Iran J Public Health, Vol. 54, No.12, Dec 2025, pp.2724-2734

Original Article

Evaluation of the Relationship between Occupational Burnout and Food Disgust in Professional Chefs

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(Received 14 Jun 2025; accepted 20 Sep 2025)

Abstract

Background: We aimed to examine the association between occupational burnout and food disgust among professional chefs working in restaurants, hotels, and catering services in Turkey.

Methods: This cross-sectional study was conducted between December 1, 2024, and April 1, 2025, using a convenience sampling method. Participants included 279 professional chefs working in restaurants, hotels, and catering services across Turkey, as well as those presenting to outpatient clinics affiliated with our institution. Eligible participants were aged 18 years or older, had at least one year of professional culinary experience, and were currently employed in a food service setting.

Results: The average burnout score was 3.88 ± 1.69, measured on a 7-point scale (1 = no burnout, 7 = severe burnout). The mean food disgust score was 119.9 ± 45.54 on a 32–192 scale, with higher scores indicating greater food disgust sensitivity. Participants with critical burnout reported significantly elevated food disgust compared to those in lower burnout categories (P=0.001). Robust regression confirmed burnout as an independent predictor of food disgust (β=4.263, P=0.008), whereas demographic and occupational variables were not significantly associated with either outcome.

Conclusion: This study provides evidence of an association between occupational burnout and food disgust among professional chefs. However, due to the cross-sectional design, no causal inferences can be made. Findings should therefore be interpreted with caution, and future longitudinal studies are needed to clarify temporal relationships.

Keywords: Occupational burnout; Food disgust; Culinary professionals; Mental health; Workplace stress

Introduction

The culinary profession requires not only technical expertise and creativity but also the capacity to perform under intense pressure. Professional chefs often face long and irregular working hours, high job demands, and physically demanding environments. Such conditions make chefs particularly vulnerable to occupational burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Burnout negatively affects well-being, job satisfaction, and professional performance, and its prevalence among chefs has been increasingly recognized as a serious occupational health issue (1–3).

Beyond burnout, chefs may also experience food disgust, a psychological reaction of aversion to-

DOI: https://doi.org/10.18502/ijph.v54i12.20824

ward certain foods or food-related stimuli. While food disgust has an adaptive evolutionary role in protecting individuals from potentially harmful substances, repeated exposure to diverse ingredients in professional kitchens may heighten this sensitivity. As a result, chefs can develop difficulties in handling particular foods, which may impair their effectiveness in culinary tasks. Previous research has shown that psychological states such as stress or fatigue can alter food perception and intensify aversive reactions (4,5).

The connection between occupational burnout and food disgust remains underexplored, particularly in the culinary profession. Burnout may exacerbate negative emotional and sensory responses, thereby increasing food disgust and sensitivity. Conversely, heightened disgust reactions could further reduce motivation and efficiency, creating a vicious cycle that undermines both well-being and job performance. Despite these potential interactions, studies investigating the link between burnout and food disgust in chefs are scarce (6).

This study therefore aimed to examine the association between occupational burnout and food disgust among professional chefs. Understanding this relationship is crucial for developing effective interventions, such as stress management and workplace mental health programs, to enhance both job satisfaction and culinary performance in this high-stress occupational group.

Materials and Methods

We employed a cross-sectional design to examine the relationship between occupational burnout and food disgust among professional chefs. Data were gathered through face-to-face questionnaires administered to chefs working in various food service establishments, including restaurants, hotels, and catering companies in Turkey.

The Hacettepe University Health Sciences Research Ethics Committee (Research number: SBA 24/1049; Meeting date 22.10.2024, Number of sessions: 2024/18, Number of decisions: 2024/18-34) approved the study, and informed consent was obtained from all participants before data collection.

The study was conducted between December 1, 2024, and April 1, 2025. Eligibility criteria required participants to be 18 years or older, to have at least one year of professional culinary experience, and to be currently employed in a food service establishment. Individuals were excluded if they were undergoing treatment for psychiatric disorders, were pregnant or breastfeeding, had serious medical conditions, or declined to provide informed consent.

Participants were recruited using a convenience sampling method. Professional chefs were invited to take part on a voluntary basis from restaurants, hotels, and catering establishments, as well as among those presenting to outpatient clinics affiliated with our institution. This approach was adopted to ensure sufficient access to the target professional group, who are otherwise difficult to reach due to intensive working schedules. The study population was professional chefs aged 18 years and older with at least one year's experience in the culinary industry. For purposes of reliability, only chefs in full-service restaurants, hotels, or similar establishments were sampled.

Sample size was determined based on feasibility, as the total number of eligible chefs in the recruitment period could not be estimated in advance. A total of 279 participants were successfully recruited, which exceeds the minimum recommended size ($n \approx 200$) for robust regression models with multiple predictors, ensuring adequate statistical power.

Participants were eligible if they were 18 years or older, had at least one year of professional experience as a chef, and were currently employed in a food service setting. Fluency in Turkish and voluntary, informed consent were also required. Individuals were excluded if they had less than one year of culinary experience, were undergoing treatment for psychiatric disorders, were pregnant or breastfeeding, had serious medical conditions, or declined to give informed consent.

Participation recruitment in this research was not free of challenges, mainly because chefs work long and irregular working hours and are there-

fore not a population easily reached for scholarly research. The research, however, still managed to secure enough participants to ensure the validity of the findings. Recruitment was carried out according to the ethics committee approval, and participation was completely voluntary. No incentives were provided, and written informed consent was obtained from all the participants prior to data collection. Mentioning this information helps to explain the practical difficulties encountered in the field and the study's methodological approach is made more transparent.

A three-section structured survey was used to collect data. The survey was 20-25 minutes to complete and comprised demographic information, a test for burnout, and a food disgust survey.

The first section collected demographic data, including age, gender, marital status, education, number of years of experience in the profession, hours of work, and health-related issues such as smoking and drinking habits.

Burnout severity was measured through the Short Form of the Burnout Scale developed by Pines and translated into Turkish with good psychometric properties (7). It is a 10-item self-reporting tool with 7-point Likert items ranging from 1 (Never) to 7 (Always). The items are summed up for the total score, and higher numbers indicate greater severity of burnout. Reliability analysis throughout the current sample study yielded Cronbach's alpha coefficient of 0.917, which validated internal consistency.

Burnout levels were categorized as follows: ≤2.4: Very low burnout; 2.5–3.4: Risk of burnout; 3.5–4.4: Moderate burnout; 4.5–5.4: Severe burnout; ≥5.5: Critical burnout requiring professional intervention (8).

Food disgust was evaluated using the Food Disgust Scale (FDS) developed by Hartmann and Siegrist (5). This 32-item scale assesses disgust sensitivity across eight subdomains: Animal Flesh (e.g., raw meat, blood-containing steak); Poor Hygiene (e.g., unclean cutlery, unhygienic food preparation); Human Contamination (e.g., sharing utensils, food touched by others); Mold (e.g., consuming partially moldy food); Rotten Fruits (e.g., overripe fruit, bruised apples) ;Fish (e.g., strong fish odor, raw fish consumption); Rotten Vegetables (e.g., aged salad, wrinkled vegetables); Living Contaminants (e.g., insects in food, worm-infested fruits).

Each item was rated by participants on a 6-point Likert scale (1 = Not Disgusting at All to 6 = Extremely Disgusting). Higher values indicate greater food disgust sensitivity. The Turkish version of the FDS demonstrated satisfactory reliability, with a Cronbach's alpha coefficient of 0.914 in previous validation studies (6).

Data was analyzed with IBM SPSS V23 (IBM Corp., Armonk, NY, USA) and R software. The conformity of the data to normal distribution was analyzed by Shapiro-Wilk and Kolmogorov-Smirnov tests. Mann Whitney U test was used to analyze the data that did not conform to normal distribution in two groups. Independent samples T test was used in the comparison of the data conforming to normal distribution in paired groups. Kruskal Wallis H test was used to analyses the non-normally distributed data in three or more groups and multiple comparisons were made with Dunn's test. Spearman's rho correlation was used to analyses the relationship between variables that did not fit the normal distribution. Robust regression analysis was used to determine the independent variables affecting the dependent variable that did not fit the normal distribution using the MASS package. Mean ± standard deviation and median (minimum-maximum) were used to represent quantitative data. Frequency and percentage were used to represent categorical data. Significance level was taken as $P<0.05$.

Results

A total of 279 professional chefs participated in the study. The median age was 41 years (range: 21–62), with 60.6% male and 39.4% female participants. Nearly half of the chefs were married (47%), while 53% were single, divorced, or widowed. The median professional experience in cookery was 7 years, and 52.3% reported

part-time employment. Regarding health behaviors, 31.5% of participants smoked and 14.7% reported alcohol use, while the prevalence of chronic illness was 15.1%. The median total score of the food disgust scale was 124. Sociodemographic data is given in Table 1.

The mean burnout score was 3.88 ± 1.69 on a 7-point scale (1 = no burnout, 7 = severe burnout). The FDS total score was 119.9 ± 45.54 on a 32–192 scale, with higher scores indicating greater disgust sensitivity. Chefs in the 'critical burnout' category reported significantly higher FDS scores than those in lower burnout categories (*P*= 0.001; Table 1). A weak, positive correlation was observed between burnout and FDS scores (r = 0.153; *P*= 0.010; Table 2). In robust regression, burnout independently predicted FDS (β = 4.263; *P*= 0.008), whereas demographic/occupational variables were not significant (Table 3).

Table 1: Sociodemographic/occupational characteristics and burnout scores of professional chefs (n = 279)

	Mean ± s. deviation	Hydrangea (min-max)	Test statistic	*P*
Gender				
Male	3.915 ± 1.673	3.9 (0.8 - 7)	9022	0.678[x]
Female	3.825 ± 1.719	4.15 (0.8 - 7)		
Marital status				
Single/ divorced/ widowed	4.016 ± 1.702	4.2 (0.8 - 6.9)	1.435	0.152[y]
Married	3.726 ± 1.667	3.7 (0.8 - 7)		
Employment status				
Works full time	3.958 ± 1.789	4 (0.8 - 7)	9244.500	0.490[x]
Works part-time	3.809 ± 1.596	3.9 (0.8 - 6.5)		
Cookery time categorical				
1-5 years	3.759 ± 1.583	3.75 (0.8 - 6.9)		
6-10 years	4.138 ± 1.69	4.4 (0.8 - 7)	2.289	0.318[z]
11 years and over	3.857 ± 1.803	3.9 (0.8 - 7)		
Chronic illness				
Yes	3.769 ± 1.686	3.75 (0.8 - 6.5)	5185	0.666[x]
No	3.9 ± 1.692	4 (0.8 - 7)		
Chronic drug use				
Yes	3.542 ± 1.393	3.2 (1.6 - 6.4)	1831.500	0.401[x]
No	3.895 ± 1.702	4 (0.8 - 7)		
Smoking				
Yes	3.857 ± 1.748	3.95 (0.8 - 6.9)	-0.155	0.877[y]
No	3.891 ± 1.666	4 (0.8 - 7)		
Alcohol use				
Yes	4.051 ± 1.534	4.5 (0.9 - 6.5)	4525.500	0.459[x]
No	3.85 ± 1.716	3.9 (0.8 - 7)		

[x] Mann Whitney U Test; [y] Independent Samples T Test; [z] Kruskall Wallis H Test; Mean ± standard deviation, Median (minimum-maximum), s. deviation: standard deviation

The median value of the burnout scale was 3.9 for men and 4.15 for women. The median burnout scale values obtained did not differ according to the group factor (*P*=0.678). The median value of the burnout scale for those with chronic disease was 3.75, while it was 4 for those without chronic disease. The median burnout scale values obtained do not differ ac-

cording to the group factor (*P*=0.666). While the median value of burnout scale for chronic drug users was 3.2, it was 4 for non-users. The median burnout scale values obtained do not differ according to the group factor (*P*=0.401). The mean value of the burnout scale for smokers was 3,857, while it was 3,891 for non-smokers. The mean burnout scale values obtained do not differ according to the group factor (*P*=0.877). The median value of the burnout scale was 4.5 for alcohol users and 3.9 for non-users. The median burnout scale values obtained did not differ according to the group factor (*P*=0.459) (Table 1). There was no statistical relationship between the quantitative variables and the total score of the burnout scale (*P*>0.050). There is a statistically significant positive and very weak relationship between the total score of the burnout scale and the total score of the food disgust scale (r=0.153; *P*=0.010) (Table 2).

Table 2: Examination of the relationship between quantitative variables and burnout scale total score

	Burnout scale total score	
Variable	r	p[x]
Age	0.013	0.834
Number of children	-0.056	0.353
Cookery duration years	0.015	0.808
Food disgust scale total score	0.153	0.010

[x] Spearman's rho correlation

When the categorical distributions of the burnout scale in the men's group in gender data are analyzed, the rate of those with very low burnout is 20.7%, the rate of those with danger of burnout is 23.1%, the rate of those with burnout is 13.6%, the rate of those with severe burnout is 20.7% and the rate of those who need professional help is 21.9%. When the categorical distributions of the burnout scale in the women group are analyzed in the gender data, the rate of those with very low burnout is 28.2%, the rate of those with a danger of burnout is 13.6%, the rate of those with burnout is 19.1%, the rate of those with severe burnout is 20% and the rate of those in need of professional help is 19.1%. When it was analyzed whether there was a statistically significant correlation between gender and the burnout scale categorical data, there was no statistically significant correlation (*P*=0.186) (Table 3).

The median value of the food disgust scale was 120.5 for those with very low burnout, 110.5 for those in danger of burnout, 109.5 for those with current burnout, 113 for those with severe burnout and 145.5 for those in need of professional help. The median burnout scale values obtained differed according to the group factor (*P*=0.001). There is a difference between the group in danger of burnout and the group in need of professional help, between the group with burnout and the group in need of professional help, and between the group with severe burnout and the group in need of professional help (Table 4).

Table 3: Examination of the relationship between demographic characteristics and burnout scale categorical

Variable	Burnout scale categorical					Total	Test statistic	*P*
	Very low burnout	There is a danger of burnout	Burnout present	Severe burnout is present	Need for professional help available			
Gender								
Male	35 (20.7)	39 (23.1)	23 (13.6)	35 (20.7)	37 (21.9)	169 (60.6)	6.178	0.186[x]
Female	31 (28.2)	15 (13.6)	21 (19.1)	22 (20)	21 (19.1)	110 (39.4)		
Marital status								
Single/ divorced/ widowed	31 (20.9)	27 (18.2)	24 (16.2)	30 (20.3)	36 (24.3)	148 (53)	3.119	0.538[x]
Married	35 (26.7)	27 (20.6)	20 (15.3)	27 (20.6)	22 (16.8)	131 (47)		
Employment status								
Works full time	31 (23.3)	26 (19.5)	19 (14.3)	25 (18.8)	32 (24.1)	133 (47.7)	2.014	0.733[x]
Works part-time	35 (24)	28 (19.2)	25 (17.1)	32 (21.9)	26 (17.8)	146 (52.3)		
Cookery time categorical								
1-5 years	29 (25)	23 (19.8)	20 (17.2)	26 (22.4)	18 (15.5)	116 (41.6)		
6-10 years	12 (19)	11 (17.5)	9 (14.3)	16 (25.4)	15 (23.8)	63 (22.6)	6.275	0.616[x]
11 years and over	25 (25)	20 (20)	15 (15)	15 (15)	25 (25)	100 (35.8)		
Chronic illness								
Yes	9 (21.4)	11 (26.2)	4 (9.5)	10 (23.8)	8 (19)	42 (15.1)	2.869	0.580[x]
No.	57 (24.1)	43 (18.1)	40 (16.9)	47 (19.8)	50 (21.1)	237 (84.9)		
Chronic drug use								
Yes	2 (16.7)	6 (50)	0 (0)	3 (25)	1 (8.3)	12 (4.3)	7.505	0.066[z]
No.	64 (24)	48 (18)	44 (16.5)	54 (20.2)	57 (21.3)	267 (95.7)		
Smoking								
Yes	20 (22.7)	19 (21.6)	11 (12.5)	18 (20.5)	20 (22.7)	88 (31.5)	1.483	0.830[x]
No.	46 (24.1)	35 (18.3)	33 (17.3)	39 (20.4)	38 (19.9)	191 (68.5)		
Alcohol use								
Yes	8 (19.5)	8 (19.5)	4 (9.8)	14 (34.1)	7 (17.1)	41 (14.7)	6.197	0.185[x]
No.	58 (24.4)	46 (19.3)	40 (16.8)	43 (18.1)	51 (21.4)	238 (85.3)		

[x] Pearson chi-square test; [z] Fisher's Exact Test with Monte Carlo Adjustment; n(%)

Table 4: Comparison of food disgust scale according to burnout scale categorical groups

	Food Disgust Scale			
Burnout Scale	Mean ± s. deviation	Median (min-max)	Test statistic	*P*
Very low burnout	118.15 ± 50.365	120.5 (32 - 192)ab		
There is a danger of burnout	111.98 ± 46.526	110.5 (32 - 189)b		
Burnout present	110.43 ± 43.45	109.5 (35 - 188)b	18.367	0.001[x]
Severe burnout is present	112.93 ± 48.738	113 (32 - 192)b		
Need for professional help available	143.28 ± 26.77	145.5 (97 - 192)a		

[x] Kruskall Wallis H Test; Mean ± standard deviation, Median (minimum-maximum), [a-b] There is no difference between groups with the same letter.

The independent variables affecting the total score of the burnout scale were analyzed by Robust Regression Analysis and the model was found statistically insignificant (F=1.615; *P*=0.081). The independent variables affecting the total score of the food disgust scale were analyzed by Robust Regression Analysis and the model was found statistically insignificant (F=1.607; *P*=0.083) (Table 5).

Table 5: Robust Regression Analysis of the effect of independent variables on the total score of the burnout scale and food disgust scale

	Burnout Scale B0(95% CI)	S.Error	β1	Test statistic	*P*	VIF	Food Disgust Scale B0(95% CI)	S.Error	β1	Test statistic	*P*	VIF
Fixed	2.979 (1.283 - 4.676)	0.862		3.458	0.001	0.506	96.76 (51.532 - 141.988)	22.971		4.212	0.000	
Age	0.016 (-0.02 - 0.052)	0.018	0.118	0.888	0.376	5.070	0.051 (-0.913 - 1.015)	0.489	0.014	0.104	0.917	5.058
Number of children	-0.34 (-0.666 - -0.015)	0.165	-0.180	-2.057	0.041	2.188	3.396 (-5.387 - 12.179)	4.461	0.067	0.761	0.447	2.206
Cookery duration years	-0.023 (-0.066 - 0.02)	0.022	-0.162	-1.060	0.290	6.686	-0.748 (-1.901 - 0.405)	0.586	-0.196	-1.278	0.203	6.743
Food disgust scale total score	0.006 (0.002 - 0.01)	0.002	0.163	2.704	0.007	1.040	4.263 (1.116 - 7.41)	1.598	0.161	2.667	0.008	1.041
Gender												
Male			Reference						Reference			
Female	-0.002 (-0.443 - 0.44)	0.224	0.000	-0.007	0.995	1.243	-3.761 (-15.655 - 8.133)	6.041	-0.041	-0.623	0.534	1.242
Marital status												
Single/ divorced/ widowed			Reference						Reference			
Married	-0.34 (-0.767 -	0.217	-0.102	-1.566	0.118	1.213	-8.354 (-19.842 -	5.834	-0.093	-1.432	0.153	1.209

Table 5: Continued…

	0.087)						3.133)					
Employment status												
Works full time			Reference						Reference			
Works part-time	-0.144 (-0.538 - 0.251)	0.200	-0.043	-0.716	0.474	1.036	-2.626 (-13.251 - 7.999)	5.396	-0.029	-0.487	0.627	1.036
Cookery time categorical												
1-5 years			Reference						Reference			
6-10 years	0.589 (0.021 - 1.157)	0.288	0.148	2.043	0.042	1.499	0.859 (-14.516 - 16.234)	7.809	0.008	0.110	0.912	1.523
11 years and over	0.791 (-0.385 - 1.968)	0.598	0.228	1.324	0.187	8.495	21.895 (9.938 - 53.728)	16.167	0.235	1.354	0.177	8.585
Chronic illness												
Yes			Reference						Reference			
No	0.053 (-0.657 - 0.764)	0.361	0.012	0.148	0.883	1.734	-16.051 (-35.174 - 3.071)	9.712	-0.129	-1.653	0.100	1.729
Chronic drug use												
Yes			Reference						Reference			
No	0.259 (-0.854 - 1.373)	0.566	0.032	0.458	0.647	1.381	12.386 (-17.56 - 42.333)	15.209	0.057	0.814	0.416	1.379
Smoking												
Yes			Reference						Reference			
No	-0.084 (-0.591 - 0.423)	0.258	-0.024	-0.326	0.745	1.484	16.168 (2.61 - 29.726)	6.886	0.168	2.348	0.020	1.465
Alcohol use												
Yes			Reference						Reference			
No	-0.253 (-0.823 - 0.317)	0.289	-0.054	-0.875	0.382	1.085	0.269 (-15.116 - 15.655)	7.814	0.002	0.034	0.973	1.089

Discussion

The present study highlights a noteworthy but modest association between occupational burnout and food disgust among professional chefs. Although the strength of the relationship was limited, its implications should not be underestimated. Burnout is a multidimensional construct that negatively affects emotional balance, physical stamina, and professional performance, while food disgust is a complex emotional response that shapes how individuals react to food stimuli. Observing an association between these two constructs in a culinary population adds a novel layer to the understanding of occupational health in high-pressure kitchen environments (9-10). Its wide-ranging consequences on physical, psychological, and occupational outcomes have also been confirmed in recent systematic reviews of prospective studies (11).

One important aspect of our findings concerns the absence of significant associations with demographic variables. Burnout did not differ substantially by gender, marital status, or health conditions such as chronic illness. This outcome contrasts with studies reporting gender-related differences in burnout manifestations, where women often display higher levels of emotional exhaustion (12). On the other hand, our results converge with research emphasizing that situational demands, including

workload, long shifts, and lack of job control—can play a more decisive role in the development of burnout than demographic characteristics (13). In the context of professional kitchens, where working conditions are highly intense and relatively uniform, such situational stressors may override the potential influence of background factors, resulting in a more homogeneous pattern of burnout across subgroups. This suggests that preventive and supportive interventions may need to focus more on the work environment itself rather than on individual sociodemographic risk profiles.

A second key consideration is the set of plausible mechanisms that may underline the observed link between burnout and food disgust. Chronic stress and persistent emotional exhaustion, hallmarks of burnout, are known to affect sensory processing, leading to heightened vigilance toward potential threats and contaminants. This can reduce tolerance thresholds for aversive stimuli, making everyday food-related tasks more distressing. In addition, diminished cognitive control, which often accompanies burnout, may further exacerbate sensitivity to disgust triggers. Theories framing disgust as part of an evolved disease-avoidance system support the idea that stress can recalibrate sensory systems to prioritize protection from harm (5,14-16). Within the culinary profession, where exposure to diverse and sometimes challenging food items is unavoidable, this heightened sensitivity may translate into reduced efficiency, avoidance behaviors, or even compromised food handling practices.

When our findings are placed in the context of broader literature, they align with and extend existing evidence. Maslach and Leiter (10) describe emotional exhaustion as a central feature of burnout that diminishes overall quality of life and job satisfaction. Our study suggests that such exhaustion may also manifest in the domain of food perception. Similarly, Ahola and colleagues (15) identified fatigue and reduced vitality as important precursors of burnout, while Toker and Biron demonstrated the reinforcing role of depressive symptoms in sustaining burnout over time has been highlighted (17), and meta-analytic findings further confirm the close interrelationship between burnout, depression, and anxiety (18). These studies collectively emphasize the multifaceted impact of burnout, and our results contribute by suggesting that food-related disgust reactions may represent another pathway through which quality of life is eroded. Moreover, intervention studies indicate that cognitive-behavioral strategies, stress management training, and organizational adjustments can effectively reduce burnout symptoms (15,16). Recent systematic reviews in healthcare professionals similarly demonstrate that workplace interventions can enhance well-being and reduce burnout across diverse occupational settings (19). It is reasonable to assume that interventions designed to relieve stress and restore emotional balance could also mitigate heightened food disgust responses, thereby improving both psychological well-being and professional performance among chefs.

Another important dimension of interpretation relates to cultural factors. Disgust is not a universal, fixed response but rather a culturally shaped emotional reaction that reflects social norms, culinary traditions, and hygiene practices (14). Longitudinal and cross-cultural studies further support that food disgust sensitivity influences the perception of food hazards and varies between populations (20). The present study was conducted exclusively among Turkish chefs, and cultural expectations regarding food preparation, consumption, and hygiene may have influenced both the baseline levels of disgust and its association with burnout. For example, cultural sensitivities toward specific food categories or preparation methods may amplify disgust responses in ways that differ from those in other societies. This underscores the need for replication across diverse populations and culinary contexts to determine whether the observed relationship holds universally or is shaped by

cultural norms.

Finally, it is important to acknowledge the limitations of the study. The cross-sectional design precludes causal inferences, making it impossible to determine whether burnout increases food disgust, whether heightened disgust contributes to burnout, or whether both are influenced by shared underlying factors. Furthermore, reliance on self-report instruments introduces the potential for bias. Although we observed a correlation between burnout and food disgust, the temporal direction and causal pathways remain unclear. Future longitudinal and interventional studies will be critical in clarifying these mechanisms. Despite these limitations, the study provides novel evidence by integrating the concept of food disgust into the occupational health framework for chefs and highlights the importance of addressing both psychological well-being and sensory functioning in workplace interventions.

Conclusion

This study provides evidence of an association between occupational burnout and food disgust among professional chefs. While the effect size is modest, the implications for workplace well-being and performance remain noteworthy. However, as the study was cross-sectional, the temporal direction of this relationship could not be determined, and causal interpretations should be avoided. Interventions targeting burnout may still be beneficial in reducing maladaptive food-related reactions, but longitudinal and interventional research is required to confirm these findings and clarify underlying mechanisms.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

Acknowledgements

No external financial support or funding was received for the conduct of this study.

Conflict of interest

The authors declare that there is no conflict of interest.

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