

<https://doi.org/10.7251/EMC2602342A>

UDK: 316.356.2:614.253.89(497.6RS)

Datum prijema rada: 22. oktobar 2025.

Časopis za ekonomiju i tržišne komunikacije

Submission Date: October 22, 2025

Economy and Market Communication Review

Datum prihvatanja rada: 1. jun 2026.

Godina/Vol. XVI • Br./No. II

Acceptance Date: June 1, 2026

str./pp. 342-358

ORIGINALNI NAUČNI RAD / ORIGINAL SCIENTIFIC PAPER

DETERMINANTS OF ENTREPRENEURIAL INTENTION AMONG FAMILY MEDICINE DOCTORS IN ESTABLISHING PRIVATE SPECIALIST CLINICS IN THE REPUBLIC OF SRPSKA/BOSNIA AND HERZEGOVINA

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Abstract: *Particularly as health systems seek to improve efficiency, service quality and innovation, the entrepreneurial intention of health professionals has become an area of growing interest. However, particularly in transitional healthcare systems such as that of the Republic of Srpska, little research has focused on the entrepreneurial intention of family physicians. The purpose of this study is the investigation of the level of entrepreneurship intent among general practitioners in the Republic of Srpska, and the identification of key psychological and background factors that influence entrepreneurship intent. A 121-sample of general practitioners practising in the Republic of Srpska was surveyed using a quantitative cross-sectional survey. The survey instrument is based on the Theory of Planned Behaviour (TPB). Data were analysed using descriptive statistics, correlation analysis and regression modelling. Attitude, subjective norm and perceived control factors explained the intention of family medicine doctors (FMDs) to start a private Family Medicine Specialist Clinic (FMSC). There was a significant negative correlation between the intention of setting up a private FMSC and years of experience in family medicine and the job title of FMDs. The study highlights the potential and barriers to promoting entrepreneurship among family physicians in the Republic of Srpska. The entrepreneurial readiness of this key health workforce could be enhanced by addressing systemic barriers and providing targeted training and policy support. The findings provide valuable insights for policy makers, health care administrators and educators who wish to promote innovation and the sustainable develop-*

ment of the health care system in transition economies.

Keywords: *Entrepreneurial Intention, Family Medicine Doctors (FMDs), Theory of Planned Behavior, Healthcare Entrepreneurship, Family Medicine Specialist Clinics (FMSCs)*

JEL Classification: *M13, L26, J23, I10, I11*

INTRODUCTION

Explaining, predicting and understanding human behaviour is a complex and challenging task. The above has resulted in various social-cognitive models that try to understand and predict human behaviour in different fields. Thus, in light of the recognition of the increasing role of entrepreneurship as a crucial factor for social development and driver of innovation, theoreticians and researchers have focused their attention on developing models for understanding and potentially predicting entrepreneurial intention, i.e. entrepreneurial behaviour. Among the theoretical models that have dominated in the last few decades in entrepreneurship research (intentions and behaviour), two dominant models have been identified in the literature, namely Ajzen's theory of planned behaviour (TPB) (Ajzen, 1991, 2005) and Shaper's model or entrepreneurial event model (Shapero & Sokol, 1982). Nevertheless, researchers prefer the TPB because of its theoretical specificity, which is reflected in a multitude of details and consistency, and at the same time, it is one of the most prominent and most often cited theories used to understand, predict and change human behaviour (Karali, 2013; Lortie & Castogiovanni, 2015; Van Gelderen et al., 2008).

In the 1980s and 1990s, European healthcare systems were mostly exposed to internal pressures. To respond more easily to these pressures and maintain a competitive advantage, Western European systems decided to introduce organisational changes in the structure of primary health care (e.g. goals, processes and technologies); that is, they decided to teach entrepreneurship. On the contrary, in Central and Eastern European countries, the share of doctors working in private practice varied from country to country and reflected the policies of these countries. They chose a period of longer transition and payment based on earnings or the establishment of an independent practice (Lember, 1998; Markota, Švab, Saražin Klemenèiè, & Albreht, 1999).

Two decades after the reform of primary health care in the Republic of Srpska, health centres, the centre of which is family medicine, are still the most dominant form of organising the work of family medicine. A few family medicine doctors (FMDs) decided to work independently. The reasons for a lack of entrepreneurial initiatives do not dominate FMDs. Still, a policy of long transition and gradual creation of opportunities for the awakening of entrepreneurship and the development of small entrepreneurs should be sought based on several combined factors. The TPB represents a practical analytical framework for analysing family medicine doctors' intention to establish privately owned family medicine specialist clinics (FMSCs). The existing literature has mainly focused on the entrepreneurial behaviour of general practitioners or medical students, with only a limited amount of research on practising general practitioners at the frontline of primary health care. The concept of entrepreneurial intention has been studied extensively in a variety of professional fields, including business,

engineering and even health care. To summarise, this study was designed to address the following gaps: The lack of focused research on entrepreneurial intentions among family physicians, the limited research on this phenomenon in the context of the Republic of Srpska and similar post-socialist health care systems, and the lack of empirical data linking entrepreneurial intentions to actual innovation or practice change in family medicine. This study uses the TPB to examine the heads of the TBP construct, including the background factors (subjective norm, attitude and perception control) that may influence the prediction of the intentions of family physicians with regard to the establishment of privately owned FMSCs.

LITERATURE OVERVIEW

The theory of planned behaviour (TPB)

TPB is based on the assumption that behavioural decisions are not made spontaneously but result from a reasoned process. The immediate antecedent of voluntary deliberative human behaviour is the intention or willingness to engage in that behaviour. Intention is an additive function of three predictive factors: attitude toward the behaviour, subjective norm for performing the behaviour, and perception of control over the behaviour.

Entrepreneurial intention

Every type of behaviour is influenced by intention, which is also true for entrepreneurial intention, which predicts the decision to become an entrepreneur. A potential entrepreneur who expresses intention lays the groundwork for new business ventures (Bird, 1988; Krueger, Reilly, & Carsrud, 2000). Conversely, even when a significant potential opportunity is available, a person who lacks intention will likely refrain from engaging in entrepreneurial activities (Krueger & Brazeal, 1994; Krueger, 2000). The more favourable an individual's attitude toward a particular behaviour, along with a strong subjective norm and a high perception of control over that behaviour, the stronger their intention to pursue it (Ajzen, 2005; Fishbein & Ajzen, 2010). From this reasoning, we can establish the following hypothesis:

Hypothesis 1: There is a significant entrepreneurial intention among FMDs to establish privately owned FMSCs.

Attitude toward entrepreneurial intention

In TPB, attitude is a significant determinant of behavioural intention because it directly affects intention. Attitude towards behaviour represents the degree to which a person willingly or unwillingly evaluates specific behaviour (Ajzen, 1991). In the entrepreneurial context, the attitude towards self-employment is defined as "the difference between the perception of personal desire (positive or negative) and the existence of the possibility of self-employment or employment with an employer" (Souitaris, Zerbinati, & Al-Laham, 2007). A positive attitude towards self-employment determines an individual to focus more on self-employment than employment with an employer (Kolvereid, 1996a). The following hypothesis follows from the above:

Hypothesis 2: There is a significant correlation between the attitude of FMDs and the intention to establish a privately owned FMSC.

Subjective norm toward entrepreneurial intention

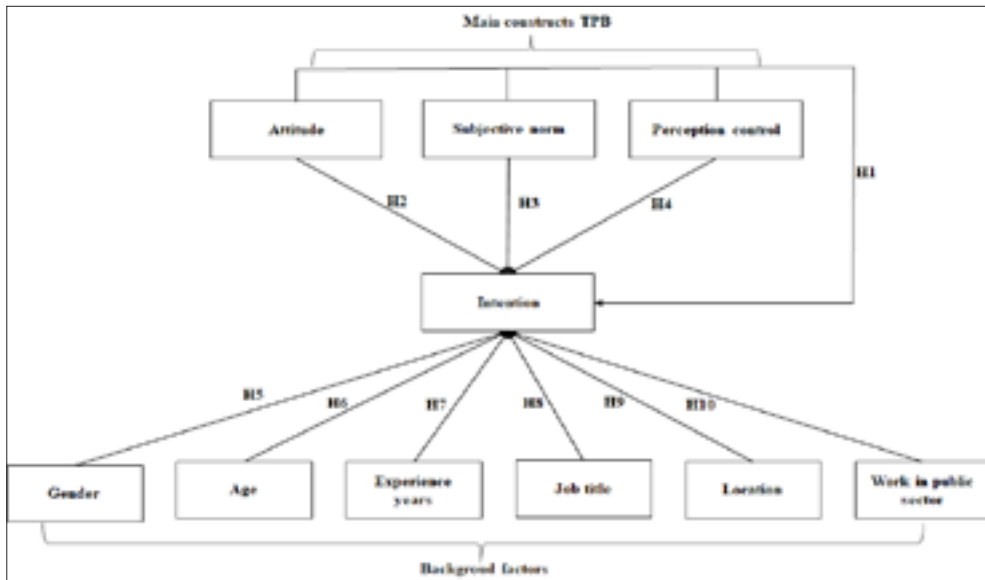
Subjective norm is another important construct of TPB. The term subjective norm was chosen because a person's perception of a specific behaviour is influenced by what others think. The motivation to practice a particular behaviour is significantly determined by the commitment of reference persons (close friends, colleagues, partners, relatives, etc.) to that behaviour (Ajzen, 2002; Engle et al., 2010). The influence of reference persons is not equal in all cases and cultures (N. F. Krueger & Brazeal, 1994). The weaker influence of the subjective norm on intention mainly stems from the fact that a smaller number of people realise their activities as a primary result of social pressure (Armitage & Conner, 2001) Following the above, the hypothesis was formulated:

Hypothesis 3: There is a significant correlation between subjective norm of FMDs and the intention to establish privately owned FMSCs.

Perceived control towards entrepreneurship behaviour

Perception of behavioural control was subsequently added to the theory. It became clear that the intention of human behaviour cannot be predicted and explained using attitude and subjective norms if people do not have the skills and/or resources necessary for the behaviour or if external factors prevent them from doing so (Fishbein & Ajzen, 2010). People who do not feel in control of their entrepreneurial behaviour and its outcomes are unlikely to form a strong entrepreneurial intention, even with positive attitudes and favourable subjective norms (Ajzen, 1987). The influence of perception of control in predicting behaviour is examined with optimal (complete voluntary control) and suboptimal (problems of voluntary control) conditions (Ajzen, 1991). In cases with complete voluntary control, the relationship between intention and behaviour is optimal, and the perception of control does not influence this relationship. On the contrary, when behaviour is not under complete voluntary control, the influence of perception of control is moderate on intention and behaviour (Armitage & Conner, 2001). The following hypothesis arises from the above:

Hypothesis 4: There is a significant correlation between the perception of control FMD and the intention to establish privately owned FMSCs.

Figure 1. Contextual framework

Source: Author's research

Influence of background factors on entrepreneurship intention

Starting from the assumption that beliefs are not innate but arise due to the influence of the external environment, researchers have studied the influence of various factors that can explain people's behaviour. The TPB has not developed an approach to identify the background factors that should be considered for a particular behaviour. The theory, however, suggests that only those background factors should be considered, as there is a possibility that different exposures lead to various experiences that shape different behavioural beliefs (Fishbein & Ajzen, 2010). According to the TPB, background variables significantly influence behaviour, mostly indirectly. Many studies point to the importance of the influence of various factors on the intention of entrepreneurial behaviour. The authors, who analysed the entrepreneurial choice of an individual, indicated that age, education, work experience and financial conditions influence the decision to become an entrepreneur (Colombo, Delmastro, & Grilli, 2004). Human capital, which is determined by age, gender, skills, education, knowledge and previous experience, affects entrepreneurial intention (Khuong & An, 2016). There is ample evidence linking demographic characteristics to behavioural differences, with behavioural differences related to one or more demographic characteristics (Fishbein & Ajzen, 2010). Certain demographic groups are more likely to engage in entrepreneurship due to demographic differences in attitude and stronger intention. The following hypotheses are derived from the above understanding predictor variables (Montaño & Danuta, 2008). Thus, individuals in certain demographic groups have a greater belief in the positive outcomes of behaviour and thus have a more positive:

Hypothesis 5: There is a significant correlation between the gender of FMDs and the intention to establish FMSCs in private ownership.

Hypothesis 6: There is a significant correlation between the years of life of FMDs and the intention to establish privately owned FMSCs.

Hypothesis 7: The job title of FMDs significantly mediated the relationship between years of work experience and the intention to establish privately owned FMSCs.

Hypothesis 8: There is a significant correlation between the job title of FMDs and the intention to establish FMSCs in private ownership.

The contextual environment, specifically the location, influences variations in decision-making about starting one's own business. Research among entrepreneurs in urban areas is more common than in rural areas. Research on the differences between establishing a company in urban and rural regions includes determining psychological differences and differences in human and financial capital and looking at how urban and rural areas affect the identity and network of entrepreneurs (Gadi, Danladi, & Bagobiri, 2014). The following hypothesis is made:

Hypothesis 9: There is a significant correlation between the location of the outpatient clinic, where FMDs currently work and the intention to establish a privately owned FMSCs.

Previous work experience can be defined in different ways, and in general, it means an experience that a person acquires while working in a particular field and profession (Yuan et al. , 2019). It has been observed that previous work experience affects the interest in entrepreneurship. Likewise, it was confirmed that individuals working in the private sector have a greater desire to start a private business than those working in the public sector. The following hypothesis arises from the described influence of the background factor:

Hypothesis 10: There is significant correlation between the attitude towards work in the public sector of FMDs and the intention to establish FMSCs in private ownership.

METHODOLOGY

Sample and data collection

This study investigates the influence of the main constructs of the TPB and background factors on the behavioural intention towards establishing privately owned FMSCs among FMDs in the Republic of Srpska. No standard questionnaire was identified during the literature search, and a dedicated questionnaire was created for this study. The questionnaire's content was prepared based on interviews conducted among owners and founders of privately owned FMSCs and family medicine doctors working in these clinics.

Table 1. Sample structure

Sample structure		N	%
Gender	Female	100	82,6
	Male	21	17,4
Age	<=40	38	31,4
	41-50	35	28,9
	>=51	47	38,8
Job title	Medical doctor specialisation in family medicine	80	66,1
	Medical doctors with other specialisation with additional education in family medicine	14	11,6
	Medical doctors with additional education in family medicine	4	3,3
	Medical doctors	15	12,4
	Medical doctor specialising in family medicine	8	6,6
Years of experience in family medicine	<=10	40	33,0
	11-20	57	47,1
	>=21	20	16,5
Outpatient clinic location	Rural area	29	24,0
	Urban area	92	76,0

Source: Author's research

Before the study, a questionnaire pre-test was conducted on 40 respondents (doctors of family medicine) working in the Prijedor Health Centre. Pre-testing was undertaken to understand the comprehensibility of the questions without intending to test the psychometric characteristics of the survey questionnaire. The research used a sample chosen from the basic set, the health centres where the study was conducted. When selecting the sample, three criteria were considered: geographical coverage, size of health centres (small, medium and large) and optimal sample size. The study was conducted in two large health centres (Banja Luka and Bijeljina), one medium health centre (Trebinje) and two small health centres (Kostajnica and Petrovo). The sample of respondents consisted of doctors of medicine (doctors specializing in family medicine, doctors specializing in other branches of medicine with additional education in family medicine, doctors of medicine with additional education in family medicine and doctors of medicine specializing in family medicine) employed in the departments of family medicine. Other members of the family medicine team (nurses/technicians) and doctors from different branches of medicine who work in other organizational units of the health centre were excluded from the sample of respondents.

A total of 200 questionnaires were distributed, and 121 respondents responded to the survey. The effective response rate was 60.05%. The structure of the sample of respondents is presented in Table 1.

Variable measurement

Therefore, this study followed the principles of scientificity and rigour to ensure the accuracy and reliability of the research data. The accuracy and validity of scales as

measurement tools critically impact study results. In the specific measurement process, a 7-point Likert scale was adopted to quantify respondents' degree of agreement with the statements related to the basic constructs of the theory of planned behaviour and the background factor (attitude towards work in the public sector). The scale, which ranges from 1 (strongly disagree) to 7 (strongly agree), allowed respondents to choose their answers based on their actual situation and feelings. By setting these items, we can understand the entrepreneurial intention of FMDs and the background factors that influence it. For example, when measuring entrepreneurial intention, "I have a plan to establish a privately owned FMSC" and "I intend to establish a privately owned FMSC in the future". In addition to the experimental variables mentioned above, the following were considered: gender, age, profession, years of work experience in family medicine, location of the clinic and attitude towards working in the public sector. Therefore, we collected this information in the survey study and the subsequent data analysis process for appropriate control and processing. The statistical software package IBM SPSS Statistics 21 was used in data analysis. Data analysis included descriptive statistical analysis, correlation analysis, and regression analysis to investigate the relationship between background factors and the entrepreneurial intention of FMDs in the Republic of Srpska. Multiple regression analysis was used to assess the predictive value of different models after determining that the assumptions were met, i.e., no multicollinearity or singularity between the variables involved. A stepwise multiple regression analysis was applied in models where multicollinearity or singularity between the included variables was confirmed. Likewise, further analysis of the results was performed to determine the suppressor effect.

EMPIRICAL ANALYSIS

Reliability and validity

The Cronbach's alpha coefficient (α) was used to check the reliability of the scales, and the Pearson correlation coefficient was calculated to check the validity of the scales with three or fewer statements. In the case of larger scales, a comprehensive factor analysis was applied to assess the scale's factor structure. After the prerequisites for using factor analysis were met (the value of the Kaiser-Meyer-Olkin test above .60 and Bartlett's test of sphericity less than .05), a principal component analysis (PCA) was performed. Likewise, after the analysis of characteristic values (Eigenvalues), inspection of Katel's curve diagram and application of parallel analysis (Parallel analysis), the number of factors was determined, then each statement's saturation level on the isolated factor was calculated and displayed.

The analysis of the scale's reliability for the subjective norm variable determined that Cronbach's alpha coefficient is .60, representing a reliability below the expected one. However, considering that it is a scale with only two statements, this level of reliability is considered acceptable. Both scales were retained in their original form without correction. In their original form, seven statements were used as a measuring instrument to measure the attitude towards work in the public sector. Cronbach's alpha coefficient is .70, which is the acceptable limit for the scale's reliability. The correlation of each statement with the total scale, for the majority, has a significant value (above .30), except for one statement whose value was .24. The analysis indicates that with the exclusion of this statement, the total reliability of the scale increased to .72. The

remaining statements have factor weights above .40, which means a stable one-factor structure of this scale.

Table 2 The scale's reliability

Variables	Items number	Cronbach alfa α
Intention	2	,84
Attitude	2	,85
Subjective norm	2	,60
Perception control	3	,70
Attitude towards work in the public sector	6	,72

Source: Author's research

RESULTS

Predicting intention using the main constructs of the TPB

Table 3 presents the simple linear correlation between the main TPB constructs and the intention to establish FMSC in private ownership. The results of this analysis indicate that using the main TBP constructs, based on the linear dependence between attitude and intention to establish a FMSC, about 67% of the total variance in the intention to establish a FMSC can be explained, while using the subjective norm, about 36%, that is, using the perception of control, 41% of the total variance in the intention to establish a privately owned FMSC.

Table 3. Matrix intercorrelation main constructs TPB and intention

Variables	Variables			
	1.	2	3.	4.
Intention	1			
Attitude	,818***	1		
Subjective norm	,597***	,674***	1	
Perception control	,643***	,600***	,623***	1

Source: Author's research; Statistically significant at the level *** $p < ,001$

Table 4 presents the results of multiple regression analysis, i.e., the independent contribution of each of the main TPB constructs in predicting intention. The correlation between the main three constructs of the TPB and the intention to establish a privately owned FMSC is strong and statistically significant.

Table 4. Multiply regression analysis intention related to main constructs TPB

Variables	r	b	β	R	R ²
Attitude	,818***	,690***	,681***		
Subjective norm	,597***	-,013	-,011	,840***	,706***
Perception control	,643***	,279**	,242**		

Source: Author's research; r = simple linear correlation; b = regression correlation coefficient; β = standardized regression correlation coefficient; R = correlation index; R² = coefficient of determination; Statistically significant at the level ** $p < ,01$; *** $p < ,001$

The results of the multiple regression analysis indicate that using the three main constructs of the TPB, the intention to establish an FMSC can be predicted ($R = .840$; $p < 0.001$) and that the three main constructs explain 70.6% of the variance in the intention to establish a privately owned FMSC. Also, the results of this analysis indicate that attitude ($\beta = .681$, $p < .001$) and perception of control ($\beta = .242$, $p < .01$) contribute more independently and statistically significantly to the prediction of the intention to establish FMSC in private ownership. The subjective norm independently does not contribute statistically significantly in predicting the intention to establish a privately owned FMSC.

Predicting intention using background factors

A multiple regression analysis was performed to determine how much all background variables statistically contribute to predicting the intention to establish FMSC in private ownership. The results of this analysis are presented in Table 5. In Model 1, by adding the socio-demographic characteristics of the respondents to the basic constructs of the TPB, it is observed that the entire Model 1 contributes statistically significantly ($R = .863$) to the prediction of the intention to establish a privately owned FMSC, that is, the yield of Model 1 in explaining the intention to establish a privately owned FMSC increases slightly statistically significantly ($R^2_{\text{contribute}} = .028$; $p < .05$) about the prediction of intention using the basic constructs of the TPB ($R = .840$; $p < 0.001$). Years of work experience ($\beta = -.152$; $p < .05$) and the job title of doctor of family medicine ($\beta = -.181$; $p < .01$) have an independent statistically significant contribution in predicting intention. With the background factor, the job title of FMD, it is noted that the linear correlation coefficient is significantly higher than the standardised regression coefficient, which indicates the existence of multicollinearity, that is, the overlapping of the influence of several independent variables.

Of the background factors, the job title of FMDs ($\beta = -.176$, $p < .01$) and years of experience ($\beta = -.152$, $p < .05$) contribute statistically significantly to the independent predictive value of the intention to establish a FMSC in private ownership. The results of this analysis are presented in Table 5.

The regression coefficient of the correlation between the intention to establish a privately owned FMSC and the job title of FMDs has a negative sign ($b = -.232$; $p < .01$). All of the above leads to the conclusion that the job title of FMDs, in this case, has a suppressor effect, because it suppresses a certain part of the variance of the second background variable (years of work experience).

Table 5 Multiply regression analysis intention related backgroundfactors

	Variables	r	b	β	R	R ²
Model 1	Attitude		,653***	,644***		
	Subjective norm		,053	,044		
	Perception control		,276**	,239**		
	Gender	-,134	-,189	-,040	,863*	,744*
	Age	-,221**	-,006	-,003		
	Experience years	-,253**	-,373*	-,152*		
	Job title	,063	-,243**	-,181**		
Model 2	Attitude		,669**	,659**		
	Subjective norm		,047	,040		
	Perception control		,278**	,240**		
	Gender		-,157	-,034	,864	,746
	Age		,020	,010		
	Experience years		-,381*	-,152*		
	Job title		-,236**	-,176***		
Model 3	Location	-,162	,177	,043		
	Attitude		,668**	,659**		
	Subjective norm		,054	,046		
	Perception control		,273**	,237**		
	Gender		-,169	-,036		
	Age		,018	,008	,864	,746
	Experience years		-,379*	-,151*		
	Job title		-,236**	-,176**		
	Location		,169	,040		
	Work in public sector	-,120	,020	,013		

Source: Author's research; r = simple linear correlation; b = regression correlation coefficient; β = standardized regression correlation coefficient; R = correlation index; R² = coefficient of determination; Statistically significant at the level *p<,05; **p<,01; p<,001

The belowe (Table 6) is also confirmed through the value of the standard regression coefficient, which for the years of service in Model 1 is $\beta = -.071$, while in Model 2, by adding the job title of FMDs, its value increases and statistically significantly independently contributes to the prediction of the intention to establish a privately owned FMSC ($\beta = -.153$, $p < .01$). Also, the explanatory value of the variance of the intention to establish FMSC in private ownership is significantly higher compared to Model 1 and its yield in explaining the intention to establish FMSC increases slightly by 2.7% ($R^2_{\text{increase}} = .027$; $p < .01$).

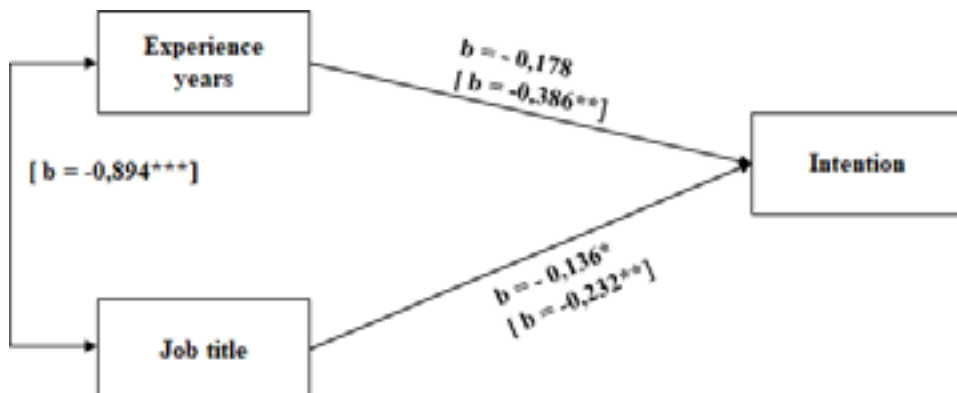
Table 6 Multiply regression analysis intention related years of work experience and title of FMDs

	Variables	r	b	β	R	R ²
Model 1	Attitude		,671***	,662***	,849	,721
	Subjective norm		,026	,022		
	Perception control		,257**	,223**		
	Experience years	-,253**	-,178	-,071		
Model 2	Attitude		,665***	,656***	,862**	,743**
	Subjective norm		,040	,034		
	Perception control		,275**	,238**		
	Experience years	-,386**	-,153**			
	Job title	,063	-,232**	-,173**		

Source: Author's research; r = simple linear correlation; b = regression correlation coefficient; β = standardized regression correlation coefficient; R = correlation index; R² = coefficient of determination; Statistically significant at the level *p<,05; **p<,01; p<,001

The influence of years of work experience on the intention is only partially realised, as the suppressor variable (the job title of FMDs) is presented in Figure 2. The years of work experience (a) have their indirect influence on the intention through the job title (b) in a value that is statistically significant and amounts to $a*b = .207$; BCa CI (.046 - .411)

Figure 2. The suppressive effect of years of work experience and the job title of FMDs on the intention to establish a privately owned FMSC



Source: Author's research; b = unstandardised regression coefficients; [] = unstandardised regression coefficient after suppressor effects; Statistically significant at the level *p<,05; **p<,01; p<,001

DISCUSSION

Depending on the type of behaviour and the population to which it relates, intention serves as a mediator between predictors and behaviour (Kolvereid, 1996b; Lortie & Castogiovanni, 2015). Based on the study's results, H1 is accepted; the three basic constructs of TPB (attitude, subjective norm, and perception of control) contribute statistically significantly to predicting the intention to establish an outpatient clinic. In

19 meta-analyses, the average contribution of the three basic constructs in predicting intention has been determined to be $R = .71$ (Ajzen, 1991). In our study, the three basic predictors together explain 70.6% of the variance in the intention to establish a privately owned FMSC, representing a strong effect ($R^2 = .706$; $p < .001$).

H2 and H4 are accepted in this study; attitude towards the establishment and the perception of control have the most statistically significant independent contribution. Regarding entrepreneurial intention, empirical evidence indicates that the perception of control makes the most significant independent contribution to the expected entrepreneurial behaviour likely to be realised. At the same time, attitude is a stronger predictor of interest in self-employment than to realise it (Autio et al., 2001; Davids, 2017; Krueger et al., 2000; Phan, Wong, & Wang, 2002). Differences in the influence of these two predictors on predicting entrepreneurial intention can be linked to differences in the examined sample, the context in which the study is conducted, and the role of socio-cultural factors in a particular society.

Vice versa, H3 in our study is not accepted because the subjective norm was not proven to have an independent, statistically significant contribution in predicting the intention to establish a privately owned FMSC. According to other studies, an individual can still have a strong intention even when one or more predictors of intention have a lower value (Fishbein & Ajzen, 2010). The author of the TPB explains that the subjective norm has a weaker influence on intention because feelings of pressure from others are lower than the impact of attitudes and perceptions of control on intention (Ajzen, 1991).

The H5 is not accepted because the results of our study did not confirm that the gender of the FMDs makes a statistically significant direct, independent contribution to predicting intention. Contradictions have been established regarding gender differences in entrepreneurial intention (Haus, Steinmetz, Isidor, & Kabst, 2013). According to some statements, gender has a direct impact on entrepreneurial intention, or it appears as a moderator, exerting an insignificant influence indirectly through attitudes and perceptions of control (Vamvaka et al., 2020). According to some research, entrepreneurship is often associated with males (Fagenson & Marcus, 1991). Other studies have shown that the similarities in entrepreneurial activity between the sexes are much greater than the differences (Haus et al., 2013). Women, unlike men, tend to assess their deficiencies in skills and knowledge more accurately, which results in a lower level of self-confidence and a greater perception of obstacles to starting an entrepreneurial venture (Bandura, 1997; Haus et al., 2013).

Based on the results of our study, hypothesis H6 has been partly accepted because ages significantly and negatively correlate indirectly with intention, but it does not improve the direct statistically significant correlation between the ages and intention. In this study sample, more than 1/3 of respondents with FMDs of older age (over 51 years) have less intention to establish a privately owned FMSC. Our findings align with the results of other studies, which indicate that age negatively impacts the prediction of intention or that older employees are less inclined towards entrepreneurship (Hatak, Harms, & Fink, 2015; Blanchflower, Oswald, & Stutzer, 2001). Older people have more resources and opportunities, a better position in society, and a well-developed network of social contacts, which allows them to deviate from their usual business behaviour more easily. Unlike them, younger people are more willing to take the

risk that entrepreneurship entails. They have more enthusiasm and energy for starting a new venture, so even if it is not successful, they have enough time available for another career, through which they can secure income (Bosma et al., 2019).

In our study, the job title of FMDs is confirmed to have a statistically significant correlation, with the intention of establishing a privately owned FMSC (Hypothesis 8). Furthermore, years of work experience have been statistically confirmed to significantly negatively correlate with the intention to establish FMSC in private ownership through the suppressor, specifically the job title of FMDs (Hypothesis 7). The suppressor effect is also confirmed by the negative statistically significant correlation between job title and years of work experience, which indicates that job title and years of work experience on the intention to establish a privately owned FMSC act independently of each other, but the job title suppresses a certain part of the variance of years of work experience and that part that is irrelevant for predicting the intention to establish a privately owned FMSC. In earlier research, the effect of age on years of work experience and level of education was observed (Mata, 1996).

The results of our study do not confirm that the location of the family medicine clinic where FMDs currently work statistically significantly correlates with the intention to establish FMSC (Hypothesis 9). Differences in starting an independent business in urban and rural areas result from the influence of various factors (self-efficacy, demographic, epidemiological, social, financial and cultural).

In many countries, employment in the public sector is traditionally seen as a lifelong career with one employer. Individuals with previous work experience in the public sector are less likely to choose self-employment than those with prior experience in the private sector. Workers tend to evaluate work-related conditions positively in cases where they are strongly identified with their work because the strength of organisational identification is linked to work (Chen, Chi, & Friedman, 2013). Moreover, hypothesis 10 in our study is accepted, that there is no significant correlation between the attitude of FMDs about working in the public sector and the intention to establish a privately owned FMSC. According to earlier research, the previous work in one of the two sectors, private or public, was different in determining whether to start a new venture. The new venture is more pronounced among those with previous work experience in the private sector compared to those with experience in the public sector. (Yuan et al., 2019)

Strengths, Limitations and Further Studies

The strengths of the study are that using a structured survey allows quantifiable data to be collected from a targeted group of respondents and provides an efficient way to collect data from a relatively large sample of FMDs. In addition, the reliability and comparability of the results with previous studies of entrepreneurial intention is enhanced by the use of validated survey instruments, such as those based on the Theory of Planned Behaviour (TPB). In addition, results can directly inform health managers and policy makers about prevalence and predictors of intention to start a business, and help design relevant training or support structures.

As a cross-sectional survey, this study has some limitations. It captures people's views at a single point in time, which limits conclusions on causal relationships or changes over time. Moreover, it may be that FMDs who were already interested

in starting their own business were more likely to take part, which may have biased the results towards higher levels of entrepreneurial intent. Also, the survey relies on self-reporting, which may suffer from social desirability bias, recall bias, or respondents overstating entrepreneurial attitudes/intentions. Furthermore, the survey is a measure of intention, not actual behaviour. While intentions can be a useful predictor, they do not confirm whether the respondent has taken, or will take, an entrepreneurial action.

In order to track how entrepreneurial intentions change over time, further follow-up studies could use a longitudinal survey design. To gain deeper insights into the contextual and personal factors that influence entrepreneurial motivation and decision-making, future research could complement the survey with qualitative interviews. Moreover, to allow for comparative analysis and regional benchmarking, similar survey-based research could be extended to other parts of Bosnia and Herzegovina.

CONCLUSION

The findings of this study indicate that attitude, subjective norms, and perceived behavioral control play a significant role in shaping the entrepreneurial intention of family medicine doctors to establish Family Medicine Specialist Clinics (FMSCs) in the Republic of Srpska. Conversely, a significant negative correlation was observed between this intention and factors such as age, years of experience in family medicine, and practice location (urban vs. rural). These results suggest that younger, less experienced physicians may be more inclined toward entrepreneurial ventures in family medicine, highlighting the need for targeted support and policies to foster clinic development across diverse demographics and regions.

As for the practical significance, it is multifaceted. First of all, the research contributes to the understanding of the entrepreneurial intention of doctors of family medicine with the intention of establishing a privately owned FMSC in a situation where there is not enough domestic and international research on the entrepreneurial intention of healthcare workers. The second practical significance of this study refers to the policymakers in the Republic of Srpska, who must equally devote themselves to creating and promoting an entrepreneurial culture because just setting up a legislative framework in entrepreneurship is not enough.

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