

The Pennsylvania State University

The Graduate School

Donald P. Bellisario College of Communications

DEPRESSION IN THE WORKPLACE: AN EXAMINATION OF EXEMPLAR
MESSAGES FOR INTERNAL COMMUNICATIONS

A Thesis in

Media Studies

by

Julia Nicole Gessner

© 2019 Julia Nicole Gessner

Submitted in Partial Fulfillment

of the Requirements

for the Degree of

Master of Arts

May 2019

The thesis of Julia Nicole Gessner was reviewed and approved* by the following:

Denise Bortree
Associate Professor of Communications
Director of the Arthur W. Page Center
Thesis Advisor

Jessica Myrick
Associate Professor of Communications

Frank Dardis
Associate Professor of Communications

Matthew McAllister
Professor of Communications
Chair of Graduate Programs for Donald P. Bellisario College of Communications

*Signatures are on file in the Graduate School

ABSTRACT

The Center for Disease Control in the U.S. estimates that 50 percent of Americans are diagnosed with a mental illness at some point in their lives. This research combines public relations theories with existing theories that have been applied to health communications with the goal of providing communications professionals, corporation leaders, and human resource professionals with information about how to approach the concept of mental health in the workplace. After providing two-way symmetrical communication and organizational public relations measures related to their perceptions about their employer, participants were exposed to one of five messages in a 2 (exemplar/non-exemplar) x 2 (instruction/non-instruction) experiment. Results indicated that the exemplar messages were significantly likely to predict higher levels of self-efficacy related to seeking out help for depression for others with the employee's reported organizational public relationship with the employer moderating this relationship, while two-way symmetrical communication without a message was found to predict perceived self-efficacy for assisting others. Instructional messages were not found to be effective.

Table of Contents

List of Figures	vi
List of Tables	vii
Depression in the Workplace: An Examination of Examination of Exemplar Messages for Internal Communications	1
Literature Review.....	2
Organizational Public Relationships	3
Employee-Organizational Relationship	6
Social Cognitive Theory	7
Exemplification Theory	10
Hypotheses/Research Questions	12
Methodology	13
Participants and Procedures	13
Measures	15
Employment information.	15
Symmetrical Communication.	15
Organizational-Public Relationship.	15
Self-Efficacy.	16
Controls.....	16
Social distance.	16
Stereotypes.....	16
Behavioral Intentions.	17
Comparing groups.....	17
Pretest information	17
Results.....	18
Hypotheses Testing	19

Discussion.....	25
Implications for Exemplar Theory	27
Implications for OPR and Two-Way Communication	29
Limitations	31
References.....	33
Appendix A: Survey and Stimulus	41

List of Figures

FIGURE 123
FIGURE 225

List of Tables

Table 1.....	21
Table 2.....	22

Depression in the Workplace: An Examination of Examination of Exemplar Messages for Internal Communications

Mental health related illnesses are at a critical level in the U.S. An estimated 50 percent of all Americans are diagnosed with a mental illness at some point in their lifetime (Centers for Disease Control, 2018). As of 2016, suicide was the second leading cause of death in the 15–24 and 25–34 age groups after unintentional injury in the U.S. (National Center for Injury Prevention and Control, CDC using WISQARS, 2017). For the 35–44 and 45–54 age groups, suicide is the fourth leading cause of death, with the actual number of deaths in the 45–54 age group being the highest number of any age group (National Center for Injury Prevention and Control, CDC using WISQARS, 2016). Aside from the horrible emotional cost of suicide, the financial cost of suicide is staggering. A 2013 Centers for Disease Control report revealed that suicide accounts for a \$50.8 billion cost to the U.S. economy in medical and work-loss costs (Florence, Simon, Haegerich, Luo, & Zhou, 2015) and loss of productivity as a result of depression and anxiety related illnesses costs the world economy an estimated \$1 trillion U.S. dollars each year (World Health Organization, 2017).

Assisting in mental health related illnesses may not be the job of the employer, however, as the crisis continues, employers will need to address mental health illnesses not only for financial reasons, but for the purpose of creating a work environment that allows for positive well-being. Employees are increasingly looking to the employer to answer societal problems. In fact, the Edelman Trust Barometer, an annual global survey, calls 2019 the year of “Trust at Work” (Edelman, 2019, p. 3). The employer took the top spot as the most trusted relationship of 2019, with a trust score of 75% compared to 57% for NGOs, 56% for business, 46% for the government, and 47% for the media (Edelman, 2019, p. 23). Additionally, 71% of employees

believe the CEO of companies should respond to “employee-driven issues” (Edelman, 2019, p. 21). Further, in the U.S., 74% of people believe companies have the ability to “take specific actions that both increase profits and improve the economic and social conditions in the communities where it operates” (Edelman, 2019, p. 34). The report even recommends employers focus on the “employer-employee contract” recommending that employers “improve societal conditions in the local communities” as well as “solve problems at home” (Edelman, 2019, p. 35). Although the report does not specifically mention mental health, the peak level of trust in the employer as indicated by the survey reveals a key opportunity for employers to tackle mental health issues. Offices are already addressing this issue, and several organizations have called for organizations to recognize how they can help employees specifically by identifying mental health issues, and create environments conducive to overall employee well-being (The HR Director, 2018; Kramer, 2018; Beheshti, 2018; Hudson, 2018). One issue with this call to action has to do with the definition of mental health illness. Mental illnesses, as defined by the National Institute of Mental Health, include a variety of conditions that range in severity (National Institute of Mental Health, 2017a). As with different physiological health illnesses, various mental health illnesses present different symptoms. For the purposes of this research, depression, one of the most prevalent mental health illnesses, was studied (National Institute of Mental Health, 2017b). This research combines public relations theories with existing theories that have been applied to health communications with the goal of providing communications professionals, corporation leaders, and human resource professionals with information about how to broach the concept of mental health in the workplace.

Literature Review

Organizational Public Relationships

The focus on organization-public relationships (OPR) sprung out of an argument from Ferguson in 1984 that public relations should focus on the “relationships between organizations, between organizations and one or more groups in society, or more generally with society itself” (p. 7, 2018). In 1998, Ledingham and Bruning provided a definition of the “ideal” version of OPR as “the state that exists between an organization and its key publics that provides economic, social, political, and/or cultural benefits to all parties involved, and is characterized by mutual positive regard” (p. 62) in response to a discussion of the definitions of relationships as they relate to the study of public relations (Broom, Casey, & Ritchey, 1997). In an effort to break down the dimensions of a relationship between an organization with its publics, Hon and Grunig (1999) identified six elements, including control mutuality, trust, satisfaction, commitment, exchange relationship, and communal relationship (p. 3). The first four, control mutuality, trust, satisfaction, and commitment seek to measure the perceived overall “quality of an organization-public relationship” (Hon & Grunig, 1999, p. 20). Control mutuality, as defined by Hon and Grunig (1999), refers to “the degree to which parties agree on who has rightful power to influence on another” (p. 19). This dimension of the relationship, control mutuality, equates to the often “unavoidable asymmetry of power in organization-public relationships” (Grunig & Huang, 2000, p. 29). In examining the relationship between employers and employees, this dimension will be important in that there is a natural asymmetry in power between an employee and his or her employer (Ni, 2007, p. 57). Trust, “one party’s level of confidence in and willingness to open oneself to the other party” (Hon & Grunig, 1999, p. 19) is noted to be important to other business research fields and has been applied to understand commitment to an organization (Togna, 2014) and identification with a company (Campbell & Im, 2015).

Satisfaction, as described by Hon and Grunig (1999), is the “extent to which one party feels favorably toward the other because the positive expectations about the relationship are reinforced” (p. 20). In the workplace, satisfaction divides into individual satisfaction with the job and satisfaction with the organization as a whole (Grunig, 1992). Trust and satisfaction, as examined by Grunig & Huang (2000), are said to deal with the “cognitive and affective” nature of relationships (p. 29). Commitment, “the extent to which one party believes and feels that the relationship is worth spending energy to maintain and promote” includes “continuance commitment” and “affective commitment” (Hon & Grunig, 1999, p. 20). Continuance commitment, “refers to a certain line of action” while affective commitment is “an emotional orientation” (Hon & Grunig, 1999, p. 20). Type of commitment is important to consider in understanding an employee’s commitment to the organization.

In addition to the measures of quality of the organization, it is important to measure the type of relationship. Hon and Grunig (1999) identified two types—exchange and communal relationships (p. 20). An organization would presumably have an exchange relationship with its employees in that the employee works for an organization because the employee benefits financially from working for the organization and the organization will continue to employ the employee because the employee is completing his or her work. In an environment with a communal relationship, the employee and the organization would both benefit because they are concerned about each other’s welfare.

Hon and Grunig (1999) originally created a nine-point scale to indicate agreement with statements about their relationship with particular organizations. Ki and Hon (2007) measured the six relationship dimensions and how they may lead to favorable attitudes and behavior intentions based on the theory of reasoned action and the theory of planned behavior. These

theories were used to explain how Hon and Grunig's measures of relationship could be applied and understood in relation to behavioral intention and attitude with university students, not employees. Relationship satisfaction and control mutuality were the strongest predictors of the students' attitudes toward the university, and presumably their actions (Ki & Hon, 2007, p. 15-16). Trust, commitment, communal relationship, and exchange relationship were not found to have a significant effect on attitude (Ki & Hon, 2007, p. 14). As the relationship a student has with a university may be comparable to the relationship an employee has with his or her employer, similar results are to be expected in examining how perceptions of relationship satisfaction and control mutuality may play a role in predicting attitude toward the employer. Similarly, utilizing a survey method, Waters, Bortree, and Tindall (2013) examined how stewardship theories could be applied to employee-employer relationships, utilizing the scales for examining the four dimensions of quality of an organization and finding that the four dimensions of stewardship impacted the perceived quality as proposed by Hon & Grunig (1999). While the researchers also sought to understand involvement, which led to more positive views of the employer-employee relationship, this research did not examine how specific messaging could lead to certain perceptions (Waters et al., 2013, p. 625).

In a meta-analysis of OPR research, Cheng (2018) characterized existing research focuses from 1998 to 2016 into five areas, including, the outcomes of OPR, the antecedents of OPR, the mediation of OPR, the process of OPR, and the structure of OPR (p. 123). The research methods included surveys, interviews, experiments, content analyses, and social network analyses (Cheng, 2018, p. 123).

Employee-Organizational Relationship

Ni (2007) applied the measures of the quality of relationships to examine how organizational members understand trust, control mutuality, relational satisfaction, and relational commitment (p. 54-55). Coined employee-organizational relationship (EOR), Ni found that the same four measures of perceived quality as conceptualized by Hon and Grunig (1999), were relevant to EOR, however, employees separated control mutuality into human versus job dimensions, and trust was divided into trust toward supervisors and trust toward the organization (2007, p. 62; 66-67). Commitment, as argued by Ni (2007), should be measured as affective commitment as an employee may not be committed to an organization for reasons not related to the organization itself (p. 62).

Symmetrical communication, as defined by Grunig and White (1992), is the most successful means of public relations professionals developing relationships with various publics. Studies of the effect of symmetrical communication on the perception of EOR have found strong links between the two concepts. Jiang (2012) applied the principles of employee-organization relationships to review the work-life conflict as an antecedent to perceived quality of the organization (p. 232). Time-based work-life conflict, individualized considerations, and procedural justice measures were significantly associated with perceived quality of the organization (Jiang, 2012, p. 240-241). Symmetrical internal communication was also found to significantly impact EOR measures, in a survey of sales representatives (Kang & Sung, 2017, p. 95). Similarly, symmetrical communication and organic organizational structure, when coupled with fair behavior by management and fair organizational policies and systems, were associated with creating “quality relationships” (Kim, 2007, p. 191). When used as a predictor of employees advocating for their organization, symmetrical communication positively impacted the

employee-organization relationship as long as the leadership is considered “transformational” (Men, 2014, p. 272). The wide variety of research related to symmetrical communication and its impact on EOR points to a clear gap in the literature in that two-way symmetrical communication is not clearly identified as an antecedent nor a mediator. It is often coupled with other measures including leadership, work benefits, and organizational structures. For the purposes of this research, measuring two-way symmetrical communication provides explanations of the potential barriers to seeking mental health assistance.

Social Cognitive Theory

This study will seek to understand how employers can encourage their employees to seek out treatment for mental health illnesses. For the purposes of encouraging the employees, messaging will aim to build self-efficacy using the framework provided by the social cognitive theory, which has been applied to previous health intervention research. Social cognitive theory argues that knowledge about health behaviors is not enough to change behavior, but individuals need to believe that they will be able to make the health change (Bandura, 2004, p. 144). Prior to the applications of social cognitive theory in health messaging, efficacy expectations as defined by Bandura are provided by sources that can build personal efficacy including, “performance accomplishments, vicarious experiences, verbal persuasion, and emotion arousal” (1977, p. 195). One way to increase this capability is to model the behavior for the individuals. Vicarious experiences can include behavioral modeling, which allows for individuals to learn through observation (Bandura, 1977). In addition to modeled behavior, knowledge of rules or steps for how to behave need to be included for behavioral change (Bandura, 2001). Other theories related to health messaging, including the health belief model, theory of reasoned action, theory

of planned behavior, and the protection motivation theory were not utilized in this research as they are encompassed in social cognitive theory (Bandura, 2004, p. 147).

Applications of social cognitive theory in the mental health context have provided evidence that proper communication can influence behavior intentions. Social cognitive theory has been used to test the effectiveness of a suicide and depression awareness program for teens (Strunk, King, Vidourek, & Sorter, 2014). Compared to a control group, participants in the program that intended to build self-efficacy showed greater intention to help themselves or a friend if presented with suicidal symptoms (Strunk et al., 2014, p. 609). In a similar study aiming to understand how to create effective anti-bullying campaigns, researchers tested messages using a social cognitive theory framework (Savage, Deiss, Roberto, & Aboujaoude, 2017). Step by step instructions were included after the narrative, which were found to have significantly higher self-efficacy as well as response efficacy and perceive higher susceptibility to cyberbullying than those in the control group (Salvage et al., 2017, p. 130). When compared to the control group, participants exposed to the experimental message did report intentions to not retaliate, however, they did not report having the ability to restrain themselves, which may have been due to previous experience with the message (Savage et al., 2017, p. 131). Participants in the experimental condition did express greater intentions to seek social support, however, the research did not separate the instructions from the narrative to see if the instructions were more effective than the narratives or vice versa (Savage et al., 2017, p. 131). Increased intention to seek social support provides important implications for this research in understanding how an employee may reach out to other employees when experiencing a mental health crisis.

Studies have examined the perceived role of social distance and stigma as they relate to intentions to seek out help (Vidourek, King, Nabors, & Lynch, 2014; Hoffner & Cohen, 2012).

Vidourek et al. (2014) assessed college students' perceptions of their ability to help others seek out help for a mental health problem, stigma related to mental health and treatment, and experiences with mental health (p. 85). Stigma-related attitudes and confidence in ability to seek help were found to be associated (Vidourek et al., 2014, p. 88). This study did not include a stimulus, but rather simply asked college students about their current confidence levels. Hoffner & Cohen (2012) did not attempt to provide participants with a stimulus either, rather they surveyed fans of the show, *Monk* with the goal of understanding how attitudes toward obsessive compulsive disorder were influenced by the depiction of the illness on the show. Relevant to this research, behaviors related to mental health treatment, stereotypes, social distance, personal contact, and experience with OCD and mental illness were measured (Hoffner & Cohen, 2012, p. 657-658). Parasocial relationship to *Monk* was associated with an increased willingness to interact with people who have OCD and lower reports of stereotypes (Hoffner & Cohen, 2012, p. 659). Important to note for this research, perceived positive influence of the show was associated with reported willingness to seek mental health treatment, but only for participants who already had experience with mental health illnesses (Hoffner & Cohen, 2012, p. 662). This study, while it does not mention social cognitive theory, provides information about how models of the behavior may influence perceptions of the illness.

Important to note in this research is the potential of the environment to impede an individual from engaging in behaviors to improve mental health. As noted by Bandura (2004), motivating individuals to make a change in health behavior is meaningless if their environment is not ideal for a behavioral change (p. 151). For this reason, understanding the working environment of the employees will be critical in examining whether or not the participants are likely to seek out mental health resources.

Exemplification Theory

Exemplification theory is rooted in the idea that personal, affective reactivity, and preparations for action may be modified on the basis of an example of the “phenomena and issues” (Zillmann, 2006, p. S221). In essence, being provided with an exemplar may cause individuals to overestimate their susceptibility to an issue. Exemplars may be individuals with specific characteristics “who experiences conditions that threaten to impair, are in the process of impairing, or have impaired this person’s welfare and/or who experiences conditions that promise to repair, are in the process of repairing or have repaired such impairment” (Zillmann, 2006, p. S222). In 1994, Brosius and Bathelt conducted five studies on the use of exemplars in communications and found that stories featuring an exemplar had a significant impact on the participants’ perceptions of the tested social problem (p. 73). This research indicates that the inclusion of an exemplar may influence the perceptions of mental health related illnesses.

While examining message effects related to cancer control, Cappella (2006) argues for additional research to understand connections between exemplar studies and other mechanisms (p. S275). In the health communications context, the use of exemplars has been applied within the context of social cognitive theory with the intentions of understanding how an exemplar may influence message effectiveness (Andsager, Bemker, Choi, & Torwel, 2006). Several quotations attributed to an exemplar were included as stimulus and perceptions of similarity to the exemplar were measured with results indicating that the most effective message was the one wherein the participants were likely to have identified the most with the exemplar (Andsager et al., 2006, p. 15). Yu, Ahern, Connolly-Ahern, and Shen (2010) examined how exemplar message appeals can be applied to fetal alcohol spectrum disorder (FASD) prevention messages using exemplars in a 2 (loss versus gain frames) x 2 (statistics versus exemplar appeals) experimental design (p. 694).

Loss frame-exemplar messages were found to increase prevention intention, perceptions of severity, and overall fear of the disorder, however, messages with statistics and information related to the disorder coupled with gain messages aimed at preventing FASD were the most effective (Yu et al., 2010, p. 692). Similarly, Gibson and Zillmann (2000) measured information acquisition and perceptions of risk in regard to a story about a fake disease spread by ticks. The text remained the same across all of the conditions. In the experimental conditions, depictions of people, ticks, and people of different races were shown (Gibson & Zillmann, 2000, p. 358). Lower perceptions of risk of contracting the disease were found for the condition wherein participants only saw ticks and did not see the children victims compared with the photos of the children victims (Gibson & Zillmann, 2000, p. 364). No visual representation was associated with the lowest level of perceived risk (Gibson & Zillmann, 2000, p. 365). In a 2 (threat) x 3 (efficacy) x 2 (exemplification) experiment aimed to understand smoking cessation, researchers exposed a group of participants to a message featuring an exemplar (Kim, Bigman, Leader, Lerman, & Cappella, 2012). Participants reading a message with an exemplar were found to have higher engagement with the narrative than participants reading an article that contained no exemplars, which in turn was associated with greater intentions to stop smoking (Kim et al., 2012, p. 479).

Many of these studies on the effects of exemplars in the communications field examine their role using stimulus that are drafted as a news story for the purpose of understanding how journalists or other communications professionals may use exemplars in messaging. The research presented here will examine how the use of an exemplar may be effective in communication between an employer and an employee, while also including instructions so as to increase knowledge, which should increase self-efficacy. Specifically, this study sought to examine how

the use of an exemplar in an employee-employer email may impact intentions to seek out mental health treatment when presented with depression symptoms.

Hypotheses/Research Questions

Based on research presented above, the following hypotheses are proposed:

H1: Participants exposed to a message featuring an exemplar (vs. no exemplar) will report a higher level of self-efficacy related to seeking out help for their own depression (a) and for others (b).

H2: Participants exposed to a message featuring an exemplar (vs. no exemplar) will report a higher level of self-efficacy related to seeking out help for their own depression and thereby report higher intentions to seek out mental health assistance.

H3: Participants exposed to a message featuring an exemplar (vs. no exemplar) will report a higher level of self-efficacy related to helping others seek out mental health services and thereby report higher intentions to help others seek out mental health assistance.

H4: Participants exposed to instructions (vs. no instructions) will report a higher level of self-efficacy related to seeking out help for their own depression (a) and for others (b).

H5: Participants exposed to instructions (vs. no instructions) will report a higher level of self-efficacy related to seeking out help for their own depression and thereby report higher intentions to seek out mental health assistance.

H6: Participants exposed to instructions (vs. no instructions) will report a higher level of self-efficacy related to helping others seek out mental health services and thereby report higher intentions to help others seek out mental health assistance.

H7: Participants exposed to an exemplar message with instructions will have the highest level of self-efficacy for self (a) and others (b).

Understanding how the message may impact perceptions of the stigma related to mental health is important to measure in that it may provide information about a barrier to seeking mental health treatment.

H8: Participants exposed to a message featuring an exemplar will report lower stereotypes of mental illness (a) and reduced social distance (b).

With the message coming from the employer, understanding the employee's existing relationship with the employer will provide valuable insight into whether or not the employee will perceive a barrier in his or her ability to seek out mental health assistance from an employer. For this reason, existing public relations theories that include relationship measures that have been used to study the employee-employer relationship are considered in this research.

RQ1: Do perceptions of two-way communication and reported OPR measures between the employee and the employer moderate the relationship between received message and perceived self-efficacy related to seeking out assistance for depression for the self (a) and for others (b)?

Methodology

Participants and Procedures

Participants included employees at companies with more than 50 employees in the United States, who have been employed at the company for at least a year. Participants were recruited using Mechanical Turk as the goal is not to control for the exact organization. Initially, participants from Mechanical Turk were required to be qualified as working over 35 hours per week, living in the U.S. Participants were required to be at the Master's level for MTurk. After only 9 people participated, the survey was opened to Master's in the U.S. who were asked about number of hours worked per week at the beginning of the survey to ensure that participants who

identified as working under 30 hours per week were removed. Additionally, participants were required to provide information about the size of the company where they worked and participants who worked at companies with fewer than 50 employees were also excluded. The final group of participants were required to have a high number of approvals. Participants provided demographic information including age, educational background, and socioeconomic class.

All participants completed the same online survey. Compensation ranged from \$.85 to \$1.25. Participants were informed of the voluntary nature of the study and informed of their ability to exit the study at any time without repercussions. The study was approved by the IRB at the Pennsylvania State University.

Participants were exposed to one of four messages designed to look like an email from the participant's employer. Messages were adapted from a pamphlet developed by the National Institute of Mental Health (National Institute of Mental Health, 2015). Participants were informed that the message was from their company with the statement: "Image you have received this message in an email from your employer." Messages were manipulated by exemplar/non-exemplar and instructions to seek out help/no instructions to seek out help.

For the exemplar condition, the email included a message wherein a short paragraph including statistics and information about depression with quotes from an individual experiencing depression and seeking treatment. For the non-exemplar condition, participants were provided with the same statistics as the exemplar condition, but no exemplar was included. For instructional conditions, participants were provided with information about how to seek out help when experiencing depression or noticing another employee experiencing depression. The exemplar/instructional group is considered to be the high efficacy group, whereas the non-

exemplar/non-instructional group is considered to be the low efficacy group. The non-exemplar/instructional group and exemplar/non-instructional groups were included for the purposes of understanding the key message characteristics needed for effective communications with employees. All participants provided measures of OPR and symmetrical communication. These measures were included for the purposes of understanding how the overall organizational environment may contribute to an employee's acceptance of a message related to depression.

Measures

Employment information. Only individuals who report current employment were invited to participate in this research. Other employment information was collected including, size of employer, industry sector, level of position, and years with the company. Additionally, participants were asked if they worked for a private or public company.

Symmetrical Communication. To assess current perceptions of the type of communication between the employer and employee, participants provided their assessment of their perceptions of symmetrical communication within the organization using measures adapted from Symmetrical Communication Inside Organizations as proposed by Dozier, Grunig L. and Grunig, J. (1995). The seven items on the symmetrical communication scale were found to be reliable with Cronbach's $\alpha = .905$.

Organizational-Public Relationship. To measure perceived current relationship between the employee and the employer, control mutuality, satisfaction, trust, and commitment were measured as proposed by Hon and Grunig (1999). Control had a Cronbach's α of .880; trust was found to be reliable at Cronbach's $\alpha = .949$; commitment reliability = .960; satisfaction had a high reliability at .97. The measures were combined into one OPR measure which held reliability with Cronbach's α at .969.

Self-Efficacy. Measures of self-efficacy aim to understand personal perceptions in ability to seek out effective mental health treatment and in ability to assist a coworker needing help. A scale was adapted from measures used to assess self-efficacy when encountered with bullying (Savage et al., 2017). Additionally, Anderson (2009) measured efficacy by asking participants to report their confidence in their ability to stop a friend in a drunk driving situation by providing a series of statements that escalated (i.e. I would be able to ask a hostess not to serve a friend). Vidourek et al. (2014) assessed confidence in an individual's ability to help others seek mental health illness treatment, which will be utilized for assessing willingness to help others. Self-efficacy related to personal ability to seek out mental health resources were found to be reliable with Cronbach's $\alpha = .791$. Similarly, measures of self-efficacy of ability to help others was found to be reliable as well Cronbach's $\alpha = .843$.

Controls. Additional information about previous experience with mental health illnesses were collected for the purposes of understanding if personal experience explained the level of reported self-efficacy based on a scale provided by Hoffner & Cohen (2012). Additionally, participants were asked if they had encountered similar mental health related messages in the workplace.

Social distance. Developed from Martin, Pescosolido, & Tuch (2000), participants were asked about six social distance items related to willingness to interact with someone with depression on a scale of 1 to 7. The reliability of the measure was found to be acceptable at Cronbach's $\alpha = .927$.

Stereotypes. As measured in Hoffner and Cohen (2012), respondents provided their ratings of individuals with OCD. This scale will focus on depression specifically, but will ask

participants the same questions on a 7-point Likert scale from disagree to strongly agree. Three items were reverse coded. The reliability of the scale was calculated at Cronbach's $\alpha = .846$.

Behavioral Intentions. Behavioral intentions to seek out mental health related assistance were assessed from a scale based on scales used by previous researchers. Anderson (2009) asked participants to assess their intentions on an 11-point scale wherein participants recorded their intentions to perform the tasks assessed earlier (p. 440). Savage et al. (2017) measured behavioral intentions by asking participants to rate how likely they would be to partake in the recommended anti-bullying behaviors. Additionally, participants were asked about their intention to help another coworker using a modification of the scale provided in Vidourek et al. (2014), though Vidourek et al. did not measure behavioral intentions. In testing the reliability of these measures, behavioral intentions to seek out help were found to be reliable with Cronbach's $\alpha = .802$ as were behavioral intentions to seek out help for others, Cronbach's $\alpha = .903$.

Comparing groups

To compare the data for those exposed to exemplar messages versus those exposed to instructional messages, the exemplar message conditions, those exposed to an exemplar only no instruction condition and those exposed to the exemplar and instruction condition were combined to make one group. Similarly, the same procedure was followed for combining the instructional groups.

Pretest information

As an initial test of the hypotheses, surveys were first distributed to only 50 participants. The primary goal was to ensure that participants were reading the stimuli's as well as understanding the information provided in the stimulus. Participants were asked to note whether

or not they read a personal description of someone experiencing depression or if they were provided with instructions to seek out mental health assistance.

Both the exemplar and the instructional messages were found to be effective. A 2x2 chi-square test revealed that a significantly larger percentage of participants who saw an exemplar reported seeing an exemplar (90.9%) than those who saw an exemplar and did not report seeing an exemplar (9.1%). $X^2(1, N = 41) = 26.492, p < .001$. Instructional messages were more easily identified as a 2x2 chi-square test revealed that a significantly larger percentage of participants who saw instructions reported seeing instructions (96%) than those who saw an instructional message and did not report seeing an instructional message (4%). $X^2(1, N = 41) = 25.891, p < .001$.

Results

For purposes of ensuring that the entire survey was properly completed, participants who completed the survey in under 3 minutes were removed prior to the final analysis. A total of 216 participants were left for analysis. Though participants were removed from the survey without consideration for ensuring that an even number of participants were removed from each stimulus group, a near even number of participants remained in each group with 25.5% or 55 participants receiving the message with both an exemplar and instructions and the same number receiving a message with no exemplar and no instructions. A total of 56 (25.9%) participants received a message with an exemplar but without instructions, while 50 (23.1%) received a message with no exemplar but with instructions. For the purposes of analysis, participants who had received an exemplar message were combined (51.4%; 111) as were participants who received an instructional message (48.6%; 105).

All participants were required to work for the same company for over one year, and the majority of the participants worked for the same company for between 1 to 6 years (54.6%). Additionally, while most of the participants reported working 30 – 40 hours per week (55.3%), 44.7% reported working for more than 40 hours per week. Eight other participants worked more than 35 hours per week as a prerequisite for participation and were not asked how many hours they worked per week. In terms of age, participants ranged from age 22 to 72 with 74.1% of the participants being 45 years old or younger. After testing for the potential influence of the participants' previous experience with mental health revealed no significant results, the collected control variable information was not included in hypothesis testing.

Hypotheses Testing

H1 sought to understand the relationship between use of an exemplar message and the effectiveness of mental health messages. H1a predicted that self-efficacy in ability to seek out mental health resources for one's self would be higher for participants exposed to the exemplar message. An independent sample t-test revealed the H1a was not supported as exemplar messages ($M = 5.35$, $SD = 1.16$) were not significantly higher than non-exemplar participants ($M = 5.49$, $SD = 1.08$), $t(214) = .90$, $p = .37$. Similarly, H1b was not supported as exemplar messages ($M = 5.08$, $SD = 1.18$) were not significantly higher than non-exemplar participants ($M = 5.06$, $SD = 1.18$), $t(214) = -.138$, $p = .89$ in assessment of their ability to assist another individual in seeking out mental health assistance.

H2 predicted that participants exposed to an exemplar message will report higher levels of self-efficacy related to seeking out help for the self and will indirectly report higher intentions to seek out assistance for depression. Using the structural equation model created in AMOS 25 to answer RQ1a, Bootstrapping procedures using 2000 bootstrap samples with bias-corrected

intervals were utilized to test the indirect effects, which revealed that the interaction is not statistically significant $\beta = .02, p = .773$ (see Figure 1 below for full model).

In testing H3, which predicted that self-efficacy toward assisting others in seeking out help for depression would indirectly effect the relationship between exemplar message and behavioral intentions to help others with depression, Bootstrapping procedures using 2000 bootstrap samples with bias-corrected intervals (see Figure 2 below for full model used to answer RQ1b). An indirect effect was not statistically significant $\beta = -.05, p = .81$.

For the second group of hypotheses, this research sought to understand how the inclusion of instructions for contacting help would impact self-efficacy and behavioral intentions related to seeking out mental health assistance for the self and for others. An independent t-test was conducted to test the difference between instructional versus non-instructional messages. For H4a, Levene's test of Homogeneity of variances was found to be violated $p = .010$, thus the equal variances were not assumed. H4a was not supported as participants exposed to instructions ($M = 5.54, SD = 1.01$) were not more likely to report significantly higher levels of self-efficacy related to seeking out assistance for themselves than those not exposed to an instructional messages ($M = 5.31, SD = 1.21$), $t(210.81) = -1.48, p = .141$.

Similarly, H4b predicted that instructional messages would relate to increased intention to help others seek out help for their depression. An independent sample t-test was conducted and H4b was not supported as participants exposed to instructional messages ($M = 5.17, SD = 1.14$) were not significantly more likely to report higher self-efficacy related to helping others than those not exposed to instructional messages ($M = 4.97, SD = 1.21$), $t(214) = -1.21, p = .23$.

The final step in testing H5 involved testing the indirect effects of instructional messages on the intentions to seek out mental health services for depression. Again, the model used to

answer RQ1a was utilized to conduct Bootstrapping procedures with 2000 bootstrap samples corrected for bias intervals, which did not reveal significant effects $\beta = .12, p = .21$ (see Figure 1 for full model used to answer RQ1a). Similarly, H6 involved testing the indirect effects of the instructional message on the reported behavioral intentions to help another individual in seeking out assistance for depression with self-efficacy mediating the relationship. Bootstrapping procedures with 2000 bootstrap samples corrected for bias intervals did not reveal a significant effect $\beta = .01, p = .90$ (see Figure 2 for full model used to answer RQ1b).

An ANOVA was conducted in an effort to test H7. As tested previously, the main effect for exemplar messages was not significant, $F(1, 212) = .868, p = .35, \text{partial } \eta^2 = .004$. The main effect for instructional messages was not significant, $F(1, 212) = 2.21, p = .139, \text{partial } \eta^2 = .01$. A significant effect for the interaction between exemplar and instruction was additionally not found, $F(1, 212) = .004, p = .95, \text{partial } \eta^2 = .000$, thus H7a was not supported. As there were not more than two groups in either independent variable group (See Table 1 for means).

Table 1

Means and standard deviations for self-efficacy of a 2(exemplar) X 2 (instructional) design

Exemplar Message Type	Instructional Message Type			
	Instructional Message		No Instruction Message	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Exemplar Message	5.46	.16	5.25	.16
Non-Exemplar Message	5.62	.17	5.22	.1

An ANOVA was conducted in an effort to test H7. As tested previously, the main effect for exemplar messages was not significant, $F(1, 212) = .007, p = .935, \text{partial } \eta^2 = .000$. The main effect for instructional messages was not significant, $F(1, 212) = 1.52, p = .218, \text{partial } \eta^2 = .007$. A significant effect for the interaction between exemplar and instruction was additionally

not found, $F(1, 212) = 1.29, p = .257$, partial $\eta^2 = .006$, thus H7b was not supported. Post hoc test were not completed as each variable only has two groups (See Table 2 for means).

Table 2

Means and standard deviations for self-efficacy of a 2(exemplar) X 2 (instructional) design

Exemplar Message Type	Instructional Message Type			
	Instructional Message		No Instruction Message	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Exemplar Message	5.09	.17	5.07	.17
Non-Exemplar Message	5.26	.18	4.74	.12

Hypothesis 4a predicted that participants exposed to a message featuring an exemplar would report lower stereotypes of mental illness. An independent sample t-test was conducted and found that participants exposed to an exemplar message ($M = 2.68, SD = 1.07$) did not report significantly lower stereotypes of individuals with depression $t(214) = .767, p = .44$ than those not exposed to an exemplar message ($M = 2.79, SD = .973$). H8b predicted that participants exposed to an exemplar message would report lower levels of social distance to individuals with depression ($M = 5.05, SD = 1.39$) than would individuals not exposed to an exemplar message ($M = 5.17, SD = 1.34$) and was similarly not confirmed after an independent sample t-test was conducted $t(214) = .665, p = .506$.

To answer RQ1a and RQ1b, structural equation modeling was conducted using AMOS 25. The first model (Figure 1) seeks to understand an employee's relationship with his or her employer may impact how the message is received by the employee in relation to seeking out help for his or her personal depression. As noted in Hu and Bentler (1999), a combination of a CFI of more than 0.95 and a standardized root mean squared residual of less than 0.06 are ideal to avoid Type I error (p. 24). Results indicated a model fit of $X^2 = 16.362, df = 9, p = .060$, SRMR = .0513, CFI = .998, RMSEA = .062 (90% CI: .000 - .109). For RQ1a, the interactions

between the exemplar message condition and OPR measures were not significant ($\beta = .29$, $SE = .23$, $p = .45$). Similarly, the interactions between the exemplar message condition and the two-way symmetrical communications measures were not significant ($\beta = -.39$, $SE = .23$, $p = .32$). OPR with instructional messages did appear to have a significant effect on perceived self-efficacy ($\beta = .06$, $SE = .24$, $p = .90$), neither did two-way symmetrical communication measures and instructional messages ($\beta = .14$, $SE = .25$, $p = .73$). Neither two-way symmetrical communication nor OPR were found to have a significant relationship with perceived level of self-efficacy to seek out help for the self.

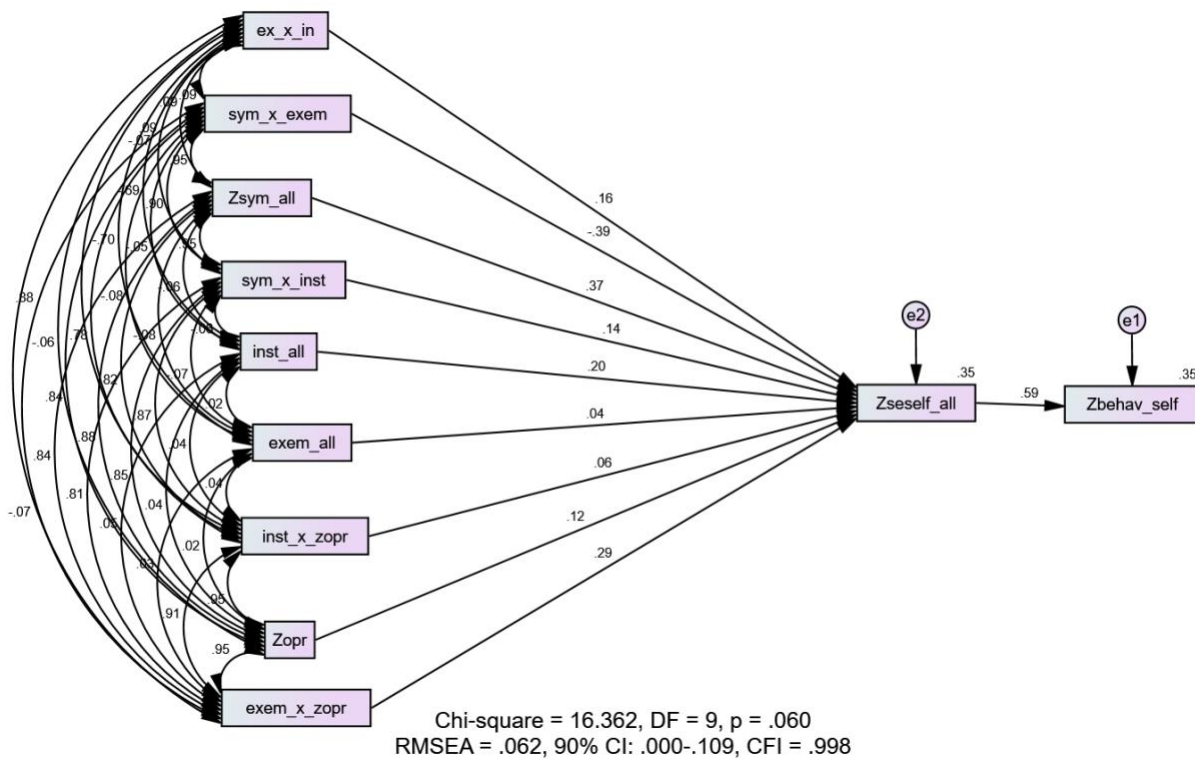


FIGURE 1: Model for perceived self-efficacy for seeking out assistance for self.

The second model examines the self-efficacy measures related to assisting others in need of assistance for depression to measure RQ1b. Results indicated an acceptable model fit of $X^2=$

16.321, $df = 9$, $p = .060$, SRMR = .0081, CFI = .998, RMSEA = .062 (90% CI: .000 - .108). The interaction between exemplar messages and OPR was significant ($\beta = .84$, SE = .25, $p < .05$). Two-way symmetrical communication and exemplar messages were not significant ($\beta = -.80$, SE = .26, $p = .06$). In understanding the interaction between instructional messages and OPR, a significant interaction for helping others seek out assistance for depression was not found ($\beta = .68$, SE = .27, $p = .17$). Additionally, a significant interaction between instructional messages and two-way symmetrical communication for self-efficacy for helping others seek out assistance for depression was not found ($\beta = -.49$, SE = .27, $p = .29$). Though OPR communication alone was not found to have a significant effect on self-efficacy to seek out assistance for others, two-way symmetrical communication revealed significant effects on perceived self-efficacy to assist others in seeking out mental health assistance ($\beta = 1.44$, SE = .59, $p = .02$).

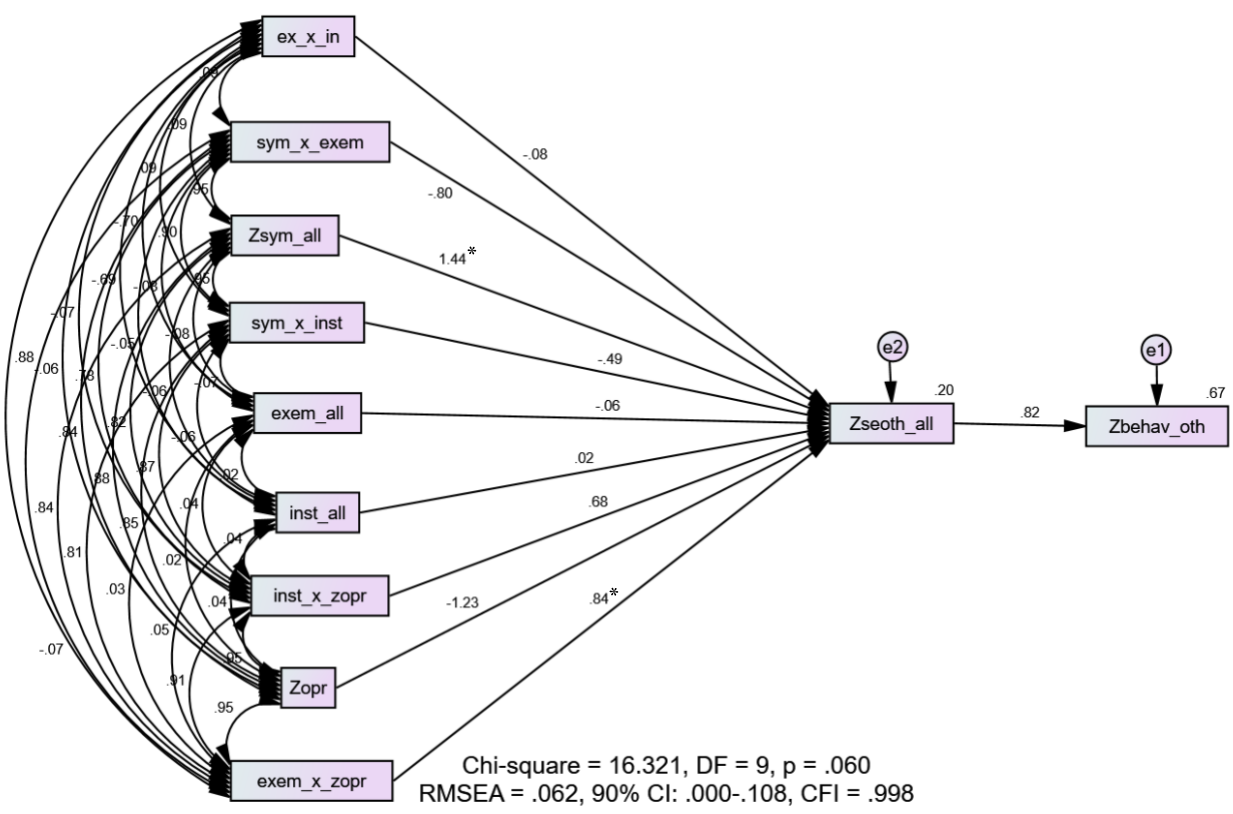


FIGURE 2: Model for perceived self-efficacy for seeking out assistance for others. * indicates $p < .05$ or greater.

Discussion

Results indicate that the inclusion of an exemplar along with a combination of positive organizational public relationship between the employee and employer are critical to the success of the messages to employees related to seeking out assistance for others with depression as indicated when testing RQ1b. Exemplar messages were not found to increase self-efficacy related to seeking out mental health assistance for the self (H1a) or for others (H1b). Additionally, self-efficacy for seeking out mental health assistance for the self, or for others, did not indirectly increase behavioral intentions to seek out help for the self (H2) or others (H3). Similarly, instructional messages were not found to be effective in building self-efficacy for the self (H4a) or for others (H4b) nor did self-efficacy for the self or others indirectly increase behavioral intentions to seek help for the self (H5) or for others (H6). In addition to the exemplar and instructional messages alone not being effective, the results indicated that exemplar and instructional messages together did not produce the highest level of perceived self-efficacy (H7). Exemplar messages were not found to provide significant effects reducing stereotypes (H8a), or reducing social distance to an individual with depression (H8b). In terms of reducing the social distance and the reduction of stereotypes related to Hypothesis 8, it is important to note that while there was not a significant difference between the exemplar group and the non-exemplar group, the exemplar participants reported a lower average number of perceived stereotypes, meaning they, on average, perceived more negative stereotypes toward individuals with the depression. Similarly, the social distance to individuals with depression results indicate that participants exposed to the exemplar message were more likely to report slightly higher levels of

perceived social distance to individuals with depression. The social distance and stereotype measures were developed from Hoffner and Cohen (2012). In their research, visual representations of OCD through the television program, *Monk*, were utilized as fans of the show were asked about their perceived social distance and reported stereotypes (Hoffner & Cohen, 2012). For Hoffner and Cohen (2012), the parasocial relationship with *Monk* was important to the reduced stereotypes and social distance. In contrast, for this research, the relationship with the employer was examined but not considered when examining social distance and stereotypes because the exemplar was not noted as being an employee at the participant's company but rather a general working professional. Future research should consider the effects of having an actual employee represent the exemplar. As the current results indicate that the inclusion of the exemplar is not always effective in reducing social distance and stereotypes and the inclusion of an exemplar message should be reexamined in the future.

The instructional messages did not significantly increase the participants' perceived self-efficacy in their ability to seek out mental health assistance for depression. Though step by step instructions are beneficial for increasing self-efficacy as utilized in Savage et al., (2017), their research did not seek to understand if steps alone could build self-efficacy, as this research did. Further, the use of a seemingly common hotline may not have increased self-efficacy as it may not have provided new information to the participants and thus not provide a significant manipulation of the participants. Future research should examine how to structure instructional messages to increase self-efficacy.

The research question sought to identify how the employee's relationship with the employer may impact the effectiveness of the messages. As two-way symmetrical communications without a message and exemplar messages with high levels of OPR were the

only two significant paths to increasing self-efficacy for assisting others, the results indicate that the relationship with the employer is key to the messages having any effective results. These results may indicate that the effectiveness of the message is dependent upon another factor such as the length and style of the message—the exemplar message for this research did not include a lengthy story nor did the message include an employee from the participant’s company or instructions to consider that the exemplar was from the participant’s company. Additionally, although the participants in the pretest did notice the inclusion of the quote from an exemplar, the pretest did not seek to test the effectiveness of the message itself. Further, the lack of results as to the effectiveness of the exemplar messages may relate to the effectiveness of exemplars in general or the need for certain conditions for those messages to be effective. Similar research into the effectiveness of first-person testimonials on social media platforms has indicated that inclusion of a first-person account of a message resulted in psychological resistance to the mental health information (Johnson, Yilmaz, & Najarian, 2016). With this in mind, the exact medium of the message, relational aspects of the message, and format of the message should be examined in future research.

Implications for Exemplar Theory

The results presented add to the exemplar research by providing evidence that the conditions by which exemplar messages are received may play a critical role in the reception of those messages. As discussed, the inclusion of exemplars in health-related messages were found to be more effective than messages without an exemplar in the experiments testing messages related to smoking cessation (Kim et al., 2012, p. 479), preventing fetal alcohol spectrum disorder (Yu et al., 2010), and increasing perceptions of risk related to fake tick bites (Gibson & Zillmann, 2000). Multiple reasons may exist as to why a message featuring an exemplar

successfully receiving help for depression revealed mixed results. For one, the participants may not have identified with the exemplar or may have identified too well with the exemplar.

Andsager et al. (2006) found that participants needed to identify with the exemplars for message to be effective, however, they measured message effectiveness by asking participants to rank how the message for credibility, usefulness, and relevance (p. 10). Like most studies of Exemplification, the researchers did not measure behavioral intentions. Instead, they focused on how participants who drank alcohol were able to identify with exemplars who drank alcohol (Andsager et al., 2006). They even point to an issue with the results being that it would be difficult to design an antialcohol message featuring an exemplar with whom drinkers could identify without including drinking behaviors in the message (Andsager et al., 2006, p. 17). In this research, behavioral intentions are measured in hopes of providing evidence that exemplars may increase self-efficacy and then turn to actual behavioral adjustment. Unfortunately, behavioral intentions to seek out help were not found in this research.

Further research has indicated that exemplar messages are not a one-size-fits all solution to encouraging healthy behaviors. In a study using exemplars to test the effectiveness of visual skin cancer messaging found that participants exposed to an exemplar message featuring atypical moles along with typical moles were less likely to identify the atypical moles than those exposed to a control condition with no exemplars (King, 2016, p. 833). Additionally, participants exposed to a message with an array of atypical moles without the inclusion of typical moles showed no difference from the control condition (King, 2016, p. 831). Results found by King (2016) reveal the potentially negative effects of using an exemplar as the participants would presumably not seek out assistance from a doctor for a mole they had not identified as atypical. Similarly, a study of the effects of the use of visuals in messages targeted at college students revealed that the

inclusion of recovery related images which evoked a positive emotion mediated the relationship between the recover-related image and the expressed aspiration for modeling the recovery behavior (Sontag, 2018, p. 44). Results indicate that further research into the effectiveness of exemplars in health communications is needed.

Implications for OPR and Two-Way Communication

Though treated as separate concepts, OPR and two-way symmetrical communication should be considered further in their ability to play a role in employee and employer behavior. While the two concepts are separated in several areas of literature, the relationship between the two theoretical concepts is still in its infancy (Cheng, 2018, p. 123). Two-way symmetrical communication was adapted for this research from Table 10.5 in Dozier et al. (1995). Self-efficacy related to ability to help others seek help for their depression was the only dependent variable to with significant results, and relational measures were key to the significance. For exemplar messages to have an effect, OPR measures needed to be strong. On its own, however, two-way symmetrical communication led to a significantly higher reported self-efficacy to help out others than those with lower two-way symmetrical communication measures. These results, though not consistent, indicate that the relationship plays perhaps a more important role than the message. Further research and scale development procedures should seek to separate the two terms and further define the differences between OPR when measuring the employee-employer relationship and two-way symmetrical communication between an employee and employer.

Implications for Practice

Recent research calls for public relations and human resource departments to work concurrently to form the organizational conscience, which includes working toward greater social responsibility to benefit people (Pompper, 2018, p. 16-17). As previously identified, the

relationship between the employee and the employer has gained increasing importance. In this research, only two relationships were significant and both of those relationships involved the employee's reported relationship with the employer. Though not all of the employee-employer relational measures were significant, as OPR only moderated the relationship between the exemplar message condition and perceived self-efficacy to seek out assistance for others experiencing depression and two-way symmetrical communication without a message significantly increased perceived ability to help others seek out assistance as well, the results provide practitioners with evidence that addressing the mental health crisis in an office setting requires more than a message. Further, the presence of significant results provides practitioners with evidence that creating a positive work environment wherein employees report high levels of perceived two-way communication as well as high OPR measures may assist in addressing depression issues by creating an environment where employees may encourage others to seek out help in the office. Public relations practitioners as well as human resource managers who hold the responsibility of communicating with employees should address mental health and other community issues, as identified by Edelman (2019). Further, practitioners need to understand the delicate nature of these topics and seek assistance from a mental health care professional in designing and implementing messages or programs aimed at addressing mental health needs in the workplace.

Evidence presented in this research finds that instructional messages do not appear to be harmful—they only suggest that the employer should seek to first understand the employee's relationship with his or her supervisor and the organization itself prior to attempting to address the topic of mental health in the workplace. Though providing instructions to the employees did not yield significant results, employers should not take these results as evidence that providing

employees with instructions to seek out mental health assistance are not effective. In particular, a practitioner seeking to address this sort of issue or other sensitive issue should consider how the environment in the office setting is contributing to the employee's mental health or other community issue.

Limitations

Future research should attempt to use a narrative message rather than a quote from an exemplar. This may assist in reducing the social distance and the stereotyping and also provide the participants with a clearer and more relatable example of how seeking out help for depression may decrease the stereotyping, social distance, and increase self-efficacy related to seeking out help for depression and helping others seek out help and thereby increase intentions to seek out help for self and others. Analysis of recommendations for messages related to suicide found that most studies provide more information for what to exclude in messages rather than providing information about what to include in a message related to suicide (Mishara & Dargis, 2019).

The instructional message may not have been more effective due to the style of the message as the instructions were in bullet point format. The messages were included in this manner with the goal of providing a stimulus that may actually mirror a message sent by an employer. Additionally, the message itself included instructions to use a widely known hotline for assistance, which may have reduced the gap in knowledge between the instructional and non-instructional group by providing only information that the non-instructional group may have already known or seen.

To fully test the effects of the messages without the variation in the employee's relationship with his or her employer, a similar experiment should be conducted with employees from only one employer. This research did not aim to control for the employer, but future

research into the effects of these types of messages should attempt to use only one employer. Further, future research should examine how instructional messages may be effective in increasing intentions to perform other behaviors.

References

- Anderson, R. (2009). Comparison of Indirect Sources of Efficacy Information in Pretesting Messages for Campaigns to Prevent Drunken Driving. *Journal of Public Relations Research*, 21(4), 428–454. <https://doi.org/10.1080/10627260902966367>
- Andsager, J. L., Bemker, V., Choi, H.L., & Torwel, V. (2006). Perceived Similarity of Exemplar Traits and Behavior: Effects on Message Evaluation. *Communication Research*, 33(1), 3–18. <https://doi.org/10.1177/0093650205283099>
- Bandura, A. (2004). Health Promotion by Social Cognitive Means. *Health Education & Behavior*, 31(2), 143–164. <https://doi.org/10.1177/1090198104263660>
- Bandura, A. (1977). Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review; Washington, Etc.*, 84(2), 191.
- Bandura, A. (2001). Social Cognitive Theory of Mass Communication. *Media Psychology*, 3(3), 265–299. https://doi.org/10.1207/S1532785XMEP0303_03
- Beheshti, N. (2018, October 10). 4 Ways Leaders Can Improve Mental Health In The Workplace. *Forbes*. Retrieved from <https://www.forbes.com/sites/nazbeheshti/2018/10/10/4-ways-leaders-can-improve-mental-health-in-the-workplace/#266387a13937>
- Broom, G. M., Casey, S., & Ritchey, J. (1997). Toward a Concept and Theory of Organization-Public Relationships. *Journal of Public Relations Research*, 9(2), 83–98. https://doi.org/10.1207/s1532754xjpr0902_01
- Brosius, H.B., & Bathelt, A. (1994). The Utility of Exemplars in Persuasive Communications. *Communication Research*, 21(1), 48–78. <https://doi.org/10.1177/009365094021001004>

- Campbell, J. W., & Im, T. (2015). Identification and Trust in Public Organizations: A communicative approach. *Public Management Review*, 17(8), 1065–1084.
<https://doi.org/10.1080/14719037.2014.881531>
- Cappella, J. N. (2006). Integrating Message Effects and Behavior Change Theories: Organizing Comments and Unanswered Questions. *Journal of Communication*, 56(s1), S265–S279.
<https://doi.org/10.1111/j.1460-2466.2006.00293.x>
- Centers for Disease Control. (2018). Data and Publications - Mental Health - CDC. Retrieved October 15, 2018, from https://www.cdc.gov/mentalhealth/data_publications/index.htm
- Cheng, Y. (2018). Looking back, moving forward: A review and reflection of the organization-public relationship (OPR) research. *Public Relations Review*, 44(1), 120–130.
<https://doi.org/10.1016/j.pubrev.2017.10.003>
- Dozier, D. M., Grunig, L. A., & Grunig, J. E. (1995). Dozier, D. M., Grunig, L. A., & Grunig, J. E. *Manager's guide to excellence in public relations and communication management*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Edelman. (2019). *2019 Edelman Trust Barometer* (p. 1–65).
- Ferguson, M. A. (2018). Building theory in public relations: Interorganizational relationships as a public relations paradigm. *Journal of Public Relations Research*, 0(0), 1–15.
<https://doi.org/10.1080/1062726X.2018.1514810>
- Florence, C., Simon, T., Haegerich, T., Luo, F., & Zhou, C. (2015). *Estimated Lifetime Medical and Work-Loss Costs of Fatal Injuries — United States, 2013*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6438a4.htm>

- Gibson, R., & Zillmann, D. (2000). Reading between the Photographs: The Influence of Incidental Pictorial Information on Issue Perception. *Journalism & Mass Communication Quarterly*, 77(2), 355–366. <https://doi.org/10.1177/107769900007700209>
- Grunig, J. E., & White, J. (1992). The effect of worldviews on public relations theory and practice. In J.E. Grunig, D.M. Dozier, W.P. Ehling, L.A. Grunig, F.C. Repper, & J. White (Eds.), *Excellence in public relations and communication management* (pp. 31–64). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Grunig, J. E. (1992). *Excellence in public relations and communication management*. L. Erlbaum Associates.
- Grunig, J. E., & Huang, Y.H. (2000). From Organizational Effectiveness to Relationship Indicators: Antecedents of Relationships, Public Relations Strategies, and Relationship Outcomes. In *Public Relations As Relationship Management : A Relational Approach To the Study and Practice of Public Relations*. Retrieved from http://web.b.ebscohost.com/ehost/ebookviewer/ebook/bmxlYmtfXzE5MzY1X19BTg2?si_d=a5f0d433-a0c2-40db-9fd6-f56203c05ad6@sessionmgr104&vid=0&format=EK&rid=1
- Hoffner, C. A., & Cohen, E. L. (2012). Responses to Obsessive Compulsive Disorder on Monk Among Series Fans: Parasocial Relations, Presumed Media Influence, and Behavioral Outcomes. *Journal of Broadcasting & Electronic Media*, 56(4), 650–668. <https://doi.org/10.1080/08838151.2012.732136>
- Hon, L. C., & Grunig, J. E. (1999). *Guidelines for Measuring Relationships in Public Relations* (pp. 1–40). Institute for Public Relations.

- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1–55. <https://doi.org/10.1080/10705519909540118>
- Hudson, J. (2018, May 7). HR and Mental Health. Retrieved October 15, 2018, from <https://blog.shrm.org/blog/hr-and-mental-health>
- Johnson, J. M. Q., Yilmaz, G., & Najarian, K. (2017). Optimizing the Presentation of Mental Health Information in Social Media: The Effects of Health Testimonials and Platform on Source Perceptions, Message Processing, and Health Outcomes. *Health Communication*, 32(9), 1121–1132. <https://doi.org/10.1080/10410236.2016.1214218>
- Jiang, H. (2012). A model of work–life conflict and quality of employee–organization relationships (EORs): Transformational leadership, procedural justice, and family-supportive workplace initiatives. *Public Relations Review*, 38(2), 231–245. <https://doi.org/10.1016/j.pubrev.2011.11.007>
- Kang, M., & Sung, M. (2017). How symmetrical employee communication leads to employee engagement and positive employee communication behaviors. *Journal of Communication Management*, 21(1), 82–102. <https://doi.org/10.1108/JCOM-04-2016-0026>
- Ki, E.-J., & Hon, L. C. (2007). Testing the Linkages Among the Organization–Public Relationship and Attitude and Behavioral Intentions. *Journal of Public Relations Research*, 19(1), 1–23. https://doi.org/10.1207/s1532754xjpr1901_1
- Kim, H. S., Bigman, C. A., Leader, A. E., Lerman, C., & Cappella, J. N. (2012). Narrative Health Communication and Behavior Change: The Influence of Exemplars in the News on Intention to Quit Smoking. *Journal of Communication*, 62(3), 473–492. <https://doi.org/10.1111/j.1460-2466.2012.01644.x>

- Kim, H.S. (2007). A Multilevel Study of Antecedents and a Mediator of Employee—Organization Relationships. *Journal of Public Relations Research*, 19(2), 167–197. <https://doi.org/10.1080/10627260701290695>
- King, A. J. (2016). Visual Exemplification and Skin Cancer: The Utility of Exemplars in Promoting Skin Self-Exams and Atypical Nevi Identification. *Journal of Health Communication*, 21(7), 826–836. <https://doi.org/10.1080/10810730.2016.1177143>
- Kramer, C. (2018). It’s time for companies to start talking about mental health. *Quartz at Work*. Retrieved from <https://qz.com/work/1419190/companies-need-to-talk-about-mental-health/>
- Ledingham, J. A., & Bruning, S. D. (1998). Relationship management in public relations: dimensions of an organization-public relationship. *Public Relations Review*, 24(1), 55–65. [https://doi.org/10.1016/S0363-8111\(98\)80020-9](https://doi.org/10.1016/S0363-8111(98)80020-9)
- Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of Fear and Loathing: The Role of “Disturbing Behavior,” Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness. *Journal of Health and Social Behavior*, 41(2), 208–223. <https://doi.org/10.2307/2676306>
- Men, L. R. (2014). Why Leadership Matters to Internal Communication: Linking Transformational Leadership, Symmetrical Communication, and Employee Outcomes. *Journal of Public Relations Research*, 26(3), 256–279. <https://doi.org/10.1080/1062726X.2014.908719>
- Mishara, B. L., & Dargis, L. (2019). Systematic comparison of recommendations for safe messaging about suicide in public communications. *Journal of Affective Disorders*, 244, 124–154. <https://doi.org/10.1016/j.jad.2018.09.031>

- National Center for Injury Prevention and Control, CDC using WISQARS. (2017). *10 Leading Causes of Death by Age Group, United States - 2016*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/injury/images/lc-charts/leading-causes-of-death-age-group-2016-1056w814h.gif>
- National Institute of Mental Health. (2015). *Depression: What You Need to Know* (No. NIH Publication No. 15-3561). Bethesda, MD: U.S. Government Printing Office.: National Institute of Mental Health.
- National Institute for Mental Health. (2017a). NIMH » Major Depression. Retrieved November 5, 2018, from <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>
- National Institute for Mental Health. (2017b). NIMH » Mental Illness. Retrieved November 5, 2018, from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- Ni, L. (2007). Refined understanding of perspectives on employee-organization relationships. *Journal of Communication Management*, *11*(1), 53–70.
- Pompper, D. (Ed.). (2017). *Corporate Social Responsibility, Sustainability, and Ethical Public Relations: Strengthening Synergies with Human Resources*. Emerald Publishing Limited. <https://doi.org/10.1108/9781787145856>
- Savage, M. W., Deiss, D. M., Roberto, A. J., Aboujaoude, E., & Deiss, D. M. J. (2017). Theory-Based Formative Research on an Anti-Cyberbullying Victimization Intervention Message. *Journal of Health Communication*, *22*(2), 124–134. <https://doi.org/10.1080/10810730.2016.1252818>
- Sontag, J. M. (2018). Visual framing effects on emotion and mental health message effectiveness. *Journal of Communication in Healthcare*, *11*(1), 30–47. <https://doi.org/10.1080/17538068.2018.1435017>

Strunk, C. M., King, K. A., Vidourek, R. A., & Sorter, M. T. (2014). Effectiveness of the Surviving the Teens® Suicide Prevention and Depression Awareness Program: An Impact Evaluation Utilizing a Comparison Group. *Health Education & Behavior, 41*(6), 605–613. <https://doi.org/10.1177/1090198114531774>

The HR Director. (2018, October 17). Tips for good mental health in the workplace.

TheHRDIRECTOR. Retrieved from <https://www.thehrdirector.com/features/mental-health/mental-health-workplace/>

Togna, G. (2014). Does internal communication to generate trust always increase commitment?: A study at Micron Technology. *Corporate Communications; Bradford, 19*(1), 64–81. <http://dx.doi.org.ezaccess.libraries.psu.edu/10.1108/CCIJ-07-2012-0046>

Vidourek, R. A., King, K. A., Nabors, L. A., & Lynch, A. (2014). College students' perceived confidence in mental health help-seeking. *International Journal of Mental Health Promotion, 16*(2), 83–90. <https://doi.org/10.1080/14623730.2014.892257>

Waters, R. D., Bortree, D. S., & Tindall, N. T. J. (2013). Can public relations improve the workplace? Measuring the impact of stewardship on the employer-employee relationship. *Employee Relations; Bradford, 35*(6), 613–629. <http://dx.doi.org.ezaccess.libraries.psu.edu/10.1108/ER-12-2012-0095>

World Health Organization. (2017). WHO | Mental health in the workplace. Retrieved October 15, 2018, from http://www.who.int/mental_health/in_the_workplace/en/

Yu, N., Ahern, L. A., Connolly-Ahern, C., & Shen, F. (2010). Communicating the Risks of Fetal Alcohol Spectrum Disorder: Effects of Message Framing and Exemplification. *Health Communication, 25*(8), 692–699. <https://doi.org/10.1080/10410236.2010.521910>

Zillmann, D. (2006). Exemplification Effects in the Promotion of Safety and Health. *Journal of Communication*, 56(s1), S221–S237. <https://doi.org/10.1111/j.1460-2466.2006.00291.x>

Appendix A: Survey and Stimulus

Employment Information

Employment information. Participants were asked to provide information about their current employment status and job level as well as information about their employer's size.

Employment information as gathered from Men and Jiang (2016):

How many years have you spent working at your current place of employment?

Less than 1 year

1-3

3-6

6-9

10+

Approximately how many hours per week do you work? If you have more than one job, please only consider the number of hours you work for the company you work for the most.

Less than 30

30-40 hours

More than 40 hours

Total number of employees working at your place of employment:

Fewer than 50

50-100

100-250

251-500

501-1000

1001-3000

3001-5000

5001-7000

>7000

Industry Sector

Accommodation and Food Services

Manufacturing

Administration, Business Support & Waste Management Services Mining

Agriculture, Forestry, Fishing and Hunting

Arts, Entertainment and Recreation

Professional, Scientific, and Technical Services

Construction

Real Estate and Rental and Leasing

Educational Services

Retail Trade

Finance and Insurance

Transportation and Warehousing

Healthcare and Social Assistance

Utilities

Information

Wholesale Trade

Level of Position

Top management

Middle level management

Lower level management

Nonmanagement

Level of Education

No College (Secondary Education or below)

Vocational Level (including Diploma, Higher Diploma, and Associate) Some College

A Bachelor's Degree

A Master's Degree

A Doctorate Degree

Participant age

Number provided by participant

Other potential areas to assess (not from literature):

Public v. private companies

Symmetrical Communication

Dozier, D. M., Grunig, L. A., & Grunig, J. E. (1995). *Manager's guide to excellence in public relations and communication management*. Mahwah, NJ: Lawrence Erlbaum Associates.

Measures of Symmetrical Communication Inside Organization taken from Table 10.5

Consider your current employer. Rate your agreement with the following statements:

(1. Disagree to 7. Agree)

1. I am comfortable talking to administrators about my performance.
2. Most communication between administrators and other employees in this organization can be said to be two-way communication.
3. This organization encourages differences of opinion.
4. The purpose of communication in this organization is to help administrators to be responsive to the problems of other employees.
5. My supervisor encourages differences of opinion.
6. I am usually informed about major changes in policy that affect my job before they take place.
7. I am comfortable talking to my supervisor when things are going wrong

Organizational-Public Relationship

Consider your current employer. Rate your agreement with the following statements:

(1. Disagree to 7. Agree)

Control Mutuality

1. This organization and people like me are attentive to what each other say.
2. This organization believes the opinions of people like me are legitimate.
3. In dealing with people like me, this organization has a tendency to throw its weight around. (*Reversed*)
4. This organization really listens to what people like me have to say.
5. The management of this organization gives people like me enough say in the decision-making process.

Trust

1. This organization treats people like me fairly and justly.
2. Whenever this organization makes an important decision, I know it will be concerned about people like me.
3. This organization can be relied on to keep its promises.
4. I believe that this organization takes the opinions of people like me into account when making decisions.
5. I feel very confident about this organization's skills.
6. This organization has the ability to accomplish what it says it will do.

Commitment

1. I feel that this organization is trying to maintain a long-term commitment to people like me.

2. I can see that this organization wants to maintain a relationship with people like me.
3. There is a long-lasting bond between this organization and people like me.
4. Compared to other organizations, I value my relationship with this organization more.
5. I would rather work together with this organization than not.

Satisfaction

1. I am happy with this organization.
2. Both the organization and people like me benefit from the relationship.
3. Most people like me are happy in their interactions with this organization.
4. Generally speaking, I am pleased with the relationship this organization has established with people like me.
5. Most people enjoy dealing with this organization.

Stimulus Presentation:**Exemplar message without instructions:**

Image you have received this message in an email from your employer:

An estimated 16.2 million adults in the United States had at least one major depressive episode. When a person has depression, it interferes with daily life and normal functioning. Symptoms can be difficult to recognize, “When I experienced depression, my work suffered. I felt like I was just going through the motions” said Alex, a senior account executive who sought help while suffering from depression. “At first, I did not consider that I might have an underlying condition.” Symptoms can include: persistent sad, anxious or “empty” mood, feelings of hopelessness, pessimism, feelings of guilt, loss of interest in hobbies and activities, decreased energy, and fatigue. Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is.

Non-Exemplar, Non-Instructional:

Image you have received this message in an email from your employer:

An estimated 16.2 million adults in the United States had at least one major depressive episode. When a person has depression, it interferes with daily life and normal functioning. Symptoms can be difficult to recognize, depression can cause work to suffer—it can feel as though the depressed individual is just going through the motions. At first, an individual may not consider that he or she has an underlying condition. Symptoms can include: persistent sad, anxious or “empty” mood, feelings of hopelessness, pessimism, feelings of guilt, loss of interest in hobbies

and activities, decreased energy, and fatigue. Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is.

Exemplar and Instructional Message:

Imagine you have received this message in an email from your employer:

An estimated 16.2 million adults in the United States had at least one major depressive episode. When a person has depression, it interferes with daily life and normal functioning. Symptoms can be difficult to recognize, “When I experienced depression, my work suffered. I felt like I was just going through the motions” said Alex, a senior account executive who sought help while suffering from depression. “At first, I did not consider that I might have an underlying condition.” Symptoms can include: persistent sad, anxious or “empty” mood, feelings of hopelessness, pessimism, feelings of guilt, loss of interest in hobbies and activities, decreased energy, and fatigue. Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is.

If you or someone you know is experiencing symptoms of depression, get help:

- Contact your doctor, or locate affordable health care in your area: <https://findahealthcenter.hrsa.gov>
- Review mental health resources in your office
- National Suicide Prevention Lifeline (1-800-273-8255). Trained crisis workers are available to talk 24 hours a day, 7 days a week.

Instructional message without exemplar:

Imagine you have received this message in an email from your employer:

An estimated 16.2 million adults in the United States had at least one major depressive episode. When a person has depression, it interferes with daily life and normal functioning. Symptoms can be difficult to recognize, depression can cause work to suffer—it can feel as though the depressed individual is just going through the motions. At first, an individual may not consider that he or she has an underlying condition. Symptoms can include: persistent sad, anxious or “empty” mood, feelings of hopelessness, pessimism, feelings of guilt, loss of interest in hobbies and activities, decreased energy, and fatigue. Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is.

If you or someone you know is experiencing symptoms of depression, get help:

- Contact your doctor, or locate affordable health care in your area: <https://findahealthcenter.hrsa.gov>
- Review mental health resources in your office
- National Suicide Prevention Lifeline (1-800-273-8255). Trained crisis workers are available to talk 24 hours a day, 7 days a week.

Control:

Please continue moving through this survey.

Pretest Questions:

In the content that you just read, an individual shared their personal experience with receiving mental health assistance:

Yes/No

In the content that you just read, there were specific instructions about where to go to receive mental health assistance:

Yes/No

Self-Efficacy

Rate your agreement with the following statements (1. Not very confident ... 7. Very Confident)

1. I would be able to identify symptoms of depression if I experienced symptoms.
2. I would be able to seek out assistance from my employer if I experience symptoms of depression.
3. I would be able to seek out medical assistance if I experienced symptoms of depression.
4. I would be able to receive effective treatment if I experience symptoms of depression.

Rate your agreement with the following statements (1. Not very confident ... 7. Very Confident)

1. I would be able to support a coworker with depression symptoms.
2. I would be able to encourage a coworker to see a counselor.
3. I would be able to recognize a coworker experiencing depression symptoms.
4. I would be confident in asking a coworker if they are experiencing depression symptoms.
5. I would be able to convince a coworker to see a counselor.

Controls

1. Have you ever been diagnosed with a mental illness? *Yes/No*
2. Have you ever had a close family member diagnosed with a mental illness? *Yes/No*
3. Have you ever had a friend diagnosed with a mental illness? *Yes/No*
4. How often do you have contact with another person with depression? *1, never; 2, rarely; 3, sometimes; 4, often*
5. Do you ever remember your company providing mental health information? *Yes/No*

Social distance

Rate how likely you would be to ...

(1. Extremely Unlikely ... 7. Extremely likely)

1. Move next door to a person described as having depression
2. Make friends with that person
3. Spend an evening socializing with that person
4. Have that person start working closely with them on the job
5. Have a group home for people like that person in your neighborhood
6. Have that person marry into your family

Stereotypes

Rate your agreement with the following statements:

People with depression ...

(1. Extremely unlikely ... 7. Extremely likely)

1. Are trustworthy
2. Are able to maintain a regular job
3. Tend to cause disturbances/inconveniences
4. Are unable to take care of themselves
5. Are intelligent
6. Are dangerous
7. Will not recover or get better

Behavioral Intentions

Rate your confidence in your ability to complete the following:

(1. Not very confident ... 7. Extremely Confident)

1. I intend to keep track of my mental health so that I can to identify symptoms of depression.
2. I intend to seek out assistance from my employer if I experience symptoms of depression.
3. I intend to seek out medical assistance if I experienced symptoms of depression.
4. I intend to receive effective treatment if I experience symptoms of depression.

Rate your confidence in your ability to complete the following:

(1. Not very confident ... 7. Extremely Confident)

Measured on a 7-point scale from “not very confident” to “very confident”

1. I intend to support a coworker with depression symptoms.
2. I intend to encourage a coworker to see a counselor.
3. I intend to recognize a coworker experiencing depression symptoms.
4. I intend to ask a coworker if they are experiencing depression symptoms.
5. I intend to convince a coworker to see a counselor.