	0.033*
PSC-12	0.194	0.033*
Number of Participants	121	

* Correlation is significant at the 0.05 level (2-tailed)

Non-parametric Spearman Correlation

Finally, a non-parametric Spearman Correlation test was executed, intended to find a relationship between employee support, anxiety, and depression. Employee support was the dependent variable in this test, while anxiety and depression formed the independent variables. The results of the test were as follows: for PSC-12 against DASS-Anxiety, a significance of 0.682 and correlation coefficient of -0.038; for PSC-12 against DASS-Depression, a significance of 0.152 and correlation coefficient of -0.131. In this test, no significant statistical relationship was found between the two variables. See table 9.

Table 9

Spearman's Rho	Correlation Coefficient	Significance (2-tailed)
PSC-12 & DASS-Depression	-0.131	0.152
PSC-12 & DASS-Anxiety	-0.038	0.682
Number of Participants	121	

Linear Regression

Our final test was a backwards-method linear regression, undertaken as a means of exploring additional relationships within the data that were not explicitly examined as part of previous tests. Interesting results were found using working hours, depression, and anxiety as independent variables, paired with support perception as a dependent variable; results are documented in the tables below.

The tables below should be read taking particular interest in the following items. The R^2 value indicates the extent to which change in the value of the dependent variable can be attributed to the independent variable. The F value denotes the ratio of explained to unexplained variation. The B value represents the slope of the line between the dependent and independent variables; it can be interpreted, by way of example, as a 1-point change in the value of the independent variable causing the value of the dependent variable to increase or decrease based on the B value. A 95% confidence interval was used.

Model Summary and Anova

	R^2	Adjusted R^2	F	Significance
Model 1	**0.091**	0.068		
Regression			3.855	**0.011**

Coefficients

Variables	B	Standard Error	Standardised Coefficients Beta	T	Significance	95% Confidence Lower Bound	Upper Bound
Constant	24.480	3.355		7.297	**0.000***	17.835	31.126
Hours Worked	-4.019	1.621	-0.222	-2.480	**0.015***	-7.229	-0.808
DASS (Anxiety)	0.238	0.125	0.315	1.906	**0.059**	-0.009	0.485
DASS (Depression)	-0.277	0.112	-0.411	-2.480	**0.015***	-0.498	-0.056

As shown in the table above, significant relationships were found between employee depression and support perception (p-value 0.015), and between hours worked and support perception (p-value 0.015). As depression and working hours increased, the perception of support available to employees decreased. Despite the similarities, no significant relationship involving anxiety was found, although it was very near to statistically significant (p-value 0.059).

Research Findings

Introduction

This chapter will explore the results gathered from 121 survey participants, all employees of the Irish hospitality industry, in more detail. The questionnaire initially examined various demographical elements such as gender, age group, relationship status, occupation, hours worked per week, and length of time in current role. Next, it explored levels of depression, anxiety, and stress among participants. Following from this, participants were asked to rate their work performance; firstly, rating quality and quantity of work in the previous week, then comparing quality and quantity of work to the previous year, before finally selecting how much they agreed with statements such as "I purposely worked slowly". Lastly, the questionnaire examined employee perceptions of support from management, asking participants how much they agreed with statements such as "my supervisor pays attention to my feelings and problems and notices if I'm not feeling so well" and "in my workplace, management acts quickly to correct problems and issues that affect employees' psychological health".

Overall, the questionnaire was tailored specifically for the intended research questions. Aside from the opening demographical questions, it was composed entirely of existing scales, all of which are tried and tested instruments of measurement for depression, anxiety, work performance, and support. The general aim of the study was to investigate the effects of anxiety and depression on employee performance within the hospitality industry of Ireland; the questionnaire was therefore aimed at those employed within this industry.

Participant Demographics

Several demographical questions were included at the beginning of the questionnaire, in order to gain a better understanding of the participants while respecting privacy and anonymity. These questions, while seemingly trivial details, did form an important part of the study; in particular, the gender category, which was specified as male and female. Capturing this detail allowed testing of whether incidence of anxiety and depression were greater for gender groups, ultimately finding that females suffer significantly worse with anxiety and depression in the Irish hospitality industry.

Depression and Anxiety in Employees of the Irish Hospitality Industry

The main aim of this research study was to investigate how depression and anxiety affect employee performance; thus it is important for this area to be examined in depth. From literature review, we discovered that when Healthy Ireland conducted a survey in 2016, it found that females had higher levels of psychological stress with more females displaying negative mental illness symptoms. The WHO as cited in Hayden (2018) stated that females are twice as likely to be affected by depression and anxiety, for reasons such as income inequality, gender-based violence, and sexual violence they may have encountered. Furthermore, Remes (2016) argued that females are more likely to experience anxiety and depression due to brain chemistry and hormone fluctuations (Remes, 2016; Hayden, 2018).

The average score for depression was moderate, indicating that a majority of employees do display symptoms of depression. For anxiety, the average score was severe, therefore anxiety was found to be more frequent than depression among employees. Overall, there is a worrying amount of anxiety and depression among employees in the Irish hospitality industry.

Effects of Depression and Anxiety on Employee Performance

When statistical analysis was completed on the effects of anxiety and depression on employee performance, we discovered that there was no significant relationship; as such, we could reject the alternative hypothesis and not reject our null hypothesis, which states that there is no significant relationship between anxiety, depression, and employee performance. In the sample utilised for this study, analysis of the data concluded that anxiety and depression do not affect employee performance. In this case, no statistically significant relationship was found between the DASS and IWPQ results.

A related analysis was undertaken, comparing incidence rates of depression and anxiety within the sample against gender. In this case, a statistically significant correlation was identified; it was found that female employees of Irish hospitality experience anxiety and depression more frequently or more severely than their male counterparts, causing the null hypothesis to be rejected in favour of the alternative hypothesis, that females experience significantly higher levels of anxiety and depression in the Irish hospitality industry.

Employer Support for Anxious and Depressed Employees

Additionally, statistical analysis was conducted on support for employees with mental illness in the Irish hospitality industry. Our alternative hypothesis was rejected, which stated that employees perceive their employers to be supportive regarding their anxiety and depression; we therefore did not reject the null hypothesis which states that employees perceive employers to be unsupportive with their anxiety and depression. The results can be interpreted as with Pearson Correlation; they indicate no significant correlation in both cases, with no correlative relationship found between DASS-Anxiety and PSC-12 scores, and similarly no correlation found between DASS-Depression and PSC-12 scores. As such, the alternative hypothesis is rejected, and null hypothesis is not rejected.

Employee Performance and Managerial Support

Statistical analysis was conducted in an attempt to determine whether employee performance is affected by support received from management, finding a statistically significant relationship between those variables; this indicates that the effectiveness of employer support is strongly associated with employee performance. The null hypothesis was therefore rejected, and the alternative hypothesis – that there is a significant relationship between employee performance and perception of managerial support – was not rejected.

These findings are widely supported in the relevant literature. Seppala and Cameron (2015) argue that too many organisations have a high-pressure culture, which leads to harming employee performance in the long run. Effective management should foster some important principles such as showing empathy; managers and supervisors have an impact on how an employee feels and should therefore remain considerate and empathetic. A study as cited in Seppala and Cameron (2015) found that when employees recall a time where a manager or supervisor was unkind, they will tend to avoid interaction and will not reach out for support, no matter how much they are struggling. Employees should be encouraged by management to talk to them about their problems. Overall, a positive workplace environment promotes employee wellbeing (Seppala and Cameron, 2015).

Depression, Hours Worked, and Support

A linear regression test was conducted in order to gauge predictability of the value of the dependent variable, employee perception of support, by the independent variables, depression

and hours worked per week. Correlation was statistically significant for both independent variables, scoring a p-value of 0.015 in each case.

For the independent variable depression, a b-value of -0.277 was determined, indicating that as employee depression increases, perception of support from management decreases. Similarly, for hours worked per week, a b-value of -4.019 was reached, indicating that as working hours increase, perception of support decreases. The negative correlation is significantly stronger for working hours compared to depression.

Discussion

Introduction

This chapter is focused on interpreting and explaining the results of this study, in relation to the stated research questions and hypotheses.

Anxiety and Depression in Employees

Following review of the literature, we came to a research question; do hospitality employees suffer with anxiety and depression? The results showed that a large majority of participants suffered some degree of anxiety or depression, with moderate depression and severe anxiety on average.

Recent reports into mental health in Ireland have been increasingly concerning. The cross-organisational *My World Survey 2* study found that the number of young adults reporting with severe anxiety has doubled since 2012 (Dooley, O'Connor, Fitzgerald and O'Reilly, 2012). Similarly, a study by the Royal Society for Public Health (RSPH) found that one in five hospitality employees suffer with severe mental illness; a clear testimony to the crisis of employee mental health in hospitality (O'Brien, 2019). A further study conducted by The Caterer as cited in Price (2018) explored mental health within hospitality, based on ten questions presented to participants. The study quickly attracted interest, reaching an ultimate sample size of 713. 59% of participants were found to have significant mental health concerns, an increase from 54% when the study was previously conducted in 2012; evidently, hospitality saw no improvement in those six years (Price, 2018). Consideration of these statistics, in addition to personal experience, formed the primary motivations for the topic of this research study.

Anxiety and depression were assessed among participants of this study using the DASS, which allowed us to classify each individual's anxiety and depression based on their respective scores. The results from 121 participants indicated that: 17 were classified as normal for both anxiety and depression; 90 were classified as having above normal levels of both anxiety and depression; anxiety was divided into 5 mild, 15 moderate, 14 severe, and 65 extremely severe cases; and depression was divided into 11 mild, 18 moderate, 28 severe, and 36 extremely severe cases. These findings are consistent with the literature and serve to further highlight the problems of mental health in hospitality.

Gender Disparity of Anxiety and Depression

The relationship between gender, anxiety, and depression was an additional subtopic of interest. Our analysis indicated that females working within Irish hospitality are more frequently or more severely suffering from anxiety and depression compared to their male counterparts. While this result may have been exaggerated by the larger numbers of females in the study sample (88 females versus 33 males), the average anxiety and depression scores were nonetheless significantly higher for females. This finding is broadly confirmed by the literature, as women are known to be more vulnerable to anxiety and depression than men (Mayo Clinic, 2019; Hallers-Haalboom, Maas, Kunst and Bekker, 2020). A number of possibilities may contribute further to this gender-based discrepancy within Irish hospitality. Firstly, the gender pay gap; the raw gender wage gap in the hotel sector was reported at 13.3% in 2003 (McGuinness, Kelly, Callan and O'Connell, 2003), and although broader and more recent data is not available, there is no reason to believe this has changed substantially. Understandably, receiving low pay may make a person worried about their income security, contributing to anxiety and depression. Furthermore, women are far more likely to experience harassment and particularly sexual harassment in the workplace (National Sexual Violence Resource Centre, 2021); in addition, many roles in the hospitality industry are customer-facing, so the potential for harassment is greatly increased.

Employee Performance Impacts of Anxiety and Depression

Employee performance was another aspect this study sought to explore. The literature review presented a clear consensus that mental illness does negatively affect employee performance. A study by Audencia, as cited in Percy (2020), argued that mental health can limit an employee's ability to concentrate on tasks, lead to loss of energy, and cause them to be slower and more forgetful at work; yet, symptoms can also fluctuate, such that one day an employee will fully function but another day they will struggle to get out of bed (Percy, 2020). Similarly, a study from CV Library as cited in Hancock (2019) revealed that, among participating hospitality workers: 67% believed that anxiety and depression affect their performance; 51% agreed that they constantly worry about failure in the workplace; and 29% felt constantly stressed at work (Hancock, 2019).

This study, however, did not find any statistically significant relationships between anxiety, depression, and employee performance, in contrast to most of the literature and existing

research. Several factors may contribute to an understanding of this unexpected outcome. The study sample size, while reasonable, fell short of an ideal sample size for its targeted population, and there was a limited time period for collecting responses. Perhaps more importantly, the survey was conducted at a time when the majority of its respondents would have just returned to work after extended time off, due to economic closures associated with the COVID-19 pandemic; it stands to reason that many participants may have been feeling more refreshed and relaxed at this point, and therefore less impacted in their performance. In this regard, repeating the survey at a more normal time for the hospitality industry may produce different results. Finally, the subjective approach to data collection employed by this study could arguably bias the results; an employee might believe that anxiety and depression do not affect their performance, but they could be mistaken.

Employer Support for Anxiety and Depression

Another aspect this study sought to examine was whether Irish hospitality employers are supportive of employee mental health, finding that on average, employees are not satisfied with the support offered by their employers; this was assessed using the PSC-12 scale, with statistically significant results. This sentiment is echoed throughout the relevant literature. Meikle (2018) has argued that employers do not try to understand what employees with anxiety and depression go through; most employers still allow mental health stigma to exist in the workplace, discouraging employees from seeking help (Meikle, 2019). Higgins (2020) also reported that a majority of hospitality managers abuse their power of authority, by not providing support and subjecting employees to unnecessary stress through poor management (Higgins, 2020).

A survey on employee support conducted by Deloitte presented a damning view that employees receive insufficient support in the workplace; 72% of organisations were found to have absolutely no mental health policies. The authors argued that employers do not prioritise advocating for mental health or offering the appropriate means of support, partly because this has a high operational demand, for which organisational resources may not be available (Taylor and Hampson, 2017). Furthermore, in 2021, Silver Cloud Health published an employee mental health and wellbeing report, in which it was stated that employees' anxious and depressive symptoms were largely going unaddressed. Two-thirds of participants in the associated survey felt that their employer could do more to support them, with 81% of those reporting to be suffering from anxiety and depression desiring more support specifically. The

report concluded that there is a major supply and demand issue for support in the workplace, with action needed on the part of employers. A majority of participants indicated they would prefer to access online support (Silver Cloud Health, 2021).

In addition, research by CV Library as cited in Hancock (2018) revealed that employers aren't doing enough to support employees with depression and anxiety; 52.2% of participants disclosed that they wanted to resign due to lack of support. Similarly, The Caterer as cited in Price (2018) asked participants how they would like to be supported, finding that access to counselling and more staff were recurring requests. Lastly, research conducted by Hospitality Action in 2018 found that just 17% of participating managers and 9% of employees had been offered support for their mental health; when participants were asked if their employer invests in employee mental health, only 18% agreed (Price, 2018; Lewis, 2020).

Although this study did not establish a statistically significant correlation between anxiety, depression, and managerial support, the literature clearly shows that support from employers is of crucial importance in managing the mental health of employees. The fact that this study could not validate these relationships may be explained by its demographics; many participants were employed in relatively small organisations, which tend to be lacking in support initiatives compared to larger companies. On this note, it would be interesting to repeat the study using employees of larger hospitality organisations which are known to offer support to some extent, in order to compare the results.

Employee Performance and Managerial Support

The final research question for this study was "what can employers do to help employees with mental illness?" Review of the literature allowed us to establish that, at times, all employees might need support, therefore employers should be encouraged to implement EAPs. To reiterate, an EAP is a confidential and highly available service, available to employees at the employer's expense. Reidy (2017) argues that employers will ultimately benefit from supporting employees in this way, as positive outcomes for mental health lead to sustained employee performance. In addition, the sense of value given to employees will reduce turnover and increase productivity (Reidy, 2017).

The Society for Human Resource Management agrees on the benefits of offering support to employees, particularly in concrete terms of increased productivity. The Society's research has indicated that as high as 86% of employees suffering from anxiety and depression see

improved work performance through support, and the issue of presenteeism is addressed in particular. Finally, in addition to benefits to employee retention, it was found that organisations which offer support incur decreased health care costs (Rawe, 2021).

Conclusion

From the results of this study, it is evident that employees in the Irish hospitality industry suffer badly with anxiety and depression; especially female employees. We established statistically that the support offered by employers has a significant impact on employee performance and should be taken seriously as a result. This finding is additionally suggestive of a relationship between mental health and performance which, while not found among this particular study sample, is broadly confirmed by existing research.

Personal Learning Reflection

This past year has presented me with many obstacles to completing my thesis, where at times I thought I wouldn't make it. Starting with the global COVID-19 pandemic, which resulted in the closure of most of Ireland's economy, but particularly my main area of interest, the hospitality industry. From an early stage I had a rough idea of areas I wanted to investigate, so the closure of hospitality brought with it a lot of unnecessary panic and anxiety. Additionally, the pandemic made it increasingly difficult to access support for my own anxiety and depression. There were many occasions in which I felt like giving up due to the pressure and worry, but thankfully I persevered, in part due to the support of my soon-to-be husband James.

Furthermore, a significant obstacle to completing this thesis has been the statistical analysis involved and use of SPSS, a type of software with which I was completely unfamiliar. This represented the most challenging experience I have encountered in my academic career, but one which I managed to overcome; my supervisor, Dr. Paul Hanley, was very helpful in this regard, and has been an excellent lecturer, mentor, and supporter throughout.

I have learned a very important lesson from completing my dissertation and that is that no matter how daunting a challenge may feel, with the right determination I can accomplish anything. Additionally, I have learned how valuable personal organisation and time management are; being organised eliminates a significant amount of unnecessary stress. I was employed on a full-time basis throughout the dissertation, thus I found it very hard to manage my time effectively. As challenging and stressful this experience was, the final result was most definitely worth it, and has given me a major, unexpected confidence boost.

Recommendations

In terms of recommendations for the Irish hospitality industry itself, there is a clear need to improve support for those suffering with mental illness. As evidenced from the literature, very few organisations within this industry appear to recognise the importance of support. Employers should invest in mental health training, enabling management to effectively triage employees in need before connecting them with professional services, as well as EAPs to support employees on an ongoing basis.

Implementation Timeline

Focused Training Ireland provides a mental health first aid course which lasts 12 hours in total, divided into modules which are delivered over two days (Focused Training Ireland, 2021). Due to COVID-19, online classes are now usually offered on such courses, which may even allow employees to participate in their own time, offering the same benefits while facilitating personal schedules. As such, employers should not be concerned about being left short of staff, as participation does not need to consume full working days or even occur during working hours.

Implementation of an EAP can be done within weeks; an organisation should decide what it wants from the programme, draft a policy, select a provider, communicate the programme to employees, and finally, support employees in taking part. For employers already offering health insurance, EAP can often be included as an additional benefit (Williams, 2021).

Associated Costs

Conducting mental health training can be very cost-effective, costing as little as €250 for a course (Focused Training Ireland, 2021). EAPs are more expensive, but still a cost-effective solution; Laya Healthcare offers an EAP starting from a fixed cost of €750 per year with an additional charge of €14.71 per employee. Further price reductions are offered based on number of employees and combining with other products and services from Laya (Law Society, 2021).

Findings from the ESRI show that, in 2013, the average length of absence from work due to depression and anxiety was 17 days. An estimated 11 million workdays are lost due to absenteeism every year in Ireland, costing the economy €1.5 billion (Hilliard, 2016). In

recognition of these hidden costs of mental illness, the true cost of implementing the recommended forms of support may be even lower than projected; in fact, effective implementation should result in cost-saving for many organisations.

Limitations of Research

Several limitations of this research are worth discussing. Firstly, the COVID-19 pandemic introduced restrictions; the questionnaire could be administered online only, and the hospitality sector was operating on a diminished basis throughout the study, reopening only on the 7th of June 2021 with restaurants delayed until the 15th of July (Pollak, 2021). These restrictions made it challenging to reach a sufficient number of participants; 121 people participated, short of the calculated ideal sample size of 384. Possibly, a larger sample size would result in different findings, and this should become more feasible as the COVID-19 pandemic situation improves. In addition, responses could be collected only for a short period of time, with participants still adjusting to returning to work, which risked biased responses.

Many relevant, but not directly related, aspects of mental health and employee performance were not investigated in sufficient detail by this study. Noteworthy examples include: which specific aspects of employee performance are affected by anxiety and depression; why females are disproportionately affected by anxiety and depression; in which specific roles participants were employed; and rather than simply whether employers are supportive, exactly *how* would employees like to be supported? This study used a quantitative research approach; in future, a further study might use a qualitative approach to explore personal experiences of anxiety and depression in the workplace in more detail.

Applying the concepts of this study to slightly different demographics, or focusing on different measurements and characteristics, could offer interesting insights. A future study might focus on specific roles within the hospitality industry in more detail; as different roles come with different responsibilities, employees within a given organisation could be experiencing drastically varying levels of anxiety and depression. In addition, a comparative study with another sector could reveal interesting findings, for instance, comparing effects of anxiety and depression on employees in the Irish hospitality industry versus the IT sector. A notable caveat of this study is that data was gathered through self-assessment. The results were, therefore, subjectively collected; while two given participants may have very similar lived experiences, their individual perceptions may differ greatly. For measuring employee performance, more objective measurements are arguably possible, for example considering metrics such as customers served within a given timeframe; however, mental health and perceptions are intrinsically subjective characteristics, so perhaps a subjective assessment is most fitting.

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Appendix

Survey

Investigation into Effects of Anxiety and

Dear survey participant,
My name is Magdalena Falendysz and I would like to start by thanking you for your interest in participating in this survey, which should only take 10-20 minutes to complete. I am a full-time masters student in the National College of Ireland, and as part of my degree I am required to complete a thesis, of which this survey is a core component.

My research topic is an investigation into how anxiety and depression affect employee performance in the hospitality industry in Ireland. The aim of this study is to find out, within the Irish hospitality industry, how many people suffer mental illness at work, how it affects their performance, and what benefits can be seen in providing support for employees. As such, the survey contains questions around personal experiences with various aspects of anxiety, depression, employee performance, and support available at work, using numeric scales to assess the participant's experience.

Privacy and data protection are key ethical considerations of this study. Identifiable information will not be captured where possible, or anonymised as necessary, such that respondents cannot be identified by their employers or the general public. Compliance with the General Data Protection Regulation (GDPR) will further be ensured. Finally, data recorded from the study will only be used for this purpose and will be safely disposed of thereafter.

This survey is completely voluntary and confidential; I will not be able to identify participants based on their results, and only aggregate data will be reported. Any questions or feedback can be submitted via email to x17138698@student.ncirl.ie.

Social Demographics

Firstly, I would like you to answer the following general questions about yourself.

What gender do you identify with?

○ Female

○ Male

What is your relationship status?

○ Single

○ In a relationship

○ Married

○ Separated

○ Divorced

○ Widowed

What are group are you in?

- ◯ 16-18
- ◯ 18-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60-65
- ◯ 66+

How many hours per week do you usually work?

- ◯ 0-10
- ◯ 10-20
- ◯ 20-30
- ◯ 30-40
- ◯ 40-50
- ◯ 50-60
- ◯ 60+

Are you employed full or part time?

○ Full time

○ Part time

What industry best describes your occupation?

○ Catering/Deli

○ Hotel

○ Coffee Shop

○ Bar/Restaurant

○ Other

How long are you in your current role?

○ 0-6 months

○ 6 months - 1 year

○ 1 year - 2 years

○ 2 years - 3 years

○ 3 years - 4 years

○ 4+ years

Section 3 of 9

Anxiety and Depression

Please read each statement and choose an answer which applies to you best within your last working week. There are no right or wrong answers. The scale rates how much you agree with each statement, 1 being lowest agreement to 4 being full agreement.

I found myself getting upset by quite trivial things. *

	1	2	3	4	
Did not apply to me	◯	◯	◯	◯	Applied to me very much or most of the time

I was aware of dryness of my mouth. *

	1	2	3	4	
Did not apply to me	◯	◯	◯	◯	Applied to me very much or most of the time

I couldn't seem to experience any positive feeling at all. *

	1	2	3	4	
Did not apply to me	◯	◯	◯	◯	Applied to me very much or most of the time

I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) *

	1	2	3	4	
Did not apply to me	◯	◯	◯	◯	Applied to me very much or most of the time

I just couldn't seem to get going. *

	1	2	3	4	
Did not apply to me	◯	◯	◯	◯	Applied to me very much or most of the time

I tended to overreact to situations. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I had a feeling of shakiness (e.g. legs going to give way). *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found it difficult to relax. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found myself in situations that made me so anxious I was most relieved when they ended. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that I had nothing to look forward to. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found myself getting upset rather easily. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that I was using a lot of nervous energy. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt sad and depressed. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found myself getting impatient when I was delayed in any way (e.g. elevators, traffic lights, being kept waiting) *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I had a feeling of faintness. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that I had lost interest in just about everything. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt I wasn't worth much as a person. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that I was rather touchy. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I perspired noticeably (e.g. hands sweaty) in the absence of high temperatures or physical exertion. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt scared without any good reason. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that life wasn't worthwhile. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found it hard to wind down. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I had difficulty in swallowing. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I couldn't seem to get any enjoyment out of the things I did. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat). *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt down-hearted and blue. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found that I was very irritable. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt I was close to panic. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found it hard to calm down after something upset me. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I feared that I would be "thrown" by some trivial but unfamiliar task. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I was unable to become enthusiastic about anything. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found it difficult to tolerate interruptions to what I was doing. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I was in a state of nervous tension. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt I was pretty worthless. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I was intolerant of anything that kept me from getting on with what I was doing. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt terrified. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I could see nothing in the future to be hopeful about. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I felt that life was meaningless. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found myself getting agitated. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I was worried about situations in which I might panic and make a fool of myself. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I experienced trembling (e.g. in the hands) *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

I found it difficult to work up the initiative to do things. *

	1	2	3	4	
Did not apply to me	○	○	○	○	Applied to me very much or most of the time

Employee Performance

⌄⌃ ⋮

The first questions are about your own assessment of your recent work performance. Please select an option most relevant to your experience for each question. Quality and quantity of work will be defined differently based on your role, but for example, quantity could refer to rate of customers served, while quality would measure customer satisfaction.

How do you rate the quality of your own work in the past week? *

	1	2	3	4	5	
Insufficient	○	○	○	○	○	Very good

How do you rate the quantity of your own work in the past week? *

	1	2	3	4	5	
Insufficient	○	○	○	○	○	Very good

Employee Performance

⌄⌃ ⋮
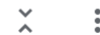
These questions will measure your own assessment of your recent work performance compared to the previous year. Please select an option most relevant to your experience for each question, 1 being "much worse" to 5 being "much better".

Compared to last year, I judge the quality of my work in the past week to be... *

	1	2	3	4	5	
Much worse	○	○	○	○	○	Much better

Compared to last year, I judge the quantity of my work in the past week to be... *

	1	2	3	4	5	
Much worse	○	○	○	○	○	Much better

Section 6 of 9

Employee Performance

The following questions measure how often you had a particular experience at work within the last week, 1 being "never" to 5 being "often".

I spoke with people from outside the organisation about the negative aspects of my work. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I purposely worked slowly. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I purposely left my work so that someone else had to finish it. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I behaved rudely towards someone at work. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I quarreled with my colleagues, manager, or customers. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I spoke with colleagues about the negative aspects of my work. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

The quality of my work was below what it should have been. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

The quantity of my work was less than it should have been. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I complained about unimportant matters at work. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I made problems greater than they were at work. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I focused on the negative aspects of a work situation, instead of on the positive aspects. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

I purposely made mistakes. *

	1	2	3	4	5	
Never	○	○	○	○	○	Often

Employee Performance

The questions in this section are similar to the previous section and are based on performance in your last working week, but with answers ranging from "seldom" to "always".

I managed to plan my work so that it was done on time. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I worked towards the end result of my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I kept in mind the results that I had to achieve in my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I had trouble setting priorities in my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was able to separate main issues from side issues at work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

It took me longer to complete my work tasks than intended. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was able to meet my appointments. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was able to fulfill my responsibilities. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

Collaboration with others went well. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

Others understood me well, when I told them something. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

Communication with others led to the desired result. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I came up with creative ideas at work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I took the initiative when there was a problem to be solved. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I took the initiative when something had to be organised. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I started new tasks myself, when my old ones were finished. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I asked for help when needed. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was open to criticism of my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I tried to learn from the feedback I got from others on my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I took on challenging work tasks, when available. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I think customers were satisfied with my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I took into account the wishes of the customers in my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I worked at keeping my job knowledge up-to-date. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I worked at keeping my job skills up-to-date. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I have demonstrated flexibility. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was able to cope well with difficult situations and setbacks at work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I recovered fast, after difficult situations or setbacks at work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I came up with creative solutions to new problems. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I was able to cope well with uncertain and unpredictable situations at work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

I easily adjusted to changes in my work. *

	1	2	3	4	5	
Seldom	○	○	○	○	○	Always

Support at Work

These questions are about support at work. Please indicate how often each of these statements apply to you, ranging from "never/hardly ever" to "always".

My supervisor pays attention to my feelings and problems and notices if I'm not feeling so well. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor shows that they appreciate the way I do my job. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor helps me with a certain task if necessary. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor gives me advice on how to handle things if necessary. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor would be someone I would speak to if I was experiencing workplace stress. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor is considerate when managing team members. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor involves me in decision making. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor is accessible and approachable to people in the team. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

My supervisor remains objective when an issue between staff members arises. *

	1	2	3	4	5	
Never/Hardly ever	○	○	○	○	○	Always

Support at Work

In this final section, the following statements concern psychological health and safety in your workplace. Please indicate how much you agree or disagree with each statement, ranging from "strongly disagree" to "strongly agree".

In my workplace management acts quickly to correct problems/issues that affect employees' psychological health. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

Management acts decisively when a concern of an employees' psychological status is raised. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

Management show support for stress prevention through involvement and commitment. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

Psychological well-being of staff is a priority for this organisation. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

Management clearly considers the psychological health of employees to be of great importance. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

Management considers employee psychological health to be as important as productivity. *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree