

POTS and PANdemic: Chef wellbeing amidst COVID-19

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As most developed nations emerge from the COVID-19 pandemic period, amid exceptionally high hospitality labour shortages, it is timely and important to understand the state of chefs and cooks' mental health and wellbeing (MH&W) and individual and organisational outcomes of the pandemic. A survey (pending publication) by this article's authors, of Australasian chefs during late-2021/early-2022, aimed to provide insights into these two interlinked factors.

Chefs' working conditions have been closely examined for many decades, yet only a few studies have considered their MH&W [1]. Nonetheless, there are indications in the literature that chefs can be vulnerable to harm due to negative workplace experiences, for example, by working in fear [2], enduring wage theft [3], and participating in habitual drug and alcohol abuse [4]. An unsettling piece of Australian research revealed that chefs are significantly more likely to commit suicide than are those in the general population [5], highlighting serious risks if their working conditions, and consequential triggers for harm, continue to be neglected by industry and policy makers.

Administered amid COVID conditions in late 2021 and early 2022, the survey yielded 260 usable responses from chefs in Australia, New Zealand, and Pacifica nations. The sample's mean age was 40 and comprised 69% men. The average occupational tenure was over 21 years, and 42% were not working in their home country. Surprisingly, given the skills and labour shortages, 15% of the sample were not working at all. A third were contingently employed, with the mean of their weekly hours at 48, and nearly 25% reported having no work breaks on shift. Disturbingly, given the health and safety protocols around COVID-19, 75% of the sample reported working while ill, on average, for nearly nine days per year.

In terms of drug and alcohol abuse, over 15% of the sample consumed alcohol five or more days weekly, with nearly 10% consuming hard drugs (e.g., "LSD, cocaine, heroin and/or ecstasy"). In terms of MH&W, the sample reported* high levels of physical exhaustion (e.g., "tired before starting work," "exhausted at work," and mental fatigue (e.g., "emotionally drained" and "becoming disconnected"). Workplace consequences included counterproductive workplace behaviours such as deviance [6] with a mean of 1.43**. Inferentially, psychological distress was positively and significantly

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related to dysfunctional workplace behaviour, burnout, and turnover intention.

The findings reveal disturbing implications for industry and policy makers. Working conditions for chefs appear to be deteriorating. Paradoxically, despite the highly publicised chef shortage [7], the evidence suggests that many chefs are hourly paid insecure workers, and are over-worked, yet regularly continue working when sick. Unsurprisingly, their poor working conditions have negative MH&W consequences for employers and chefs themselves, with negative organisational and individual occupational outcomes such as occupational attrition, which exacerbates skills shortages [8]. The rhetoric suggesting that COVID-19 would herald a reset of previous unsustainable workforce practices [9], based on this study's findings, appears to be a false dawn. A concerted, multi-pronged, and genuine approach involving myriad stakeholders, inter alia policy makers, educators, peak industry bodies, industry, chefs, and even customers, will be required to arrest the trends identified in the study, and develop a sustainable workforce [see 10]. Critically, an immediate response is recommended to ensure frontline MH&W resources are made available and widely promoted to chefs to help protect their wellbeing. (See help pages at Mental Health Australia and Mental Health New Zealand, and the RUOK? Hospitality "Mateship Manual").

* on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*)

** on a 5-point Likert scale (1 = *never*, 2 = *once or twice* etc.)

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