

Analysis of the Quality of Life of University Employed Subcontractor Laborers in the Context of Social Work

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On a global scale, subcontracted labor is being practiced to reduce labor costs in enterprises. This method of non-union, precarious employment, sometimes below the minimum wage, increases the urban poor and relative poverty through the subcontracted laborers. For this reason, this research aims to determine the quality of life of subcontracted laborers working in universities and to propose solutions in this regard. The sample of the research was determined by random sampling method among subcontracted laborers working in a foundation university in Istanbul and subcontracted laborers working in a state university in Konya, in 2017. A 27-item WHOQOL-BREF Quality of Life Scale was used in the study. The quality of life of the sample group was found to be moderate. The research also examined the relationship between the demographic characteristics and the quality of life of the sample group. The quality of life of the subcontracted laborers working in the state university in Konya was found to be related to their marital status and the number of individuals in their family. The quality of life of subcontracted laborers working at foundation universities in Istanbul was found to be related to their age, educational status, the number of individuals in their families, the number of working individuals in their families, monthly household income, and monthly household food expenditure. In line with these findings, proposals have been suggested to employers in order to improve the quality of life and work efficiency of subcontracted laborers.

Keywords: subcontracted labor, quality of life, urban poverty, relative poverty

Introduction

Subcontracting in the working life means that in an enterprise, the work or services are being carried out by sub-employers on behalf of the principal employer. In other words, the sub-employer is the person who makes a certain work or service specified with a contract on behalf of the employer. Such relationship between the primary employer and the sub-contractor is also referred to as contract manufacturing. The laborer which is employed by the subcontractor employer is called the subcontractor laborer (Kaya, 2015, pp. 258, 259; İslamoğlu & Yıldırım, 2016, p. 176). The purpose of subcontracting is to reduce labor costs by getting rid of

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the obligation imposed by the regulation on job security. This is often interpreted as a transfer of informal employment to formal economy (Suğur, 2013, pp. 127, 140).

The type of employer referred to as “sub-employer” in the *Labor Law No. 4857* is, in practice, known as “sub-contractor”. In our country, subcontracting was formerly based on justified reasons. For example, subcontracting some works, such as the electrical system installation or woodworking of a building; running a cafeteria in a factory workplace; and transport of workers by service vehicles and security service are considered reasonable practices. However, since the 1980s, along with the privatization of the public institutions within the government’s downsizing policy, the use of subcontractors started first with municipalities that subcontracted their cleaning services to subcontractors, and then, spread to the private sector businesses as an epidemic disease (Şakar, 2010, p. 30; Güzel, 2010, p. 15). Currently, subcontracting has become widespread in many areas, such as hospitals, educational institutions, universities, highways, energy, and mining. These policies bring a wage below the hunger threshold or death for some workers in shipyards, mines, and bridge-road-business center constructions (Kaya, 2015, p. 261).

According to the Article 2 of the *Labor Law*:

The connection between the subcontractor who undertakes to carry out work in auxiliary tasks related to the production of goods and services or in a certain section of the main activity due to operational requirements or for reasons of technological expertise in the establishment of the main employer (the principal employer) and who engages employees recruited for this purpose exclusively in the establishment of the main employer is called the principal employer-subcontractor relationship. (Şakar, 2010, pp. 32, 33; Kaya, 2015, p. 258).

This practice, called “subcontracting”, is regarded as a despotic labor regime and brings along the following disadvantages (Okcan & Bakır, 2010, pp. 68-71; Şakar, 2010, pp. 30-33; Yücesan-Özdemir, 2010, pp. 42, 43; Açıkalın, 2013, pp. 324, 325; Suğur, 2013, pp. 127, 140; Kaya, 2015, pp. 259, 261; İslamoğlu & Yıldırım, 2016, pp. 176, 178; Murat, 2017, p. 112):

1. The precarious employment model is becoming widespread with subcontracting: Today, in large-scale public and private sector enterprises, almost all of the auxiliary work is given to the sub-employers. As stated in the above law, subcontracting has become even more widespread in the public and private sector by sharing the sections of the main activity with the justifications of “requiring expertise for technological reasons” and “business necessity”. Employment in subcontracting companies is based on a flexible and precarious employment model; leans on a fraudulent policy to lower wages; and shifts employment from the formal sector to the informal sector. As a result, flexible and precarious employment becomes widespread along with subcontracting.

2. Violations against the individual rights of workers of sub-employers are increasing: The 2nd and 5th Articles of the *Labor Law* regulate that the rights arising from the legislation can not be restricted due to the fact that workers are only employed as sub-employer workers. However, with the threat of dismissal, these sub-workers become vulnerable to severe working conditions and violations of rights. Unpaid overtime, late and incomplete payment of salaries, unused annual leave, arbitrary dismissal in order to reduce the number of workers when work is less, unpaid notice and termination indemnity, and absence of occupational health and safety measures are only some of these violations.

3. The wages and rights of both the principal employer’s and the sub-employer’s workers are suppressed: The subcontractor applies despotism in a harsh manner in terms of wages, working hours, and working conditions in order to get the job of the main company and suppresses the wages of subcontract workers.

Moreover, day by day, the main workers are also being dragged into this loop, and they are forced to give up their demands with the threat of “subcontracting”. Although Paragraph 6 of Article 2 of the *Labor Law* stipulates that, “the rights of the workers of the main employer can not be restricted by being hired by a sub-employer”, it is likely that such restrictions or violations of rights can be experienced. In addition, workers who do the same or similar work in their workplaces are included in two different legal statuses. This causes polarization among employees.

4. Trade union rights of workers’ are suppressed and collective bargaining opportunities are hampered: The spatial and institutional fragmentation caused by subcontracting has hampered the common resistance and struggle of laborers in seeking basic human rights. Even if unionization is maintained in the workplace, the mass of workers benefiting from the collective bargaining contract is narrowed as the main job sections are allocated to the sub-employers on the grounds of “requiring expertise for technological reasons” and “necessity for work”. As a result, the subcontracting system in Turkey has become so widespread that the number of subcontracted workers has passed the number of unionized and permanent workers in many workplaces. Therefore, in workplaces where subcontracting is prevalent in the main jobs, the strike by the unionized main employer workers is not enough to stop production. This situation makes it almost impossible for even the main workers to establish union organization and collective bargaining. Yet, a worker without a union, a job security and a social security is forced into a submissive lifestyle that submits to everything because he/she is not sure of his/her future and he/she is marginalized.

Due to these problems, workers and trade unions are campaigning for the removal of the subcontracting system and working in a work environment suitable for human dignity, however, it is observed that the this system is rapidly spreading around the world (İslamoğlu & Yıldırım, 2016, p. 176). At the same time, this process is accompanied by irregularities in wages (flexibility), poor working conditions, and irregular work. In other words, the growth of structural unemployment for the unqualified and semi-qualified labor force leads to income inequality, poverty, social polarization, and marginalization. Therefore, the increasing social polarization between high-income professional managers and temporary, unregistered employees has led to social stratification and the gradual decline of the middle income group (Açıkalın, 2013, p. 324). As a matter of fact, in a study conducted by Aksungur (2009), examining the quality of life scores of midwives and nurses according to their types of work, it was found that the quality of life perceived by the permanent staff in terms of general health, and psychological and social areas were higher than that of the contracted employees. According to the findings of Kaya’s (2015) field survey on 400 subcontractor workers working in public institutions in Adıyaman city center, temporary employment, low wages and late payments, overwork, discrimination, and annual leave are the main problems of contracted workers. The majority of workers participating in the survey have a negative approach towards subcontracting in the public sector, which they consider to be causing significant restrictions on their rights; and they demanded permanent employment, better remuneration, trade union rights, and severance pay. Similarly, in the research conducted by Cigerci Ulukan and Özmen Yılmaz (2016) on subcontracting women workers working in the public health sector, it has been found that women work under extreme workload with minimum wage not to lose their jobs, that they have no pension guarantee, and that rather than making a positive impact on the empowerment of women, subcontracting system hardened their “double working” conditions, when considered together with their domestic workloads.

Subcontracting also brings with it the concepts of “working poor”, “urban poor”, and “relative poverty”. Today, the most important indicators of working poverty in cities can be listed as low incomes, increase in

living costs especially in urban areas, inequality in access to basic services, such as clean drinking and utility water, irregularity in employment, and excessive exploitation of the workforce by hindering union rights due to subcontracting. Such inequalities also lead the subcontractor workers to compare their situation with other permanent workers and to live relative deprivation (Açıkalın, 2013, pp. 336, 337).

In line with all of these explanations, it can be said that the part of the workers employed by subcontracting companies is in relative urban deprivation. The aim of this research, therefore, is to determine the level of quality of life of the subcontractor workers employed in the universities, to compare the findings with other researches made in this subject, and to make suggestions in the context of social works.

The Impact of Career on the Quality of Life

Interest in the concept of “quality of life” has increased considerably in recent years after the World Health Organization positively identified health as “a state of full physical, mental, and social well-being, but not only the absence of illness and disability” in 1946 (Özüdoğru, 2013, p. 19; Koltarla, 2008, p. 41).

The reason for the increase in interest in the concept of quality of life is the great decline in living conditions despite the technological developments, globalizing world conditions, and innovations. Even today, more than a billion people are faced with adverse living conditions, such as inadequate health conditions and facilities. Such problems make it increasingly difficult for individuals to be satisfied from life. Taking into consideration all these negativities encountered; the concept of quality of life, which is related to ensuring and maintaining a balanced psycho-social and economic prosperity, has become a universal approach (Aydiner Boylu & Terzioğlu, 2007, p. 1).

According to the World Health Organization, quality of life (QOL) is a form of subjective perception based on assessing one’s own life in the culture and values system in which the individual lives and is defined as the perception of the individual’s position in life in relation to his/her goals, dreams, standards, and anxieties. Briefly, it is a narrative of the individual wellbeing condition, and it covers the satisfaction levels on various aspects of life (Perim, 2007, p. 1; Koltarla, 2008, p. 41; Kızılırmak, 2014, p. 10; Aydiner Boylu & Paçacıoğlu, 2016, p. 138). Thus, this concept is not a measurable quantity, but a subjectively perceived quality. When measuring the quality of life, it is necessary to determine to what extent people are satisfied with their physical, psychological, and social functions, and to what extent they are disturbed by the presence or absence of features related to these aspects of their lives. When the perceived quality of life can not be improved and/or is not sustainable, there is always the risk that the situation will become more difficult for future generations (Aydiner Boylu & Terzioğlu, 2007, p. 129).

In this case, the quality of life includes the physical functions, the mental state, and the social relations of the individual within and outside the family, and shows how much this situation affects the functioning of the individual. In other words, if the individual is healthy, is lack of physical, psychological, economic problems, and is in good relation with his/her family and environment, this shows that this individual is satisfied with his/her private life and work life, and that the quality of life is good (Güngör Çıray, Vatansever, & Durmaz Akyol 2007, p. 10; Yıldırım & Hacıhasanoğlu, 2011, p. 62; Kızılırmak, 2014, p. 10). In this case, business and professional life can also affect the quality of life. Employees in some professions can be mentally affected because of their work and this can be reflected in their quality of life. Job stress, work-related fatigue, stress, exhaustion, depression, or occupational satisfaction are factors affecting the quality of life of individuals. Many challenging processes that employees face during their work life may worsen their quality of life while

occupational satisfaction can improve it (Yeşil et al., 2010, p. 111). Kavlu and Pinar (2009) investigated the effects of burnout and job satisfaction on quality of life of nurses working in emergency departments, and found out that as emotional exhaustion and desensitization increase, job satisfaction, and quality of life decrease; as personal success increase, job satisfaction and quality of life increase. Therefore, there was a positive relationship between job satisfaction and quality of life.

In Turkey, a limited number of studies have been found which examine the level of quality of life of individuals in different working environments and the variables that can affect their quality of lives. These studies were mostly on health professionals (Ay, Güngör, & Özbaşaran, 2004; Kaya & Piyal, 2004; Güngör et al., 2007; Kavlu & Pinar, 2009; Aksungur, 2009; Yıldırım & Hacıhasanoğlu, 2011; Selvi, Güzel Özdemir, Özdemir, Aydın, & Beşiroğlu, 2010; Yeşil et al., 2010; Aydın, Çelik, & Uğurluoğlu, 2011; Kızıllırmak, 2014), sportsmen (Güllü & Çiftçi, 2016), white-collar workers (Vural, 2010) and teachers (Karagün, 2016).

In this study, it is aimed to measure the quality of life of the subcontracted workers working in universities and to examine the relationship between the demographical characteristics and life qualities of this group.

Research Methods and Tools

Research methods and tools have been described under the titles of research sample, data collection techniques, data collection tools, and evaluation of data.

Sample of Research

In the research, firstly, a foundation university was selected with the cluster sampling method in Istanbul Province and a state university was selected with the cluster sampling method from Konya Province in 2017. Then, 75 people selected by random sampling method among the personnel (officer, technical officer, and cleaning officer) assigned to both universities via subcontracting firms have formed the sample of the research. Fifty-eight point seven percent of the sample group was working in the state university and 41.3% was in the foundation university.

When the demographic characteristics of the sample group are examined, according to Table 1, 60% of the participants are male and 40% are females. In addition, 37.3% of the sample group is between the ages of 31-39 years, 33.3% is between 18-30 years old, and 29.4% is over 40 years old. Nearly half (45.3%) of the respondents to the survey were high school graduates, 26.7% were university graduates, 16.0% were primary school graduates, 6.7% were middle school graduates, and 5.3% were literate. The majority of respondents (73.3%) were married and 26.7% were single. More than half (57.3%) of the sample group had four or more individuals in the household, and 42.7% had three or fewer individuals. Considering the number of children in the household, 33.3% had two children, followed by 26.7% with no children, 22.7% with one child, and 17.3% with three or more children. When the number of individuals working in households is examined, in the household of more than half of the respondents (57.3%), only one person is in paid employment, two people in 36.0%, and three people in 6.7% of respondents. When the monthly total income in the households of the participants is examined, it is found that 38.7% of them have income over 2,801 TL, 33.3% have 1,800 TL, and less than 28.0% have income between 1801 and 2800 TL. The monthly food expenditure of households in the sampling group was found to be 501 TL and over alin 53.3%, and 500 TL and less in 46.7%.

In this case, it can be said that although the income of the group of workers involved in our research seems to gain above the minimum wage, the monthly cost of living for one person for the year 2017 is TL 1.989 and

the monthly food expenditure (hunger limit) that a four-person family should make in order to maintain a healthy, balanced and adequate diet is 1.608, 13 TL, and this shows inadequate monthly food expenditure of the sample group (TISK, 2017).

Table 1

Demographic Characteristics of the Sample (N = 75)

Type of university	N	%	The number of individuals in the household	N	%
State university	44	58.7	Three or less	32	42.7
Foundation university	31	41.3	Four or more	43	57.3
Gender			Number of children in the household		
Female	30	40.0	No children	20	26.7
Male	45	60.0	One child	17	22.7
Age			Two children	25	33.3
Between 18 to 30 years old	25	33.3	Three and over children	13	17.3
Between 31 to 39 years old	28	37.3	Number of working individuals in the household		
40 years old and over	22	29.4	One person	43	57.3
Education level			Two persons	27	36.0
Literate	4	5.3	Three persons	5	6.7
Primary school graduates	12	16.0	Monthly total income in the household (TL*)		
Middle school graduates	5	6.7	1,800 and less	25	33.3
High school and equivalent graduates	34	45.3	Between 1,801 to 2,800	21	28.0
University graduates or higher	20	26.7	2,801 and over	29	38.7
Marital status			Monthly food expenditure in the household (TL*)		
Married	55	73.3	500 and less	35	46.7
Single	20	26.7	501 and over	40	53.3

Note. * 1 \$ was 3.65 TL in 2017 in Turkey.

(Source: <http://paracevirici.com/doviz-arsiv/merkez-bankasi/gecmis-tarihli-doviz/2017/amerikan-dolari>)

Data Collection Tools

“General Screening Model” was used in the execution of this study. Survey technique was used to obtain the data. In order to determine the factors affecting the quality of life of the sample group, a two-step questionnaire consisting of the “Personal Information Form” and the “Quality of Life Scale” was prepared.

Quality of life scale. WHOQOL-BREF, World Health Organization Quality of Life Short Form, contained 26 questions selected from WHOQOL-100 Form. In this study, the “Quality of Life Scale” was calculated by adding the 27th question developed for Turkish society. WHOQOL-BREF consists of 27 questions and four areas: physical, spiritual, environmental, and social area. The questions have a 5-Likert type scale. The scale does not have a total score. Each subfield score ranges from 4 to 20. Higher scores indicate better quality of life. In the evaluation, the Questions 3, 4, and 26 which have negative ratings are reversed by making them positive as 1 = 5, 2 = 4, 3 = 3, 4 = 2, and 5 = 1. The first two questions, including the quality of life and general health questions are the general questions; scores of these questions are evaluated separately, not included in sub-dimension scores.

The validity and reliability of the scale at WHOQOL-BREF was evaluated by Eser et al. (1999); the Cranach alpha values of the sub-fields were found to be 0.83, 0.66, 0.73, and 0.53 for physical, mental, environmental, and social areas, respectively. In the study conducted by Kavlu and Pinar (2009), the internal

consistency of the questionnaire was re-evaluated and Cranach alpha values were found to be 0.81, 0.76, 0.70, and 0.62 for physical, mental, environmental, and social areas respectively.

Evaluation of Data

In the study, the averages of the life quality of the sample group were examined. In addition, Pearson Correlation Coefficient is used to determine whether there is a significant relationship between the demographic characteristics and the quality of lives of the individuals forming the sample group.

Findings and Discussion

Examination of the Quality of Life of the Sample Group

The first two items of the scale require separate evaluation of individual's quality of life and health satisfaction criteria from the other sub-dimensions. For this reason, the average of these two questions is taken separately. According to the obtained data, the sample group working both at the foundation university and at the state university evaluated their quality of life as "neither good nor bad" ($X = 3.05$) (see Table 2). When the literature on the quality of life of employees is examined; the quality of life of the healthcare employees in Yildirim and Hacıhasanoğlu's research (2011) and the quality of life of the nurses in Farrokhan, Motaghi, and Sharif's the research (2016) was found to be moderate and similar to ours.

Table 2

Averages of Scores for the Quality of Life Scale of the Sample Group (N = 75)

		N	\bar{X}	S_x	Score
* How do you find your quality of life? (Life satisfaction)	State University employee (Konya)	44	3.20	0.79	
	Foundation University employee (Istanbul)	31	2.84	0.90	Neither good nor bad
	Toplam	75	3.05	0.85	
** How satisfied are you with your health? (General health)	State University employee (Konya)	44	3.64	0.97	Quite satisfied
	Foundation University employee (Istanbul)	31	3.23	1.15	Neither satisfied nor dissatisfied
	Total	75	3.47	1.06	Quite satisfied
*1.00 = Very bad			**1.00 = Not satisfied		
1.80 = A little bad			1.80 = Very little satisfaction		
2.60 = Neither good nor bad			2.60 = Neither satisfied nor dissatisfied		
3.40 = Pretty good			3.40 = Quite satisfied		
4.20 = Very good			4.20 = Very satisfied		

Note. The division into ratios is $4/5 = 0.80$ for the gap digit of the likert type scale of 5. This number determines the minimum transition scores between the digits of the likert type scale.

Regarding individuals' satisfaction with their health, while employees at state universities were "quite satisfied" ($X = 3.64$), employees at foundation universities expressed "neither satisfied nor dissatisfied" ($X = 3.23$) (see Table 2). The majority of participants (70.6%) were under the age of 40 year, usually were young adults and middle-aged adults; therefore, it is normal that no health problems exist as they are experiencing a period in which the body is the most dynamic, most resistant to diseases. However, when it is taken into account that individuals aged 40 and older have no significant difference in urban distribution with respect to age (Konya: 27.3%; Istanbul: 32.3%); the difference between the universities suggests that the level of job satisfaction of those working at foundation universities may be low, which may reflect negatively on their performance and health perceptions. Other factors may be related to individual differences, such as the cities where they live (due to the traffic intensity caused by the size of the city, a large part of the individual's time

passes in traffic), or having insufficient income to cover their health expenditures and thus turning their health problems chronic.

The general health perception determining the quality of life of midwives and nurses who participated in Aksungur's (2009) research was found to be moderate and overlaps with the findings of the workers at the foundation university in our research.

Examination of the Quality of Life of the Sample Group in Relation to Their Demographic Characteristics

According to Table 3, the quality of life of the sample group working at the state university varied significantly, especially in the mental and physical areas: Those who were single had higher quality of life in the mental area ($r = 0.391$, $p < 0.01$) than the married ones. As the number of participants in households decreased, the quality of life in the physical area increased ($r = -0.383$, $p < 0.05$).

The reason for the low level of mental quality of life for married individuals may be due to their dual responsibilities both in working life and family life, which tuckers out them mentally and lowers the quality of life in this area. Similarly, the increase in the number of individuals in the family brings along the increase in family responsibilities, which brings physical challenges.

No statistically significant relationship was found between the other demographic characteristics (gender, age, education, number of children in the household, number of individuals working in the household, monthly household income, and monthly household food expenditure) of the sample group working in state university in Konya and the total quality of life and sub-factors (physical, mental, social, and environmental area) ($p > 0.05$) (see Table 3).

Table 3

Pearson Correlation Coefficient of Life Quality of the Sample Group According to Demographic Variables (State University: N = 44)

	Gender	Age	Education	Marital status	Number of individuals in the household	Number of child in the household	Number of employees in the household	Monthly household income level	Monthly household food expenditure
Faktör 1: Physical area	0.012	-0.166	-0.055	-0.177	-0.383*	-0.109	0.005	-0.072	0.134
Faktör 2: Mental area	0.033	-0.065	0.076	-0.391**	-0.231	-0.068	0.064	0.026	0.054
Faktör 3: Social area	0.147	-0.025	-0.185	-0.208	-0.221	-0.156	0.183	-0.042	-0.056
Faktör 4: Environmental area	-0.064	0.018	0.076	-0.021	-0.077	0.019	-0.011	-0.017	0.067
Total Life Quality	0.022	-0.077	-0.004	-0.243	-0.284	-0.085	0.057	-0.031	0.078

Notes. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *1 = Female, 2 = Male; **1 = Married, 2 = Single; ***1 = State university, 2 = Foundation university.

When Table 4 is examined, it is seen that as the age of the sample group working at the foundation university increased, the quality of life in the social area increased ($r = 0.388$, $p < 0.05$). The reason for this development can be attributed to the development of the social area in both business and family environment, together with age. In addition, the quality of life of participants in the environmental area was found to be higher when their education levels ($r = 0.383$, $p < 0.05$), monthly household incomes ($r = 0.377$; $p < 0.05$), and the number of individuals in the household increased ($r = 0.380$; $p < 0.05$).

Besides, as the number of working individuals in the households of sample group at the foundation university increased, it is found out that their quality of life in the mental ($r = 0.393$, $p < 0.05$), social ($r = 0.425$, $p < 0.05$) and environmental ($r = 0.483$, $p < 0.01$) areas also increased, together with total quality of life ($r =$

0.449; $p < 0.05$). It was also found that as the monthly food expenditures of the same group increased, social ($r = 0.371$; $p < 0.05$) and environmental ($r = 0.401$; $p < 0.05$) areas as well as the total quality of life ($r = 0.355$; $p < 0.05$) also increased (see Table 4). Thus, it can be said that as the number of working individuals in the household, household income, and monthly household food expenditure, as indicators of socio-economic level of the individual, increases; access to social and environmental resources becomes easier; resting and leisure time opportunities increases and thus quality of life increases.

Particularly in the “environment area” that determines quality of life; physical resources, physical security and safety, health services and social assistance, accessibility and quality, home environment, opportunities to acquire new knowledge and skills, recreation and leisure time opportunities, physical environment (pollution/noise/traffic/climate), and transportation variables are included. In this case, it can be said that as the level of education and the monthly income of the household, which are two of the socioeconomic level determinants, increased, the economic level of the individual also increases which therefore enables the access to the other opportunities mentioned above.

While the increase in the number of individuals in the household forced the sample group in Konya in terms of physical area, the sample group in Istanbul was pleased in terms of the environmental field. The increase in the quality of life in the environmental area felt together with the increase in the number of individuals in the household may also be related to the perceived individual differences and the lifetime in which the family lives. The traditional family life cycle was conceptualized around six basic stages by Carter and McGoldrick (1980). These phases are: independence phase, mate selection and marriage, parenting, parents with adolescent children, families with adult children, families at retirement, and old age (Zastrow & Krist-Ashman, 2014, p. 251). For example, in the beginning of the parenting period, the husband and wife may have more difficulties to access environmental resources since they are inexperienced in child care and family management. For the spouses in the midst of parenting, although the number of children and their responsibilities have increased, years of experience can make it easier for them to cope with the environmental challenges.

No statistically significant relationship was found between the other demographic characteristics (sex, marital status, and number of children in the household) and total quality of life and sub-factors (physical, mental, social, and environmental area) of the sample group working at the foundation university in Istanbul ($p > 0.05$) (see Table 4).

Table 4

Pearson Correlation Coefficient of Life Quality of the Sample Group According to Demographic Variables (Foundation University: N = 31)

	Gender	Age	Education	Marital status	Number of individuals in the household	Number of child in the household	Number of employees in the household	Monthly household income level	Monthly household food expenditure
Faktör 1: Physical area	0.072	0.179	0.139	0.112	0.012	-0.067	0.245	-0.294	0.228
Faktör 2: Mental area	0.098	0.136	0.333	0.263	0.274	0.199	0.393*	0.124	0.226
Faktör 3: Social area	-0.034	0.388*	-0.016	-0.056	0.195	0.115	0.425*	-0.068	0.371*
Faktör 4: Environmental area	0.116	0.247	0.383*	0.289	0.380*	0.134	0.483**	0.377*	0.401*
Total Life Quality	0.092	0.254	0.291	0.218	0.267	0.107	0.449*	0.090	0.355*

Notes. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *1 = Female, 2 = Male; **1 = Married, 2 = Single; ***1 = State university, 2 = Foundation university.

Comparison of Findings on Gender Variables

In this research, there was no relationship between gender and quality of life of the people working at the state university and the foundation university ($p > 0.05$). Similarly, there was no statistically significant difference between sex and quality of life subscales in the research conducted by Avci and Pala (2004) on researchers and specialists working in the Faculty of Medicine; and in the research conducted by the World Health Organization (WHO, 1998). However, in some studies on healthcare employees (Yıldırım & Hacıhasanoğlu, 2011; Say Şahin et al., 2014; Kızıllırmak, 2014; Farrokhian et al., 2016) and teachers (Karagün, 2016), the quality of life of men was found to be higher than women. Therefore, the findings of these five studies did not support the findings of the research conducted.

Comparison of Findings on Age Variables

In the research conducted on the employees working in foundation university in Istanbul, it was found that the living standards of the elderly in social area were higher ($p < 0.05$). In other researches, it was determined that the life quality of the younger ones is higher in the social area (Say Şahin, Önal, Pehlivan Sütü, Kılınç, & Mutluay, 2014) and the physical area (Aksungur, 2009; Karagün, 2016). These three findings did not overlap with the findings of the research conducted. The reason for this distinction may be due to the fact that in our study the majority of participants (70.6%) were under 40 years old and therefore young.

Comparison of Findings on Educational Status Variables

The level of education is an important determinant in the quality of life and in our study, as the education level of the employees of the foundation university increased, the living quality in the environmental area also increased ($p < 0.05$). In some other studies, it was found out in the sample group that the quality of life in the physical area of those with a high level of education increased (Kaya & Piyal, 2004; Güngör et al., 2007); the quality of life in the spiritual area is increased (Aksungur, 2009); or the quality of life was not affected (Say Şahin et al., 2014). In line with these findings, it can be said that the high level of education often increases the quality of life of the individual as it provides advantages in the business environment.

Comparison of Findings on Marital Status Variables

In the research conducted on the subcontracted laborers working in foundation university in Istanbul, it was found that the quality of life of married people in the mental area was found to be lower than that of the singles ($p < 0.01$). Other areas of quality of life (physical, social, and environmental) were not found to be related with the marital status ($p > 0.05$). Other researches conducted in this subject in the literature show that married people have higher quality of life in mental, social and environmental areas than single people (Avci & Pala, 2004); the quality of life in the physical health area is low, but the quality of life in the mental area is high (Aksungur, 2009); the quality of life in the social area is high, but the quality of life in the environmental area is low (Yıldırım & Hacıhasanoğlu, 2011); the quality of life in the physical area is low, but the quality of life in the mental area is high (Farrokhian et al., 2016). Therefore, the findings of these four studies do not overlap with each other and the findings of this research. These results suggest that marital status is not a definitive determinant of life quality.

Comparison of Findings on Number of Child Variables

Among the subcontracted workers working at the state university and the foundation university, there was no significant relationship between the quality of life and the number of their children ($p > 0.05$). According to

Aksungur's (2009) research, the quality of life scores of the midwives and nurses who constituted the sample group did not differ according to the number of children. This finding supports the findings of this research conducted.

Comparison of Findings on Income Level Variables

The household income level is another important determinant of the quality of life and it is found that the life quality of employees in the foundation of our study increased in the environmental area as the monthly household income increased ($p < 0.05$). It was also found that as the monthly food expenditure of the same group increased, the life quality in the social ($p < 0.05$) and environmental ($p < 0.05$) areas increased together with total quality of life ($p < 0.05$). Similarly, in some studies, it has been determined that the high income level increases the quality of life of the individuals in the social and environmental area (Karagün, 2016); quality of life in physical and environmental area (Ay et al., 2004); the quality of life in the social area (Güngör et al., 2007); the quality of life in the mental area (Güllü & Çiftçi, 2016). In some other studies, it has been determined that low income leads to a decrease in the quality of life in physical and environmental area (Yıldırım & Hacıhasanoğlu, 2011) and in the quality of life in general (Kızılırmak, 2014). There is also findings that the income level of the individual does not affect the quality of life (Say Şahin et al., 2014).

Thus, while the first six research findings mentioned above were partially similar with the results of the economic indicators in the study, the findings of Say Şahin et al. (2014) did not show similarity.

Conclusion and Recommendations

This study examined the quality of life of subcontracted laborers working at the universities and significant differences have been identified in the quality of life of employees at state universities and foundation universities, according to their demographic characteristics. For example, among the employees working at the state university in Konya, the quality of life of those who are single ($p < 0.01$); and the quality of life of those with low number of individuals in the households ($p < 0.05$) are found to increase.

Among those working at foundation universities in Istanbul Province, the quality of lives of older ones were found to be higher in the social area ($p < 0.05$); the quality of lives of those with a high level of education ($p < 0.05$) and with a high number of individuals in the household ($p < 0.05$) were found to be higher in the environmental area. It was found that as the number of working individuals in the households of the sample group in the foundation university increased, the quality of life in the mental ($p < 0.05$), social ($p < 0.05$) and environmental ($p < 0.01$) areas increased, together with the total quality of life ($p < 0.05$). It was also found that as the monthly food expenditures of the same group increase, the quality of live in social ($p < 0.05$) and environmental ($p < 0.05$) areas also increased, together with the total quality of life ($p < 0.05$).

As seen in Tables 2, 3, and 4, the difference in quality of life between state and foundation universities can be caused both by the employment policies of the universities and the intermediary subcontracting organizations as well as by the different cities. It is obvious that the cost of living in Istanbul and the difficulty of transportation in traffic are much more noticeable than in Konya. The quality of life of the subcontracted laborers working in the state university in Konya has not been associated with economic origin demographic characteristics, such as income, education level, and food expenditure. Especially, when considering the low wages of subcontracted workers and the lack of a future guarantee, the result is different from the expectations. The reason can be attributed to the fact that the living facilities in Konya Province are cheaper than other big cities; the business environment at the state university is far from being competitive as it is in other public units

and it has a structure that respects the personal rights of employees. As a matter of fact, in the study conducted by Yasım (2007), the level of job satisfaction of subcontracted workers was found to be high. Similarly, the study of Islamoğlu and Yıldırım (2016), on the subcontracted laborers working in the public sector, have reached the conclusion that workers are satisfied with their situation despite the negativities they have experienced, because of the high unemployment rates, because they are paid on time, and finding their alternatives is easy due to their low skills.

In addition, within the scope of Temporary Article 23 and Temporary Article 24 of the *Decree Law No. 375*, the principles regarding the transfer of subcontracted workers employed in public institutions and organizations to permanent workers' positions or to the status of workers in local administration companies, have been issued by the Ministry of Labor and Social Security and published in the Official Gazette on January 1st, 2018. This practice is a pleasing development for the subcontracted workers.

When considering the number of subcontracted workers in Turkey increases in parallel to the world, and the number of sub-employer workers is over 1.5 million in 2017 and half of them are employed in the public sector (Yasım, 2017, p. 105); it means that there will be no improvement in the situation of approximately 800 thousand subcontractor laborers working in the private sector today.

In the light of the results obtained above, the following suggestions can be made to the institutions that employ subcontracted workers in order to increase productivity in the workplace and to improve the quality of life of subcontracted workers:

- Attempts should be made to avoid the negativities arising from workers' professions; personal rights should be corrected, economic support must be provided; adequate time for sleeping and resting should be given; and healthy nutrition in the institution should be provided.
- Managers should prioritize in-house training, reorganize working hours, plan social and sporting activities, and improve the possibilities of professional progress.
- Scales related to the life satisfaction of employees should be applied at certain intervals; and measures should be taken to improve the working environment and working conditions on an institutional basis according to the changes over time

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