



THE IMPOSTER SYNDROME AMONG CHEFS: A GLOBAL SURVEY



EXECUTIVE SUMMARY

This industry report explores the imposter syndrome (IS) among professional chefs worldwide. Drawing upon survey data from 668 chefs and 248 in-depth qualitative responses, it examines how working conditions, personal traits, and social identities interact to produce chronic self-doubt among even the most accomplished culinary professionals. The report synthesises quantitative metrics, such as the proportion of chefs scoring high on the Clance Imposter Phenomenon Scale (CIPS), with thematic insights drawn from free-text responses. It concludes with a robust set of recommendations for employers, educators, and industry stakeholders to foster healthier kitchen cultures, improve retention, and support mental well-being.



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1. INTRODUCTION

The Imposter Syndrome (IS) refers to the pervasive belief among high-performing individuals that their success is undeserved, attributing achievements to external factors like luck rather than skill (Clance 1985). This experience often coexists with perfectionism, fear of failure, and anxiety about being exposed as a "fraud." Although extensively studied in domains such as academia, healthcare, and corporate environments, culinary professionals have received limited attention despite working in some of the world's most intense and high-demanding settings.

Commercial kitchens operate under extreme time pressure, very high-performance standards, and hierarchical leadership models tracing back to Escoffier's brigade system (Giousmpasoglou et al. 2022). These environments demand physical stamina (e.g. frequent lifting and long hours standing overheat) and emotional resilience to withstand verbal hostility and bullying in a competitive working environment. This report bridges the gap in existing literature by providing the first global study of the Imposter Syndrome among chefs, integrating quantitative prevalence data with rich qualitative narratives collected through a partnership between Bournemouth University and The Burnt Chef Project.

The objectives of this study are fourfold. First, it aims to quantify the prevalence of Imposter Syndrome among professional chefs. Second, it seeks to identify the workplace, personal, and socio-demographic factors that trigger and sustain these feelings. Third, the study assesses the impacts on individual well-being, team dynamics, and organisational outcomes. Finally, it offers actionable strategies for stakeholders to mitigate Imposter Syndrome in kitchen brigades.

The structure of the report is as follows: Section 2 reviews key literature on kitchen working conditions, psychological antecedents of Imposter Syndrome, and relevant management theories. Section 3 outlines the research methodology, including survey design, sampling, and data analysis techniques. Section 4 presents quantitative findings on prevalence and correlations. Section 5 delves into qualitative themes, focusing on toxic work environments, individual mindset factors, and the role of identity. Section 6 discusses consequences for chefs, kitchens, and the wider hospitality sector. Section 7 offers comprehensive recommendations. Section 8 concludes with a call to action and suggestions for future research.

2. LITERATURE REVIEW

2.1 Chefs' Working Conditions and Occupational Culture

Culinary professionals face demanding physical conditions. Chefs routinely endure 14-hour shifts in high-heat, noise-intensive environments, which can lead to dehydration, musculoskeletal injuries, and chronic fatigue. Ergonomic deficiencies in kitchen design exacerbate these risks, compounding the toll on the body (Burrow et al. 2015).

Emotionally, the profession is no less challenging. A tradition of "banter" and hazing persists in many kitchens, often manifesting as verbal abuse or more extreme forms of bullying. These practices are often framed as rites of passage but contribute to a culture of silence around mental health issues (Giousmpasoglou et al. 2018).

Leadership style within kitchens tends to follow hierarchical norms rooted in the Escoffier brigade system. This system, popularised by television and media, often reinforces authoritarian models of leadership. While some research indicates a shift toward more collaborative approaches, the dominant image of the "tyrannical head chef" continues to legitimise aggressive behaviours and punitive management tactics (Giousmpasoglou et al. 2022).

Additionally, diversity dynamics within kitchens remain problematic. The sector is largely male-dominated, and women, ethnic minorities, and neurodivergent individuals frequently face marginalisation (Cooper et al. 2017). These groups often report feelings of exclusion and discrimination, which further compound workplace stress and erode a sense of belonging.



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2.2 Psychological Antecedents of the Imposter Syndrome

The term *Imposter Syndrome* (or *Impostor Phenomenon*) was first coined by Clance and Imes in 1978. Since then, it has been operationalised through the Clance Imposter Phenomenon Scale (<u>CIPS</u>), a 20-item questionnaire designed to measure self-doubt, fear of exposure, and the tendency to attribute success to luck rather than competence (Erekson et al. 2022).

Research has established strong correlations between Impostor Syndrome and various personality traits. Individuals who score high on neuroticism, experience low self-esteem, or those who exhibit perfectionist tendencies are more likely to struggle with impostorism. In some cases, vulnerable narcissism, a form of narcissism marked by fragile self-worth, also appears as a contributing factor (Kaufman et al. 2020).

The experience of Imposter Syndrome is not solely rooted in personality. Contextual variables such as autonomy at work, the quality of performance feedback, and leadership styles also play a role in either amplifying or mitigating impostor feelings.

The consequences of Imposter Syndrome are both personal and professional. Affected individuals often report heightened levels of anxiety and depression. They may experience burnout and exhibit low levels of job satisfaction (Gullifor et al. 2024). Over time, these outcomes can impair workplace performance and career progression.

2.3 Gaps in Existing Research

While there is a growing body of research examining Imposter Syndrome in professional settings and academic environments, the culinary sector remains under-explored. This study contributes to filling that gap in three important ways:

- First, it provides the first large-scale global prevalence estimate of Imposter Syndrome among chefs.
- Second, it enriches the quantitative data with in-depth qualitative narratives, offering a more nuanced understanding of real-world kitchen experiences.
- Third, it generates sector-specific recommendations tailored to the unique culture and challenges of hospitality workplaces. By addressing these gaps, the report not only extends the scholarly discourse on Imposter Syndrome but also provides practical guidance for industry stakeholders seeking to support chef well-being and performance.



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3. METHODOLOGY

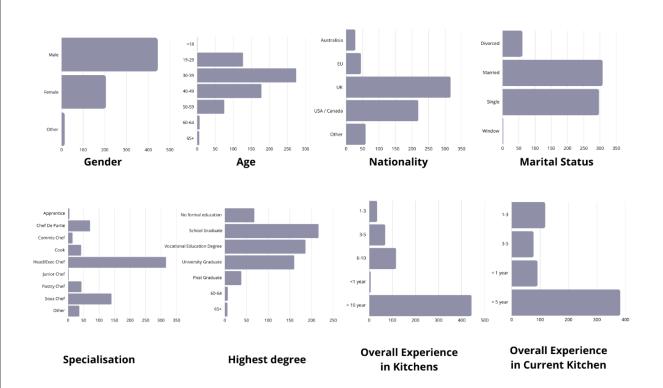
The research design included an online survey divided into three sections: a) demographic and background information, b) responses to the *Clance Imposter Scale*, and c) open-ended questions inviting chefs to share their workplace experiences. The survey was disseminated through *The Burnt Chef Project's* global membership network, and their account in social media platforms (LinkedIn, Instagram and Facebook). This distribution strategy resulted in 668 valid responses from chefs in 56 countries.

To quantify impostorism, the *Clance Imposter Phenomenon Scale* (CIPS) was used. Respondents received scores ranging from 20 to 100, which were interpreted using standard thresholds: scores below 40 indicated low risk, scores between 41 and 60 indicated moderate risk, scores above 61 indicated high risk and above 80 indicated intense risk of experiencing Imposter Syndrome. Additional quantitative data included a Working Conditions Index, comprising factors such as hours worked, staffing ratios, and leadership style, and self-reported indicators of well-being such as symptoms of anxiety and depression, and reliance on coping mechanisms like alcohol or drugs.

For qualitative analysis, the open-text responses, which amounted to approximately 18,600 words, were analysed through thematic content analysis.

Two researchers independently coded all responses, initially identifying 16 codes. These codes were then refined through collaboration and triangulation, producing a final coding framework consisting of 15 codes categorised under three overarching themes: *Working Conditions*, *Individual Triggers* and *Personal Characteristics*.

Table 1: Participants Demographic Profile



To ensure validity, researchers cross-referenced their coding, deliberated on discrepancies, and consolidated findings through iterative analysis. Frequency counts were applied to measure the prevalence of each theme, while affective cues within the narratives were used to assess emotional valence. This mixed-methods approach provided a comprehensive understanding of the conditions under which Imposter Syndrome develops in kitchen environments.

4. QUANTITATIVE FINDINGS

The survey data revealed that Imposter Syndrome is highly prevalent in the culinary industry. 66.1% of respondents scored in the moderate to frequent range and 31.4% in the intense range on the Clance Imposter Phenomenon Scale (CIPS), indicating widespread self-doubt and a persistent fear of being exposed as professionally inadequate (see Figure 1). When analysed by experience level, early-career chefs with fewer than five years in the industry reported the highest average scores (mean = 64), suggesting that less experience may heighten vulnerability to imposter feelings. This group was followed by mid-career chefs (5-15 years of experience; mean = 58), and then senior chefs with more than 15 years of experience (mean = 55), indicating that impostor feelings diminish somewhat with experience but do not disappear entirely.

CIPS item-level analysis showed variation in participant responses (See Table 2)



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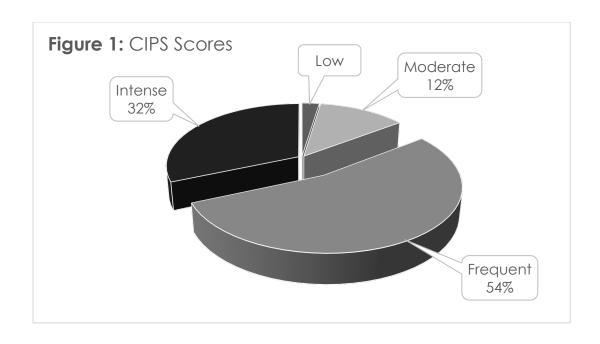


Table 2: CIPS scores per item (N=668)

Item	Mean	Std. Dev.
7. I tend to remember the incidents in which I have not done my best more than those times I have done my best.		.96
12. I'm disappointed at times in my present accomplishments and think I should have accomplished much more.		.97
10. It's hard for me to accept compliments or praise about my intelligence or accomplishments.	3.97	1.0
19. If I'm going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it is an accomplished fact.		1.0
16. If I receive a great deal of praise and recognition for something I've accomplished, I tend to discount the importance of what I've done.	3.90	.92
1. I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task.	3.78	.69
18. I often worry about not succeeding with a project or examination, even though others around me have considerable confidence that I will do well.	3.76	.95
14. I'm often afraid that I may fail at a new assignment or undertaking even though I generally do well at what I attempt.	3.74	.95
4. When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.		1.0
17. I often compare my ability to those around me and think they may be more intelligent than I am.		1.1
20. I feel bad and discouraged if I'm not "the best" or at least "very special" in situations that involve achievement.		1.1
6. I'm afraid people important to me may find out that I'm not as capable as they think I am.		1.1
15. When I've succeeded at something and received recognition for my accomplishments, I have doubts that I can keep repeating that success.		1.0
13. Sometimes I'm afraid others will discover how much knowledge or ability I really lack.		1.1
5. I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.		1.2
3. I avoid evaluations if possible and have a dread of others evaluating me.	3.41	1.1
8. I rarely do a project or task as well as I'd like to do it.	3.40	1.0
11. At times, I feel my success has been due to some kind of luck.	3.36	1.0
2. I can give the impression that I'm more competent than I really am.	3.36	1.0
9. Sometimes I feel or believe that my success in my life or in my job has been the result of some kind of error.	2.94	1.1

To examine the influence of demographics on IP scores, as suggested by Carvajal et al. (2023), several tests were conducted. The data revealed notable demographic patterns.

A one-way ANOVA was conducted to assess the effects of age, years of experience, and education on total IP scores. CIPS differed statistically significantly in terms of age as younger participants (under 32) demonstrated higher scores than the rest. Furthermore, the years of experience were also important as those with professional experience of more than 10 years scored higher. Similar results were found in relation to the educational level as those with undergraduate and postgraduate degrees reported significantly higher IP scores.

Independent sample t-test showed that female chefs (N = 208, M = 75.78) reported higher IP scores than their male counterparts (N = 444, M = 71.56). Ethnic minority chefs scored an average of 5 points higher than their white counterparts, while neurodivergent chefs, those identifying as having ADHD, dyslexia, or autism, scored an average of 8 points above the total sample mean of CIPS= 56.



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5. QUALITATIVE FINDINGS

The qualitative responses collected in the survey provided powerful insights into the lived experiences of chefs grappling with Imposter Syndrome. These narratives were categorised into three overarching themes: *Working Conditions, Individual Triggers* and *Personal Characteristics*. Each theme reveals how specific conditions and identities intersect to shape impostor feelings in the culinary profession.

5.1 Working Conditions

Many chefs described their workplaces as persistently toxic, regardless of geography. Across continents, kitchens were portrayed as spaces marked by banter, verbal abuse, unrealistic expectations, and ritualised hazing. Respondents recounted being shouted at, overworked, and belittled, especially when they were new to a brigade. Even chefs with extensive education or experience reported being treated as if they lacked basic competence.

Long working hours were a consistent complaint. Nearly 60% of participants reported working over 50 hours per week, often under conditions that were physically demanding and mentally draining. The pressure to perform did not subside with time. Senior chefs, despite decades in the industry, continued to experience crippling self-doubt and the constant sense that they could never do enough.

Compounding these challenges were chronic staffing shortages. Several respondents shared experiences of performing multiple roles simultaneously due to understaffing, leading to burnout and eventually prompting some to exit the profession entirely. Others discussed the emotional toll of working through pain, illness, or personal crises without support or recognition.

There was a recurring theme of leadership abuse, where senior chefs or managers undermined their junior colleagues' confidence through criticism, sabotage, or by taking credit for others' ideas. Such dynamics reinforced feelings of incompetence and isolation, even among highly competent professionals. Chefs who had experienced bullying earlier in their careers noted that these events left lasting scars, contributing to a persistent sense of inadequacy long after the initial incident.

Mental health struggles were openly discussed by many respondents. Chefs frequently reported anxiety, depression, and suicidal ideation. Several stated that they had turned to alcohol or drugs as coping mechanisms, particularly in regions where access to mental health care was limited or unaffordable. The psychological burden was often internalised, as many felt ashamed or weak for not coping better with their circumstances.

5.2 Individual Triggers

Individual psychological traits played a significant role in fostering impostor feelings. One of the most reported attributes was perfectionism. Many chefs expressed the belief that anything less than flawless performance was equivalent to failure. This attitude led to excessive self-criticism, reluctance to accept praise, and chronic anxiety about making mistakes.

Several respondents explained that even when they achieved significant milestones, such as leading a kitchen, receiving industry awards, or being featured in culinary guides, they continued to feel as if their success was unearned. Some described stepping down from leadership roles due to feelings of inadequacy, while others said they avoided applying for promotions altogether out of fear that they would be "found out."

The lack of formal training emerged as a major source of impostor feelings. Chefs who had entered the profession through non-traditional routes, such as family businesses or informal apprenticeships, often felt illegitimate compared to those with culinary school credentials. Even with years of experience and a proven track record, these individuals doubted their authority and questioned their right to lead others.

Self-doubt was also amplified by the high-pressure environment of fine dining. Chefs recounted moments when they were paralysed by the fear of failing to meet the expectations of elite clientele or industry peers. Despite being selected to cook for prestigious events or high-profile guests, many described feeling like frauds right up until the service was complete.

Difficulty accepting praise was another recurring theme. Some chefs admitted that they habitually deflected compliments or downplayed their contributions. A few reported feeling deeply uncomfortable when recognised by superiors, interpreting positive feedback as misplaced or undeserved. This reluctance to internalise success perpetuated the cycle of self-doubt and impostorism.

5.3 Personal Characteristics

The survey also revealed how gender, ethnicity, age, and neurodiversity shaped the experience of Imposter Syndrome in kitchen brigades. Female chefs, in particular, described a heightened sense of scrutiny and pressure to prove themselves in male-dominated environments. Several women reported being the only female in their team and feeling that they had to work twice as hard to earn respect. Leadership roles were especially difficult, with many recounting how their authority was routinely challenged or undermined. For women without formal culinary education, the impostor experience was even more intense.

The combination of gendered expectations and perceived skill gaps created a persistent fear of being exposed as unqualified. These chefs often avoided high-visibility tasks or refrained from asserting themselves in team settings.

Ethnic minority chefs described similar struggles. They frequently questioned whether their achievements were attributed to merit or diversity initiatives. This internal conflict, combined with subtle forms of discrimination, led many to doubt their belonging in elite culinary spaces. One respondent noted that being a black woman in a white, male-dominated brigade made her feel like an outsider, regardless of her performance.

Neurodivergent chefs (those with ADHD, autism, or dyslexia) shared feelings of exclusion and misunderstanding. Some recounted being dismissed or marginalised by peers and managers due to differences in communication or processing styles. These experiences reinforced feelings of inferiority and fed the belief that they did not belong in the profession.

Age also played a role in impostor experiences. Older chefs expressed concern about being slower or less adaptable than younger colleagues. Despite decades of experience, they worried that their physical limitations would lead others to question their capability. Conversely, younger chefs in senior positions reported feeling insecure when managing older, more experienced staff, fearing they would be perceived as undeserving of their roles.

Collectively, these narratives highlight how identity factors intersect with workplace dynamics to intensify the Imposter Syndrome. They underscore the need for inclusive leadership, recognition of diverse career paths, and proactive support systems to ensure all chefs feel valued and competent in their roles.

6. THE IMPACT ON KITCHEN BRIGADES

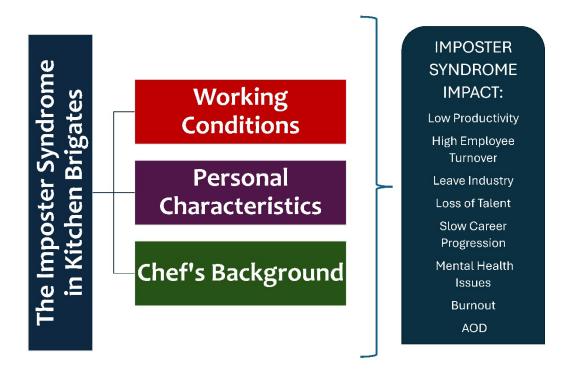
The findings of this global survey indicate that the presence of Imposter Syndrome in commercial kitchens has far-reaching consequences, not only for individual chefs but also for team cohesion and overall organisational performance. From a mental health perspective, chefs experiencing impostor feelings are more likely to suffer from heightened levels of anxiety, depression, and emotional exhaustion. Many respondents described the psychological toll of constantly questioning their worth and dreading failure, which led to chronic stress and, in some cases, burnout. Figure 2 provides a summary of the key findings on the impact of Imposter Syndrome within kitchen brigades.

Team dynamics also suffer in kitchens where the Imposter Syndrome is prevalent. Chefs plagued by self-doubt may hesitate to share ideas, avoid taking initiative, or refrain from giving feedback. This reluctance undermines collaboration and innovation, weakening the collective effectiveness of the kitchen brigade. The fear of being exposed as incompetent can prevent even highly talented individuals from stepping into leadership roles, further exacerbating hierarchy gaps and stifling upward mobility.



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Figure 2: The Imposter Syndrome's Impact in Kitchen Brigades



In terms of talent retention, the Imposter Syndrome contributes to high turnover rates. Many chefs shared that persistent self-doubt and toxic work environments pushed them to consider leaving the industry entirely. The hospitality sector, already struggling with workforce shortages, risks losing skilled professionals due to unmanaged psychological strain.

The chefs' performance is also affected. Kitchens marked by low morale and high stress levels are more prone to errors, absenteeism, and interpersonal conflict. These disruptions can compromise service quality, customer satisfaction, and ultimately profitability. The cumulative impact of individual distress on team functionality and business outcomes makes addressing Imposter Syndrome a pressing concern for the industry key stakeholders.

7. RECOMMENDATIONS

Tackling the Imposter Syndrome in the hospitality sector requires a diversified approach involving cultural, managerial, and systemic change. Addressing the root causes and enabling supportive mechanisms can foster healthier, more resilient kitchen brigades.

One of the first areas of intervention is the working environment itself. Establishing psychological safety in kitchens is essential. Managers and team leaders should receive training on creating diverse, inclusive, respectful workplaces where mistakes are treated as learning opportunities rather than grounds for humiliation. Improving physical workspaces with better ergonomic design, designated rest areas, and optimised workflows can also alleviate physical strain and reduce stress. Furthermore, monitoring staff-to-workload ratios and enforcing reasonable shift lengths can help prevent burnout and promote sustainable work habits. Leadership development is another crucial pillar. Head chefs and managers should be encouraged to move away from authoritarian styles and toward more collaborative and empathetic leadership practices. This can be achieved through dedicated leadership workshops focusing on communication, mentorship, and constructive feedback. Establishing mentorship programmes where early-career chefs are paired with experienced professionals can help normalise challenges, reduce feelings of isolation, and build confidence. Formal recognition systems, such as peer-nominated awards and consistent, meaningful feedback, can also help chefs internalise their achievements and feel more valued.

Supporting individual resilience is equally important. Hospitality organisations should invest in accessible mental health resources, including confidential counselling services and Employee Assistance Programmes. Imposter Syndrome workshops can provide chefs with tools to recognise, understand, and reframe impostor feelings. These sessions should incorporate cognitive-behavioural strategies and peer sharing to build a sense of community and normalise the experience. For chefs who have learned on the job, modular certification programmes can offer formal validation of their skills, helping to close perceived gaps and reinforce professional credibility. Promoting diversity, equity, and inclusion must be an industry-wide priority. Zero-tolerance policies against discrimination and bullying should be enforced, with clear reporting channels and accountability mechanisms. Recruitment and promotion practices should be designed to actively support underrepresented groups, while regular audits can help identify and correct disparities in pay, progression, and recognition. Awareness campaigns featuring diverse chef success stories can challenge stereotypes and broaden perceptions of what leadership looks like in the kitchen.

Together, these recommendations can form the foundation of a proactive and compassionate strategy to reduce the prevalence and impact of Imposter Syndrome in professional kitchens. Creating environments that cultivate confidence and well-being is not only a moral imperative but a business advantage, as resilient teams are more innovative, productive, and loyal.

8. CONCLUSION AND FUTURE DIRECTIONS

This industry report provides compelling evidence that Imposter Syndrome is a pervasive issue within professional kitchens, cutting across levels of experience, identity, and geography. Chefs operate in high-stress environments that often exacerbate feelings of inadequacy, particularly when reinforced by toxic leadership, rigid hierarchies, and under-recognition. When coupled with individual perfectionism and social pressures linked to gender, ethnicity, and neurodiversity, the psychological impact can be profound.

The implications are far-reaching. On an individual level, Imposter Syndrome hinders confidence, creativity, and mental health. At a team level, it disrupts communication, weakens cohesion, and stifles development. Organisationally, it contributes to turnover, talent underutilisation, and diminished performance. These challenges demand immediate attention, not only for ethical reasons but to safeguard the long-term sustainability and excellence of the hospitality industry.

Looking ahead, future research should focus on longitudinal studies that track the development of Imposter Syndrome over the course of chefs' careers. Evaluating the effectiveness of targeted interventions, such as mentorship schemes and psychological support initiatives, will also be essential. Comparative research across hospitality sectors, from boutique restaurants to large hotel chains, can further refine understanding and inform sector-specific strategies.

By acknowledging the problem and taking meaningful steps to address it, the culinary world has an opportunity to redefine what leadership, success, and resilience look like in the kitchen. Empowering chefs to believe in their worth and fostering cultures of psychological safety will not only elevate individuals but also transform kitchens into spaces of creativity, collaboration, and excellence.



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Acknowledgements: This report was made possible with the support of The Burnt Chef Project, who generously assisted in collecting the global online survey data and provided the accompanying artwork. Their collaboration was invaluable in shaping the insights presented in this report.

Published by Bournemouth University, October 2025

Report DOI: https://doi.org/10.18746/kfqw-dx66

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