

CHAPTER 24

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QUALITY OF LIFE
MEASUREMENT: A RESEARCH
ON 4-AND 5-STAR HOTEL
KITCHEN EMPLOYEES
IN ANTALYA¹

CHAPTER

1

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¹ This study “The effect of work-family conflict and work stress on the quality of life: A large scaled research on the culinary workers of hotels” is prepared utilizing a PhD thesis.

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INTRODUCTION

Today, technological and medical developments are used not only for the elimination of diseases, but also for improving quality of life of individuals (Okayay et al., 2012: 179). Quality of life is defined as how individuals perceive their position in society in line with their interests, expectations, goals and living standards within the system of culture and values in which they live (Morkoç & Erdönmez, 2018: 512).

It is known that quality of life has a multidimensional structure in terms of conceptual aspects and that it is the research subject of many different disciplines. A different definition is made and used for each branch of science to define quality of life. Quality of life is often used interchangeably with the concepts of health, well-being, happiness or welfare (Veenhoven, 2000: 1).

It is possible to find many definitions of quality of life in academic studies of different disciplines from 1930s. The definition that influences today has emerged thanks to social indicators that occurred in the 1960s in the USA (Tosun, 2013: 217). The concept of quality of life was first defined by Thorndike (1939) as the “the reaction of social environment reflected in the individuals” (Akyol, 1993: 75; Bayramova, 2000: 14; Deveci & Avcıkurt, 2017: 316; Yeşilbalkan et al., 2005: 16).

The conceptual explanations of quality of life are similar to the steps found in Maslow’s hierarchy of needs. Quality of life is defined as an individual being able to live in an environment free from unhealthy conditions, meet the needs such of eating-drinking, accommodation, protection and security, achieve physical and psychological development, positively influence the society and environment in which s/he lives and preserve the balance between actual and de-facto living spaces (Boylu & Paçacıoğlu, 2016: 137; Torlak & Yavuzçehre, 2008: 26).

Quality of life is characterized by a general assessment of the good, pleasant, beautiful and satisfactory characteristics of individuals’ lifestyles and as a concept with four main characteristics. Four key features are listed as being dynamic, being multidimensional, being interactive and adapting to situations or events encountered in the life of the individual (Arslan & Kutsal, 1999: 174).

CONCEPTUAL FRAMEWORK

Individuals may encounter with the concept of quality of life in many areas of their daily lives. They encounter with the concept of quality of life while watching television, reading a newspaper, spending time on the

Internet, dealing with politics or the economy, or within a part of the working life (Demirkıran, 2012: 8). Quality of life is defined as the way people perceive their own situation within the system of culture and values of the society in which they live (Avcı & Pala, 2004: 81).

Quality of life is defined by the World Health Organization as individuals' interest, relevance, expectation, purpose, desire, living standards, status in society, roles in society, place in terms of social values, and the way they perceive these elements (Feder et al., 2015: 228; WHO, 1997: 4-5). In addition, quality of life is defined as the individual being generally pleased with his life and being well (Eser, 2014: 2).

Quality of life is defined as the perceptions of individuals who improve themselves and who are constantly open to learning, at peace with themselves and with their surroundings, who fulfill their job and family responsibilities, try to do their best in everything they do, feel confident and enjoy life and living (Yaman, 2000: 222). There are many factors that affect the individuals' quality of life positively or negatively. It is also known that these elements have the ability to increase or decrease the quality of life (Bekir et al., 2012: 234).

The factors determining the quality of life of individuals are listed as physiological health status, psychological composure status, level of social relations, security, physical environment, personal and social development status, economic independence status, spirituality level, free mobility and natural resources (Spilker, 1996: 25-26; Top and et al., 2003: 20; Van Kamp et al., 2003: 11; WHO, 1997: 4). In addition, individuals require several components to maintain their lives in a quality way. Quality of life components are expressed as health and education services, participation in daily activities, a clean physical environment, equality of rights and opportunities, balanced and regular nutrition, dignity and security (Zorba, 2014: 82).

There are several approaches in the literature about quality of life. These are psychological, social, economic, ecological and health-related quality of life (Öztuna, 2007: 39). The concept of psychological quality of life was first used by Neurgarten in 1961 and stated that it was in close relation with life satisfaction (Oktik, 2004: 79). Psychological quality of life researches are carried out in terms of subjective perception of individuals such as life satisfaction and forms of assessment of events. In order for an individual to exhibit his stance against any event, he has to utilize emotions such as feeling sorry, being angry or being happy. However, the individual's satisfaction of family life, business life, personal life and the environment is listed as indicators of psychological life indicators (Demirkıran, 2012: 38).

The requirements of consideration for concept of social quality of life are, when the quality of life is assessed from a subjective point of view, how the individual feels within the society and when considered from an objective point of view, these are listed as job guarantee, economic assurance, educational status, living space conditions and quality leisure activities (Oktik, 2004: 76; Ventegodt et al., 2003: 1031). In addition, it is known that social indicators in society are effective in determining the individuals' social quality of life. Crime rates in the society, living conditions, unemployment rates, average achievement status, schooling rates of educational institutions, rate of voting in all elections, social welfare, health, occupational distribution, occupational mobility, balanced regular nutrition, public safety, participation in social activities, habitat and habitat usage conditions are listed as social indicators (Kenneth et al. 2012:1; Perim, 2007: 22; Sirgy et al., 2001: 14).

The concept of economic quality of life is explained by taking into account the assets of the individual, the number of people working in the household, the national income per capita, the gross national product of the country, the daily food consumption level of the individual, the durable consumer goods and employment opportunities of the individual (Oktik, 2004: 69-70; Zhao et al., 2005: 84).

The concept of ecological quality of life is defined as the harmony of reactions between individuals and the environment. In addition, ecological quality of life is evaluated from two different aspects as individual and environment. From the perspective of the individual, it is defined as environmental facilities responding to the wishes of the individual, and in terms of the environment, it is defined as resources being available to meet the needs of the individual (Arioğlu et al., 1994: 9).

The concept of health-related quality of life can be explained primarily by defining the concept of health. Health is defined as the state of being well or ill as associated with the environment and lifestyle of the individual. It is known that activities such as the individual not being active, not doing sports or daily activities, cultural conflict, social and economic problems, crowding of cities, increasing types of pollution (air, water, noise, environment etc.) and the activities that may cause psychological problems affect the health of individuals negatively (Zorba, 2014: 3). It is observed that health-related quality of life is generally focused on the post-treatment of individuals. They are expressed as the results of any intervention in the field of health (Öksüz & Malhan, 2005: 2). The individual's freedom for vital activity is restricted in case of any occasion that creates stress, concern, anxiety or distress. This causes the individual to face medical problems. It is stated that social relations, religious beliefs, health conditions

and emotional states of individuals should be used in health-related quality of life measurement researches (Spilker, 1996: 2).

RESEARCH METHOD

Quantitative research method has been used in this research, which attempts to determine the quality of life levels of individuals working in hotel kitchens. The individuals working in the kitchens of 4- and 5-star hotels in Antalya have been selected as the working group. The main reason for this choice is the consideration that Antalya is the province that receives the highest number of tourists and has the most 4- and 5-star hotels, hence the highest number of kitchen employees. In this respect, the hypotheses of the research are listed below.

H1 = There is a significant difference between the demographic characteristics and kitchen employees' quality of life.

H2 = There is a significant relationship among the sub-dimensions of quality of life scale.

The population of this research consists of employees working in the kitchens of 258 5-star and 189 4-star hotel establishments in Antalya. The data obtained has been formed by receiving from the Ministry of Culture and Tourism and Mediterranean Tourism Hoteliers and Operators Association. The population of the research is composed of kitchen staff working in 447 hotel kitchens providing services in Antalya. The convenience sampling method has been used in the research. The number of the questionnaires applied is 458, 58 of which are not included in the research due to being incomplete. The data obtained from 400 questionnaires has been used in the analysis of the research.

The questionnaire of the research consists of two parts. In the first part, the statements about determining the demographic characteristics of the kitchen workers who volunteered to participate in the research are used, and the WHOQOL-BREF TR scale, developed by the World Health Organization for the measurement of quality of life, adapted to Turkish by Eser et al. (1999) and undergone reliability works, is used to measure the quality of life in the second part.

In order to test the structural validity of the questionnaire used in the study, it was applied to the participants in January and February 2016. The data obtained from 400 questionnaires has been analyzed with SPSS 21.0 package program and LISREL 8.80 statistical software. Frequency analysis, correlation analysis, independent group t test, one-way analysis of variance (ANOVA), reliability analysis, simple linear regression anal-

ysis, factor analysis and confirmatory factor analysis have been conducted in the research.

FINDINGS AND COMMENTS

88% of the research participants are men and 22% of them are women. 74.3% of these are married and 25.7% are single. 27.5% of the kitchen employees have three children, 18.2% have two children, 15.3% have one child, 9.5% have four children and 3.5% have 5 or more children. However, 26% of them do not have children. 41.3% of the research participants are aged 24-34 years, 36% are aged 35-44 years, 14% are aged 45-54 years, 7.3% are aged under 24 years of age and 1.5% are 55 years or older. 33.5% of the kitchen employees are section chiefs, 16.7% are section chefs, 14.5% are assistant head chefs, 12.3% are chefs, 8.5% are chef assistants, 8% are head chefs, 4.5% are dishwashers and 2% are interns. When the educational status is examined, it is observed that 68% of them have secondary education-high school degree, 20% have primary education degree, 8% have associate degree and 3.7% have undergraduate degree. In terms of income, 55% of them have an income between TRY 1301-2800, 22.8% have an income between TRY 901-1300 and 18% have an income of TRY 2801 and above. 35.8% of the research participants have been working in establishments for 1-3 years, 25.5% for 4-6 years, 20.5% for less than 1 year, 12.5% for 7-9 years and 5.7% for 10 years and more. Among the married 73.4%, the spouses of 54.8% are not working and the spouses of the remaining 19.5% are working. While 79.7% of kitchen employees do not have any additional income like tips or premiums, 20.3% have additional income. 75.3% of the enterprises serve for the whole year while 24.7% of them provide seasonal services. The socio-demographic characteristics of the kitchen employees that participated in the research are exhibited in Table 1 below.

Table 1. *Socio-Demographic Characteristics of Kitchen Employees*

Socio-Demo. Characteristics	n	%	Socio-Demo. Characteristics	n	%	Socio-Demo. Characteristics	n	%
Gender			Workplace Position			Spouse Employment Status		
Male	352	88,0	Head Chef	32	8,0	Yes	78	19,5
Female	48	12,0	Asst. Head Che	58	14,5	No	219	54,8
Total	400	100	Section Chef	134	33,5	No spouses	103	25,7
Age			Section Chef	67	16,7	Total	400	100
24 and below	29	7,2	Cook	49	12,3	Operation Period of Establish.		
25-34	165	41,3	Chef Asst.	34	8,5	Seasonal	99	24,7
35-44	144	36,0	Intern	8	2,0	Whole year	301	75,3
45-54	56	14,0	Dishwasher	18	4,5	Total	400	100
55 and above	6	1,5	Total	400	100	Receiving Tourism Education		
Total	400	100	Income Status			Yes	266	66,5
Marital Status			0-350	2	0,5	No	134	33,5
Married	297	74,3	351-650	2	0,5	Total	400	100
Single	103	25,7	651-900	13	3,3	Daily Working Time		
Total	400	100	901- 1300	91	22,8	Less than 8 hours	174	43,5
Number of children			1301-2800	219	54,8	9-11 hours	188	47,0
N/A	104	26,0	2801 and -	73	18,1	Over 12 h.	38	9,5
1	61	15,3	Total	400	100	Total	400	100
2	73	18,2	Workplace Working Time			Hotel Type		
3	110	27,5	Less than 1 yea	82	20,5	City Hotel	36	9,0
4	38	9,5	1-3 years	143	35,8	Coastal Htl	364	91,0
5 and more	14	3,5	4-6 years	102	25,5	Total	400	100
Total	400	100	7-9 years	50	12,5	Hotel Star Status		
Educational Status			10 years and -	23	5,7	5 stars	372	93,0
Primary School	80	20,0	Total	400	100	4 stars	28	7,0
High School	273	68,3	Additional Income (Tip, Premium)			Total	400	100
Associate	32	8,0	Yes	81	20,3			
Undergraduate	15	3,7	No	319	79,7			
Total	400	100	Total	400	100			

In the research, the statements of the quality of life scale have been subjected to explanatory factor analysis (EFA) and then to confirmatory factor analysis (CFA). The first two statements of the quality of life scale have not been used in the studies conducted since they are statements aimed at measuring the general quality of life of individuals. In the first phase, the first and second statements in the quality of life scale and then the 21st, 22nd and 23rd expressions with factor loads less than 0.50 have been excluded from the analysis and explanatory factor analysis has been performed. It has been determined that the quality of life scale does not preserve the original structure. Therefore, the quality of life dimensions obtained have been renamed. These are listed as psycho-social dimension, activity dimension, self-assessment dimension and socio-physical dimension.

In the research on the WHOQOL-BREF SP scale, dimensions differ in countries with cultural differences, language differences and sample differences. 18th and 22nd statements have been excluded from the explanatory and confirmatory factor analysis and it has been found that different expressions are collected under four obtained dimensions. According to the results of research conducted in nine Spanish-speaking countries; since the dimensions are composed of different expressions, validation and reliability is provided by making a different nomenclature compared to the original (Boregge et al., 2014: 2221).

Reliability values have been calculated with Cronbach Alpha coefficient. The Cronbach Alpha value of the quality of life scale was determined as ,896. The used scale has been determined to have a good level of internal consistency (Seçer, 2015: 219). 3 statements in the quality of life scale have been excluded from the analysis since their factors remain under ,50. It has been determined that the reliability values of psychosocial ($\alpha = ,863$), activity ($\alpha = ,832$), self-evaluation ($\alpha = ,768$) and socio-physical ($\alpha = ,671$) dimensions are sufficient. Table 2 exhibits the results of factor analysis on quality of life.

Table 2. *Explanatory Factor Analysis on Quality of Life Scale*

Quality of Life Statements	1. Dimension	2. Dimension	2.Dimension	4.Dimension	Common Variance Value	
Statement 5	,743				,542	
Statement 6	,714				,364	
Statement 10	,673				,609	
Statement 11	,671				,559	
Statement 13	,671				,425	
Statement 8	,580				,431	
Statement 9	,559				,442	
Statement 12	,530				,643	
Statement 7	,524				,646	
Statement 18		,769			,432	
Statement 19		,754			,579	
Statement 20		,746			,517	
Statement 15		,576			,535	
Statement 25			,752		,517	
Statement 16			,679		,628	
Statement 24			,677		,694	
Statement 17			,579		,687	
Statement 14			,558		,643	
Statement 26				,769	,550	
Statement 27				,731	,645	
Statement 3				,675	,612	
Statement 4				,540	,550	
Cronbach Alpha	,863	,832	,768	,671		
Cronbach Alpha (Scale)	,896					
Eigenvalue	7,393	1,839	1,637	1,380		
Explained Variance Percentage	33,604	8,359	7,441	6,272		
Total Explained Variance Percentage	19,257	14,416	12,167	9,836		
Total Explained Variance Scale Percentage	55,567					
Kaiser-Meyer-Olkin Sample Measurement						,883
Bartlett Sphericity Test	Approximate Chi-square					3633,683
	df		231			
	Sig. (Significance)		,000			

In order to achieve the construct validity in the research, confirmatory factor analysis (CFA) has been applied to the quality-of-life scale. The scale has shown a 4-dimensional structure different from the original. As a result of EFA, the following results have been obtained: KMO value = ,883, Bartlett Test = 3633,683, $df = 231$, $p < .000$. The total variance value of the quality of life scale has been determined as 55,567%.

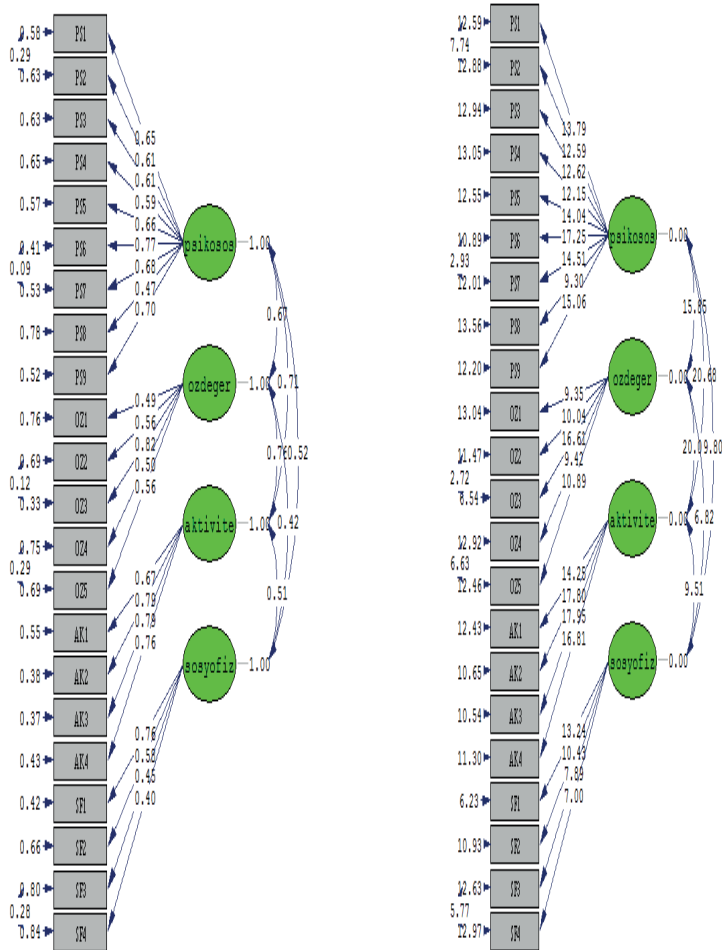
According to the results of confirmatory factor analysis (CFA) on the quality of life scale, it has been determined that 22 statements and 4 dimensional structures are confirmed. In addition, general fitness and absolute fitness values of quality of life scale have been determined as $X^2 = 512,11$ $df = 198$, $X^2/df = 2,58$, $RMSEA = 0,063$, $GFI = 0,90$, $CFI = 0,96$, $NFI = 0,94$, $NNFI = 0,96$, $IFI = 0,96$, $AGFI = 0,87$, $RFI = 0,93$ and $RMR = 0,054$.

In the quality of life measurement model, AGFI, GFI, NFI, RFI, RMSEA and RMR values have exhibited acceptable fitness. The ratio of chi-square value to freedom value and the NNFI, CFI and IFI values have been found to be in good fitness range. The obtained values are within the accepted limits in the literature (Çapık, 2014: 199; Çokluk et al., 2010: 271; İlhan & Çetin, 2014: 31; Kline, 2005: 137- 144; Meydan & Şeşen, 2015: 33; Seçer, 2015:190; Varol, 2014: 227).

22 observed variables and 4 implicit variables have been designed in the research model. Since there is no observed variable that does not support the model, no exclusions have been made from the model. PS1 and PS2, PS6 and PS7, OZ2 and OZ3, OZ4 and OZ5, and SF3 and SF4 observed variables have been connected to each other via bilateral path. It has been observed that absolute fit indices have increased in the model.

In the Figure 1 below, the result diagram of the quality of life measurement model (standard solution and t values) is provided. When the regression coefficients and t values of the quality of life measurement model (standard solution) are examined, it has been determined that the level is significant at 01 level and the model is confirmed.

Figure 1. Results of Quality of Life Measurement Model (Standard Solution and t values)



Chi-Square=512.11, df=198, P-value=0.00000, RMSEA=0.063

Chi-Square=512.11, df=198, P-value=0.00000, RMSEA=0.063

According to the results of analysis done between the socio-demographic characteristics given in Table 3 and quality of life scale; no significant differences have been determined in terms of gender, marital status, age, educational status, income status and spouse employment status. However, a significant difference has been determined among the number of children ($F = 3,723; p = .003 < .05$), workplace position ($F = 5,304; p = .000 < .05$) and employment duration ($F = 8,535; p = .000 < .05$). Therefore, the hypothesis H1 has been partially accepted.

Table 3. Differences Analyses between Socio-Demographic Characteristics and Quality of Life Scale

		Quality of Life Scale																																																																																																																																																																																													
		n		SS	t / F	p	Difference																																																																																																																																																																																								
Gender	Male	352	3,84	,559	,375	,708	N/A																																																																																																																																																																																								
	Female	48	3,81	,559				Marital Status	Married	297	3,86	,558	1,287	,199	N/A	Single	103	3,77	,557	Age	24 and below	29	3,78	,516	1,927	,105	N/A	25-34	165	3,76	,543	35-44	144	3,88	,551	45-54	56	3,97	,568	55 and above	6	3,68	,993	Number of children	N/A	104	3,78	,556	3,723	,003	3-6 4-6 5-6	1 Child	61	3,74	,553	2 Children	73	3,87	,481	3 Children	110	3,91	,594	4 Children	38	4,03	,532	5 and more children	14	3,40	,499	Educational Status	Primary School	80	3,89	,561	1,418	,237	N/A	High School	273	3,81	,564	Associate	32	3,81	,533	Undergraduate	15	4,08	,447	Workplace position	Head Chef	32	4,03	,549	5,304	,000	1-8 2-8 3-8 4-8 5-8 6-8 7-8	Asst. Head Chef	58	3,96	,524	Section Chef	134	3,83	,556	Section Chef	67	3,79	,531	Cook	49	3,82	,544	Chef Assistant	34	3,79	,559	Intern	8	4,27	,190	Dishwasher	18	3,22	,481	Income Status	0-350	2	3,40	,642	1,372	,234	N/A	351-650	2	4,25	,224	651-900	13	3,69	,528	901- 1300	91	3,80	,554	1301-2800	219	3,82	,559	2801 and above	73	3,95	,560	Spouse Employment Status	Spouse is working	78	3,87	,589	,849	,429	N/A	Spouse is not working	219	3,85	,547	No spouses	103	3,77	,557	Employment Duration	Less than 8 hours	174	3,95	,522	8,535	,000	1-2	9-11 hours	188	3,72	,549	12 hours and above	38	3,89	,648				
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	901- 1300	91	3,80	,554																																																																																																																																																																																											
	1301-2800	219	3,82	,559																																																																																																																																																																																											
	2801 and above	73	3,95	,560																																																																																																																																																																																											
Spouse Employment Status	Spouse is working	78	3,87	,589	,849	,429	N/A																																																																																																																																																																																								
	Spouse is not working	219	3,85	,547																																																																																																																																																																																											
	No spouses	103	3,77	,557																																																																																																																																																																																											
Employment Duration	Less than 8 hours	174	3,95	,522	8,535	,000	1-2																																																																																																																																																																																								
	9-11 hours	188	3,72	,549																																																																																																																																																																																											
	12 hours and above	38	3,89	,648																																																																																																																																																																																											

Correlation analysis has been performed to test the relationship between the sub-dimensions of quality of life scale and to examine the H2 hypothesis. As a result of the correlation analysis, ,584, ,754, ,795 and ,882 β (beta) coefficients have been obtained. These coefficients have bilateral significance at a level of 0.01 and a positive and significant relationship has been determined between the dimensions. The tested hypothesis H2 has been accepted.

Simple linear regression analysis has been performed to determine the effects of the sub-dimensions of quality of life on the quality of life scale. According to the results of the analysis:

Table 4. Results of Regression Analysis on Psycho-Social Dimension and Quality of Life Scale

	β	<i>t</i>	Sig.	F	p	R ²
Constant		11,906	,000	1388,107	,000	,777
Psycho-Social Dimension	,882	37,257	,000			

In Table 4, the explanation ratio of psycho-social dimension on the change in quality of life scale is ,777%. A positively significant and strong relationship at the level of .05 (β =,882; t = 37,257; p = .000<,05) has been determined between psycho-social dimension and quality of life scale.

Table 5. Results of Regression Analysis on Activity Dimension and Quality of Life Scale

	β	<i>t</i>	Sig.	F	p	R ²
Constant		13,692	,000	685,366	,000	,633
Activity Dimension	,795	26,179	,000			

In Table 5, the explanation ratio of activity dimension on the change in quality of life scale is ,633%. A positively significant and strong relationship at the level of .05 (β =,795; t = 26,179; p = .000<,05) has been determined between activity dimension and quality of life scale.

Table 6. Results of Regression Analysis on Self-Assessment Dimension and Quality of Life Scale

	β	<i>t</i>	Sig.	F	p	R ²
Constant		23,159	,000	524,708	,000	,569
Self-Assessment Dimension	,754	22,907	,000			

In Table 6, the explanation ratio of self-assessment dimension on the change in quality of life scale is ,569%. A positively significant and strong

relationship at the level of .05 ($\beta=,754$; $t= 22,907$; $p= .000<,05$) has been determined between activity dimension and quality of life scale.

Table 7. Results of Regression Analysis on Socio-Physical Dimension and Quality of Life Scale

	β	t	Sig.	F	p	R ²
Constant		18,081	,000	205,847	,000	,341
Socio-Physical Dimension	,584	14,347	,000			

In Table 7, the explanation ratio of socio-physical dimension on the change in general quality of life scale is .341%. A positively significant and strong relationship at the level of .05 ($\beta=,584$; $t= 14,347$; $p= .000<,05$) has been determined between socio-physical dimension and quality of life scale.

CONCLUSION AND SUGGESTIONS

The WHOQOL-BREF TR scale, developed by the World Health Organization for the measurement of quality of life, adapted to Turkish by Eser et al. (1999) and undergone reliability works, is used in the research. The aim of the study has been determined to measure the quality of life of individuals working in 4- and 5-star hotel kitchens in Antalya. The main reason for the application of the research is that it is important to measure that the quality of life of kitchen employees who work in a sector, which requires physical and mental power, has a stressful working environment and long working hours, is very important in terms of tourism industry, tourism establishments and kitchen workers.

According to the results of the study, it has been determined that the quality of life of kitchen workers is at a good level ($\bar{x}3,83$). In addition, it has been determined that they feel good psycho-socially ($\bar{x}3,91$), they are slightly above the good level in terms of performing activities ($\bar{x}4,12$), they are above the moderate level in terms of self-assessment ($\bar{x}3,56$) and they are above the moderate level in terms of socio-physical assessment ($\bar{x}3,74$).

The lowest score for each expression of quality of life scale has been defined as “1” and the highest score defined as “5”. In the research, the lowest point is calculated as “22” and the highest as “110” for 22 statements within the total quality of life scale assessed. Upon calculation of the quality of life scores of confirmed dimensions as a result of explanatory factor analysis (EFA) and confirmatory factor analysis (CFA), the lowest point for psycho-social dimension is calculated as “9” and the highest as “45”, the lowest point for activity dimension as “4” and the highest as

“20”, the lowest point for self-assessment dimension as “5” and the highest as “20”, the lowest point for socio-physical dimension as “4” and the highest as “20” and the lowest point for quality of life from the total scale as “22” and the highest as “110”.

Upon assessing the scores of quality of life dimensions related to quality of life scale; it has been found that the psycho-social dimension is (35,19), the activity dimension is (16,5), the self-assessment dimension is (17,83), the socio-physical dimension is (14,96), and the quality of life scale is (84,48).

The results obtained from the studies measuring the general quality of life of university students are similar to the average score obtained from psycho-social and activity dimensions (Avcı & Pala, 2004; Gültekin & Dereboy, 2011). In another study, the average scores of the quality of life dimensions obtained are similar to the scores obtained in our study (Nayir et al., 2016).

According to the results of the research on nursing students who will be exposed to intense stress when they start working life; It has been found that quality of life is at a good level due to some factors that will affect the quality of life (Yıldırım, Kılıç & Akyol, 2013). These results support the results of our study.

In the research on health workers who have a stressful working environment such as kitchen workers, it has been determined that the general quality of life levels of the employees are moderate (Yıldırım & Hacıhasanoğlu, 2011). These results are not similar to the results of our study.

There are different variables such as depression, anxiety, alcohol, and drug use levels in many research groups in which quality of life is measured. In addition, in the studies conducted on sick-elderly individuals, it was found that the quality of life of the individuals was very low (Dişsiz, Beji & Oskay, 2015; Gülseren, Gümüş & Orgun, 2013; Saatçioğlu, Yapıcı & Çakmak, 2008; Sariarslan et al., 2015; Tekinarslan, 2017). These results are not similar to the results of our study.

Quality of life levels are listed from highest to lowest as intern, head chef, assistant head chef, section chief, chef, section chef, chef assistant and dishwashers. The reasons for the interns having highest quality of life is being aware of the fact that they are working temporarily in enterprises, having less than 8 hours of working time, doing the works that are considered to be the simplest among the kitchen workers and not having problems in weekly leave.

Quality of life has been found to be higher in married male kitchen employees. In addition, the quality of life increases as the number of children increases. It has been determined that the quality of life of the kitchen employees who have bachelor's degree is high. According to income status, it has been determined that the quality of life increases as the income level increases.

Explanatory factor analysis (EFA) and confirmatory factor analysis (CFA) have been performed in order to ensure the structural validity of the quality of life scale used in the research. According to the results of explanatory factor analysis (EFA); it has been found that it has a structure of 22 expressions and 4 dimensions and does not preserve the original structure of the scale. The results of confirmatory factor analysis (CFA) exhibit that fitness values are within the accepted values in the literature. It has been determined that 22 statements and 4 dimensional structures obtained as a result of explanatory factor analysis are confirmed.

In the research, simple linear regression analysis has been performed to determine the effect of sub-dimension of quality of life scale on the scale and the most effective sub-dimension. According to the results obtained, it is concluded that the most effective dimension is psycho-social. It has been revealed that the explanation ratio of the change in the scale has been realized as 77,7%.

The research results are limited to 4- and 5-star hotel kitchen employees providing services in Antalya. Subsequent studies to be carried out may also include the kitchen personnel working in all tourism businesses providing services in Turkey and obtained results may be generalized.

In order to increase the level of education of kitchen workers, opportunities can be offered to them to graduate open high school and the related departments of distance education. In addition, it can be ensured that the wages given are adjusted to the current living standards to increase the quality of life.

Legislative arrangements can be made for kitchen employees to receive ranks. Ranks can be given to the individuals who fulfill the conditions determined by the institutions and organizations. A professional law can be adopted for kitchen employees. Vocational standards can be created by assigning seniority ranks objectively. In this way, kitchen employees' difficulties in job guarantee can be eliminated and living standards can be increased.

Kitchen employees without additional income (tips) may be given bonuses at certain times of the year. The services can be negotiated with the

service department and a fair share from the tips can be ensured. With this fair distribution, the quality of life of individuals can be increased.

Kitchen employees are constantly considering some issues about work, even on their leave days. This situation is caused by the intensive work of the individual throughout the year. Psychologist service can be provided to support kitchen workers. The psychologist can communicate personally with the individuals and can help overcome problems such as anxiety, concern and fear.

Acupuncture treatment method, which has healing effect in the body without taking medication support periodically to eliminate physical pain of kitchen employees, can be applied by expert physiotherapists to increase physical quality of life.

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