A recent report summarizing the results of the National Survey on Drug Use and Health in the USA (Office of Applied Studies, 2007) titled “Depression among Adults Employed Full-time, by Occupational Category” revealed some alarming news regarding the prevalence of depression among employees in the US foodservice industry. The report indicated that employees in the food preparation and serving-related occupations in the 2004–2006 period had the second highest incidence (10.3 percent) of major depressive episodes (MDEs). The highest rate of MDE (10.8 percent) was found among employees in the personal care and service occupations. To make things even worse, the same report indicated that “…the highest rates (14.8 percent) of past year MDE among female full-time workers aged 18–64 were found in the food preparation and serving related occupations” (Office of Applied Studies, 2007, p. 1). In this study, an MDE is defined as “a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, including problems with sleep, eating, energy, concentration, and self-image.” (Office of Applied Studies, 2007, p. 1).

“Major depression is manifested by a combination of the following symptoms:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain (National Institute of Mental Health, 2007).

As one can surmise from the above, depression is a serious illness that interferes with the ability to conduct normal daily routines, such as eating, sleeping, and enjoying pleasurable activities. But most importantly for the business world, depression impedes the ability to work efficiently. Depression negatively affects the economy through low productivity, employee absenteeism, and poor morale (Druss et al., 2000). The loss to the US economy caused by depression is estimated to range between US$30 and US$44 billion per annum (Elinson et al., 2004; Stewart et al., 2003). Though at present it is impossible to estimate the loss to the foodservice industry in the USA or any country caused by episodes of depression, given the labor intensity of this industry, and the high prevalence of depression episodes among its employees, we can be certain that the total loss to the industry in the USA alone runs into hundreds of millions of US dollars per year.

Therefore, it is absolutely necessary for the foodservice industry’s captains to take all necessary steps to reduce the prevalence of depression among their employees. But before doing this it is absolutely essential to: (1) identify the work-related factors that cause depression, and (2) discover the reasons that the foodservice industry has a higher prevalence of depression than most other industries.

Several studies (Arsenault et al., 1991; Baba et al., 1998) have shown that episodes of depression can be triggered by work-related factors, such as work stress that causes burnout, which in turn leads to depression. A more recent study (Baba et al., 1999) that was conducted among nurses in the Caribbean confirmed that role conflict, role overload, and lack of social support (from supervisor coworkers and family) predicted stress, which, along with lack of social support, predicted burnout. Burnout predicted depression which, in turn, predicted both absenteeism and turnover intention (Baba et al., 1999, p. 163).

As to the reasons that the foodservice industry has a higher rate of MDE than most other industries, several studies addressing the subject of burnout among hospitality employees found that this phenomenon is rather prevalent in hospitality occupations (Kim et al., 2007; Cleveland et al., 2007; Buick and Thomas, 2001; Ledgerwood et al., 1998; Reynolds and Tabacchi, 1993; Valen, 1993; Krone et al., 1989; Pizam and Neuman, 1988). Therefore it is possible to hypothesize that the high rate of burnout among hospitality employees leads to a relatively high rate of depression.
I call upon my academic colleagues to study this issue thoroughly, so that we may have a more precise understanding of the specific factors that cause depression among hospitality employees in general, and more specifically foodservice employees, and suggest ways to mitigate or reduce them.

References


