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The Mental Health and Wellbeing of Chefs in Commercial Kitchens: An Australasian Study

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Executive Summary

Following earlier qualitative research on chefs' mental health and wellbeing from some members of the project team, this Australasian study sought to complement that work but also to quantify aspects of chefs' wellbeing in the mid and post COVID-19 context. Surveys were disseminated via various channels, including peak culinary associations, educator networks and social media. After data cleansing, 300 completed surveys were retained for analysis: 226 from Australian and 74 from New Zealand / Aotearoa. Highest participation rates were from culinarians with less than three years cooking experience and those with greater than 21 years in professional kitchens. There was a higher education level than expected from respondents, which may be a self-selection bias in terms of willingness to complete a technical survey. Generally, the Australian and New Zealand / Aotearoa economic, social and industrial contexts are similar. Given this and due to the higher number of Australian respondents, we have benchmarked some findings to the Australian general population.

Highlights from the findings showed a high rate of *presenteeism*, that is 'working when sick', which is disconcerting in the mid and post-COVID-19 context. The sample generally reported characteristics associated with poor lifestyle and health habits. These included low consumption of breakfast, low rates of regular to moderate levels of exercise, a less than recommended number of hours slept on a work night, and negative perceptions of their sleep quality. Interestingly, this contrasted with generally high self-reported perceptions of respondents' own overall health.

Other lifestyle factors did not match respondent's optimistic views about their health. Higher rates of tobacco smoking than in the Australian and New Zealand / Aotearoa general population were reported. The alcohol consumption rates of the chef respondents were generally in line with those reported for the general population of Australia, with a few exceptions. For instance, nearly 7% of the chefs noted drinking daily in comparison to the rate of 5% for the general population. Similarly, 18% of the chefs reported drinking 1-2 days a week which is slightly higher than the rate of 17% reported for the general population of Australia. Similarly, 15% of the chefs indicated consuming alcohol 3-4 days a week which is higher than the rate of 11% reported for the general population of Australia. Finally, the general population chose to abstain from alcohol at a much higher rate (23%) than the nearly 15% reported by the chef respondents. Contrarily, cannabis use for non-medical purposes amongst the chefs was considerably lower than the general population. Similarly low rates of consumption were reported for a range of other illicit drugs.

The survey included numerous scientific measures for individual wellbeing, organisational factors and outcomes. Although overall individual wellbeing, according to several measures, for the sample was in the lower range of normal, a fifth of the sample showed poorer outcomes which brought the overall rating down. Resilience among chefs was also lower than average.

Our analysis showed some significant positive relationships between perceived supervisory support and life satisfaction and mental health. Turnover intent was also low when perceived supervisory support was high. These beneficial connections underscore the importance of positive management practices at the team level. Individuals' identification as part of a team was also significantly, and positively, related to organizational citizenship. Conversely, Individuals with burnout were more likely to engage in counterproductive (work) behaviours.

Financial hardship was reported by 15-20% of chefs across several of the indicative items assessed and correlations showed those experiencing financial hardship were less likely to engage in workplace citizenship behaviours.

Regarding mental health and wellbeing, respondents reported that when experiencing mental turmoil, the most likely place to seek help or information was from a mental health service provider, followed by a spouse or family member. Awareness of the mental health providers varied greatly across the sample but reported usage of these services was low. Participants were least likely to seek the counsel of a work colleague or manager.

Ethics approval for the study (EA 21/376) was granted by the Auckland University of Technology Ethics Committee (AUTEK), which also incorporated a data management plan.

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Introduction

As highlighted by the impacts of COVID-19 on the hospitality sector, mental health, and wellbeing (MH&W) has become a significant concern. This report outlines the key initial findings from a survey of the working conditions of professional chefs from Australia and New Zealand / Aotearoa. The purpose of the study was to extend on a large scale qualitative study on the MH&W of chefs working in professional kitchens in Australia, conducted by this report's first two authors between 2017 and 2019 (Robinson & Brenner, 2019). In that study we heard detailed and intimate stories from a diverse population of nearly 200 chefs and apprentices/trainees of intense working conditions, occupationally socialised cultural practices, work life issues and lacking supports that created for them significant MH&W challenges and poor coping mechanisms. The provision of decent and dignified work was exposed as a major problem in the Australian hospitality industry, corroborating other studies (Robinson et al., 2022). The survey designed for this study sought to capture quantifiable data on their working conditions, life style and mental health and wellbeing. With generous support from an Auckland University of Technology Hospitable Futures Research Fund, the survey was also administered to commercial kitchen workplaces in New Zealand.

Background to the study

The study is significant and timely. The effect of COVID-19 on the hospitality industry has been catastrophic (Baum et al., 2020) and many workers left the industry permanently, contributing to the current labour and skills crisis. In the Australasian context pre-COVID evidence was emerging the well-understood challenging working conditions of chefs and cooks were having deleterious behavioural and wellbeing impacts. Anecdotally there has been disturbing news of poor mental health and low wellbeing status among chefs pre-COVID, however, we lack empirical data on the extend of this malaise and the causal linkages in Australia and New Zealand / Aotearoa. Nonetheless there have been some disturbing harbingers. Australasian scientists showed for instance, that substance abuse was a significant issue (Pidd et al., 2015). Furthermore, analysis of Australian National Coronial Information System data by Burnett et al. (2022) found chefs and cooks were significantly more likely to suicide than the general population in terms of occupation classification. In their study chefs and cooks from economically disadvantaged areas, and women and migrant culinarians were at even greater risk.

Research questions

This study presents a valuable opportunity to produce unique and valuable findings of utility to industry partners in Australia and New Zealand / Aotearoa. The 20-minute survey aimed to evaluate the MH&W of culinary professionals in Australasia. In the survey, sought to identify the relationship between a range of factors in relation to MH&W for chefs

- Industry conditions – hours, shifts, tenure etc
- Individual level factors e.g., general health, sleep, diet, substance ab/use etc
- Psychological/burnout/resilience factors
- Organisational level factors – co-worker/supervisor relationships, org climate
- Occupational and team identity – strength of identity as a chef and with their work team
- Awareness and use of sources of support

This report is organised into eight sections. Initially we report on the demographics of the respondents, or the sample, followed by their work history and work-related characteristics. We then report on the working conditions of the sample followed by their perceptions of their health and lifestyle. Their psychological and social and work profiles follow, especially in relation to their workplace contexts, and includes data on social identification. This section is followed by details on

the financial hardship of respondents and the report finishes by detailing the sample’s sources of (positive) support when experiencing wellbeing challenges and finally their awareness and use of a range of services in each country.

1. Sample Demographics

The survey, administered in early 2022, received 302 responses in total. After data cleansing 300 responses were retained for analysis. Three quarters of the respondents (n=226) were residents in Australia and the remaining quarter resided in New Zealand / Aotearoa (n=74). As figures 1 and 2 show however, a significant proportion of the sample were either of a different nationality and/or country of origin to their country of residence. This underscores both the traditional mobility of culinary professionals and the dependence of the hospitality industry on migrant workforces.

Figure 1. Nationality/country of origin (NZ)

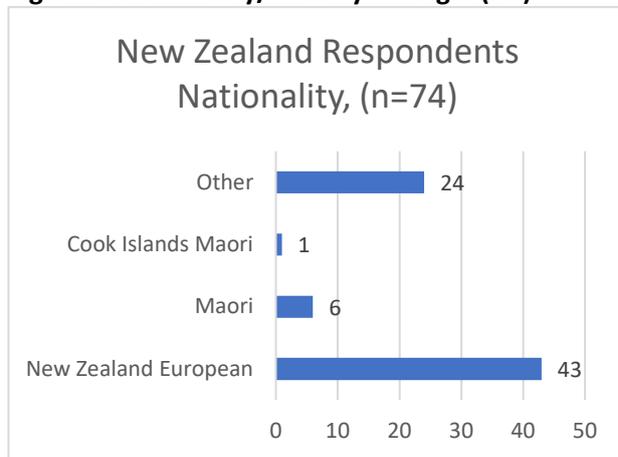
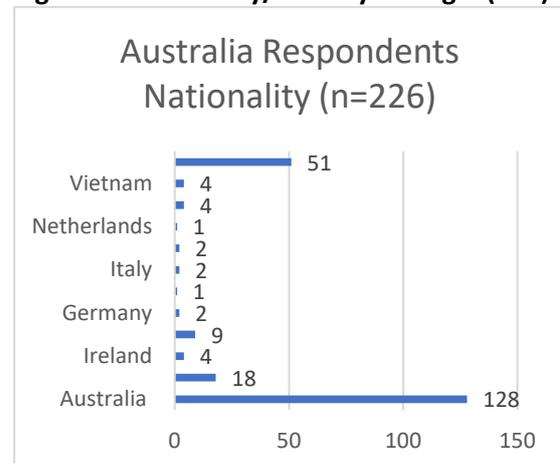


Figure 2. Nationality/country of origin (Aus)



A third of the sample identified as female (n=96) and the remainder as male (n=199), with the exception of a few respondents (n=5) who preferred not to say. Table 3 shows the age distribution. While the sample is skewed more heavily towards mature workers, given most working chefs fall into the 18-25 and 26-35 age categories (e.g., Australian Government, 2023) this age profile provides vital intelligence of culinarians across the occupational/life course.

Table 1. Age

Age (n=300)	Count	%
18-25 years	75	25.00
26-35 years	53	17.67
36-45 years	75	25.00
46-55 years	59	19.67
56-65 years	31	10.33
66 years and older	7	2.33

The relatively highly educated nature of the sample (e.g., 31% with a bachelor/postgraduate degree) is likely because the survey was distributed via partner colleges and educational institutions (as well as social media and other industry channels). Nonetheless, as figure 3 shows, the majority of the sample had trade qualifications or completed/ were completing secondary education.

Figure 3. Educational level

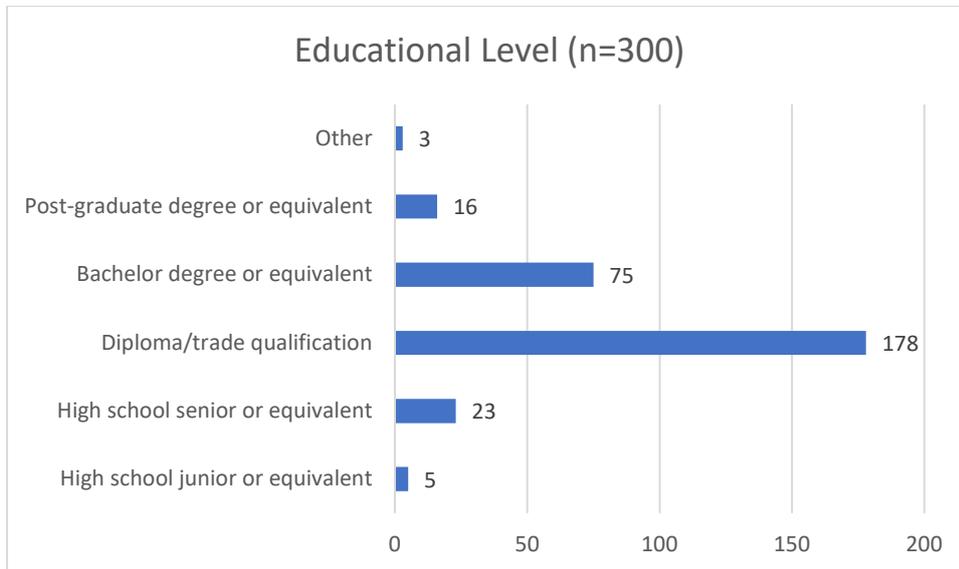


Table 2 shows a variety of marital status arrangements. Of note nearly 43% of respondents had children, either in or out of a relationship, and over 40% were either single or divorced perhaps signalling the relationship challenges of the occupation’s working conditions.

Table 2. Marital status

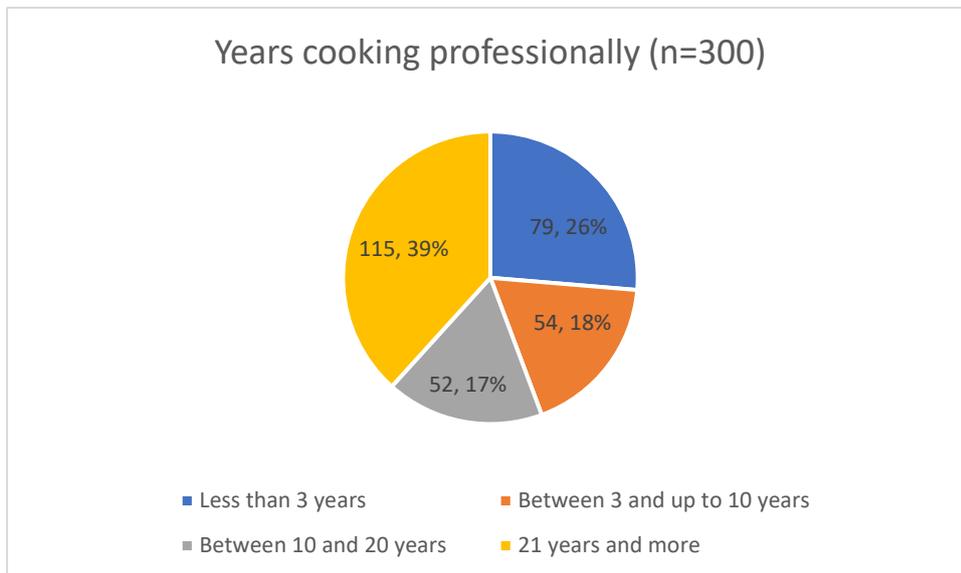
Marital Status (n=300)	Count	%
Single/never married	109	36.33
Married/Domestic Partnership/with child(s)	115	38.34
Married/Domestic Partnership/without child(s)	46	15.33
Divorced/with child(s)	13	4.33
Divorced/without child(s)	5	1.67
Other	12	4.00

Overall, while the age range of the sample, and educational level, are slightly higher than is typical of culinarians, the demographic profile is generally representative of the chef and cook population in Australasia.

2. Working history and workplace characteristics

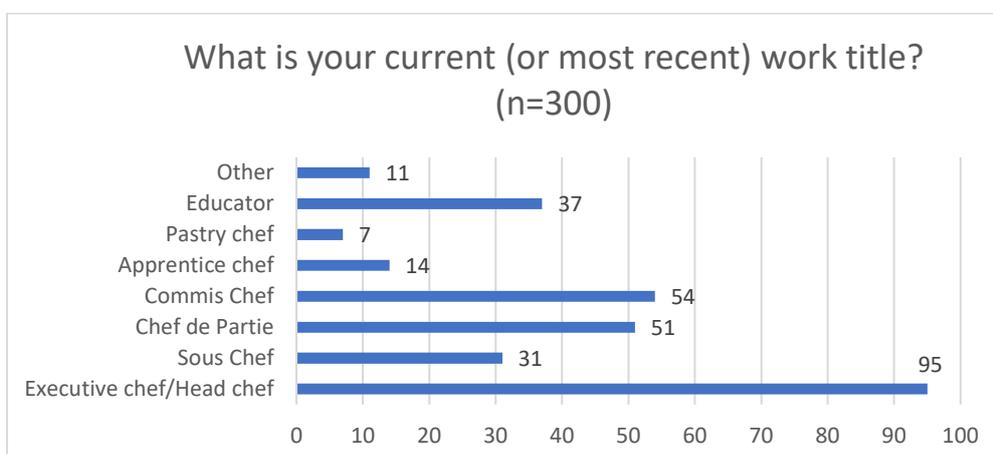
Just over a quarter (n=79) of the sample had worked in professional cookery for less than three years (see figure 4). Otherwise, 39% of the sample (n=115) had longevity of over 21 years in the industry, confirming the suppositions from these data as shown in figure 4.

Figure 4. Years cooking professionally



There is a skew towards the senior end of the brigade in this sample (see figure 6), as might be inferred from the previous data, with 32% of the sample (n=95) declaring their current work title as executive or head chef. There may likely be a small desirability bias effect in these – and it is also worth noting that given most hospitality establishments are micro/small to medium sized enterprises (MSMEs), the leadership responsibilities of some of those that declared this job role may not be particularly significant. Regardless, the remainder of the sample shows a wide distribution across a range of other kitchen brigade positions – and roles (e.g., ‘educator’/‘pastry chef’)

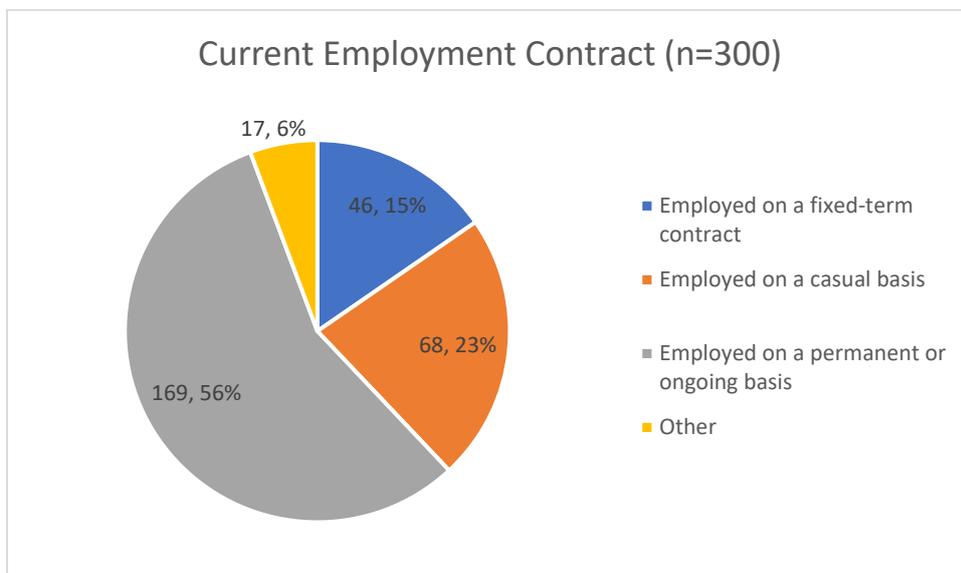
Figure 5. Current work title





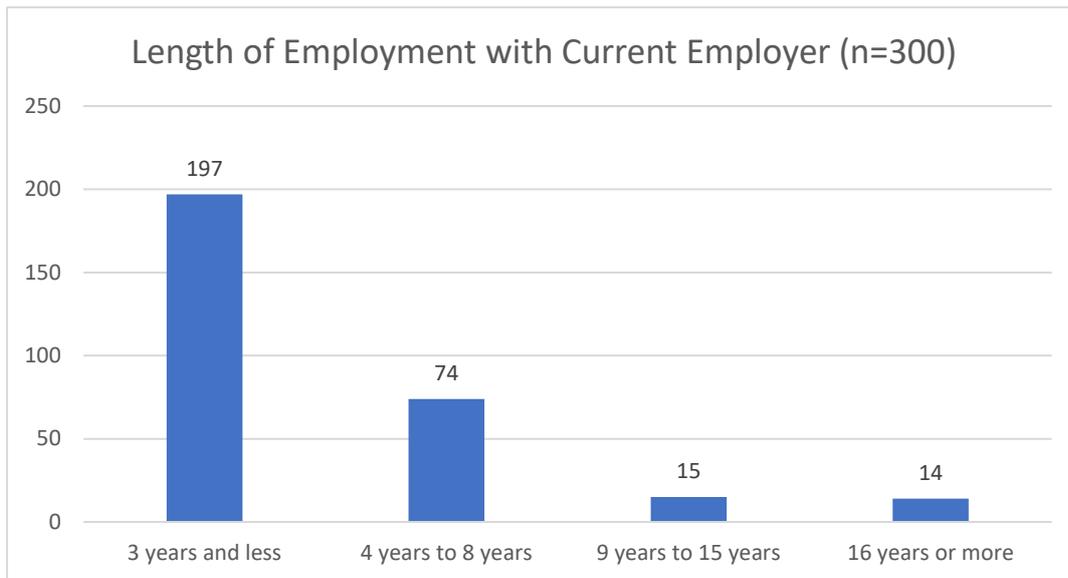
Despite the survey being administered amidst a labour and skills crisis, figure 6 shows that insecure and/or precarious employment is the norm for a significant proportion of culinarians, at 44% of the sample (n=131).

Figure 6. Current employment contract



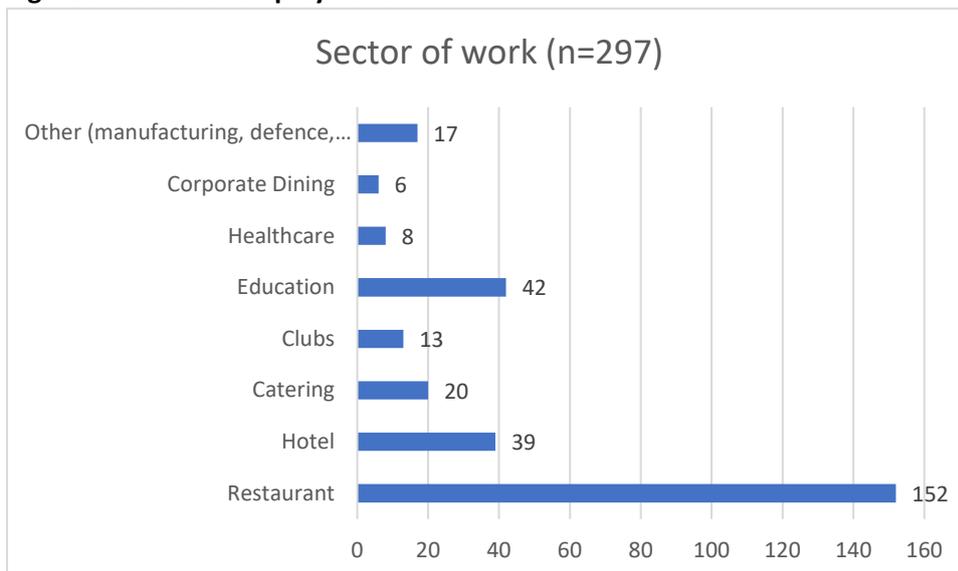
The data in figure 6 showing that many chefs have insecure work is reflected in tenure. Nearly two-thirds of the sample (n=197) had spent less than three years with their current employer. Figure 7 also shows that less than 10% (n=29) of the sample have stayed with their current employer for more than 9 years. It is noteworthy that in Australia the long service leave entitlement (an additional 12 weeks leave) is activated after 10 years of continuous service with an employer.

Figure 7. Length of employment with current employer



While the data in figure 9 confirms the public perception that chefs are mostly employed in restaurants and hotel (kitchens) (64%), these data show a variety of other sectors culinarians work in both inside and outside the hospitality industry. This includes healthcare, which as a growing sector has recently actively targeted the recruitment of leading hospitality chefs (see Gierlinger et al., 2022).

Figure 9. Sector of employment



These data regarding the workplace and working history of chefs highlight the diversity of the population and highlights that resolutions to redress MH&W will need to fit a variety of professional contexts and individual circumstances.

3. Working conditions

For further context the survey asked several questions related to the respondent's working conditions related to work/life balance and demands of the job. Unsurprisingly, three quarters of the sample (n=224) worked on weekends. The data regarding whether respondents worked on holidays is more detailed, as shown in table 3, but a large majority at 72% (n=216) probably or definitely worked across school or public holidays.

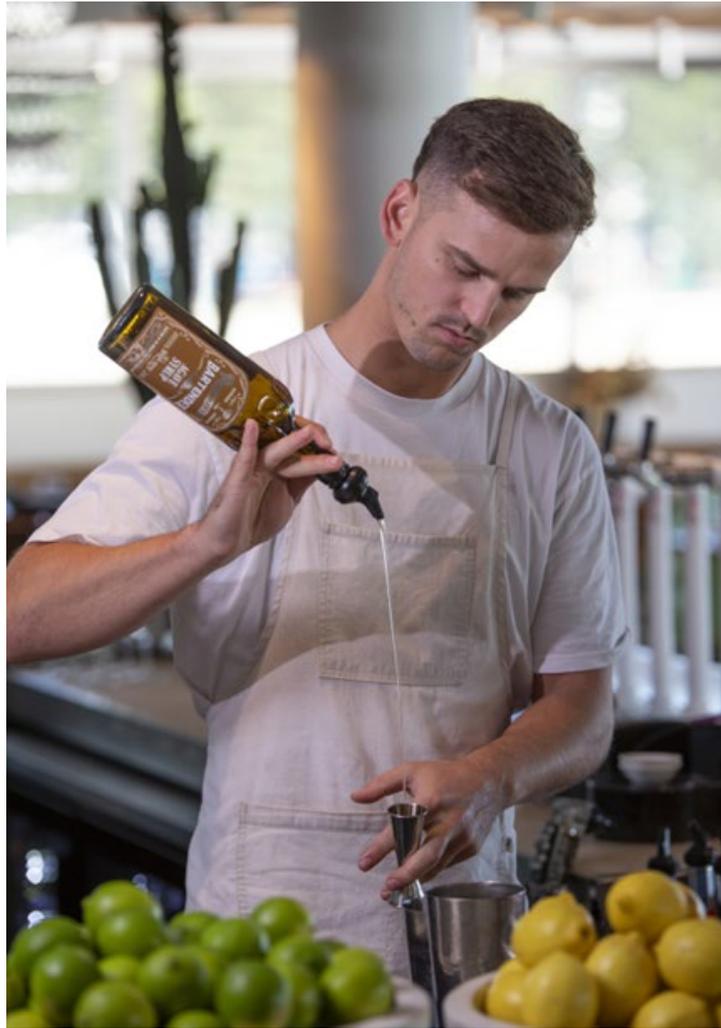
Table 3. Work holidays

Do you generally work holidays (e.g. school or public holiday)? (n=300)	Count	%
Definitely not	20	6.67
Probably not	15	5.00
Might or might not	49	16.33
Probably yes	80	26.67
Definitely yes	136	45.33

In terms of hours worked, that the survey was administered during a labour and skills crisis, it is somewhat surprising that a reasonable proportion of the sample at 16% (n=49) worked less than 32 hours weekly, suggesting some may be under employed. Nevertheless, as shown in table 12 (mindful that permanent industrial awards that culinarians work under stipulate between 36-40 hours weekly), nearly 58% of the sample (n=173) worked more than 42 hours weekly.

Table 4. Hours worked a week

How many hours do you normally work in a week? (n=300)	Count	%
1-11 hours	7	2.33
12-21 hours	21	7.00
22-31 hours	21	7.00
32-41 hours	78	26.00
42-51 hours	98	32.67
52-61 hours	56	18.67
62 hours or more	19	6.33



Following on from the excessive hours many of the sample reported working, nearly a quarter of the sample (n=70) said that they were not provided the correctly awarded breaks they were entitled to at their workplaces. Reframing the same question in terms of whether they were able to take breaks (see table 5), while 63% of the sample (n=143) stated they did manage to take breaks most of the time or always, 16% of the sample (n=37) either were not able to ever take breaks, or if so, rarely.

Table 5. Take breaks

Are you able to take breaks at work? (n=230)	Count	%
No	6	2.61
Yes, but rarely	31	13.48
Yes, sometimes	50	21.74
Yes, most times	79	34.35
Yes, always	64	27.82

While still descriptive statistics, the data reported on working conditions accords with theory explaining turnover intent (see Young & Corsun, 2010). Over half the sample (n=133) said they were slightly, moderately or extremely likely to look for a job outside their current workplace during the next year, with the largest of these categories the extreme one (n=50). On the other hand, as shown in table 7, nearly three quarters of the sample (n=183) reveal they only sometimes, or never, think about quitting, suggesting mobility is a normalised state of affairs for the occupation. However, and the context in terms of the survey timing having followed the massive labour market uncertainty induced by the COVID-19 crisis, a somewhat modest 51% of the sample (n=130) reported that it was possible for them to find another job.

Table 6. Turnover intention (looking)

How likely is it that you will look for a job outside of your current workplace during the next year? (n=253)	Count	%
Extremely unlikely	51	20.16%
Moderately unlikely	28	11.07%
Slightly unlikely	14	5.53%
Neither likely or unlikely	27	10.67%
Slightly likely	39	15.42%
Moderately likely	44	17.39%
Extremely likely	50	19.76%

Table 7. Turnover intention (thinking)

How often do you think of quitting your job with your current employer? (n=253)	Count	%
Never	84	33.20%
Sometimes	99	39.13%
About half the time	26	10.28%
Most of the time	21	8.30%
Always	23	9.09%

Table 8. Turnover intention (possible)

If it were possible, how much would you like to get another job? (n=253)	Count	%
Extremely unlikely	32	12.65%
Moderately unlikely	31	12.25%
slightly unlikely	16	6.32%
Neither likely or unlikely	44	17.39%
Slightly likely	40	15.81%
Moderately likely	52	20.55%
Extremely likely	38	15.02%

Recent literature has shown that hospitality employees are predisposed to working when unwell (Arjona-Fuentes et al., 2019), which would have been an alarming learning for health authorities during a pandemic. Over the previous 12 months, 69% of the sample (n=207) reported working when sick – otherwise known as presenteeism.

As shown in table 9, over three quarters of the sample reported working up to 10 days unwell, which is more or less within the annual entitlement for sick days under most industrial awards. In all, across the sample there was a whole-of-sample presenteeism rate (working 2 or more days when unwell over a 12-month period) of 66%. For comparison, a large scale all-of-population American study recently found the presenteeism rate to be 2.1% (Susser & Ziebarth, 2016).

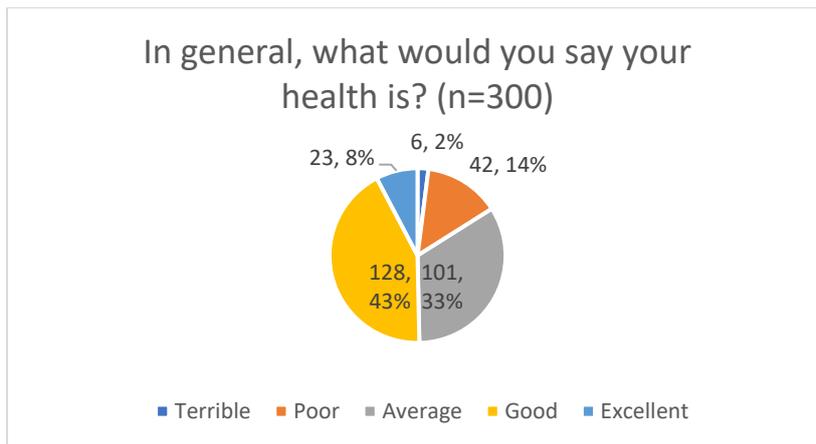
Table 9. Presenteeism (frequency)

How many days have you worked when unwell over the last 12 months? (n=205)	Count	%
1 day	8	3.90
2-5 days	95	46.35
6-10 days	53	25.85
11-15 days	29	14.15
16 or more days	20	9.75

4. Perception of health and habits

For further context of the respondent's mental health several questions related to the respondent's perception of their physical health, as well as several questions used to account for the habits which impact health. Self-rated health is a commonly used subjective health measure, which ranges from 1 to 5, where 1 represents highest level (Excellent) while 5 corresponds to the lowest (Terrible). The data in figure 10 indicates that 16% of the chef sample perceive their health to be poor or terrible with 51% of the sample reporting their health to be good to excellent.

Figure 10. Perception of health



Several questions examined the behaviours/habits that can impact health. The health habits examined included eating, exercise, and sleep. In relation to food consumption (see figure 11), only 31% percent of the respondents indicate eating breakfast every day, while 46% of the chefs reported eating breakfast less than 2 days with 21% indicating they never eat breakfast, which is generally a predictor of healthy and regular eating habits. A similar percentage (21%) of the chefs reported not doing any exercise at moderate or intensive physical exertion for 30 minutes or more, while 18% of the chefs reported doing such moderate or intensive physical exertion exercise daily (see figure 12). In relation to sleep (see table 10), on work evenings chefs reported sleeping an average of 6.4 hours which is below the recommended hours of sleep per night of 7 or more hours (Watson et al., 2015). Nearly 51% of the respondents also reported their sleep quality as being bad.

Figure 11. Frequency of eating breakfast

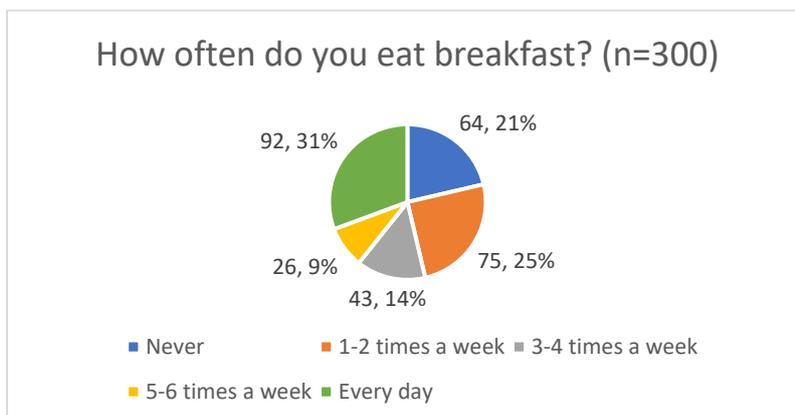


Figure 12. Frequency of exercise at moderate or intensive physical exertion

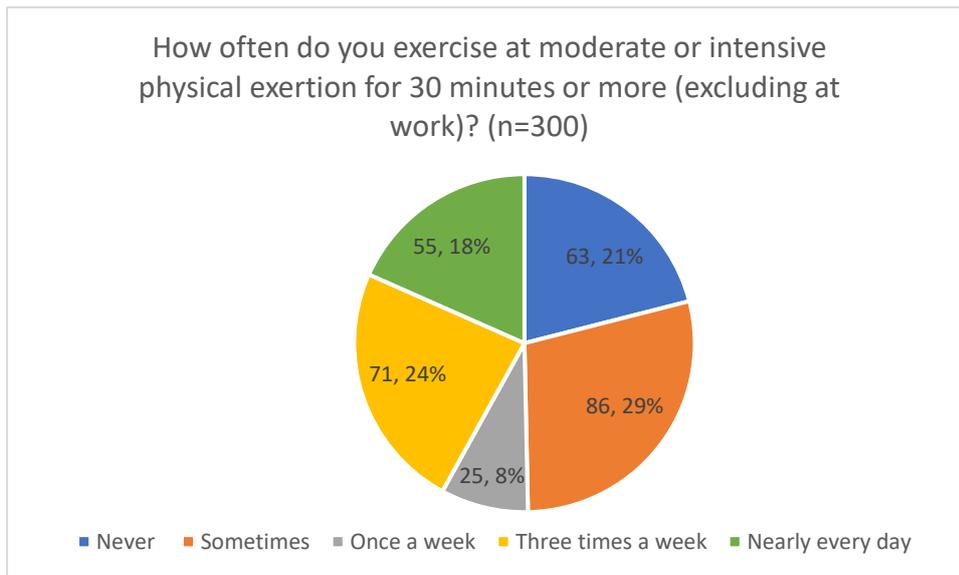


Table 10. Hours of sleep per night

How many hours of actual sleep do you usually get?	Hours
On a strait shift workday night (n=238)	6.56
on a split workday night (n=197)	6.23
On day(s) off (n=232)	8.10

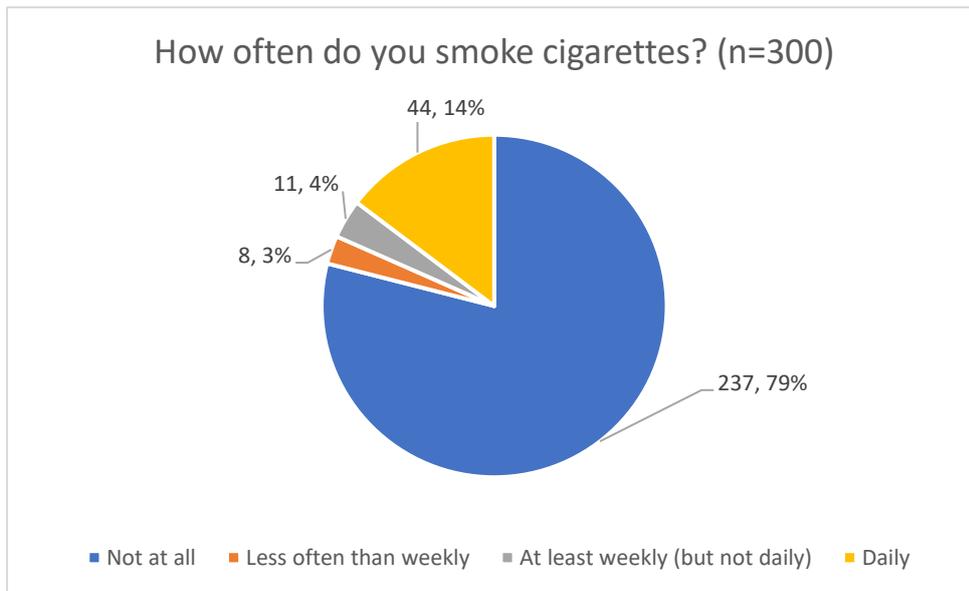
Table 11. Assessment of sleep quality

Considering trouble getting to sleep and/or trouble with waking, how would you rate your sleep quality? (n=295)	Count	%
Extremely bad	26	8.81%
Moderately bad	55	18.64%
Slightly bad	68	23.05%
Neither good nor bad	44	14.92%
Slightly good	26	8.81%
Moderately good	60	20.34%
Extremely good	16	5.42%

Smoking, alcohol consumption, and drug use

Key factors which can influence an individual's mental health are smoking, the consumption of alcohol, and the use of illicit drugs (World Health Organisation, 2022). Chefs indicated a rate of smoking of 18%, when combining the daily rate (14%) reported and at least weekly (4%) rate reported. This percentage is greater than that reported for the general populations of Australia (11.8%) (Wakefield et al., 2023) and New Zealand (8%) (Ministry of Health NZ, 2022). It is important to note that the rate reported in the survey does not include vaping.

Figure 13. Frequency of cigarette smoking



The alcohol consumption rates (see figure 14) of the chef respondents were generally in line with those reported for the general population of Australia with a few exceptions including 6.60% of the chefs noted drinking daily in comparison to the rate of 5% for the general populations (Australian Institute of Health & Welfare, 2020). Similarly, 18.06% of the chefs reported drinking 1-2 days a week which is a bit higher than the rate of 17% reported for the general population of Australia (Australian Institute of Health & Welfare, 2020). 14.93% of the chefs indicated consuming alcohol 3-4 days a week which is higher than the rate of 11% reported for the general population of Australia (Australian Institute of Health & Welfare, 2020). Finally, The Australian general population chose to abstain from alcohol at a much higher rate (23%) then that reported by the chef respondents (14.58%). In relation to the number of standard drinks consumed in a day when alcohol is drunk (see figure 15), 24% of the chefs reported consuming 5 or more standard drinks, a figure beyond the recommended amount of no more than 4 standards drinks per day (Department of Aged Care, 2020).

Figure 14. Frequency of alcohol consumption

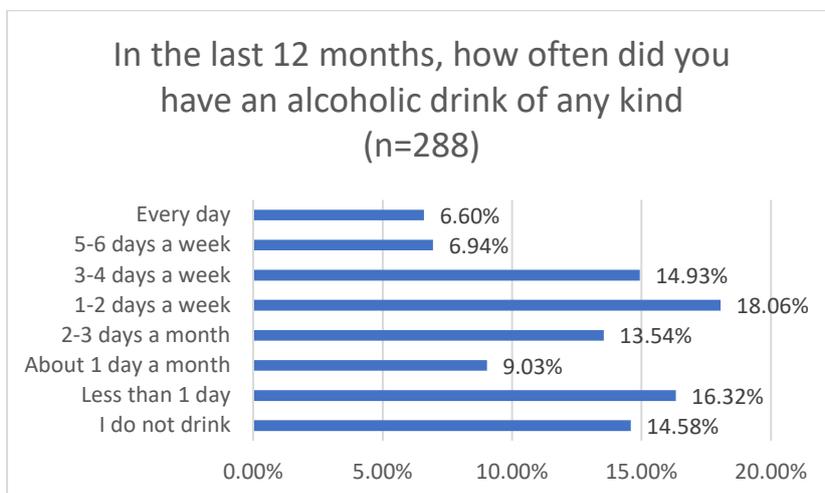
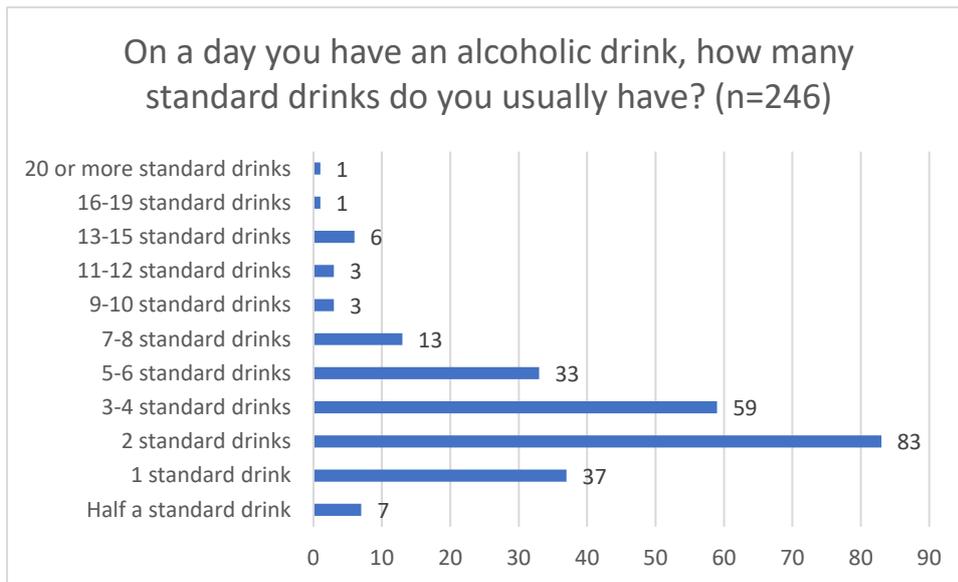


Figure 15. Standard drinks consumed



The use of cannabis by chefs for non-medical purposes was reported at rates (see figure 16) considerably lower than the general population of Australia. For example, 4.5% of chefs reported using cannabis everyday in comparison to the rate of 14% by the general population, while only 3% of the chefs reported using cannabis once a week in contrast to 23% of the general population (Australian Institute of Health & Welfare, 2020). In relation to the use of methamphetamine for non-medical purposes chefs reported a very low rate of usage (see figure 17). Similarly, the use of LSD, cocaine, heroin and ecstasy was generally low with the highest rate (7%) of usage reported to occur once or twice a year (see figure 18).

Figure 16. Use of cannabis

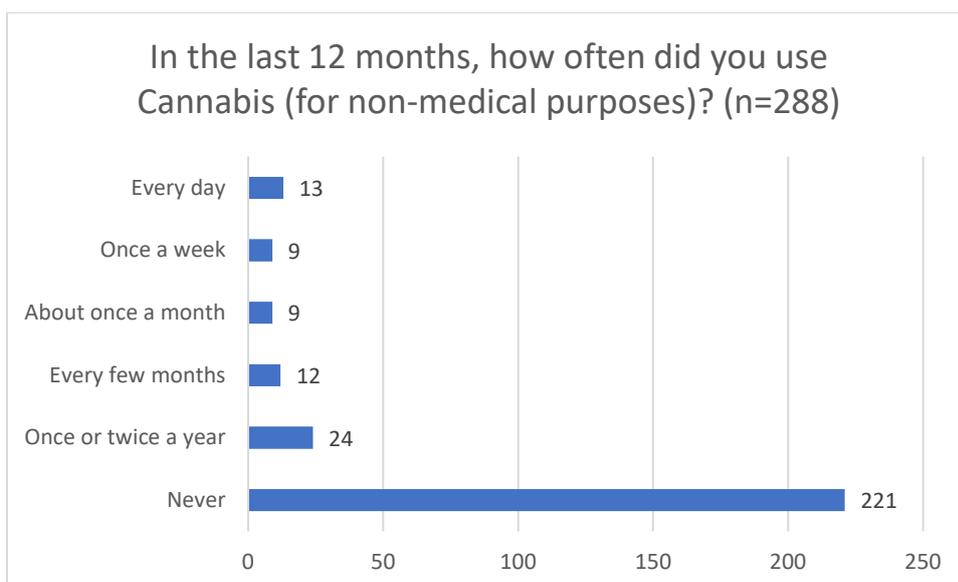


Figure 17. Use of methamphetamine

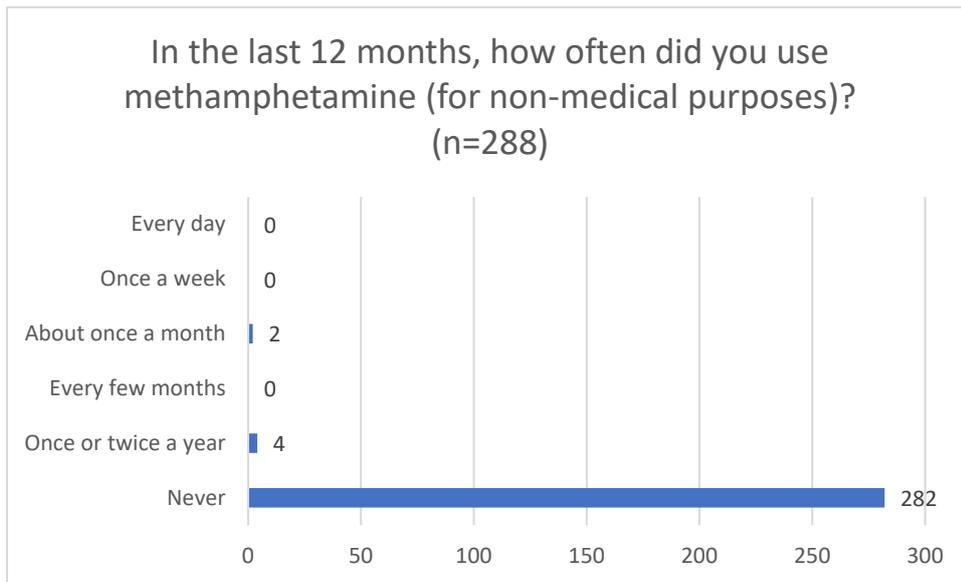
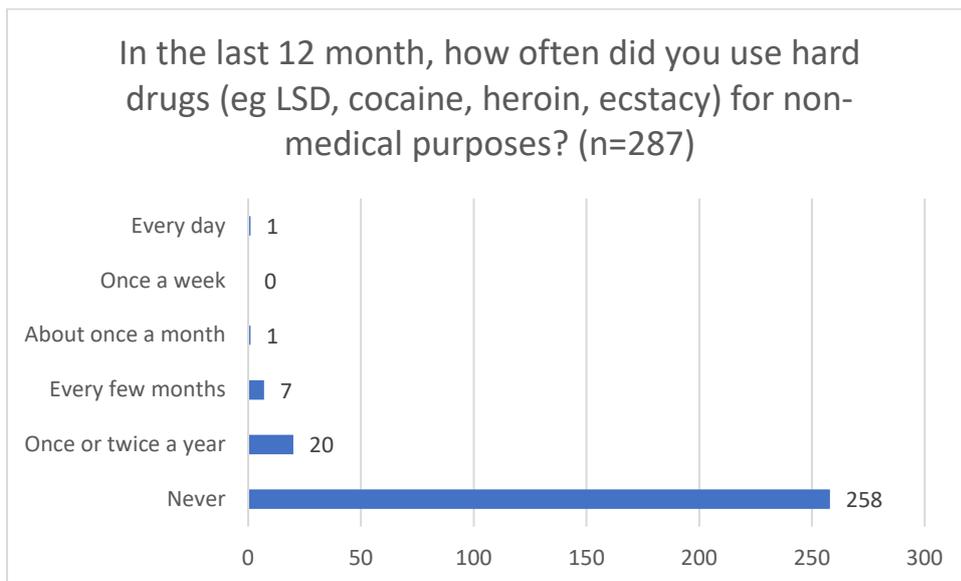


Figure 18. Use of hard drugs (LSD, cocaine, heroin ecstasy)



5. Psychological, social and work profiles

In the more complex aspect of the survey we operationalised a number of individual-level wellbeing, psychological, social (identification) and work context measures. Below we report and describe on these measures and selected correlations that showed significance.

Brief Resilience Scale

This tool assesses a respondents perceived ability to bounce back or recover from adversity. The mean of the sample falls within the lower band of normal resilience (Smith et al., 2008).

Brief Resilience Scale (n=299) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	4.573021
StDev	1.54186

Life satisfaction

This measure rates how satisfied respondents are overall, rather than how they might be feeling at a particular time. The mean of the sample falls within the normal band of satisfaction (Diener et al., 1985).

Life Satisfaction (n=299) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	4.274247492
StDev	1.702557299

Kessler Psychological Distress

This 10-item questionnaire is a global measure of distress based on questions about a persons' anxiety and depressive symptoms which they report experiencing over the past four weeks. The results show that the sample is "likely to have a mild mental disorder" (Kessler et al., 2002).

Kessler Psych Distress (n=260) Measure 1=none of time, 2= little of the time, 3=some of time, 4=Most of time, 5=all of time	
Mean	2.186923
StDev	1.14037

MHI-5

The Mental Health Inventory (5 item) (MHI-5) measure is a brief screen for general mental health, wellbeing, and mood disorders (Berwick et al., 1991). The results show that aggregating the responses, 12% of the sample are struggling with their mental health.

How much of the time, during the past month, have you been a happy person? (n=300)	Count	%
None of the time	6	2.00%
A little of the time	34	11.33%
Some of the time	57	19.00%
A good bit of the time	72	24.00%
Most of the time	118	39.33%
All of the time	13	4.33%

How much of the time, during the past month, have you felt calm and peaceful? (n=300)	Count	%
None of the time	7	2.33%
A little of the time	49	16.33%
Some of the time	71	23.67%
A good bit of the time	74	24.67%
Most of the time	90	30.00%
All of the time	9	3.00%

How much of the time, during the past month, have you been a very nervous person? (n=300)	Count	%
None of the time	80	26.67%
A little of the time	91	30.33%
Some of the time	56	18.67%
A good bit of the time	37	12.33%
Most of the time	30	10.00%
All of the time	6	2.00%

How much of the time, during the past month, have you felt downhearted & blue? (n=300)	Count	%
None of the time	82	27.33%
A little of the time	98	32.67%
Some of the time	55	18.33%
A good bit of the time	37	12.33%
Most of the time	23	7.67%
All of the time	5	1.67%

How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up? (n=300)	Count	%
None of the time	149	49.67%
A little of the time	81	27.00%
Some of the time	32	10.67%
A good bit of the time	23	7.67%
Most of the time	13	4.33%
All of the time	2	0.67%

Oldenburg Burnout Inventory

For burnout we used this well-used measure which defines burnout as “a syndrome of emotional exhaustion, cynicism or depersonalization, and reduced professional efficacy” (Halbesleben & Demerouti, 2005). The sample showed just below average levels of burnout.

Burnout (n=300) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	3.696042
StDev	1.825372

Perceived supervisor support

This instrument measures whether respondents feel their managers display care for them and value the work they do (Rhoades & Eisenberger, 2002). The responses show moderate levels of support overall.

Received Supervisor Support (n=260) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	4.889423
StDev	1.779229

Counterproductive behaviour

Counterproductive (work) behaviours refer to voluntary employee behaviours that harm the organization, for example absenteeism, theft or sabotage (Fox et al., 2012). While the score for the sample is low, a significant proportion of the respondents engage in counterproductive behaviours at least once or twice.

Counter Productive Behaviour (n=260) 1= Never,2= Once or twice, 3= Once or twice/month, 4= Once or twice/week, 5=Everyday	
Mean	1.428846
StDev	0.760778

Organisational citizenship behavior (Organisation)

Organisation Cit Behaviour (Org) (n=299) 1= Never,2= Sometimes, 3= About half the time, 4= Most of the time, 5=Always	
Mean	3.867838
StDev	1.261706

This measure is the opposite to counterproductive (work) behaviours, describes a wide range of individual actions that go beyond assigned job roles, often benefitting organizational effectiveness (Organ, 1988). The sample reports moderate levels of these pro-organisational behaviours.



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Team Identification

In the study we measured to levels of social identification, which emerged from social identity theory (Hogg, 2016), which assesses the level of psychological connection a person has with a group. In the workplace social identity is normally with the immediate and lowest level group. Our results showed this to be consistent as the two tables below show. Nonetheless, this did come as something of a surprise as we had expected the occupational culture and community of chefs would have been comparably strong.

Team ID (n=300) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	5.387584
StDev	1.520259

Occupational Identification

Occupational ID (N=300) Measure 1= Strongly disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree nor disagree, 5=Somewhat agree, 6=Agree, 7=Strongly agree	
Mean	4.886287625
StDev	1.649431961

Further to reporting these individual mean scores for the sample, we conducted a series of correlations to determine whether wellbeing, workplace, organisational intersected in meaningful ways. Some notable correlations between organisational and individual measures included significant positive relationships (<0.05) between perceived supervisory support and life satisfaction (.426**), mental health (MHI-5) (.415**) and consistently a negative relationship with psychological distress (-.396**). Turnover intent was also low when perceived supervisory support was high (-.512**). These all underscore the importance of positive management at the team level. Team identification was also significantly and positively related to organizational citizenship (.504**), suggesting there may be a pathway between positive supervision, individual wellbeing and extra-

role organisational behaviours. On the other hand, counterproductive (work) behaviours were positively related to with burnout (.356**), suggesting that if organisations can prevent straining the wellbeing of employees then fewer costly behaviours harming the organization will result.

6. Financial hardship

Across the measures of financial hardship, the data reveals that on average 15%-20% of chefs report having difficulty meeting certain financial obligations over the past year due to being short of money. For example, 19% of chefs reported not being able to pay their electricity, gas or telephone bills over the last year (see figure 19), while a similar percentage (19%) indicated an inability to pay their mortgage or rent on time over the last year (see figure 20). Also 15% of the chefs reported pawning or selling something over the last year due to being short of money (see figure 21). Interestingly, amongst respondents whose profession is preparing food items, 23% of the chefs reported going without meals over the last year due to being short of money (see figure 22). Finally, 24% of chefs noted having to rely on the generosity of family or friends over the last year to meet their financial obligations (see figure 24).

Figure 19. Difficulty paying electricity, gas, or telephone bill

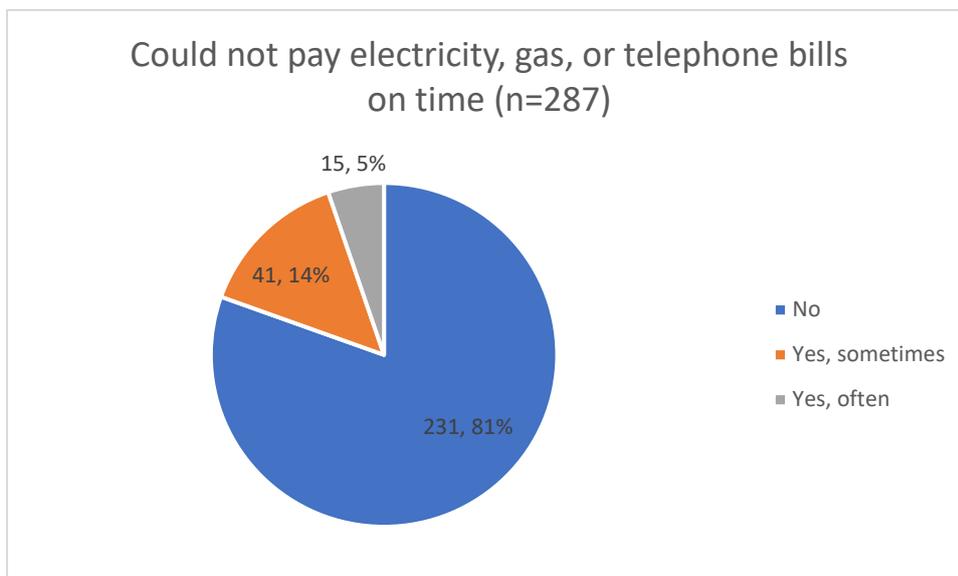


Figure 20. Difficulty paying mortgage or rent on time

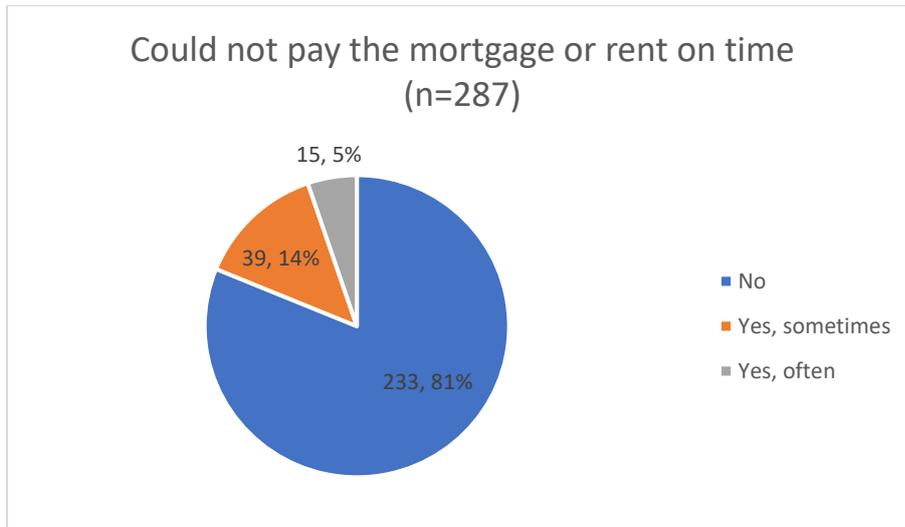


Figure 21. Had to pawn or sold something

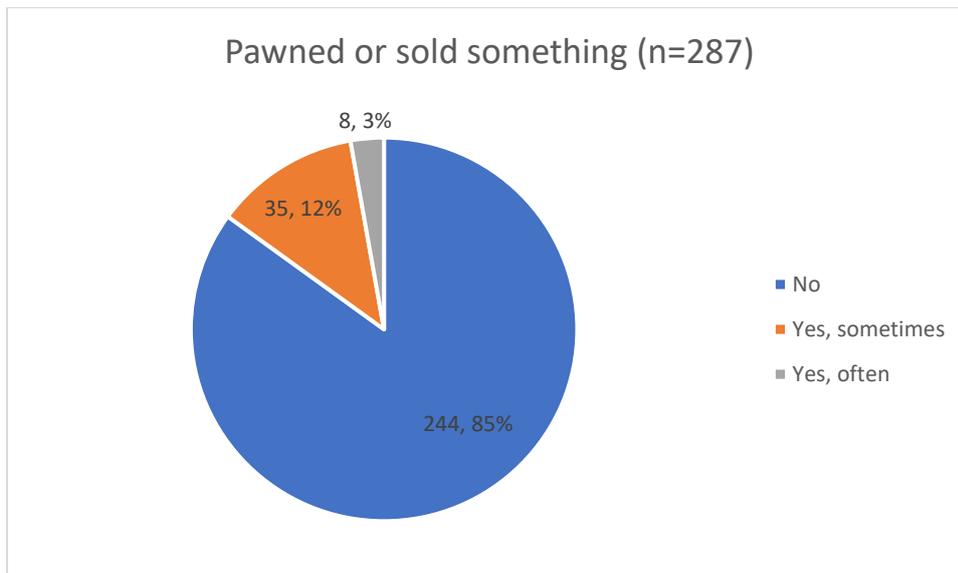


Figure 22. Went without meals

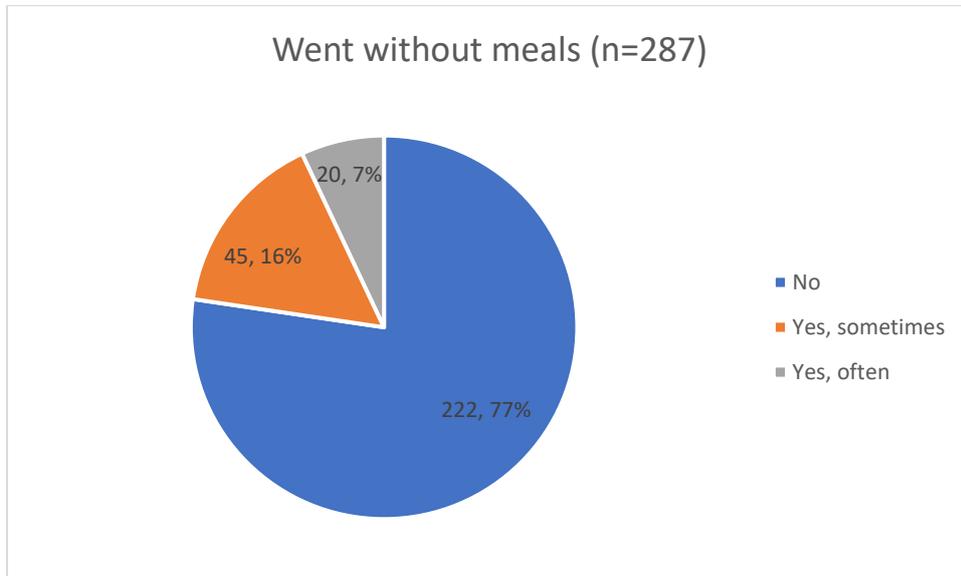


Figure 23. Unable to heat/cool home

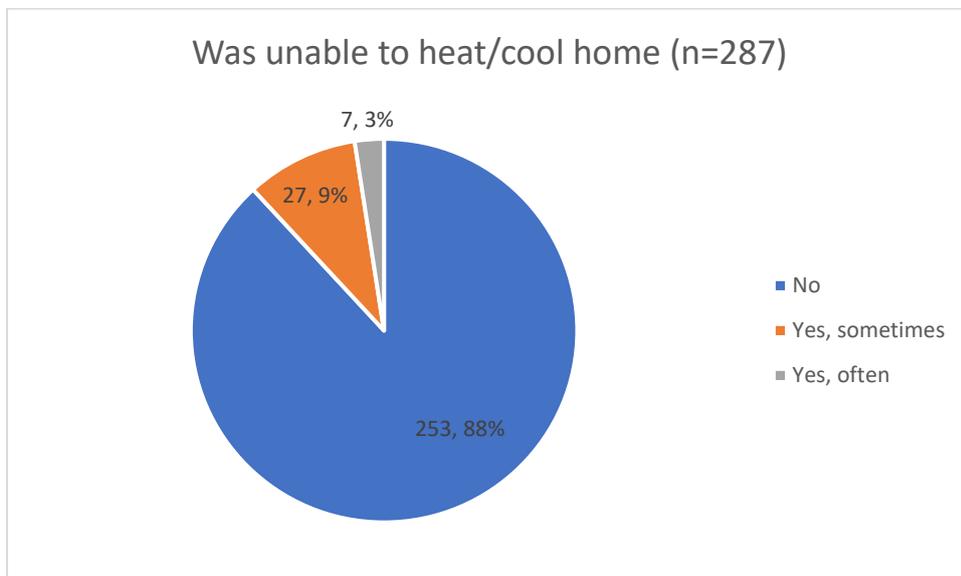


Figure 24. Asked for financial help from friends or family

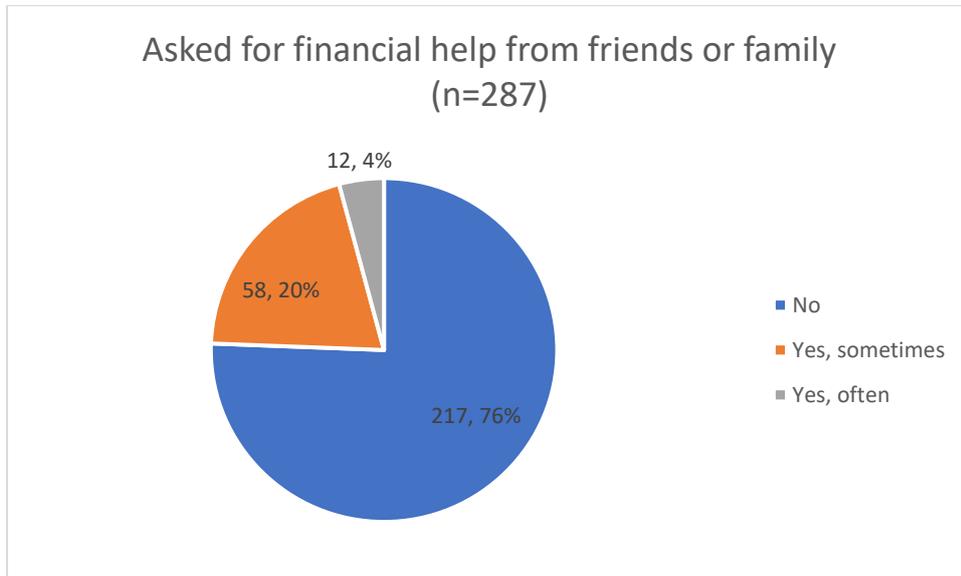
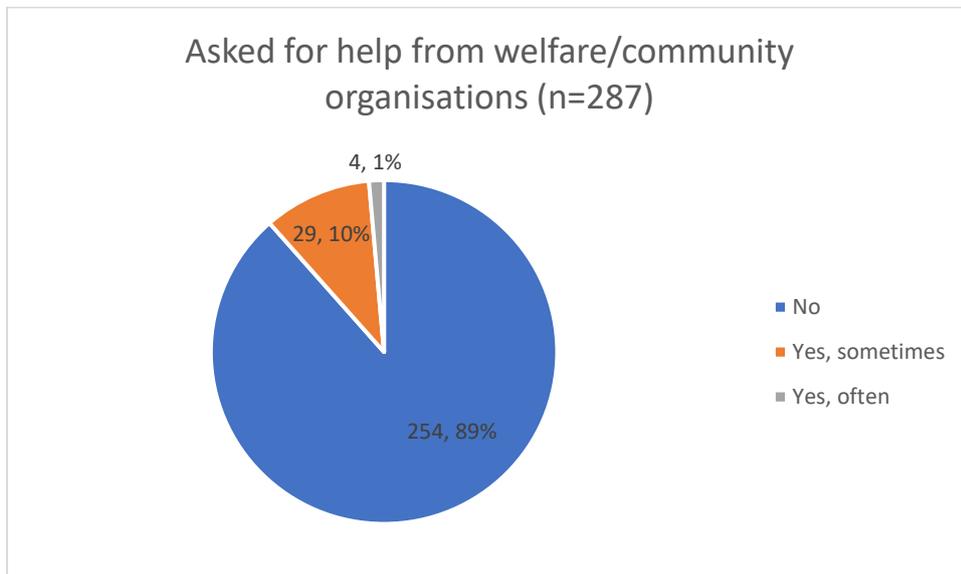


Figure 23. Asked for help from welfare/community organisations

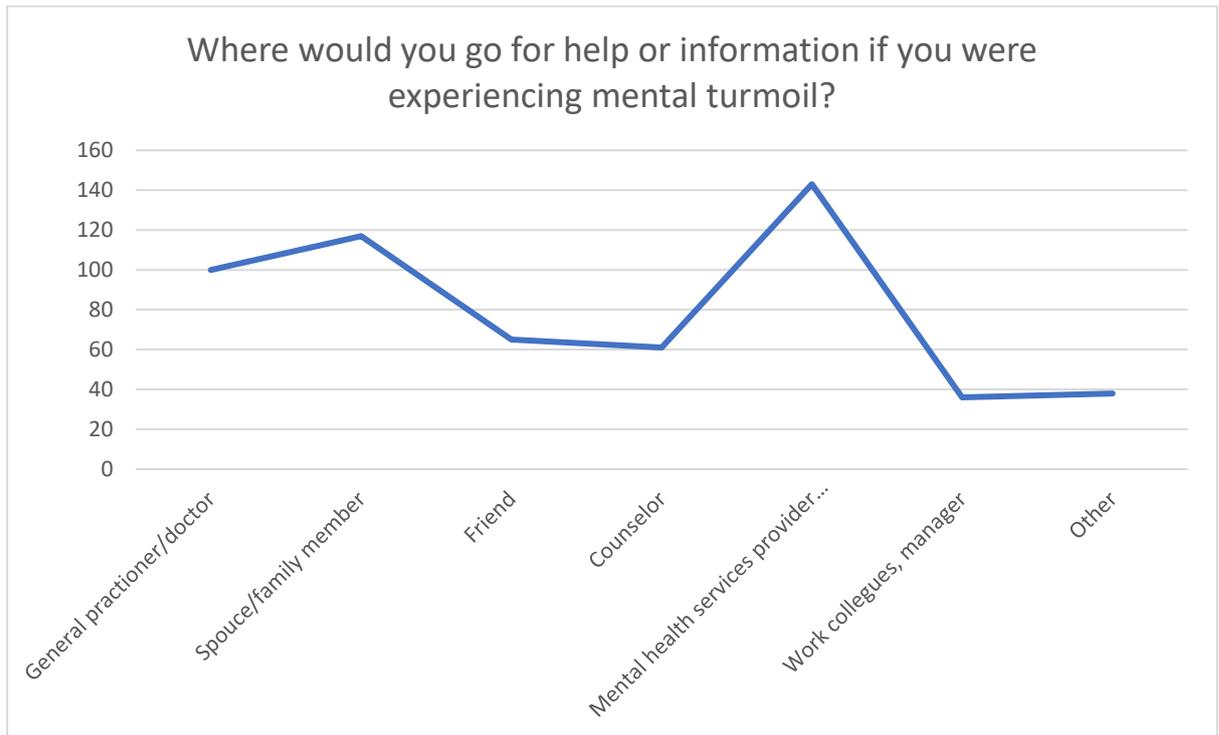


In a final correlation we found that financial hardship had a significant ($p < 0.05$) negative ($-.117^{**}$) relationship with organizational citizenship behaviour – that is chefs experiencing financial hardship were less likely to engaged in voluntary pro-organisational actions.

7. Sources of Support

The data shows that the place the most frequently noted location that chefs would go to for help or information if they were experiencing mental turmoil was a mental health service provider such as Lifeline, RU OK?, 1737-Need to talk? (26%) followed by a spouse or family member (21%) with the least likely location being a work colleague or manager (6%) (see figure 24).

Figure 24. Sources of help or information when experiencing mental turmoil





8. Awareness and use of resources

The following tables detail data on both a) levels of awareness and b) actual usage of a range of the most well-known support services for people experiencing wellbeing challenges. There are high levels of awareness of a range of services, like BeyondBlue and Lifeline which advertise heavily. Interestingly, RU OK? has the highest recognition in Australia, likely because the Australian Culinary Institute has partnered with the organization for several years in an annual event, and RU OK? produced a bespoke Hospitality Mateship Manual. A specialist chef source of support, White Jacket Effect, had the lowest recall. Similarly, in New Zealand / Aotearoa Lifeline and Youthline had the strongest recognition.

Otherwise, what is clearly apparent from these data is that these services are not well utilised. Relative to the published findings on the risks to chefs' wellbeing, their proclivity to suicide and as found in this study poor lifestyle and health choices generally, engagement with services seems low.

Australian Organisations

Suicide Call Back Service

I am aware	42.92%
I have used	0.47%

MensLine Australia

I am aware	33.96%
I have used	0.03%

1800RESPECT

I am aware	29.25%
I have used	1.42%

Beyond Blue

I am aware	63.68%
I have used	8.02%

Kids Helpline

I am aware	51.42%
I have used	4.25%

Headspace

I am aware	51.42%
I have used	8.49%

Qlife

I am aware	13.21%
I have used	0.94%

Lifeline

I am aware	57.08%
I have used	5.19%

Black Dog Institute

I am aware	43.40%
I have used	3.77%

R U OK?

I am aware	68.87%
I have used	3.77%

Australian Culinary Federation-Wellbeing

I am aware	38.68%
I have used	2.83%

Hospitality Industry COVID-19 Support

I am aware	34.91%
I have used	4.72%

The White Jacket Effect

I am aware	24.53%
I have used	1.89%

Suicide Call Back Service

I am aware	42.92%
I have used	0.47%

MensLine Australia

I am aware	33.96%
I have used	0.03%

1800RESPECT

I am aware	29.25%
I have used	1.42%

Awareness and use of resources- New Zealand / Aotearoa Organisations

1737, Need to talk?

I am aware	31.08%
I have used	6.76%

Lifeline 0800 534 354

I am aware	47.30%
I have used	2.70%

Youthline 0800 376 633

I am aware	43.24%
I have used	5.41%

Samaritans 0800 726 666

I am aware	28.38%
I have used	1.35%

Suicide Crisis Helpline 0508 828 865

I am aware	37.84%
I have used	5.41%

Anxiety New Zealand 0800269 4389

I am aware	17.57%
I have used	4.05%

Asian Helpline 0800862342

I am aware	9.46%
I have used	1.35%

thelowdown.co.nz free text5626

I am aware	18.92%
I have used	1.35%

Supporting Families in Mental Illness 0800 732
825

I am aware	12.16%
I have used	1.35%

Conclusions

This study set out to explore, and quantify, aspects of chefs and cooks mental health and wellbeing. Wellbeing is a holistic concept of which psychological, emotional, and spiritual wellbeing is an important component, but that physical, environmental, financial, social and workplace wellbeing are reciprocally impacted upon. The findings of this study certainly show some consistent trends in terms of the mental health and wellbeing of culinarians regarding the multi-dimensional nature of wellbeing and its intersection with the occupational experiences and realities of professional kitchen work. The study also signals that there is potential to increase awareness and more critically, usage of a range of already existing sources of support. We are delighted to present this report as a starting place for further conversations, having empirically provided a baseline according to a range of measures.



The authors will continue to explore the data collected in this study to explore inferential associations which might pinpoint more specific and scientific cause and effect relationships. Given the vital importance of chefs and cooks to the wellbeing, leisure, and social life of the general community, it is imperative that their own livelihoods, lifestyle and wellbeing are protected and prioritised.

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