

Occupational accidents experienced by young employees in hotel kitchens¹

Gülşah AKKUŞ²

Avni İZMİRLİ, Ahmet Kaan HATİPOĞLU, Ayşe ÇELEBİ, Sina ERDEM, Ahon BEH³

ARTICLE INFO:

Declaration (Thesis/Paper): If the article is derived from a thesis or paper, it should be reported here.

Copyright & License: The authors own the copyright of their work published in the journal and their work is published under the CC BY-NC 4.0 license.

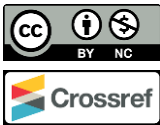
Similarity Report: Received

Article Type: Research Article

Article Registration Date: 21.09.2026

Approval Date: 28.09.2026

Citation: : Akkuş, G. & İzmirli, A. & Hatipoğlu, A. K. & Çelebi, A. Ahon Beh, S. Erdem. (2026). Occupational accidents experienced by young employees in hotel kitchens. Journal of Current Debates in Social Sciences, 9(2), 136-148.
DOI: [10.29228/cudes.96692](https://doi.org/10.29228/cudes.96692)



Abstract

Hotel kitchens are the most hazardous departments of hotel establishments in terms of occupational accidents. The fact that one in every four employees is a young worker aged 15–24, and that this group has the highest occupational accident rate among all industry sectors, has led recent studies to focus on young workers. This research addresses young workers employed in the kitchen departments of accommodation establishments, which, despite being classified as 'low hazard', rank among the highest in occupational accidents. The aim of the research is to uncover the factors underlying the occupational accidents experienced by young workers while working in hotel kitchens. Despite the importance of the topic, no study exists in the literature on the occupational accidents specifically experienced by young hotel workers. Using a qualitative research approach, answers were sought to the questions of what types of occupational accidents young workers experience, how these accidents occur, and how they can be prevented. Within the scope of the research, in-depth interviews were conducted with 14 young workers who had experienced an occupational accident while working in hotel kitchens within the last three years, and the resulting data were analyzed following the Reflexive Thematic Analysis process.

The findings of the study revealed that young workers employed in hotel kitchens: (i) experienced burns and cuts as the most common types of occupational accidents, similar to their colleagues; (ii) sustained injuries most frequently to their upper extremities as a result of these accidents; (iii) experienced accidents attributable to unsafe work environments, unsafe behaviors, and unsafe social environments, respectively; (iv) were most frequently involved in accidents associated with administrative factors and their own slips & lapses; (v) their mistakes were associated with almost all unsafe environmental factors; (vi) although the majority had received occupational health and safety training before hired, only a small proportion received repeated training following the accident; (vii) experienced physical and emotional problems following the accidents; and (viii) approximately half perceived the accident as an opportunity to sleep and rest.

Key Words: Occupational Accident, Young Worker, Hotel Kitchen

¹ This article is derived from the project titled “İ. Mutfakta biri mi var? Genç çalışanların otel mutfaklarında yaşadıkları işe bağlı kazalar (Is there anyone in the kitchen? Occupational accidents experienced by young employees in hotel kitchens)” project number 1919B012423068, submitted to the TÜBİTAK 2209-A University Students Research Projects Support Program, 2024/1 period.

² Associated Professor, İzmir Kâtip Çelebi University, 0000-0003-0263-8609, gulsah.akkus@ikcu.edu.tr.

³ Undergraduate, İzmir Kâtip Çelebi University.

1. INTRODUCTION

Any event occurring at the workplace or as a result of the performance of work that results in death or causes physical or mental disability is classified as an occupational accident (OA) (Law No. 6331 on Occupational Health and Safety, Article 3). In terms of OAs, the hospitality sector, which ranks first in the tourism industry, has the most accident-prone departments in food and beverage and housekeeping (Akkuş et al., 2022). Kitchens, where food production takes place, pose many dangers and risks from the perspective of employees (Üner and Ayberk, 2019); the kitchen area, including the butchery, is responsible for more than half of the very high risks within the hotel (Yamurluklu, 2016). Thus, kitchen staff are among the most easily accessible groups of hotel personnel in terms of physical, biological, mechanical/electrical, and ergonomic risks (Tak, 2016). Kitchen staff are the employees who experience the most accidents within the food and beverage department and hotel, not only in terms of ongoing work accidents on their own (22.9%), but also in terms of witnessing work accidents (51.1%) (Üngüren, 2018). Considering that 56% of work accidents in a restaurant chain over a year occurred in the kitchen (Dinçer and Utlu, 2017), the importance of kitchens, which are classified as "low risk" under hotel operations (Hazard Classification Regulation, 2012), from an occupational health and safety (OHS) perspective becomes evident.

Age is a significant risk factor in kitchens. Young employees aged 15-24, who constitute 25-30% of the workforce in accommodation and food and beverage services (Ovacılı, 2009; TUIK, 2023), have the highest rate of OAs within hotels (Ovacılı, 2009). Studies show that the risk of OAs is inversely proportional to the age of the employee (Thamrin, 2018). Although Şahin and Erkal (2010) found that the accident rate increased as hotel employees got older, SGK (2023) reports indicate that the OA rate among young employees is twice that of adults (10.7% and 5.3% respectively).

Studies identifying the risks faced by kitchen workers, who are constantly exposed to risks due to their working conditions, are quite limited (Şahin and Erkal, 2010). There are no direct studies on OAs experienced by young people working in hotel kitchens. Existing studies have not gone beyond making general assessments by considering age as a variable within OHS research (Breslin et al., 2011). However, as stated in the 12th Development Plan of Türkiye, young people, who are among the groups requiring special policies, need to have "measures taken to protect and raise awareness in the field of occupational health and safety" (Cumhurbaşkanlığı, 2023, Article 650). Therefore, there is a need to clarify the OAs experienced by young workers in the literature.

This study examines OAs experienced by young workers in hotel kitchens. Occupational safety and health (OSH) in kitchens, considered the most dangerous area within hotel operations, has been addressed in the literature from various perspectives, ranging from accident prevention and identification of occupational diseases to work stress (Şahin and Erkal, 2010; Kohli and Mehta, 2022). However, no studies have been conducted specifically on young workers in this area. This study aims to contribute to the sector and the literature by focusing on the types of OAs experienced by young people, how these accidents occur, and how they can be prevented. A secondary objective of this study is to enable the students who conducted the interviews to gain direct experience and awareness regarding occupational safety culture.

1.1. Unsafe behavior and unsafe environment

In the literature, there is an understanding that OAs result from either the individual's physical, psychological, social, etc. characteristics (unsafe behavior) or the physical, chemical, social, psychological, organizational, and managerial factors in the work environment (i.e. unsafe environment) (Choudhry & Fang, 2008; Akkuş, 2022). Although the findings regarding whether OAs stem from employees' unsafe behaviors (Şahin & Erkal, 2010; Akkuş, 2021) or from unsafe working conditions (Akkuş et al., 2022; Cavalcante 2023) vary, it is generally known that serious and fatal accidents are caused by unsafe environments (İOSH, 2019).

Unsafe behaviour (UB) is defined as any behavior undertaken by an employee that violates the safety rules, standards, procedures, instructions, and specific criteria required for the work being performed (Li et al., 2018). An unsafe environment (UE) refers to a situation where the workplace or its physical layout, tools, equipment, and/or materials violate contemporary safety standards (Abdelhamid & Everett, 2000). In this study, the framework of UB- UE was used in coding OAs.

2. PURPOSE

The aim of this research is to identify the factors causing occupational accidents in hotels by conducting an in-depth investigation into the accidents experienced by young kitchen staff. The research seeks to answer questions about the conditions under which these accidents occur, how they happen, and whether they are preventable. Participants were also asked about occupational accidents experienced by their colleagues in the kitchen; thus, the aim was to gain a broader perspective on occupational accidents occurring in the same workplace (or any hotel where they previously worked).

3. METHOD

This research, conducted using a qualitative approach, utilized a semi-structured interview form with questions prepared based on similar studies in the literature (Akkuş, 2021; Akkuş et al. 2022). The population consisted of kitchen staff working in hotels located in the Aegean Region. The sample comprised young kitchen staff aged 15-24 who had experienced an OA in the past three years. Participants were selected using purposive sampling (Suri, 2011) to increase the likelihood of data saturation, and maximum diversity was ensured by limiting interviews to a single participant from each hotel (Patton, 2014). The sample was limited to young employees who had experienced OAs in the past three years, both to reduce recall bias and due to their age.

Individuals were selected for sampling and interviews were conducted outside the workplace, through individual communication with employees. Face-to-face interviews were conducted with 14 young employees from June 1 to September 1, 2025. Prior to the interviews, all participants were provided with detailed information about the research and their informed consent was obtained in accordance with Ethics Committee approval. The interviews, averaging 33 minutes in length, were audio-recorded and verbatim transcribed. To maintain anonymity, each participant was assigned a unique code number (K1, K2, etc.) in all analyzed documents.

The data analysis followed the six-stage Reflexive Thematic Analysis (RTA) process developed by Braun and Clark (2006, 2019): In the first stage, audio recordings made by four different interviewees were listened to and the transcripts were read several times. Then, the coding process was carried out. After all coding was done using Maxqda 2020 (VERBI Software, 2019), themes were identified with guidance from the existing literature (i.e., Reason, 2008; Akkus, 2021; Akkus et al. 2022, Arslan & Akkus, 2023) and a thematic map of the codes was created. This stage was the most labor-intensive and time-consuming stage of the process, during which some codes were combined, their suitability for the themes was assessed, and the themes were rearranged. In the final stage, the reporting process, which also incorporated the researchers' experiences, was initiated.

The reason for adopting the RTA approach in this research is related to the secondary objective of the study. This research began when one of the authors, a faculty member, encouraged four tourism management students to prepare a scientific (TÜBİTAK 2209a) project as part of their occupational safety and health (OSH) course. The author, who was also the project advisor, aimed to enable students to gain direct experience and awareness of what happens in the field through face-to-face interviews with participants of similar age groups and working in similar fields. Therefore, the students conducting the interviews were not merely passive actors collecting data, but active participants who directly interacted with the participants' experiences of workplace accidents and built their own awareness in the process.

Within the scope of this research, the causes of OAs experienced by young employees and their colleagues were analyzed based on Reason's (2008) taxonomy of human error and evaluated in conjunction with the relevant literature (Akkus, 2021; Akkus et al. 2022, Arslan & Akkus, 2023). Accordingly, it was initially thought that the causes of OAs should be grouped under two categories: UB and UE. However, based on the analysis results, unsafe environment was grouped into two separate categories: "unsafe work environment" (UWE) and "unsafe social environment" (USE). UWE was coded as administrative, physical, organizational, structural, and technical; while USE was coded as colleagues, supervisors, and guests. UB was coded under two headings: i) slips & lapses and ii) planning mistakes, adhering to Reason's (2008) taxonomy but combining some codes.

Ethical approval for this research was obtained from the Izmir Kâtip Çelebi University Social Research Ethics Committee on March 26, 2025, with approval number 2025/06-05.

3.1. Researchers' position and reflectivity

Researchers revealing their own subjective experiences and perspectives increases the transparency and reliability of the research (Demirkasımoğlu and Bezen, 2024). Most qualitative researchers, knowing that their personal characteristics and experiences are an important part of the research and therefore of data production, use these characteristics to add value to the research rather than trying to separate them from it (Turhan, 2024). Qualitative researchers can address reflectivity in two ways: as part of the method or by including it in the evaluation (Finlay, 2002). In this research, in order to increase the reliability of the research and to reveal the effects of the research process on the researchers, the researchers' positions and their interactions within the research process are included.

This research began with the first author assigning a project to four undergraduate students taking an OSH course. The students, along with the first author who was also their advisor, applied to the TÜBİTAK 2209a (University Students Research Projects Support Program) and, upon approval, proceeded to the implementation phase. During the implementation phase, the first author only assisted in finding participants; after online training on how to conduct interviews, all interviews were carried out by the student researchers (A2-A5). Initially, the search for participants who met the criteria (and were essentially similar to themselves in terms of age, education, career development, etc.) began through their social networks. The most significant problems encountered during this process were finding participants (A2 and A4), persuading them to participate in the research (A4), and recording audio (A3):

“This may be because some employees don't want to talk about workplace accidents or because it's considered a sensitive topic in the companies they work for.” (A4, Pos. 37)

“Another issue is that candidates being interviewed are hesitant to answer even when their voices are being recorded...” (A3, Pos. 36)

The researchers' (A2-A5) emotions and thoughts during interviews with participants ranged from sadness, surprise, excitement, empathy, happiness, responsibility, and a desire to be supportive, but were generally positive:

“This research process was full of emotional ups and downs for me. On the one hand, listening to the tragic events experienced by young people directly from their own mouths was shocking, but on the other hand, being involved in a study that would contribute to their awareness and development was rewarding.” (A1, Pos. 40)

“As I progressed with the research and spoke more with our friends who had experienced these accidents, I can say that I shared their troubles and the things they told me more, and I felt more empathy and support.” (A3, Pos. 41)

The researchers' views on the contribution of the research to them were grouped under two headings: increased awareness and gaining research experience:

“As a young person working in a professional kitchen, even though I considered myself a conscientious employee, the things I heard during the interviews I conducted during the research process, the experiences and expertise of the candidates, taught me things I had never considered, never looked at from that perspective, and never imagined. Hearing firsthand from those who have experienced it how unforeseen accidents can occur in the sector, and what kind of disasters can happen with the slightest negligence, made me more aware on this path we embarked on to raise awareness among young people. I understood that some mistakes are irreparable; and how important attention, discipline, and order are in the functioning of a kitchen.” (A1, Pos. 30)

“I saw the kinds of sacrifices people make in their work, how much they compromise themselves, and how much they risk themselves when necessary. While doing this project, I saw the struggle many young people went through to survive. I saw how important hard work and effort are.” (A5, Pos. 33)

Following the interviews, the researchers' feelings and thoughts regarding the study's contribution to third parties revolved around topics such as raising awareness, educating, contributing to the literature, preventing workplace accidents, and education. While all participants agreed on the

necessity of the research, one researcher's emotional response was of a kind that would make a significant contribution to the subject under investigation:

“Our aim was to raise awareness, but these young people didn't start working this way today, and it won't end tomorrow. They will always make sacrifices. They will work overtime to earn a pittance, their concentration will decrease as they get tired, and as their concentration decreases, the rate of workplace accidents will increase. Unfortunately, it is necessary to work within stable working hours. This is especially not possible in the tourism sector, and even as I write this, I haven't taken two weeks off in a row and I'm writing from the 11th hour of my shift.” (A5, Pos. 51)

To ensure transparency through reflection, it is recommended to ask questions such as "What did I do? How did I do it? Why did I do it?" (Demirkasımoğlu and Bezen, 2024). Above, the researchers' perspectives and statements on what they did, how they did it, and why they did it are presented. The reason why the first author of this research conducted the study is stated in the last sentence of the introduction.

3.2. Participants

The participants consisted mostly of male employees who had experienced accidents between 2022 and 2025. Half of the participants were university graduates or students. Their fields of study were gastronomy and culinary arts, cooking, and food and beverage. Participants, whose prior professional experience ranged from one to five years, were between 15 and 23 years old when they had the accident and received 2 to 20 days of sick leave or rest after the accident. In the last three years, three participants had two separate work-related accidents (K1, K7, and K11), and one participant had three separate accidents (K12). At the time of the accidents, most participants were working as kitchen assistants or interns, mostly in resort hotels located in Izmir, Bodrum, and Kusadasi (Table 1).

Table 1. Findings regarding the participants

Code	Gender	Age ¹	Education	Experience (year) ²	Position
K1	Male	19	High School	3	grill
K2	Female	16	High School*	3	bus boy
K3	Male	23	University	5	chef
K4	Male	19	University*	3	bus boy
K5	Male	22	High School	-	bus boy
K6	Female	16	High School	1	bus boy
K7	Male	21	University*	4	grill
K8	Female	20	University	1	bus boy
K9	Male	16	High School	3	bus boy
K10	Male	23	University	3	grill
K11	Male	15	High School	1.5	hot kitchen
K12	Female	21	University	2	cold kitchen
K13	Female	16	High School*	4	bus boy
K14	Male	23	University	1	bus boy
¹ Age at the time of the accident ² Professional experience at the time of the interviews. Participants generally expressed seasonal work duration in years. * student					

4. FINDINGS

Research findings are presented at the relevant code and category level, along with participant comments. Participant information regarding comments is indicated in parentheses as “(participant code, gender, age at accident, number of accidents during the interview)”. Participants not only provided information about their own workplace accidents (n=14) but also mentioned accidents experienced by their colleagues (f=11) in their department. To avoid confusion, a separate code (COK1, COK2, etc.) was used for the accidents of their colleagues.

4.1. Working conditions

Participants were not specifically asked about the conditions of their work environment. However, they did mention working conditions when discussing workplace accidents, particularly their causes and prevention. The predominantly negative codes, listed in order of frequency, were work stress, exhausting working conditions, long working hours, lack of personal life, and pressure from supervisors:

“It was good at first, but later on, they wanted us to work constantly, without even a five-minute break. There was constant pressure inside. How can I explain it? We couldn't even take a meal break. We'd eat, and then after ten or ten-fifteen minutes, we'd immediately go downstairs to the kitchen. It was impossible to even have tea or smoke a cigarette; it was very difficult. ... Constant work, constant work, constant panic, you're always on the move, and this movement, this anxiety, directly leads to panic attacks. There's constant anxiety, like, will something bad happen? Will I make a mistake? There's constant pressure. I used to love hotel life and the job, but now I don't like it anymore; I've started to distance myself from it.” (K5, M, 22, 1)

“Now, on Saturdays and Sundays, since we are from MESEM⁴, there are no other interns apart from us. They put a lot of pressure on us because we are the only interns. And when you are the most experienced intern there, you're in trouble, I can say. I'm saying this for my hotel, everything falls on you. All the burden falls on you. You get even more tired from the stress and intensity of it.” (K6, F, 16, 1)

“...our chefs were putting a lot of pressure on us. For example, as a girl, I'm saying this, a girl shouldn't normally lift heavy loads in the kitchen. For instance, lifting a sack of flour and carrying it... I mean, this is actually something a girl shouldn't have to do. But our chef is the kind of chef who, even if you are willing to carry one sack of flour, makes you lift two sacks of flour. And this affects you a lot. Of course, you feel the stress of it. For example, when it gets very crowded, when an event comes in, you start worrying about whether the chef will get angry with you if you make a mistake, how they will react, or whether you will make a mistake at all. Because you don't have the luxury of making mistakes. I experienced a lot of stress because of this.” (K12, F, 21, 3)

4.2. Type and location of injury

The types of OAs experienced by the participants were coded as burns, cuts, fractures/dislocations, and sprains/strains. The study revealed that participants most frequently experienced burns, cuts, fractures/cracks, and sprains in hotel kitchens, in that order. Regarding the location of the accident on the body, it was found that the fingers, hands, and arms were most commonly injured, followed by the head, torso, and lower limbs (Figure 1):

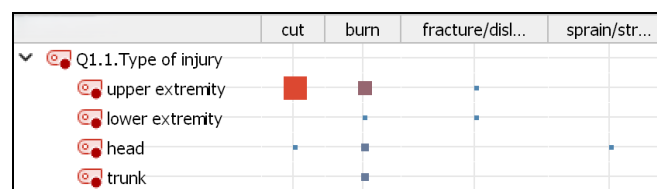


Figure 1. Type and location of injury resulting from an OA.

“...There was a wedding event. ... I was preparing food with a knife that was not mine. I wasn't very accustomed to using a knife. As a result, I cut the thumb of my left hand, specifically the tip of my thumb. Since the bleeding wouldn't stop, we first went to the hotel's first-aid office and then to the hospital. ... What caused it? To be honest, partly my inexperience. I mean, partly my lack of knowledge. There was also some lack of concentration; I think I was tired at the time. I may not have slept well that day. That was the result.” (K4, M, 19, 1)

““I had climbed onto the counter to clean the hood above the fryer. Although the oil had been turned off, it had not cooled down completely. While I was standing on the fryer, I lost my balance when I reached up to wipe the hood with a cloth, and my foot went into the fryer. ... I suffered a second-degree burn on my left leg, up to my ankle, because my foot and ankle went into the oil. The whole area blistered, and it was badly

⁴ MESEM (Vocational Education Center), a vocational education program in which students work in workplaces while continuing their formal education.

burned because of the blistering. We went directly to the hospital after the accident. I was initially given 10 days of medical leave. Since it had not healed after those 10 days, I went back for a follow-up examination and was given another 10 days of leave. After that, the redness and burns continued during the recovery period. The heat never went away during the first week after the burn. For about a week and a half, I slept with my foot in a bucket of water because the pain kept me awake. I was in so much pain that I could hardly move.” (K1, M, 19, 2)

““...There was a department cleaning. There were inspections, and we were assigned to clean the walk-in cold storage room. While the room was being cleaned, I suddenly became dizzy, fell, and injured my arm. This happened because we had been inside for more than an hour and a half. ... I have two fractures in my arm, in two different places. I am not currently receiving treatment, but there are fractures in two places. At the moment, my arm is in a condition that prevents me from doing my job.” (K13, F, 16, 2)

““...A plate fell on my head, and then three more plates fell on top of it and broke on my head. Fortunately, I wasn't injured or anything, and my head wasn't cut open. ... They were rushing me a little because it was very busy. They were making me hurry a lot because there was so much work. Also, as I mentioned, our chef was somewhat aggressive and would overreact to certain things. The thing I was trying to reach was too high for me. We had something like a ladder there, so I climbed onto it. The ladder was also a little slippery. When I tried to take the plate, all the plates came down and fell on my head. That's how I had the accident at work. ... Well, while they were cleaning, someone had spilled detergent on the ladder and hadn't cleaned it up. Because it hadn't been cleaned, my foot slipped, and as I fell backward, the plates also fell on me. ... I mean, it could have been partly due to carelessness. It could also have been partly due to my clumsiness, but generally, everyone there blamed our chef. ... He tried to make everyone do every kind of task.” (K12, F, 21, 3)

4.3. Cause of the OA

The OAs experienced by the participants stemmed, respectively, from UWE, UB, and USE. The UWE resulted from administrative, physical, organizational, technical, and structural problems; UB stemmed from mistakes in application and memory/recall (slip and lapse), and planning mistakes; and the USE originated from colleagues and supervisors. The causes of OAs experienced by both the participants and their colleagues (i.e., COK) showed similarities (Figure 2). The OAs experienced by the participants were largely due to their own mistakes and the administrative environment.

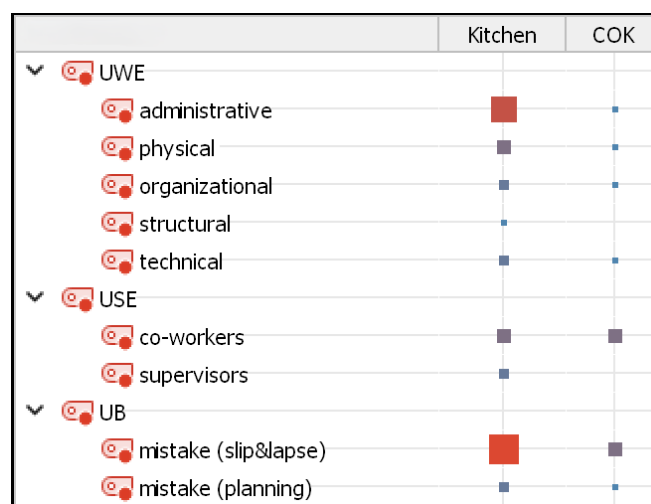


Figure 2. Distribution of causes of OAs by group

When the interactions among the causes of OAs experienced by the participants were examined using a code relations matrix, the administrative environment emerged as the code with the highest number of interactions with other codes. It intersected, in descending order of frequency, with OAs resulting from colleagues, supervisors, planning mistakes, slips & lapses, and the technical environment. On the other hand, slips & lapses and planning mistakes were also generally associated with the administrative, physical, and social environments (Figure 3).



Figure 3. Interaction matrix of the causes of occupational accidents.

4.4. Dealing with OAs

The emotional and physical reactions experienced by the participants during the accidents were generally intense. Fear, crying, feelings of guilt, feeling numb, and fainting were the most frequently reported negative reactions. The fear experienced by the participants generally stemmed from concerns that they would not fully recover or be able to perform their jobs as they had before the accident:

“The moment I had the accident, I was really, really scared at first. Because it was my health, but more than my health, it was my arm... I mean, my whole life, my entire career... .. The next day around noon, after I had hit my arm that night, I went to my chef and started crying uncontrollably. I was in a great deal of pain, and there was a lot of swelling. We needed to go to the hospital immediately the next day and have my arm put in a cast.” (K13, F, 16, 2)

“When I cut my finger, I didn’t really feel much emotionally. I mean, it was something that could happen, something that could happen to any worker, so I didn’t make much of a fuss about it. I calmly went to my chef and said, ‘I cut my finger, this happened, and it hurts a little,’ or something like that. Later, when the pain started to set in, it hurt a lot, but other than that, I didn’t really feel much.” (K12, F, 21, 3)

“The second time, when I burned my hand, it didn’t hurt at all, generally speaking. My hand was literally like crispy chicken, so I didn’t feel any pain because of the dead skin.” (K11, M, 15, 2)

The emotional and physical responses reported by the participants following the accidents were generally related to their work, including decreased motivation while working, physical strain, and physical pain. In addition, carrying the physical traces of the accident and experiencing a prolonged recovery process were other negative conditions reported by the participants following the accidents:

“I mean, my motivation was a little low. Because when I cut my finger, it hurt a lot. And it burned a lot when I applied the cream. It was a fairly deep cut. For example, it hurt a lot when I was stirring something or holding a plate. So my motivation was a little low because of that, but I got back to normal afterwards.” (K12, F, 21, 3)

“Especially at work, I had a lot of difficulty for a while, for about two weeks, particularly during food preparation. I simply couldn’t use one of my hands. Even when I could use my hand, preparing food took a long time because I couldn’t do tasks such as chopping. Other than that, in my daily life, I had difficulty using my left hand because it was my thumb, which is something I use very frequently. So, overall, it had a significant impact on my quality of life.” (K4, M, 19, 1)

“In the beginning, for the first five days, it affected me in the following way: I was having difficulty breathing. I mean, every time I took a breath, I felt as though my lungs were hurting and tightening, so I was having a really, really hard time breathing.” (K1, M, 19, 2)

“It even left a mark. My hands, especially the backs of my hands, are completely white now. I mean, even though it has been almost a year and a half, it looks like the whiteness will probably never go away.” (K11, M, 15, 2)

Regarding their experiences following the accident, one participant stated that he felt unsuccessful:

"It's like you've been defeated, like you've lost a match, you know. You want to work harder so that you can come back and show that, 'I'm not incompetent. It was just bad luck.' But, of course, I didn't have that chance because I was on medical leave. And also, since the night before... I had been having some pain in my hand since the night before, and the bleeding from my finger hadn't stopped." (K4, M, 19, 1)

In contrast to these negative findings, approximately half of the participants stated that they remained motivated and felt better during the period following the accident:

"Since I was at home and was going to get some rest, I was actually quite happy." (K1, M, 19, 2)

"Well, I had some pain. Other than that, I slept all day. And that was actually a really good thing for me." (K2, F, 16, 1)

"I was at home the next day, so I was happy because of that." (K9, M, 16, 1)

"...and after I broke my foot, having two weeks off was really nice. I felt much better." (K11, M, 15, 2)

The emotional and physical responses from the workplace following the accidents were generally negative and included reluctance to file an OA report, the participants' pain being disregarded, pressure to return to work before fully recovering, and threats of dismissal:

"My chefs told me, 'Under no circumstances should you file an OA report.' They spoke in a very threatening manner. Even so, I went ahead and filed the report; I told them that I would." (K13, F, 16, 2)

"So, after my foot was initially crushed, I told the chef, my chef, ... He said, 'It's nothing, son.' Then, after my foot became swollen and bruised, I called him and said, 'Chef, I'm going to the hospital. There's something wrong with my foot.' Then, after I left the hospital, I told him that I had been given 2.5 weeks of medical leave." (K11, M, 15, 2)

"I mean, as I said, since it happened because of my own mistake ... and because I felt somewhat responsible, I couldn't really think about it. ... Of course, I would have preferred not to work in that condition, but I couldn't bring myself to ask, 'Why are you making me work?' But that was something to do with me. Of course, ideally, I shouldn't have been working." (K14, M, 23, 1)

"...Normally, I had the right to take three days off work, but as I said, because it was extremely busy and there was a shortage of staff, my chef made me work anyway. So, I didn't really have the option of not working." (K12, F, 21, 3)

"There's also this: ... Normally, it wasn't going to be recorded as an OA. They really, really pressured me, saying things like, 'Don't report it as an OA,' and 'It will make the hotel look bad,' and so on. Then I said, 'I could lose my finger. What are you talking about?' ... And after that incident, I was fired." (K11, M, 15, 2)

4.5. Prevention of OAs and training

While most participants mentioned making near-miss reports to prevent OAs, they also stated that the OAs they had experienced could have been prevented and that preventive measures had been implemented in their departments or workplaces. The vast majority of the measures suggested for preventing OAs were related to creating a safe work environment, including providing personal protective equipment (e.g., slip-resistant footwear, oven gloves, and cold-protective clothing), properly designing the work environment, taking precautions in hazardous areas, having competent and attentive chefs, increasing the number of employees, ensuring that the necessary equipment and materials were available, conducting inspections, providing training, having fire-protection equipment available, and ensuring that first-aid kits were adequately equipped. In relation to safe behavior, participants mentioned being more aware and careful, avoiding rushing, reporting risks immediately, and working more professionally.

Most participants considered the OHS training they had received to be adequate. Among those who considered the training adequate, the duration of the training ranged from a few hours to several days. Most participants had received OHS training only before experiencing an OA, while a small proportion had also received training after the accident.

5. CONCLUSION

This research was conducted using a qualitative approach to gain insight into OAs experienced by young tourism workers. This aim aligns with the concept of reflectivity, one of the central principles of RTA, as it considers the interaction between the researcher and the data, and the insights generated by this interaction, as an integral part of the analysis process. Face-to-face interviews conducted by student researchers with the participants not only provided raw data for thematic analysis but also contributed to the development of awareness regarding OAs among the students by creating an experiential learning process.

According to research findings, young people working in hotel kitchens most frequently experience burns and cuts, and their upper limbs (which they use more frequently while working) are most often affected by these accidents. This finding seems normal considering the nature of the work done in the kitchen and is consistent with many studies in the literature (Şahin and Erkal, 2010; Tomita et al., 2013; Jeong and Shin, 2016; Üner and Ayberk, 2019; Pei et al., 2022; Tüysüz et al., 2025; Khalifa et al., 2026). Cuts are much more likely to occur during the preparation phase, while burns are more likely to occur during the cooking phase (Jeong, 2015).

The participants experienced the most work-related accidents due to UWEs. OAs are inevitable due to inadequate implementation of OHS practices by top management (Ambardar, 2013; Jeong, 2015; Khalifa et al., 2026), failure to design the physical environment to reduce OAs (Gumasing & Lustañas, 2021; Kini et al., 2025; Özdamar, 2026), incorrect organizational practices (Üner and Ayberk, 2019; Lee et al., 2022; Demiralp and Kıykaç, 2025; Tüysüz et al., 2025), and structural problems (Jeong, 2015; Abune et al., 2020; Tüysüz et al., 2025). It has been found that OAs stemming from USEs are generally related to the mistakes of colleagues. Carayanni et al. (2011) stated that arguments with colleagues and supervisors are among the important risk factors for OAs.

It was found that almost all mistakes stemming from participants' own UBs were related to execution and recall, i.e., situations where the intention was correct but the result was wrong. OAs caused by employees' UBs are generally the most common in the literature (Şahin and Erkal, 2010; Akkuş, 2021). Environmental and behavioral factors were interrelated in almost all of the OAs experienced by the participants. It is particularly noteworthy that the administrative environment is highly correlated with USE and UB. Another striking finding is that mistakes originating from participants are related to all UEs except structural factors. This relationship revealed in this study should be examined in terms of causality in future studies.

The study also examined the participants' experiences during and after the accidents. The findings indicated that reactions such as fear, crying, feelings of guilt, and fainting experienced during the accidents were replaced in the post-accident period by physical pain and decreased motivation resulting from psychological concerns. In contrast, some participants felt better during this period because they were at home or able to rest, rather than feeling upset about having experienced an OA. Considering the age range at which the participants experienced the accidents, these findings suggest that working conditions that can be highly demanding even for adults (Jeong, 2015; Kini et al., 2025) were so burdensome for young workers, who had not yet completed their physical and psychological development, that some of them actually felt pleased to have experienced an OA because it allowed them to be away from work and rest.

Another important finding of the study was that, although all participants had received OHS training before starting their jobs, only a very small proportion had received further training before returning to work after an OA. Yet, providing employees with adequate training is essential for ensuring safe working practices in hotel kitchens, which are among the most hazardous areas of hotels and where work is carried out at a consistently intense pace (Marasingha et al., 2024). Young workers are particularly vulnerable to hazards because they are not yet as physically mature as adults, may hesitate to ask questions or seek help when faced with hazardous situations, and, as they often work part-time or temporarily, may receive less training or be unaware of safe working conditions (Ward et al., 2011). Consequently, inexperienced and young workers are more likely to be exposed to OAs (Carayanni et al., 2011; Kini et al., 2025; Khalifa et al., 2026). Therefore, OHS training should be given due importance and repeated regularly.

Nevertheless, training alone may not be sufficient; as suggested by Reason's (1990) Swiss Cheese Model, all of the aforementioned conditions contributing to accidents need to be addressed. In

other words, starting with administrative factors—which also include the provision of OHS training—physical, organizational, structural, and technical environmental conditions should first be improved, followed by improvements in the social environment involving supervisors and colleagues. Since a strong safety climate leads to fewer UBs (Garavan & O'Brien, 2001), potential UBs among employees are less likely to result in OAs, or are more likely to result in less severe accidents (IOSH, 2019), when employees work within a safe working environment that begins with employment and is reinforced through training and supervision.

5.1. Limitations

This study has several limitations. First, because it was a cross-sectional qualitative study based on the subjective evaluations of a small number of participants working in hotel kitchens in the Aegean Region, participant bias may be present. Second, since the study focused on OAs experienced by the participants over the previous three years, recall bias may also have affected the findings. Given the qualitative nature of the study, the findings may provide insights into OAs experienced by young workers in hotel kitchens; however, they cannot be generalized. In addition, the study focused exclusively on OAs, while occupational diseases were beyond its scope. Future research could therefore examine work-related health problems experienced by young workers as a result of the demanding working conditions in hotel kitchens.

REFERENCES

- Abdelhamid, T. S., & Everett, J. G. (2000). Identifying Root Causes of Construction Accidents. *Journal of Construction Engineering and Management*, 126(1), 52-60.
- Abune, R., Merga, H., & Mengiste, E. (2020). Epidemiology of Occupational Injuries in Ethiopian hotel Industry in Ethiopia: A Cross-Sectional Study. *SAGE Open Medicine*, 8, 2050312120985273.
- Akkuş, G. (2021). İş Sağlığı ve Güvenliğine Keşifsel Bir Bakış: Otel Çalışanlarının Yaşadıkları İş Kazaları. Balıkesir Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 24(46), 1185-1204. <https://doi.org/10.31795/baunsobed.881793>
- Akkus, G., Arslan, A., Iscen, M., & Isik, B. (2022). A Heuristic Outlook on the Occupational Accidents of Food & Beverage Staff in Hotels. *Journal of Global Business Insights*, 7(2), 122-139.
- Ambardar, A. (2013). Kitchen Employees Health and Safety: A Comparative Study of Luxury and Budget Hotels. *South Asian Journal of Tourism and Heritage*, 6(2), 49-64.
- Arslan, A., & Akkus, G. (2023). Tour Bus Crashes From The Perspective of Tour Guides. *Tourism and Hospitality Management*, 29(1), 45-58.
- Braun, V., & Clarke, V. (2019). Reflecting on Reflexive Thematic Analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.
- Breslin, F. C., Morassaei, S., Wood, M., & Mustard, C. A. (2011). Assessing Occupational Health and Safety of Young Workers Who Use Youth Employment Centers. *American Journal of Industrial Medicine*, 54(4), 325-337.
- Carayanni, V., Kalogeraki, A., Babatsikou, F., Chalkias, A., & Koutis, C. (2011). Covariates of Occupational Accident Occurrence in the Restaurant Sector in Greece: The case of the restaurants in the Piraeus municipality. *Health Science Journal*, 5(3), 196-203.
- Cavalcante, J. M. (2023). Work Safety in Food Services. *Revista Brasileira de Medicina do Trabalho*, 21(3), e20231060.
- Choudhry, R.M., & Fang, D. (2008). Why Operatives Engage in Unsafe Work Behaviour: Investigating Factors on Construction Sites. *Safety Science*, 46(4), 566-584. <https://doi.org/10.1016/j.ssci.2007.06.027>
- Cumhurbaşkanlığı, T.C. Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı (2023). On İkinci Beş Yıllık Kalkınma Planı (2024-2028), https://www.sbb.gov.tr/wp-content/uploads/2023/12/On-Ikinci-Kalkinma-Plani_2024-2028_11122023.pdf.
- Demiralp, B. E. & Kıykaç, B. (2025). Yiyecek-İçecek İşletmelerinde Mutfak Çalışanlarının İş Sağlığı ve Güvenliği Sorunları: Hakkâri İlinde Nitel Bir Araştırma. *Journal of Academic Tourism Studies*, 6(Özel Sayı), 49-64.
- Demirkasımoğlu, N., & Bezen, S. (2024). Nitel Araştırmalarda Yansıtıcılık: Araştırmacının Rolü. *Neuşehir Hacı Bektaş Veli Üniversitesi SBE Dergisi*, 14(2), 770-788.
- Dinçer, Ö. ve Utlu, Z. (2017). Restoran Sektöründe Yaşanan İş Kazalarını Önlemede İş Sağlığı ve Güvenliğinin Önemi. *Aydın Gastronomy*, 1(2), 41-50.

- Finlay, L. (2002). "Outing" the Researcher: The Provenance, Process, and Practice of Reflexivity. *Qualitative Health Research*, 12(4), 531-545.
- Garavan, T. N., & O'Brien, F. (2001). An Investigation into the Relationship between Safety Climate and Safety Behaviours in Irish Organisations. *Irish Journal of Management*, 22, 141-170.
- Gumasing, M. J. J., & Lustaños, K. D. (2021, April). Predictive Model on the Severity of Injuries and Musculoskeletal Disorders Affecting the Restaurant Kitchen Workers in the Philippines. In Proceedings of the International Conference on Industrial Engineering and Operations Management (pp. 2607-2616).
- İOSH. (2019, Haziran 12). Elephant in the Room. <https://www.ioshmagazine.com/elephant-room>
- Jeong, B. Y. (2015). Cooking Processes and Occupational Accidents in Commercial Restaurant Kitchens. *Safety Science*, 80, 87-93.
- Jeong, B. Y., & Shin, D. S. (2016). Characteristics of Occupational Accidents in Korean, Chinese, Japanese and Western Cuisine Restaurants. *Human Factors and Ergonomics in Manufacturing & Service Industries*, 26(3), 316-322.
- Khalifa, E. M., Ramadan, M. A., & Shehata, R. A. (2026). Risk Assessment of Occupational Health Hazards in a Hospital Kitchen: Ensuring Health and Safety. *Egyptian Journal of Occupational Medicine*, 50(2), 31-49.
- Kini, R. S., Dinesh, T. K., Shetty, A., & K, A. (2025). Exploring the Risks Faced by Hotel Kitchen Professionals: From Stovetop to Safety Net. *Cogent Social Sciences*, 11(1), 2460700.
- Kohli, N., & Mehta, M. (2022). Occupational Stress: A Case Study Among Chefs and Kitchen Workers. *International Journal of Advances in Engineering and Management*, 4(3), 970-7.
- Law No. 6331 on Occupational Health and Safety (2013). T.C. Resmi Gazete, 28339, 30 June 2012.
- Li, Z., Lv, X., Zhu, H., & Sheng, Z. (2018). Analysis of Complexity of Unsafe Behavior in Construction Teams and a Multiagent Simulation. *Complexity*, (Special Issue), Article 6568719. <https://doi.org/10.1155/2018/6568719>
- Marasingha, M. I. S., Madhusanka, H. W. N., & Natasha, K. A. D. M. (2024). Exploring Kitchen Accidents and Safety Strategies in Sri Lanka's 3-Star Hotels. *FARU Journal*, 11(1).
- Ovacılı, S. (2009). *Ankarada Beş Yıldızlı bir Otel Çalışanlarının Sağlık ve Güvenlik Durumunun ve Çalışma Koşullarının Tespiti*. Yayınlanmamış yüksek lisans tezi, Hacettepe Üniversitesi, Sağlık Bilimleri Enstitüsü, Ankara.
- Özdamar, M. (2026). Kadın Mutfak Personelinin Mesleki Stres Faktörlerinin İş-Yaşam Dengesine Etkisi. *Akdeniz Kadın Çalışmaları ve Toplumsal Cinsiyet Dergisi*, 9(1), 19-71.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). London: Sage Publications.
- Pei, L. S., Ruslan, R., Ahmad, M. F., Hamid, N. A., & Ahmad, A. N. A. (2022, November). Occupational Injury Profiling among Chinese Restaurant Kitchen Workers in Malaysia. In AIP Conference Proceedings (Vol. 2644, No. 1, p. 030034). AIP Publishing LLC.
- Reason, J. (2008). *The Human Contribution: Unsafe Acts, Accidents and Heroic Recoveries*. NY: CRC press.
- SGK. (2023). 2023 yıllık, bölüm 3-1 İş Kazası ve Meslek Hastalıkları İstatistikleri (4a).
- Suri, S. (2011). *Marketing Rural Products in Urban Areas*. Master's thesis, MICA (Mudra Institute of Communications), Ahmedabad, India.
- Şahin, H. ve Erkal, S. (2010). Konaklama İşletmelerinde Çalışan Mutfak Personelinin İş Kazası Geçirme Durumlarının ve Kaza Nedenlerinin Belirlenmesi. *Sağlık ve Toplum*, 20(2), 40-48.
- Hazard Classification Regulation [İş Sağlığı ve Güvenliğine İlişkin İşyeri Tehlike Sınıfları Tebliği] (2012). T.C. Resmi Gazete, 28509, 26 Aralık 2012.
- Tak, S. (2016). *An Assessment of Occupational Health and Safety Risks in the Hospitality Industry: The Case of Sarova Stanley Hotel, Nairobi, Kenya*. Doctoral dissertation, University of Nairobi.
- Thamrin, Y. (2018). Young Workers Health and Safety: A Summary of Literature Review. *Jurnal Kesehatan Masyarakat Maritim*, 1(1).
- Tomita, S., Muto, T., Matsuzuki, H., Haruyama, Y., Ito, A., Muto, S., ... & Katamoto, S. (2013). Risk Factors for Frequent Work-Related Burn and Cut Injuries and Low Back Pain among Commercial Kitchen Workers in Japan. *Industrial Health*, 51(3), 297-306.
- TUİK (2023). İşgücü İstatistikleri Bölgesel Sonuçları (2014 ve sonrası), <https://biruni.tuik.gov.tr>.
- Turhan, Z. (2024). Nitel Araştırmalarda Düşünümsellik ve Araştırmacının Konumu. *Anadolu Üniversitesi Sosyal Bilimler Dergisi*, 24(4), 1499-1516.

- Tüysüz, V., Semint, S., & Özbay, G. (2025). Yiyecek ve İçecek İşletmelerinde İş Sağlığı ve Güvenliği: İş Kazaları Üzerine bir Analiz. *Yönetim ve Ekonomi Dergisi*, 32(3), 601-619.
- Üner, M. ve Ayberk, H. (2019). Düzce İlindeki Mutfak Çalışanlarının Genel Bilgileri ile Kaza Geçirme Oranlarının İncelenmesi. *Düzce Üniversitesi Bilim ve Teknoloji Dergisi*, 7, 849-860.
- Üngüren, E. (2018). Investigation of Fatalistic Beliefs and Experiences Regarding Occupational Accidents among Five Stars Accommodation Companies Employees. *Turizm Akademik Dergisi*, 5(2), 1-15.
- VERBI Software. (2019). MAXQDA 2020 [computer software]. VERBI Software. maxqda.com
- Ward, J. A., De Castro, A. B., Tsai, J. H. C., Linker, D., Hildahl, L., & Miller, M. E. (2010). An Injury Prevention Strategy for Teen Restaurant Workers: Washington State's ProSafety Project. *AAOHN journal*, 58(2), 57-65.
- Yamurluklu, Y. (2016). *Otel İşletmelerinde İş Sağlığı ve Güvenliğinin Değerlendirilmesi*. Yayımlanmamış uzmanlık tezi, Çalışma ve Sosyal Güvenlik Bakanlığı, Ankara.