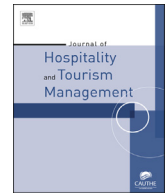




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Trainee chefs' experiences of alcohol, tobacco and drug use



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ABSTRACT

Trainee chefs beginning work for the first time are vulnerable to risky levels of alcohol and other drug (AOD) use. The present study explores the nature and extent of AOD use among this population, drivers of use, and correspondence with the stress, availability, social norms, and culture theories of employee substance use. Nine focus groups were conducted with trainee chefs from two Technical and Further Education (TAFE) colleges in New South Wales. Trainees' experiences of working in commercial cookery, working conditions, and AOD use were explored, and themes identified. Participants ($N = 69$) reported high levels of alcohol, illicit drug and tobacco use, but perceived this to be due to personal rather than work-related factors. Despite this, responses indicated that workplace factors did play a substantial role. In particular, work stress, social norms, and AOD accessibility contributed to a workplace culture that facilitated substance use. Results suggest that young chefs are heavily influenced by workplace norms regarding AOD use but seem to be largely unaware of the relationship between working conditions and alcohol and drug use. Interventions are required to raise trainees' awareness of this relationship, and to build their capacity to respond appropriately. Implications for prevention strategies are discussed.

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1. Introduction

The workplace environment can be an important determinant of the physical and psychological wellbeing of employees (Bambra & Eikemo, 2009; Benavides, Benach, Diez-Roux, & Roman, 2000; Briner, 2000). Regular, meaningful and appropriate employment can provide numerous benefits to workers (Waddell & Burton, 2006). However, certain working conditions and work-related factors can lead to substantial adverse outcomes, including an increased risk of alcohol and other drug (AOD) use (Allsop & Pidd, 2001; Frone, 2013; Pidd & Roche, 2008).

Employee alcohol and drug use can have significant implications for workplaces and businesses. In Australia, lost productivity associated with alcohol and drug related illnesses, accidents, injuries and absenteeism has been estimated to cost businesses almost \$11 billion per year (Collins & Lapsley, 2008). In order to reduce such costs, and to promote a safe and healthy working environment, a better understanding of workers' experiences of AOD use is required.

Previous research has identified that hospitality employees and young workers have a substantially higher prevalence of alcohol

and drug use compared to other occupational groups (e.g., Berry, Pidd, Roche, & Harrison, 2007; Frone, 2006a, 2006b; Pidd, Roche, & Buisman-Pijlman, 2011; Pidd, Roche, Fischer, & McCarthy, 2014; Roche, Pidd, Bywood, & Freeman, 2008). These populations may have a unique perspective regarding AOD use and factors which may facilitate or perpetuate consumption. However, qualitative research which examines these issues is relatively scarce.

The current study therefore sought to extend previous research by exploring the nature and extent of AOD use among young workers employed in hospitality; specifically, trainee chefs. It further aimed to elucidate trainees' motivations for AOD use, and to inform strategies to prevent or minimise AOD use and related harms.

2. Literature review

2.1. Alcohol and drug use in hospitality

Australian research has found that hospitality employees have significantly higher rates of risky alcohol and illicit drug use compared to other industries (Berry et al., 2007; Roche et al., 2008). Australian hospitality employees are up to 3.5 times more likely than other workers to use alcohol or drugs at work or to attend work under the influence of alcohol or drugs (Pidd et al., 2011). These levels of elevated use remain even after controlling for demographic differences such as age and gender.

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International research similarly indicates that hospitality employees have elevated alcohol and drug prevalence rates. Frone (2006a, 2006b) found that, after controlling for demographic factors, US food service workers were 2.8 times more likely than other workers to use illicit drugs, 6.3 times more likely to use illicit drugs at work, and 3.8 times more likely to drink alcohol during the work day. Other international studies have also identified high AOD prevalence rates among hospitality employees (Belhassen & Shani, 2012, 2013; Kjaerheim, Mykletun, Aasland, Haldorsen, & Andersen, 1995; Moore, Cunradi, Duke, & Ames, 2009; Pizam, 2012; Zhang & Snizek, 2003).

This research additionally indicates that patterns of AOD use can differ among hospitality occupations, with particularly high rates among food service employees (e.g. cooks and kitchen staff) (Belhassen & Shani, 2012; Duke, Ames, Moore, & Cunradi, 2013; Pizam, 2012). However, previous work in this area has typically drawn samples from a wide variety of occupations (e.g. waiters, bartenders, cooks) with different working conditions and environments, making generalisation to specific job roles problematic.

2.2. Young workers

Young new recruits to food service occupations may be especially vulnerable to risky AOD use. Research indicates that paid employment is positively associated with increased adolescent alcohol and drug use (Breslen & Adlaf, 2005; Johnson, 2004), and that workers under the age of 25 are more likely than older workers to drink at risky levels and use illicit drugs (Berry et al., 2007; Pidd, Shtangay, & Roche, 2008a, 2008b; Roche et al., 2008). Young employees are also more likely to report alcohol-related absenteeism (Roche, Pidd, Berry, & Harrison, 2008) and to use alcohol or drugs at work (Pidd et al., 2011).

Young workers employed in occupational groups with already high substance use rates, such as food service, may therefore be at particular risk. Despite this, little is known about young food service workers' perceptions and experiences of AOD use. One of the few studies undertaken with this population indicated that the prevalence of problem alcohol use among young US food service workers was high and varied according to job category (Moore et al., 2009). Recent Australian research similarly indicated that the prevalence of harmful AOD use among trainee chefs appears substantially higher than rates for the general population of the same age (Pidd et al., 2014). However, this research provides little information about potential drivers of, or contextual factors associated with, the observed high rates of substance use. In order to develop evidence-based strategies and promote a healthy and safe introduction to working life, it is important to explore workers' motivations for, and experiences of, AOD use.

2.3. Theories of employee alcohol and drug use

Employee alcohol and drug use is typically viewed as arising from either external or internal causes. The former perspective assumes the causes of employee alcohol and drug use to be external to the work environment, such as biological, psychological or social predispositions towards AOD use (Frone, 2003). By contrast, the internal perspective views employee alcohol and drug use as at least partially stemming from the work environment itself (Frone, 2003).

The internal perspective of employee AOD use in turn encompasses several theoretical approaches, including 'stress' (Frone, 1999), 'availability' (Ames & Grube, 1999), and 'social norms' (Ames & Janes, 1992). All three approaches have received support in the literature (e.g., Ames, Duke, Moore, & Cunradi, 2009; Ames, Grube, & Moore, 2000; Frone, 2003; Heikkila et al., 2012;

Hodgins, Williams, & Munro, 2009). More detail on these three theories is provided below, including how they may be applied to food service and specifically commercial cookery.

The stress theory posits that individuals use alcohol or drugs to deal with physically and/or psychosocially stressful environments (Frone, 1999, 2003). Commercial kitchens are well known to involve challenging workplace conditions (Pratten, 2003; Pratten & O'Leary, 2007). Heat, noise, fast paced work, long irregular hours, excessive workloads, low pay, and repetitive, unchallenging work are commonplace (Johns & Menzel, 1999; Murray-Gibbons & Gibbons, 2007; Robinson & Barron, 2007). Commercial cookery employees also frequently report high levels of workplace violence, bullying and sexual harassment (Bloisi & Hoel, 2008; Murray-Gibbons & Gibbons, 2007; Poulston, 2008; Roche, Pidd, & Kostadinov, 2014). Chefs may thus engage in AOD use in an attempt to reduce tension or strain resulting from these factors (Murray-Gibbons & Gibbons, 2007).

Work stressors that are evident in commercial kitchens may be particularly important predictors of AOD use among younger employees. Research suggests that young workers may be more susceptible to work stress in general (Reichert & Pihet, 2000), with bullying/victimisation an independent predictor of young people's alcohol use (Rospenda, Richman, Wolff, & Burke, 2013). Within commercial kitchens, younger workers are also more likely to be subjected to workplace bullying (Alexander, MacLaren, O'Gorman, & Taheri, 2012). However, reviews of research examining work stress and AOD use generally indicate only a weak relationship (Heikkila et al., 2012; Siegrist & Rodell, 2006). This may be due to narrow definitions of work stress (e.g., work load, job control) and a focus on overall alcohol consumption rather than other drug and context specific use (Frone, 2003, 2008).

In contrast to the stress theory, the availability approach proposes that factors within the workplace environment may restrict or enhance alcohol and drug availability and thus influence consumption. Availability relates to the ease with which alcohol or drugs can be obtained and consumed (Ames & Grube, 1999). Greater availability is associated with higher rates of employee alcohol and drug use (Trinkoff, Storr, & Wall, 1999). For example, allowing food service employees to be served alcohol at work (Kjaerheim et al., 1995), and the receipt of tips (resulting in an on-hand cash supply) (Zhu, Tews, Stafford, & George, 2011) can increase availability and subsequent AOD use. This theory is relevant to trainee chefs because many are employed in workplaces that store and sell alcohol, or are located in central entertainment districts where alcohol or drugs may be obtained with relative ease.

According to social norms theory, employees develop assumptions regarding acceptable levels of substance use based on unwritten rules which reflect collectively agreed-upon behaviours, attitudes and beliefs (Zhu et al., 2011). Individual alcohol and drug use behaviours are then modified to be consistent with these assumptions. From this perspective the degree of normative support for AOD use within a workplace or working group influences employees' consumption patterns (Ames & Janes, 1992). In support of this perspective, research has found that perceived co-worker norms for alcohol use are a strong predictor of heavy drinking among food service workers (Duke et al., 2013; Kjaerheim et al., 1995), as well as workers employed in other industries (Ames et al., 2000; Bacharach, Bamberger, & Sonnenstuhl, 2002).

Expanding on these theories, Ames and Janes (1992) propose that work-related risk factors for AOD use are best understood in terms of workplace culture that either supports or inhibits use. While also influenced by wider social, organisational and occupational cultures, the workplace can operate as distinct cultural environment that maintains norms, practices and beliefs concerning AOD use. Ames and Janes (1992) suggest that four cultural

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