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Analysis of the Influence of Overall Perceived Service Quality and Management Support on Behavioral Intention with the Mediation of Patient Satisfaction at Company Clinic

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Abstract: *This study aims to analyze the influence of antecedents, namely Overall Perceived Service Quality and Management Support, on Behavioral Intention, with Patient Satisfaction serving as a mediator at Company Clinic. The research involved 150 respondents, consisting of employees and their families, with data collected through a questionnaire distributed using judgmental sampling. Data analysis conducted with PLS-SEM revealed that Overall Perceived Service Quality has a positive and significant effect on Patient Satisfaction. Furthermore, Management Support also positively contributes to Patient Satisfaction. Both variables were found to directly affect Behavioral Intention, with Patient Satisfaction serving as a significant mediator. The findings highlight the importance of enhancing service quality and management support to improve patient satisfaction, which, in turn, fosters positive behavioral intentions toward Company Clinic. The study's results offer managerial recommendations to improve service strategies and patient interactions, ultimately enhancing the overall patient experience.*

Keywords: *Overall Perceived Service Quality, Management Support, Patient Satisfaction, Behavioral Intention*

INTRODUCTION

Health services are related to medical services provided to patients. The increasing complexity of patient health service needs will require professional health services to address health problems. Nursing services have an important role in the overall health service system in Indonesia, especially in hospitals. Nursing as a fundamental component of the health care system, provides care and treatment to people who need medical attention. Nurses, as the primary service providers in the field of nursing, have a great responsibility in caring for patients, providing basic medical care, and monitoring their health conditions during hospitalization.(Librianty, 2019).

Although well-known, the Company Clinic still has several problems that need to be fixed, one of which is related to employee health. This phenomenon can be seen from the number of employees who are often sick, exhausted, and experience work stress. Of course, this condition can be fatal for the Company Clinic. Unhealthy and unhappy employees will provide less than optimal service to patients, which can ultimately reduce patient satisfaction

and the clinic's image. On that basis, the company clinic must really analyze and find solutions to overcome these employee health problems.

Based on the findings above, we can observe the pattern of changes in the number of employee and family treatments at Clinic XX during the period from January 2023 to April 2024. The data shows quite significant fluctuations from month to month. The largest increase occurred in May 2023 (44.6%) and March 2024 (42.4%), while the largest decrease was seen in February 2024 (-28.4%). Some months show a seasonal pattern with an increase at the beginning and end of the year. For example, an increase in October and a decrease in months such as April and June. Factors such as holidays, weather changes, and policy adjustments may affect this pattern. The drastic decrease in April 2023 (-20.1%) and February 2024 (-28.4%) indicates an anomaly that may need further analysis. Factors such as seasonal epidemics, changes in company policies, or other external events could be the cause.

Patient intention to return to the clinic (Behavioral Intention) is an important indicator of patient loyalty. Patient intention to return to the clinic is measured by the likelihood of the patient to visit the clinic again in the future.(Ajzen, 1991).Patient intention to return to a clinic is influenced by various factors, including patient satisfaction, patient trust, and patient perceived value. Patients' behavioral intention to return to a service or recommend a clinic to others is greatly influenced by their experience. Corporate Clinics need to understand how perceptions of service quality, management support, and patient satisfaction can influence these intentions. The problem that arises is how to measure and increase positive behavioral intentions among patients.

Based on the explanation above, research was conducted onAnalysis of the Influence of Antecedents on Overall Perceived Service Quality and*Management Support* On Behavioral Intention With Patient Satisfaction Mediation In Company Clinic.

The purpose of writing this thesis is to find out ifantecedents of overall perceived service quality and*management support* able to influence behavioral intention through patient satisfaction mediation in company clinics

Consistent with the research questions above, the objectives of this study can be described individually as described below:

1. To examine whether overall perceived service quality can positively influence patient satisfaction.
2. To examine whether positive management support can influence patient satisfaction.
3. Examining whether overall perceived service quality can positively influence behavioral intention.
4. Examining whether patient satisfaction can positively influence behavioral intention.
5. To examine whether overall perceived service quality can positively influence behavioral intention mediated by patient satisfaction.
6. To examine whether positive management support can influence behavioral intention mediated by patient satisfaction.

METHOD

This study employs a quantitative approach using a survey method to analyze data objectively through statistical calculations (Sekaran & Bougie, 2020). Data collection was conducted using questionnaires in a cross-sectional research context, performed at a single point in time, specifically from September to October 2024. This research is non-intervention and case study-based, focusing on healthcare services at the Company Clinic as a single object to ensure respondent homogeneity. Hypothesis testing was carried out using inferential statistics to examine the relationships between variables in the research model, where significant results from the sample are considered generalizable to a broader population (Sekaran & Bougie, 2020).

The group identified in this study consists of employees and their families who utilize the services at the business clinic. The criteria include respondents being employees and their families working for companies that provide healthcare facilities at the Company Clinic. The distribution of questionnaires regarding the treatment of employees and their families at the Company Clinic in Jakarta resulted in 150 respondents meeting the criteria. Based on this, data from all 150 respondents were used as the total sample for this thesis.

This study examines five key variables: Overall Perceived Service Quality**,** Management Support**,** Patient Satisfaction**,** and Behavioral Intention**.** Overall Perceived Service Quality is analyzed through five sub-indicators: Technical Quality, focusing on the accuracy and effectiveness of healthcare services; Procedural Quality, assessing the efficiency of service processes; Infrastructural Quality, evaluating the adequacy of facilities and equipment; Interactional Quality, emphasizing communication and attentiveness; and Personnel Quality, measuring the professionalism and empathy of staff. These variables collectively aim to understand the relationships between service quality, management support, patient satisfaction, and behavioral intention, such as loyalty and recommendations.

The initial step in PLS-SEM analysis involves evaluating the outer model (measurement model) to examine the correlation between indicators and their latent variables (Hair et al., 2019). This process, conducted using the PLS Algorithm in SmartPLS, assesses both reliability and validity. Reliability is evaluated through indicator reliability (measurement model values) and construct reliability using Cronbach's alpha and composite reliability. Validity is assessed through construct validity using the average variance extracted (AVE) and discriminant validity via the heterotrait-monotrait ratio (HTMT). Meeting these criteria ensures the model's reliability and validity, enabling progression to structural model analysis (Hair et al., 2019).

The evaluation of the inner model in PLS-SEM focuses on analyzing relationships between latent variables. This involves checking for multicollinearity using the variance inflation factor (VIF), where high VIF values indicate multicollinearity, potentially undermining model reliability. The model's predictive accuracy is assessed using the R^2 value, categorized as substantial (0.75), moderate (0.5), or weak (0.25), indicating its ability to explain the studied phenomenon (Hair et al., 2019). Additionally, predictive relevance (Q^2) is evaluated, with values greater than 0 confirming the model's predictive capability. Hypothesis testing is then performed using bootstrapping, where t-statistics exceeding the threshold (e.g., 1.645 for a one-tailed test at $\alpha = 0.05$) confirm significance. The direction of standardized coefficients is also reviewed to ensure alignment with the hypotheses. This comprehensive analysis offers insights into latent variable relationships and the model's predictive strength.

RESULTS AND DISCUSSION

The respondents who completed the questionnaire were employees at the Company Clinic. From the distribution of the questionnaires, 150 respondents met the specified criteria. The explanation of the respondent profile, which serves as the source of data analysis for this study, is presented in Table 1.

Table 1. Demographic Profile of Respondents

Description	Category	Amount	Percentage
Gender	Man	27	18.0
	Woman	123	82.0
Total		150	100.0
Age	20-30 Years	97	64.7
	31-35 Years	35	23.3
	36-40 Years	9	6.0
	41-45 Years	4	2.7
	>50 Years	5	3.3
Total		150	100.0
Domicile	The Cilegon	1	.7
	Citeureup	1	.7
	Depok	7	4.7
	Bogor Regency	114	76.0
	kac citereup. ds. sukahati	1	.7
	Bogor City	26	17.3
Total		150	100.0
Length of work	< 1 year	5	3.3
	1-5 Years	95	63.3
	6-10 Years	50	33.3
Total		150	100.0

In this study, inferential analysis is performed using a multivariate statistical approach through PLS-SEM, enabling the analysis of relationships among multiple variables within a complex model (Sarstedt et al., 2017). The PLS-SEM analysis is conducted using SmartPLS®4 software and comprises two main stages. The first stage involves evaluating the outer model to determine the reliability and validity of the indicators in the model. The second stage focuses on assessing the inner model, which examines the explanatory and predictive capabilities of the model and evaluates the significance of interactions between variables within the research framework (Hair et al., 2019).

Which consists of Outer Model - Lower Order Construct and Outer Model - Higher Order Construct, with the reason that Lower Order Constructs (LOCs) reflect more specific and detailed dimensions of a larger concept. They help in understanding the component parts of a complex construct. Higher Order Constructs (HOCs) combine various Lower Order Constructs to form one larger and comprehensive construct.

The Outer Loadings results are presented in Table 2 below.

Table 2 Result Validity dan Reliability

Item and Construcs		Outer Loading
Technical Quality (CR = 0.672, AVE = 0.699)		
PSQ1	The doctor asks thoroughly about my health condition.	0.797
PSQ2	The doctor recommends appropriate tests to ensure my condition.	0.778
PSQ3	The doctor provides prompt treatment during health issues.	0.792
PSQ4	My health improves after receiving treatment at the clinic.	0.837
PSQ5	I receive effective treatment for my condition.	0.725
Procedural Quality (CR = 0.933, AVE = 0.676)		
PSQ7	I wait a long time to see the doctor.	0.767
PSQ8	It takes a long time to get my initial check-up.	0.754
PSQ10	The doctor maintains cleanliness during the service.	0.856
PSQ11	I feel safe consulting with the doctor.	0.849
PSQ12	Information about my health condition is kept secure.	0.806
PSQ13	The doctor explains when I need to return for a follow-up.	0.871
PSQ14	The doctor asks about the progress of my condition after treatment.	0.786
PSQ15	The doctor always reminds me to take care of my health.	0.710
Infrastructural Quality (CR = 0.946, AVE = 0.721)		
PSQ16	The clinic room is clean.	0.803

	Item and Construcs	Outer Loading
PSQ17	The clinic room is comfortable to use.	0.843
PSQ18	The temperature inside the clinic room is comfortable.	0.762
PSQ19	The doctor is always available when I need service.	0.761
PSQ20	Medical equipment at the clinic is sufficient for examinations.	0.824
PSQ21	Medications prescribed by the doctor are always available.	0.869
PSQ22	The clinic is located strategically.	0.783
PSQ23	There are clear directional signs to the clinic.	0.882
Interactional Quality (CR = 0.942, AVE = 0.708)		
PSQ25	The doctor is always friendly when providing service.	0.774
PSQ26	The doctor pays attention to all my health complaints.	0.804
PSQ27	The doctor works professionally during each examination.	0.742
PSQ28	I feel well-attended to during treatment at the clinic.	0.778
PSQ29	The doctor provides enough time to answer my questions.	0.863
PSQ30	The doctor asks about allergies before prescribing medication.	0.748
PSQ32	The doctor informs me if further examination is needed.	0.851
PSQ33	The doctor provides clear information about my health condition.	0.834
Personnel Quality (CR = 0.924, AVE = 0.765)		
PSQ34	The doctor is competent in handling my health condition.	0.802
PSQ36	The doctor can clearly answer my questions.	0.827
PSQ37	I trust the doctor in treating my condition.	0.844
PSQ38	I believe the doctor provides the best care for me.	0.850
PSQ39	I believe the doctor offers the best solutions for my health.	0.850
Management Support (CR = 0.912, AVE = 0.727)		
MS1	The company management is committed to maintaining employees' health.	0.844
MS2	The company management provides access to healthcare assistance for employees.	0.828
MS3	The clinic has adequate medical equipment to support services.	0.863
MS4	The company management regularly evaluates the clinic's health policies.	0.871
MS5	Management support helps improve the quality of clinic services.	0.856
Patient Satisfaction (CR = 0.8768 AVE = 0.670)		
SAT1	I am satisfied with the healthcare services provided by the doctor.	0.758
SAT2	I am satisfied with the waiting time required for service.	0.793
SAT3	I am satisfied with the process of obtaining medicine at the clinic.	0.867
SAT4	I am satisfied with the time given by the doctor for consultation.	0.849
SAT5	I am satisfied with the comfort of the clinic room.	0.820
Behavioral Intention (CR = 0.924, AVE = 0.66)		
BI1	I will recommend the clinic to others.	0.760
BI2	I have no hesitation in returning to this clinic for treatment.	0.811
BI3	I believe this clinic provides the best healthcare services.	0.869
BI4	I feel comfortable with the entire treatment process at this clinic.	0.819
BI5	I will return to this clinic if I need healthcare in the future	0.817

The table 2 shows that all items have outer loadings above 0.7, confirming their validity. The Cronbach's alpha and composite reliability values for all constructs exceed 0.7, ensuring consistent and reliable measurements. Additionally, the AVE values are above 0.5, demonstrating high convergent validity. Overall, the constructs meet the criteria for reliability and validity, indicating a strong measurement model.

Table 3. Result Discriminant Validity Heterotrait – Monotrait Ratio (HTMT)

	Behavioral Intention	Management Support	Overall Perceived Service Quality	Patient Satisfaction
Behavioral Intention				
Management Support	0.627			
Overall Perceived Service Quality	0.649	0.682		
Patient Satisfaction	0.767	0.788	0.633	

According to the description, it appears that discriminant validity has been achieved, where the value of each variable is below 0.9, but in general all HTMT approaches detect discriminant validity problems so that they can be declared valid.

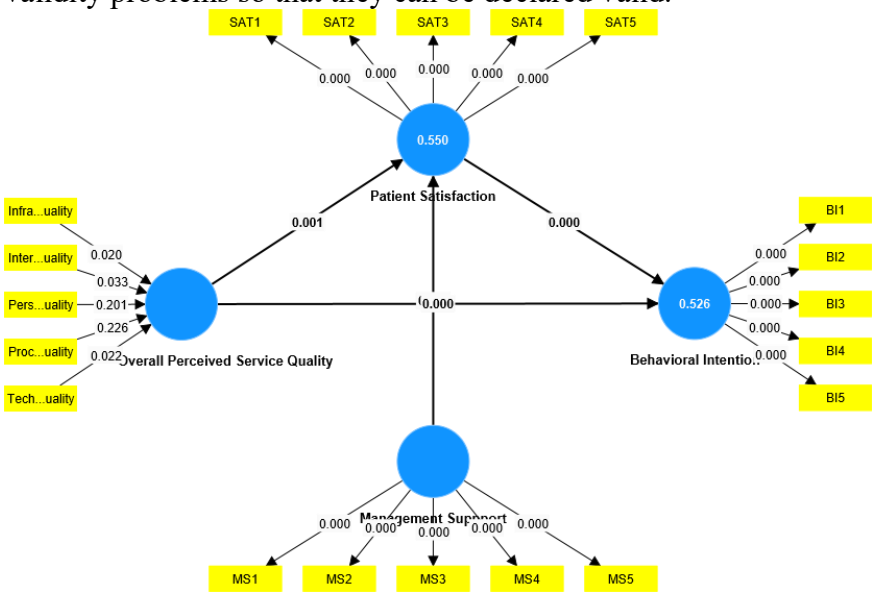

Figure 1. Inner Model Structural Model

Table 4. Result Inner VIF

	Behavioral Intention	Management Support	Overall Perceived Service Quality	Patient Satisfaction
Behavioral Intention				
Management Support				1,678
Overall Perceived Service Quality	1,599			1,678
Patient Satisfaction	1,599			

Referring to the explanation, it is clear that there is no multicollinearity problem in the regression model. This can be seen through the VIF value of each variable indicator below 5. Thus, it provides a conclusion that the independent variables do not experience multicollinearity.

Table 5. Result R-Square Value

Variables	R-square	R-square adjusted
Patient Satisfaction	0.550	0.544
Behavioral Intention	0.526	0.519

Overall Perceived Service Quality and Management Support affects patient satisfaction by 55.0%. The remaining 45.0% is influenced by variables outside the study. While vaThe

Behavioral intention variable has an R-Square value of 0.526 or the overall perceived service quality and patient satisfaction influence behavioral intentions by 52.6%. The remaining 47.4% is influenced by variables outside the study.

Table 6. Result F-Squared Value

	Behavioral Intention	Management Support	Overall Perceived Service Quality	Patient Satisfaction
Behavioral Intention				
Management Support				0.389
Overall Perceived Service Quality	0.150			0.095
Patient Satisfaction	0.288			

According to the explanation,It was found that from the influence of the perceived service quality variables as a whole, management support, patient satisfaction and behavioral intentions had a significant effect size with values of 0.150, 0.095 and 0.288 less than 0.35, all of which were categorized as having a moderate effect size, but the influence of management support on patient satisfaction had a crucial effect size with a value of 0.389 exceeding 0.35, so it was categorized as having a large effect size.

Table 7. Result Q Squared Results

Variables	Q^2	Q^2predict	Results
Patient Satisfaction	0.348	0.516	Large Predictive Relevance
Behavioral Intention	0.333	0.397	Moderate Predictive Relevance

According to table 7, the patient satisfaction variable has a Q2 value of 0.516, this Q-squared value is greater than 0.5, so it is said that its predictive ability is large (large predictive relevance). The behavioral intention variable has a Q2 value of 0.397, this Q-squared value is smaller than 0.5, so it can be considered that its predictive ability is moderate (moderate predictive relevance). From the table above, it is confirmed through the Q2 _Predict value that the patient satisfaction and behavioral intention variables have a Q2 _Predict value that is greater than the Q2 value and is approaching large predictive relevance.

Table 8. Result Cross-Validated Predictive Ability (CVPAT) Value

Variables	PLS-SEM vs. Indicator average (IA)		PLS-SEM vs. Linear model (LM)	
	Average loss difference	p-value	Average loss difference	p-value
Behavioral Intention	-0.092	0.000	-0.010	0.166
Patient Satisfaction	-0.129	0.000	0.012	0.259
Overall	-0.111	0.000	0.001	0.899

Interpretation of CVPAT results in this research model is carried out in two stages, namely first by comparing the PLS-SEM output with the indicator average (IA) of the data that has been changed or out-sample. The results of the comparison are that the average loss difference is negative with a p-value of 0.000, therefore it can be said that this model has predictive ability. In the following stage, when the PLS-SEM model is compared with the linear model (LM), a positive average loss difference value is obtained. This shows that a larger error value is found in the PLS-SEM model, so it cannot be said that this model has strong predictive power. However, it can be concluded from CVPAT that the model has predictive ability.

Path coefficient hypothesis testing results

Table 9. Direct Influence Analysis

	Hypothesis	Original sample (O)	T statistics	P values	Results
H1	Overall Perceived Service Quality -> Patient Satisfaction	0.267	3.112	0.001	Supported
H2	Management Support -> Patient Satisfaction	0.542	6.265	0.000	Supported
H3	Overall Perceived Service Quality -> Behavioral Intention	0.338	3.330	0.000	Supported
H4	Patient Satisfaction -> Behavioral Intention	0.467	4.647	0.000	Supported
H5	Overall Perceived Service Quality -> Patient Satisfaction -> Behavioral Intention	0.125	2.376	0.009	Supported
H6	Management Support -> Patient Satisfaction -> Behavioral Intention	0.253	3.946	0.000	Supported

Table 10 Importance and Performance Values of Constructs

Variables	*Construct Importance*	*Construct Performance*
Overall Perceived Service Quality	0.424	59,475
Management Support	0.277	55,926
Patient Satisfaction	0.489	52,738
Average	**0.397**	**56,046**

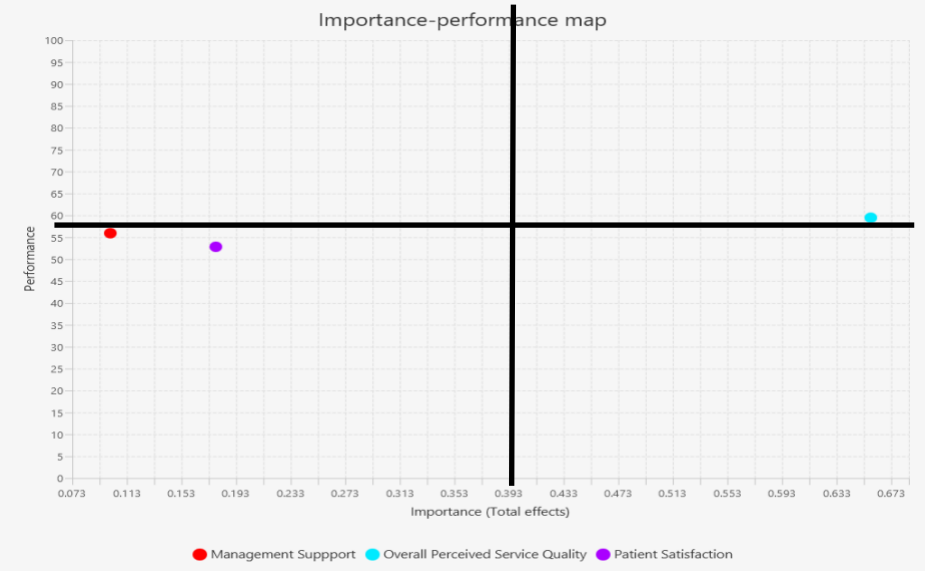

Figure 2. IPMA Construct Results

Based on the explanation, the mean for importance and performance construct behavioral intention. The mean for importance is 0.397 and the mean for performance is 56.046. From the data, 2 lines can be drawn so that they can be grouped into 4 quadrants in the mapping graph as in the graph below. Through this IPMA analysis, we can find out which variables have shown good performance and must be maintained, as well as things that really should be optimized. By knowing the position of the variables in each quadrant below, we can provide recommendations on everything that is a priority for the clinic, so we can divide or prepare the resources they have.

Table 11. Importance and Performance Indicator Values

Variables	*Construct Importance*	*Construct Performance*
Technical Quality	0.083	59,441
Infrastructural Quality	0.092	63,376
Interactional Quality	0.087	59,554
Personnel Quality	0.090	57,078
Procedural Quality	0.090	57,857
MS1	0.058	59,000
MS2	0.061	65,000
MS3	0.063	47,000
MS4	0.068	48,000
MS5	0.075	58,000
SAT1	0.126	52,000
SAT2	0.104	44,000
SAT3	0.121	54,000
SAT4	0.126	50,000
SAT5	0.121	61,000
Average	**0.091**	**55,687**

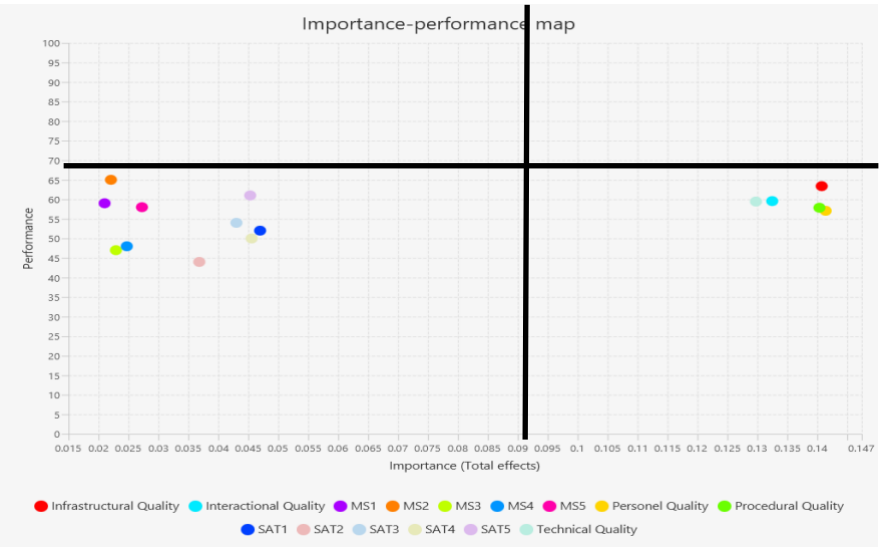

Figure 3. IPMA Indicator Results

A deeper analysis can be done at the IPMA Indicator level. The table shows the mean value for importance and performance of the behavioral intention construct for each indicator. The mean indicator for importance is 0.091 and the mean for performance is 55.687, values below the mean of this indicator can be considered low while above the mean is considered high. From these data, 2 lines can be drawn so that in the mapping graph it can be grouped into 4 quadrants as in the graph below. In the IPMA output graph, it shows the target construct of the research model, namely Behavioral Intention, in the upper right quadrant there are 3 indicators of Overall Perceived Service Quality. This quadrant shows important areas and has performed well, especially in Infrastructure Quality, Interactional Quality and Technical Quality.

Discussion

This research focuses on employee patients served by healthcare facilities, specifically the Company Clinic. The respondents are employees of companies that provide these healthcare facilities. The research model consists of four variables with six hypotheses, all of

which have undergone testing. The dependent variable in this model is Behavioral Intention, while Patient Satisfaction acts as a mediating variable that connects two independent variables.

The relationship between Overall Perceived Service Quality and patient satisfaction plays a crucial role in healthcare service delivery. Perceived service quality involves patients' comprehensive evaluation of their experiences, from technical aspects to interactions with staff. According to Parasuraman et al. (1988), perceived service quality is the comparison between customer expectations and their perceptions after receiving service. When perceived service quality meets or exceeds expectations, patients are more likely to feel satisfied, positively influencing their intention to continue using or recommending the service. Previous studies, such as those by Devi & Untoro (2019), Yola Pangestu et al. (2023), and Moghavvemi et al. (2018), confirm that overall perceived service quality significantly affects patient satisfaction. These findings support H1, stating that perceived service quality positively impacts patient satisfaction. Therefore, the Company Clinic must ensure that the quality of services provided aligns with patient expectations to maintain and enhance satisfaction.

On the other hand, Management Support also plays a vital role in patient satisfaction. Management support facilitates continuous service improvement and boosts staff motivation. Hsu et al. (2019) found that management support positively correlates with staff openness to innovation and the adoption of new technologies. Similarly, Maroufkhani et al. (2022) highlighted that management support enhances technology adoption, contributing to improved service satisfaction. Manzoor et al. (2019) emphasized that effective leadership, including management support, creates a more solid organizational structure, leading to more positive patient experiences. When management demonstrates strong commitment in supporting staff, medical personnel feel valued and motivated, ultimately improving service quality. This evidence supports H2, indicating that management support positively influences patient satisfaction.

The study highlights the importance of Overall Perceived Service Quality in influencing patients' Behavioral Intention. When patients are satisfied with the services they receive, they are more likely to revisit the clinic, particularly for future healthcare needs. Research by AG et al. (2023), Swain & Kar (2018), and Murhadi & Karsana (2021) supports this relationship, showing that high-quality services maximize loyalty and patients' intentions to recommend the clinic to others. Additionally, patient satisfaction proves to be a key factor affecting behavioral intention. Nurmawati & Pramesti (2021) revealed that satisfied patients are more likely to return and recommend the clinic, while Arnaya & Niryana (2021) emphasized that patient satisfaction strengthens loyalty. These findings support H4, confirming that patient satisfaction positively influences behavioral intention.

This study also finds that the effect of management support on behavioral intention is mediated by patient satisfaction. Path analysis shows that strong management support enhances patient satisfaction, which in turn increases patients' intentions to continue using the service. This aligns with Kang et al. (2015), who found that management support strengthens staff commitment to delivering high-quality services, positively impacting patient satisfaction. Additionally, perceived service quality has an indirect effect on behavioral intention through patient satisfaction. High perceived service quality increases patient satisfaction, which subsequently influences their intention to return or recommend the clinic. Tam (2009) supports these findings, showing that perceived service quality indirectly affects behavioral intention through satisfaction.

These findings have significant implications for the management of the Company Clinic. To maximize patient satisfaction, management should focus on enhancing overall service quality, from technical aspects to interpersonal interactions. Strong management support, such as through training, adequate facilities, and clear systems, motivates staff to deliver the best services. Effective marketing strategies are also essential for building positive

perceptions of service quality among patients. Leveraging social media and other digital platforms to create a positive image can increase patients' trust in the services provided.

Moreover, greater attention to the patient experience is needed. Positive experiences during service delivery enhance perceived service quality and patient satisfaction. The Company Clinic should develop programs aimed at improving patient experiences, such as staff training in communication and empathy, as well as upgrading clinic facilities.

The research also demonstrates that high-quality services and strong management support not only optimize patient satisfaction but also foster strong loyalty. This loyalty is reflected in patients' willingness to return to the clinic and recommend it to others. Therefore, maintaining good relationships with patients through service quality improvements should be a priority.

These findings highlight the importance of continuous evaluation of the services provided by the Company Clinic. Regularly measuring patient satisfaction and using the results for improvement ensures that service quality consistently meets or exceeds patient expectations. Ultimately, this study underscores that patient satisfaction is the key to creating positive behavioral intentions toward the clinic. Clinics that maintain high service quality and effective management support are more likely to retain patients and secure their loyalty, making it crucial for the Company Clinic to continually invest in service quality enhancement and supportive management strategies

CONCLUSION

Overall Perceived Service Quality has a substantial positive effect on Patient Satisfaction. An increase in the perception of Overall Perceived Service Quality leads to a corresponding increase in Patient Satisfaction. Similarly, Management Support also has a substantial positive effect on Patient Satisfaction, meaning that better perceived management support results in higher Patient Satisfaction. Moreover, Overall Perceived Service Quality has a significant positive effect on Behavioral Intention, as does Patient Satisfaction, suggesting that improvements in these variables directly enhance Behavioral Intention. Furthermore, Patient Satisfaction mediates the relationship between Overall Perceived Service Quality and Behavioral Intention, as well as between Management Support and Behavioral Intention, emphasizing its critical role in shaping Behavioral Intention.

The research model, which incorporates two independent variables (Overall Perceived Service Quality and Management Support) and one mediating variable (Patient Satisfaction), has proven to be effective and applicable for similar studies in the future. The model demonstrates moderate predictive accuracy and relevance in predicting Behavioral Intention. Among the significant pathways in the model, Patient Satisfaction exhibits a large effect size ($f^2 > 0.35$) in predicting Behavioral Intention, making it a strong predictor of Behavioral Intention among patients at the Company Clinic. This underscores the importance of Patient Satisfaction in the context of service quality and management support. The R^2 value for Patient Satisfaction indicates substantial predictive accuracy, while the Q^2 value confirms its high predictive relevance.

The key contribution of this study lies in its novel approach, highlighting the importance of Patient Satisfaction in mediating the effects of Overall Perceived Service Quality and Management Support. Patient Satisfaction, in this model, is based on the overall experience provided by the service provider, aligning with the concept developed by Kao et al. (2007). This concept has been shown to significantly influence consumers' behavioral intentions. The findings suggest that the three variables—Overall Perceived Service Quality, Management Support, and Patient Satisfaction—can adequately predict Behavioral Intention. This study sets the foundation for further research, with larger and more diverse samples, to enhance the predictive capability of the model for patients at the Company Clinic in the future.

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