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The Effect of Housing Services in The Relationship between Leadership Styles and Patient Satisfaction and Service Quality

Serkan Turgutogullari[a], Tulen Saner[b]

ABSTRACT
The aim of this study is to determine the leadership styles in three hospitals in Fethiye district within the framework of the opinions of healthcare managers, healthcare professionals, outpatients and inpatients; and to demonstrate the mediating effect of hospital and hotel services styles on patient satisfaction and service quality. The study was conducted with 572 employees who were determined by easy sampling method among the employees of private and state hospitals. Data were tested with frequency, independent sample T-test, Anova, reliability analysis, mean and regression analysis in SPSS 24.0 package program. The leadership styles of health managers and the leadership styles of healthcare professionals on the total quality management of hospital hotel services were found to have a direct effect on hospital hotel services. The relationship between leadership styles and patient satisfaction and total quality management was found to be a mediator role of hospital and hotel services.
Keywords: Leadership, patient satisfaction, service quality, hospital hotel service

1. Introduction

Leadership has been an important concept throughout human history. Although scientific studyes on leadership date back to the early twentieth century, there is no agreed definition of leadership in the literature. Instead, it is possible to talk about many different definitions and approaches. The main reason for this situation is that those who study leadership should have explained leadership according to different perspectives and principles. In other words, the phenomenon of leadership is defined in different ways according to the studyers' areas of expertise and perspectives (Yukl, 2002). Therefore, it is possible to talk about different leadership styles with different leadership approaches. The first study in the literature on leadership styles is the work of Whitney (1989). In his study, Whitney (1989) revealed that employees with experience and knowledge are taken into account by their managers. Accordingly, even if their opinions disturb the status quo within the organization, employees express their opinions about the future of the organization when they believe that they will not be harmed.

[a] Near East University, Graduate School of Social Sciences, Cyprus, serkanturgutogullari@hotmail.com
[b] Near East University, Department of Tourism and Hotel Management, Cyprus

When a general evaluation is made, the concept of service quality has an abstract content. Also, the concept has a complex structure in subjects such as applicationand supervision (Koçoğlu and Aksoy, 2012). All these issues make it difficult to explain the service quality. For this reason, there are many different definitions in the literature. While a service provided may satisfy some individuals, it may not please some individuals. This is the main challenge in explaining the service quality. Since people's expectations and needs are different, differences in explaining the concept of service quality are inevitable. However, it is possible to say that the focus is on the attribute of quality and expectations in these different definitions. While defining the quality of service, the studyers focused on issues such as attribution and expectations in different contexts.

Today, the way to become a modern hospital is to follow the advances in medical science and technology, as well as the provision of hotel services in accordance with the needs and expectations of patients and current standards. The development of health care services began in the 1818–1865 period along with protection and fighting against infections. Nightingale has pioneered the establishment of a hospital that has a clean patient bed, diet kitchen, laundry room, material warehouse, and hygienic rules, by

sensitizing the state administrations with its works and by making a financial contribution. It also laid the foundations for the home administration services provided in hospitals or the hotel management services today (Aktaş, 2007).

In the context of the concepts described above, in this article, it was tried to be determined whether the mediating effect of the housing services differs according to sociodemographic variables in the relationship between leadership styles and patient satisfaction and service quality.

1.1 Leadership

Leadership is associated with the ability and process of influencing people to achieve a specific vision and goals (Robbins, 2013). According to another definition, leadership includes all of the functions of influencing, motivating, leading, directing and activating (Certo and Certo, 2009).

Different groups formed by individuals, unique interaction patterns, different goals and tools, external and internal pressures on groups create different leaders. Leadership arises from an individual's behavior within the organization. An individual's leadership within the group depends on the group's perception of it. Leadership is recognized by members of the group, who are perceived enough to play a certain leadership role in the group. Change and leadership are closely related. The need for the leader decreases with the change, yet the leader is following the change (Adaır, 2005).

Leaders are also people who can draw new horizons for their institutions. The effectiveness of the leaders who lead the employees with the horizons drawn in the institution is high. The basis of effective leadership is to think, define and put forward the mission of its institution. Leaders set goals, priorities and, standards and follow them (Özden, 2005).

However, it cannot be said that the leaders working for the change and development of their institutions have achieved success in any case. Leaders are people who can meet failure as well as success. Leaders are often those who tried to lead in their twenties and thirties, took risks and had the opportunity to learn from both victories and failures (Kotter, 1999).

1.2 Total Quality Management

Increasing competition conditions in the world market made it imperative to consider customer satisfaction for all companies that want to survive. Three essential conditions to be successful in this criterion are; it is to deliver the goods or services of the quality that the customer wants, cheaper and in a shorter time (Demirdöğen, 2001).

The content of the concept of quality constitutes a more holistic understanding of perfection beyond just the well-being and robustness of the product's physical conditions. The basis of the concept of quality is human. The value given to people, the trust felt, meeting their needs, realizing themselves at the highest level and happiness, in short, being a quality person constitute the main target of the quality philosophy (Kanbur and Kanbur, 2008). The fact that human beings are the basis of the philosophy of quality stems from the fact that human needs are endless.

Quality is to produce the products and services that can meet the needs and logical expectations of the customers fully and continuously in the most economical way (Kovancı, 2003). In today's world, where production factors (resources) are limited and costs are constantly increasing, it will be possible to meet these basic conditions with efficient use of resources. The concept of total quality management, based on the best use of resources, no waste and intermediate stocks, has emerged as a result of the obligation to meet unlimited human needs by using scarce resources efficiently (Şale, 2001). To talk about the concept of quality, there are some features that the product or service must contain (Küçük, 2004).

1.3 Patient Satisfaction

According to the classical view, health services are among the basic public services that the state has to present to the public along with services such as justice, security and education. These services should be organized by the state, as the citizens are not able to obtain them from other places or are limited, and even if they are provided, they need government control and intervention. For this reason, these services that contain public characteristics should be given and controlled by the state.

Factors such as changing world dynamics, new conditions brought about by globalization, increasing quality demands of individuals in need of service, various legal regulations and insufficient economic capacities of the states have made it impossible to provide public services only with public opportunities. For this reason, different kinds of service delivery such as the private sector, public-private partnerships have emerged besides the public. Thus, the classical public administration approach has been replaced by the new public administration approach. The new public administration approach covers some principles

that business management has adopted (Somunoğlu et al., 2012).

With the contraction in public administration, there is a tendency for the state to become more functional, to provide public services faster and to adopt a customer-oriented approach in public services. The new public management approach brings with it total quality management and a customer-focused approach that is an important part of it (Sezer, 2008).

As a result of the beginning to provision of basic public services, especially health services, by the private sector outside of public institutions, the understanding of service has changed and the concept of the customer has gradually replaced the concept of the patient in the health sector. The use of the concept of the customer in public services and its entry into the field of health has been criticized for the first because this concept describes the consumer of goods and services belonging to the private sector. However, today this concept is considered positive in terms of providing a psychological basis for providing a fast, effective, efficient and friendly public service to the public (Çukurçayır, 2002).

2. Method

2.1. Purpose and Scope of the Study

The purpose of the study is to determine the mediating effect of housing services in the relationship between leadership styles and patient satisfaction and service quality within the framework of the opinions of health leaders, employees, and patients. In this context, the opinions of the Chief Physician, Assistant Chief Physician, Administrative Financial Affairs Manager, Assistant Administrative Financial Affairs Manager, Health Care Services Manager and Assistant Health Care Services Manager from a public and also 2 private hospitals were examined.

The problem of the study is whether the housing services have a mediator role in the leadership styles, patient satisfaction and service quality according to the socio-demographic variables. While seeking an answer to this problem, the opinions of health leaders, employees, and patients were examined.

The adequacy and quality of the housing services in hospitals have an important place in the treatment process and patient satisfaction as well as in the satisfaction and motivation of the working staff. Patients have to spend all of their time in their rooms, so patient rooms should be suitable for hospital functions and meet all expectations for patients and accompanying persons in terms of housing comfort. When the housing services in the hospitals are well organized, the medical staff will have the opportunity to work more effectively and efficiently in their field of expertise. Many complications and even patient deaths occur during and after diagnosis and treatments due to lack of hygiene and sanitation and improper room conditions. Prevention of these situations can only be achieved through professional housing services management.

2.2 Problem of the Study

The questions of the study are as follows:

- Do housing services have a meditor role in the leadership styles and patient satisfaction and service quality in hospitals within the framework of the opinions of healthcare leaders, employees, outpatients and inpatients?
- Are housing services affected by the socio-demographic variables on the leadership styles and patient satisfaction and service quality in the hospitals within the framework of the opinions of healthcare professionals, employees and patients?

The hypotheses of the study are as follows:

Primary hypothesis: In the framework of the opinions of healthcare leaders, employees, outpatients and inpatients, housing services have a mediator role on the leadership styles and patient satisfaction and service quality in the hospitals, and this role differs according to socio-demographic variables.

Sub-hypotheses:

H1: Housing services have a mediating effect on leadership styles and patient satisfaction and service quality in the state hospitals.

H2: Housing services have a mediating effect on leadership styles and patient satisfaction and service quality in private hospitals.

H3: Housing services, patient satisfaction, service quality have an effect on Health leadership's leadership styles in hospitals.

H4: Housing services have a mediating effect on leadership styles and patient satisfaction and service quality.

2.3 Analysis Level of the Study

The level of analysis of this study is the health administrators, healthcare workers and outpatient and inpatient patients of public and private hospitals in Fethiye, Muğla. In this context, it will be investigated whether housing services will differ according to socio-demographic variables on the leadership styles, patient satisfaction, and quality of service in the hospitals within the framework of

the opinions of healthcare managers, healthcare professionals and outpatients.

2.4. Study Method

In the study, the descriptive study model was used to reveal the mediator role of hospitality services in the leadership styles in hospitals and patient satisfaction and service quality. Quantitative data collection techniques were used in the study.

Approval was obtained with informed consent and information for the implementation of the survey. The Cronbach Alpha coefficient was used to evaluate the reliability of the questionnaire. In this study, quantitative study methods were used (Kafadar, 2014: 10). The universe of the study is the health administrators, healthcare workers and outpatient and inpatient patients of public and private hospitals that continue their activities in Fethiye, Muğla. The sample consists of 372 health managers and employees, as well as 100 patients receiving outpatient and inpatient treatment, selected from the state and private hospitals, which continue their activities in Fethiye, Muğla province, with the easy sampling method.

The data obtained in this study were analyzed in the Statistical Package for Social Sciences (SPSS) 19.0 program.

Firstly, Cronbach's Alpha values of Hospital Housing Services Scale, Total Quality Management Scale, Managers' Leadership Characteristics Scale, Patient Satisfaction Survey (Outpatient) and Patient Satisfaction Survey (Inpatient) were determined.

Frequency analysis was used in determining the socio-demographic characteristics of the health administrators, healthcare professionals and outpatient and inpatient patients of the public and private hospitals included in the study.

Mean, standard deviation, lower and upper values that are the descriptive statistics regarding Hospital Housing Services Scale, Total Quality Management Scale, Managers' Leadership Characteristics Scale, Patient Satisfaction Survey (Outpatient) and Patient Satisfaction Survey (Inpatient) scores are shown.

According to the socio-demographic characteristics of the study participants, parametric hypothesis tests were used to statistically compare the difference between the scores of the scales. In the process of deciding that parametric hypothesis tests will be used in these comparisons, the normal distribution status of the scores obtained from the scales was examined with the Kolmogorov-Smirnov test and the skewness-kurtosis coefficients, and it was concluded that it showed a normal distribution. In the comparisons, if the number of independent variables is two, the independent sample t-test is used. ANOVA test was used to compare scale scores according to independent variables consisting of more than two categories. In determining different categories, the Tukey test was preferred as post-hoc test. Relationships between the scores of the scales were tested by Pearson correlation analysis since the data set showed normal distribution. Fatigue status was examined by linear regression.

3. Findings and Discussion

3.1 Findings

26.6% of the health managers and employees participating in the study work in the State Hospital, 50.5% in the 1st Private Hospital and 19.9% in the 2nd Private Hospital.

Table 1. **The comparison of the scores received by healthcare employees from the Total Quality Management Scale according to the hospitals they work in (n = 372)**

	Hospital	n	$\bar{x}$	s	Min	Max	F	p	Dif
Total Quality Management	State Hospital	110	34,17	5,31	13	44	14,355	0,000*	1-3
	1st Private Hospital	188	31,33	4,83	13	43			
	2nd Private Hospital	74	30,72	5,09	13	43			

**p<0,05*

There was a statistically significant difference between the scores received by the healthcare employees participating in the study from the Total Quality Management Scale according to the hospitals they work in ($p < 0.05$). Total Quality Management scores of the healthcare employees working in the State Hospital were found to be significantly higher than the healthcare employees working in the 1st Private Hospital and the 2nd Private Hospital. The findings regarding the comparison of the scores received by healthcare employees from the scales according to genders are given in table 2.

It has been determined that there is a statistically significant difference between the scores of the healthcare employees in the Hospital Housing Services Scale according to their gender. ($P < 0.05$). The scores obtained by the male healthcare workers from the Hospital Housing Services Scale

were significantly higher than the female employees. The findings regarding the comparison of the scores received by healthcare employees from the scales according to ages are given in table 3.

Table 2. **The comparison of the scores received by healthcare employees from the scales according to genders (n = 372)**

Scale	Gender	n	$\bar{x}$	s	t	p
Hospital Housing Services	Female	255	27,90	7,04	-7,636	0,000*
	Male	117	34,09	7,70		

**p<0,05*

Table 3. **The comparison of the scores received by healthcare employees from the scales according to genders (n = 372)**

Scales	Age	n	$\bar{x}$	s	Min	Max	F	p	Dif.
Hospital Housing Services	17-24	104	29,30	9,78	10	47	5,270	0,006*	2-3
	25-34	178	31,1	7,27	10	49			
	35 and Over	90	27,99	5,50	10	43			
Total Quality Management	17-24	104	31,98	2,95	27	43	4,608	0,011*	2-3
	25-34	178	32,76	3,56	23	44			
	35 and Over	90	30,73	8,65	13	43			

**p<0,05*

It was found that there was a statistically significant difference between the scores received by the healthcare employees participating in the study from Hospital Housing Services Scale and Total Quality Management Scale according to their ages (p <0.05). Hospital Housing Services and Total Quality Management scores of health employees between the ages of 25-34 were found to be significantly higher than those of healthcare employees over the ages of 17-24 and 35. The findings regarding the comparison of the scores received by healthcare employees from the scales according to marital status are given in table 4.

Table 4. **The comparison of the scores received by healthcare employees from the scales according to marital status (n = 372)**

Scales	Marital Status	n	$\bar{x}$	s	t	p
Hospital Housing Services	Married	203	30,85	6,64	2,750	0,006
	Single	169	28,64	8,86		

**p<0,05*

It has been determined that there is a statistically significant difference between the scores received by the healthcare employees from the Hospital Housing Services Scale according to their marital status. (P <0.05). The scores obtained by the married healthcare employees from the Hospital Housing Services Scale were higher than the single healthcare employees. The findings regarding the comparison of the scores received by healthcare employees from the scales according to education status are given in table 5.

Table 5. **The comparison of the scores received by healthcare employees from the scales according to education status (n = 372)**

Scales	Education Status	N	$\bar{x}$	s	Min	Max	F	p	Dif.
Hospital Housing Services	Health Vocational High School	151	31,85	8,59	10	49	4,636	0,001*	1-4
	Associate Degree	109	29,00	5,09	21	47			
	Undergraduate	93	27,98	8,34	10	47			
	Master	13	27,50	9,60	10	48			
	Doctorate	6	28,88	3,37	25	33			
Total Quality Management	Health Vocational High School	151	30,69	4,29	18	41	7,178	0,000*	1-2
	Associate Degree	109	34,06	4,32	23	43			
	Undergraduate	93	32,05	6,73	13	44			
	Master	13	31,46	5,52	24	42			
	Doctorate	6	30,89	1,12	29	32			

**p<0,05*

It was found that there was a statistically

significant difference between the scores received by the healthcare employees from Hospital Housing Services Scale and Total Quality Management Scale according to their educational status (p <0.05). Hospital Housing Services Scale scores of healthcare employees who graduated from Health Vocational High School and Total Quality Management Scale scores of healthcare employees who graduated from Associate Degree were found to be significantly higher than healthcare employees at other education levels.

Table 6. **Comparison of the scores that healthcare professionals get from the scales according to the services they work (n = 372)**

	Service	N	$\bar{x}$	s	Min	Max	F	p	Dif.
Hospital and Hospitality Services	Anesthesia (1)	31	31,27	5,35	26	49	8,532	0,000*	10-16
	Urology (2)	3	29,09	0,00	29	29			
	Dermatology (3)	9	26,02	0,10	25	26			
	Child Diseases (4)	9	24,14	5,31	10	27			
	Internal Diseases (5)	72	28,96	5,53	13	47			
	Infection Disease. (6)	6	26,56	1,97	25	30			
	Physics Ted. and Reh. (7)	6	25,96	1,97	25	30			
	General Surgery (8)	40	24,17	12,66	10	41			
	Thoracic Surgery (9)	6	26,61	7,29	23	41			
	Eye Hospital (10)	6	22,77	1,60	22	26			
	First and Emergency Aid (11)	40	29,52	4,90	10	43			
	Women's Hospital. and Nat. (12)	4	33,48	0,90	33	34			
Total Quality Management	Cardiology (13)	3	30,20	7,69	25	39	21,874	0,000*	6-17
	Ear Nose and Throat (ent) (14)	10	34,72	0,38	33	34			
	Neurology	21	31,87	5,18	26	39			
	Neurosurgery (15)	23	37,73	7,60	24	42			
	Radiology (16)	21	40,50	7,47	32	48			
	Orthopedics and Traumatology (17)	6	22,92	2,72	21	28			
	Other (18)	56	29,54	5,82	10	48			
	Anesthesia	31	32,97	2,01	30	41			
	Urology	3	32,56	0,00	32	32			
	Dermatology	9	28,46	1,53	24	29			
	Child Diseases	9	29,45	6,44	13	32			
	Internal Diseases	72	35,24	4,62	26	44			
	Infection Disease	6	16,62	6,80	13	30			
	Physical therapy and rehabilitation	6	32,69	1,57	29	33			
	General Surgery	40	33,21	2,74	30	37			
	Thoracic Surgery	6	31,28	1,25	30	33			
	Eye Hospital	6	34,74	2,82	29	35			
	First and Emergency Aid	40	32,99	4,12	23	43			
	Women's Hospital. and Nat..	4	24,48	3,84	18	26			
	Cardiology	3	27,35	5,18	24	33			
	Ear Nose and Throat (ent)	10	20,00	4,05	18	31			
	Neurology	21	31,88	3,91	24	35			
	Neurosurgery	23	33,74	5,30	30	43			
	Radiology	21	31,31	2,42	28	35			
	Orthopedics and Traumatology	6	42,65	1,67	39	43			
	Other	56	29,73	1,98	23	35			

**p<0,05*

According to the services that healthcare professionals work a statistically significant difference was found between the points that the employees received from the Hospitality

Management Services scale. (p<0,05) Hospital Hotel Services scores of people who work in radiology service were found to be significantly higher than the scores of people working in other services.

When the scores received by the health professionals from the Total Quality Management scale according to the services they work are evaluated, a statistically significant difference was found. (p<0,05) Total Quality Management scores of the employees working in the traumatology service was found to be significantly higher than the scores of people working in other services.

Table 7. **Comparison of the scores received by health workers from the scales according to their assignments (n = 372)**

	Assignment	N	$\bar{x}$	s	Min	Max	F	p	Dif.
Hospital and Hospitality Services	Nurse (1)	126	29,38	8,18	10	48	1,720	0,055*	11-13
	Midwife (2)	18	28,63	4,23	17	33			
	Laboratory technician (3)	11	26,11	7,97	10	38			
	Health Officer (4)	6	31,76	7,49	23	42			
	Specialist doctor (5)	78	30,10	7,52	10	48			
	ATT (6)	57	30,22	7,51	10	48			
	Physiotherapist (7)	14	33,20	5,17	25	42			
	Chief Physician (8)	3	28,99	4,12	25	33			
	Deputy chief physician (9)	3	28,78	3,37	25	31			
	Administrative Financial Affairs Manager (10)	3	28,88	4,41	25	33			
	Administrative Financial Affairs Assistant Manager. (11)	2	37,87	14,99	27	48			
	Anesthesiologist (12)	15	34,80	7,04	26	49			
	Practitioner (13)	13	24,21	2,13	21	29			
	Other (14)	23	30,47	11,05	10	48			
Total Quality Management	Nurse (1)	126	33,08	4,79	13	44	1,847	0,035*	3-4
	Midwife (2)	18	33,03	4,33	26	43			
	Laboratory technician (3)	11	35,33	4,33	30	42			
	Health Officer (4)	6	28,93	7,61	13	34			
	Specialist doctor (5)	78	30,38	5,08	13	43			
	ATT (6)	57	31,88	5,68	13	43			
	Physiotherapist (7)	14	31,06	5,70	18	36			
	Chief Physician (8)	3	31,79	0,67	31	32			
	Deputy chief physician (9)	3	30,00	0,51	29	30			
	Administrative Financial Affairs Manager (10)	3	32,13	1,95	30	33			
	Administrative Financial Affairs Assistant Manager. (11)	2	29,74	0,36	29	30			
	Anesthesiologist (12)	15	31,98	4,74	18	41			
	Practitioner (13)	13	33,59	8,79	13	43			
	Other (14)	23	31,18	3,58	18	36			

**p<0,05*

According to the assignments of healthcare professionals, a statistically significant difference was found between the points that the employees received from the Hospitality Management Services scale. (p<0,05) Hospital Hotel Services scores of people who persons serving as Assistant Manager of Administrative Financial Affairs were found to be significantly higher than the scores of

people serving in other services.

When the scores received by the health professionals from the Total Quality Management scale according to the services, they serve are evaluated, a statistically significant difference was found. (p<0,05) Total Quality Management Scores of people who have the assignment of laboratory technicians were found to be significantly higher than the scores of people serving in other services.

Table 8. **Comparison of the scores received by health workers according to their working time in positions (n=372)**

	Working time in positions	N	$\bar{x}$	s	Min	Max	F	p	Dif.
Total Quality Management	0-5 year	211	31,67	4,67	18	43	13,792	0,000	3-5
	6-10 year	97	32,58	4,15	24	44			
	11-15 year	41	35,01	4,48	29	43			
	16-20 year	10	33,38	4,42	30	42			
	21 year and more	13	23,82	11,22	13	41			

**p<0,05*

When the scores received by the health workers according to their time in positions, a statistically significant difference was found between the scores they received from the Total Quality Management scale. (p<0,05) Total Quality Management scores of health professionals whose working time in their positions is between 11-15 years were found to be significantly higher than the scores of the healthcare professionals in other working periods.

Table 9. **Comparison of the scores received by healthcare professionals according to their total professional experience (n=372)**

	Total professional experience times	N	$\bar{x}$	s	Min	Max	F	p	Dif.
Hospital and Hospitality Services	0-5 year	154	29,29	5,95	12	47	6,850	0,000	2-4
	6-10 year	128	32,11	10,31	10	48			
	11-15 year	31	30,43	6,56	23	49			
	16-20 year	36	25,70	3,60	13	30			
	21 year and more	23	26,66	3,68	23	35			
Total Quality Management	0-5 year	154	32,55	3,78	23	43	8,785	0,000	3-5
	6-10 year	128	31,44	5,19	18	43			
	11-15 year	31	35,52	5,90	29	44			
	16-20 year	36	31,83	2,64	29	39			
	21 year and more	23	27,79	10,16	13	42			

**p<0,05*

According to the total professional experience of healthcare professionals a statistically significant difference was found between the scores obtained from Hospital Hospitality Services and Total Quality Management scales. (p<0,05) Hospital Hotel Services scores of healthcare professionals with a total professional experience of 6-10 years and Total Quality Management scores of health workers between 11-15 years have a significantly higher difference compared to the scores of healthcare professionals with other total professional experience periods.

Table 10. **Comparison of the scores of patients according to their ages (n = 100)**

	Age	n	$\bar{x}$	s	Min	Max	F	p	Dif.
Patient scale with inpatient treatment	18 to 25 years old	18	14,72	2,55	11	17	5,024	,001*	4-5
	26 to 40 years old	38	14,40	3,71	10	21			
	41 to 50 years old	9	14,72	2,46	10	20			
	51 to 65 years old	13	17,56	6,18	12	25			
	66 age and more	22	12,19	0,48	10	12			

A statistically significant difference was found between the scores of inpatients according to their age. (p<0,05) The scores of patients between 51-65 years of inpatient treatment on the patient scale were found to be significantly higher than in bed-treated patients in other age groups.

Table 11. **Comparison of the scores of the patients according to their education levels (n = 100)**

	Level of education	n	$\bar{x}$	s	Min	Max	F	p	Dif.
Patient scale with outpatient treatment	Illiterate	13	13,19	5,05	10	25	4,102	0,004*	2-4
	Primary school	20	12,26	3,13	10	20			
	Middle School	8	13,07	3,67	10	19			
	High School and Equivalent School	30	15,82	3,65	10	23			
	University and above	29	12,67	3,01	10	20			
Patient scale with inpatient treatment	Illiterate	12	12,15	1,25	11	15	19,210	0,000*	2-5
	Primary school	29	11,98	1,07	10	14			
	Middle School	6	14,58	1,02	12	15			
	High School and Equivalent School	25	14,16	3,00	10	20			
	University and above	28	18,09	4,24	10	25			

**p<0,05*

A statistically significant difference was found between the scores obtained from the patient scale according to the education level of outpatients. (p<0,05). The scores of high school and equivalent school graduates and outpatients on the patient scale were found to be significantly higher than those who were treated in bed at the other education level. A statistically significant difference was found between the scores of inpatient patients on the patient scale. (p<0,05) The scores of patients with university or higher education level and inpatient treatment on the patient scale were found to be significantly higher than in bed-treated patients who were at the other educational level.

Table 12. **Comparison of the scores of the patients according to their professions (n = 100)**

	Profession	n	$\bar{x}$	s	Min	Max	F	p	Dif.
Patient scale with inpatient treatment	Self-employed (Other)	21	12,57	0,82	10	15	7,217	0,000*	4-5
	Worker	32	16,04	3,24	10	21			
	Officer	19	12,58	2,60	10	15			
	Retired	6	11,94	0,68	11	13			
	Housewife	12	17,63	6,50	11	25			
	Unemployed	10	14,16	2,63	11	16			

A statistically significant difference was found between the scores of inpatient patients according to their occupations from the patient scale. (p<0,05) Scores of patients with housewives from the patient scale were found to be significantly higher than the scores of patients in the other professions group.

Table 14. **Comparison of the scores obtained by patients according to their social security (n = 100)**

	Social security	n	$\bar{x}$	s	Min	Max	F	p	Dif.
Patient scale with inpatient treatment	Worker	48	14,93	3,22	10	21	25,763	0,000*	3-4
	Retired	23	11,66	1,00	10	12			
	With green card policy	6	23,61	3,40	16	25			
	Without social security	1	10,83	0,00	10	10			
	Other	22	13,82	2,05	10	16			

A statistically significant difference was found between the scores of patients receiving inpatient treatment from the patient scale according to their social security. (p<0,05) The scores of patients with a social security green card on the patient scale were found to be significantly higher than the scores of patients with other social security. In the first step, a significant relationship was examined between patient satisfaction, quality of service and dependent variable leadership styles predicted total scores. (Figure 1)

1. There should be a significant relationship between predictor variables (patient satisfaction and quality of service) and dependent variable leadership styles total scores. (c path)

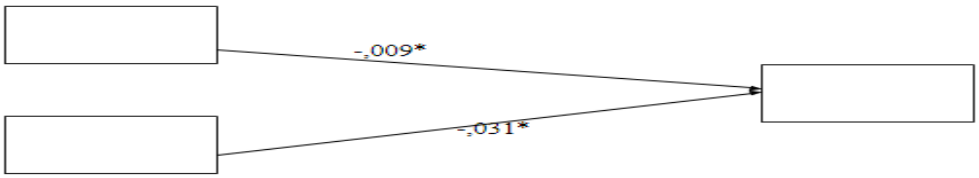

Figure 1. **The Relationship Between Leadership Styles and Total Quality Management and Patient Satisfaction**

When Figure 1 is examined it is observed that leadership styles with predictor variable have a significant direct effect (β = -1.157, p <.001) on the total quality management of the dependent variable. (c path)

2.There should be a significant relationship between predictive variables patient satisfaction, service quality and intermediate variable hospital hospitality services.

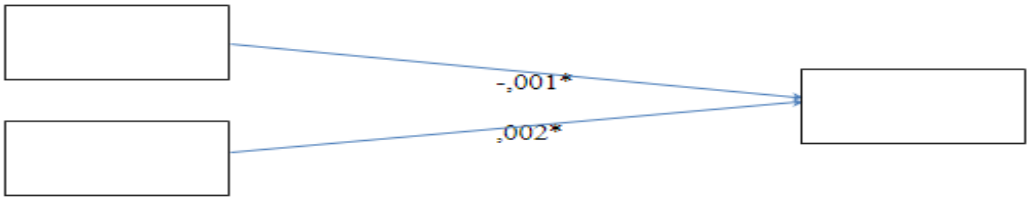

Figure 2. **The Relationship Between Hospital Hotel Services and Total Quality Management and Patient Satisfaction**

When Figure 2 is examined it is observed that Hospital Hotel Services, which is a variable predictor variable, has a significant direct effect (β = 1,208, p <.001) on the dependent variable total quality management (path a).

3.There should be a significant relationship between the intermediary variable hospital hotel services and the dependent variable leadership styles (b path).

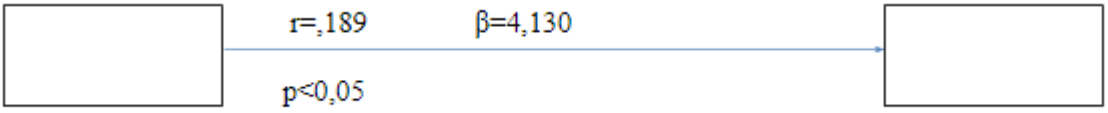

Figure 3. **The Relationship Between Hospital Hospitality Services and Leadership Styles**

When Figure 3 is examined, it is observed that leadership styles, which are predictor variable, have a significant direct effect (β = 1,208, p <.001) on dependent variable Hospital Hotel Services (path a).

4.When the predictive variables entered the model together, patient satisfaction, service quality total scores and intermediary variable hospital hotel services, the pre-existing meaningful relationship between variables predictive variables and dependent variable should not be meaningful, or the level of significance should decrease (path c)

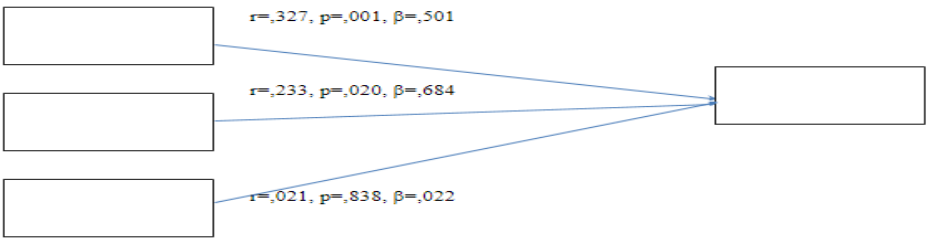

Figure 4. **The Relationship between Hospital Hospitality Services and Patient Satisfaction and Service Quality**

When the results of Figure 4 and the linear regression analysis are examined, when intermediary variables of patient satisfaction and total quality management scores enter the model it was observed that the established model was statistically suitable and indicated 17.2% of the variance in the dependent hospitality services scores. It has been observed that patient satisfaction scores, which are inpatient and inpatient treatments, are in the positive direction within the scope of hospital hotel services. When the patients who are inpatient and outpatient get only 1 point more, hospital hotel services points increase by 0.50 and 0.68 points.

3.2 Discussion

The main purpose of this study is to investigate the mediating effect of hospitality services on the effect of leadership styles in hospitals on patient satisfaction and service quality within the framework of the opinions of healthcare managers, healthcare professionals, outpatients and inpatients.

A statistically significant difference was found between the scores (according to their duties) obtained from the Total Quality Management scale ($p < 0.05$). Total Quality Management scores of those who are in the position of laboratory technicians were found to be significantly higher than those in other positions. Sezer's (2009) study results also support the study results. Accordingly, there is a significant difference between the total quality management perception levels and positions of the hospital staff. However, the perception of the midwives of doctors was high in the study of Şarbak (2009) and Kayhan (2015). Therefore, it is compatible with our study results.

It was determined that the perceived service quality did not change significantly according to gender and income status in the study of Şirin (2009) It was concluded that the perception of service quality of patients and patient satisfaction did not differ significantly according to gender factor in a study by Papatya et al. (2012). Therefore, the results obtained in this study is compatible is those obtained in the literature in question.

Yağcı and Duman (2011) examined the relationship between perceived service quality and patient satisfaction in their study; they found a strong statistically significant and positive relationship between the two variables. After all, Bilgin and Göral (2008) also examined the relationship between service quality and patient satisfaction in the health sector and they found a statistically significant relationship. A significant relationship was found between service quality and patient satisfaction in this study. Therefore, the results obtained in this study is compatible is those obtained in the literature in question.

It has been observed that the leadership styles of the managers have a direct effect on total quality management and Hospital Hotel Services. It has been observed that Hospital Hotel Services has a significant direct effect on total quality management. According to the findings obtained in the studies of Boudeh (2011), Aksaraylı and Kidak (2008), Xesfingi and Vozikis (2016) and Abbas (2010), health service quality affects patient satisfaction. Therefore, the results obtained in this study is compatible is those obtained in the literature in question.

4.Conclusion

General Cronbach's Alpha values of the scales used in the study; It was determined as 0.920 (Hospital Hotel Management Services Scale), 0.892 (Total Quality Management Scale) and 0.973 (Managers' Leadership Styles Scale).

A total of 372 healthcare workers, 50.5% from the 1st Private Hospital, 68.5% were female and 31.5% were male participated in this study. It was determined that 47.8% of the participants in the study are 25-34 years old, 54.6% are married, 41.9% are Healthcare High School graduates; 19.4% of them work in the Internal Medicine service, 33.9% of them are nurses; the working time in the position of 56.7% is between 0-5 years, and the total professional experience period of 41.4% is between 0-5 years.

The ones with the highest averages from the expressions of the scales used in the study are as follows:

*Hospital Hospitality Services Scale "Partake of the quality of the decoration and design of the food and beverage department to reflect the quality of the hospital" (39,03±14,37)

*Total Quality Management Scale "Managers want to see employees' efforts for excellence" (35,61±11,94)

*Leadership Styles Scale of Managers "I have an open and honest method" (48,75±3,33)

The scales used in the study are as follows:

* Kaiser - Meyer - Olkin Sampling Competence
* Hospital Hotel Management Services Scale (, 782)
* Total Quality Management Scale (, 685) 12 factors and 39 questions. It measured the level of knowledge of employees by 73.28%.
* Leadership Styles Scale of Managers (not enough)
* Hospital Hotel Services Scale 7 factors and 33 questions. It measured the level of knowledge of

employees by 67.9%.

51.0% of outpatients participated in the study from the State Hospital. 56.0% of the participants in the study are women and 44.0% are men. 64.0% of inpatient patients participated in the study from Fethiye State hospital. According to the results of the study, it has been observed that the patients with outpatient and inpatient treatment have similar thoughts about patient satisfaction according to their age, gender and profession in the hospitals they are treated.

When the outpatient and inpatient patient satisfaction and total quality management scores enter the model with the mediator variable hospital hotel services and when the results of linear regression analysis are examined it was observed that the model established was statistically appropriate and explained 17.2% of the variance in the dependent hospitality services scores.

According to this, patients who are inpatient between the ages of 51-65, high school and equivalent school graduates, outpatient patients, inpatient patients with university or higher education levels, patients with a social security green card can be taken into consideration and wider study can be done in the universe and sample.

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