

Do Healthcare Professionals' Practices and Health Entrepreneurship Theory Better Aligned? Perspective Of Zonal Referral Hospital Setting of The Healthcare Value Chain

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Abstract

Demands for effective operation's performance necessitate relying on the theory of entrepreneurship to enable effective adaptability to dynamics caused by emerging changes and development needs. Initially, people recognized entrepreneurship theory as a tool for addressing poverty challenges effectively. However, as time went on, people started to recognize the influence of entrepreneurship theory in various value chains like agriculture, marine, and mining, given its effective alignment. Nevertheless, there is no proof that Tanzania's healthcare professionals effectively align their practices with health entrepreneurship theory. As a result, there is a lack of consensus regarding whether healthcare professionals' practices and health entrepreneurship theory exhibit better alignment within Tanzanian hospital settings. In view of that, the study's aim was to explore whether "health professionals' practices and health entrepreneurship theory are better aligned in hospital setting of the healthcare value chain. In the context of the study, we conclude that there is an emerging gap between the practice of healthcare professionals and health entrepreneurship theory. Therefore, the study offers implications and recommendations for bridging the emerging gap.

Key Words: Entrepreneurship, Gap, Health, Practice, Theory.

Introduction

Globally renowned scholars concur that entrepreneurship theory is crucial for enhancing effective professional practices (Freixanet et al., 2021; Sulistyono & Ayuni, 2020; Modgil et al., 2022). This has its foundation from the view that entrepreneurship entails creating something of value using predetermined resources and accepting associated rewards and risks (Bu & Cuervo-Cazurra, 2020), According to Mishra and Zachary (2015):

"Entrepreneurship theory explains the entrepreneurial experience in its fullest form, from the entrepreneurial intention and the discovery of an entrepreneurial opportunity to the development of the entrepreneurial competence and the appropriation of the entrepreneurial reward/risks".

In order to influence competitiveness, entrepreneurship theory must be contextualized (Rofiaty, 2019). According to Modgil et. (2022), alignment process can be effective if done by considering aspects of competitive and entrepreneurial interest at supra-national aspects that entails global goals (SDGs), regional goals (Africa Agenda, 2063), sub-regional goals (EAC Vision, 2050), industry trends, market trends, sectoral trends and supra-national stakeholders' interests and needs.

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It also encompasses national levels aspects namely macro level, meso level (institutional) and micro level (individual) (Barrett et al., 2021). *Macro-level* perspectives include entrepreneurial engagement that considers factors related to national vision and interest, policy, political, economic, legal, technological, and social-cultural environment (Jafari-Sadeghi et al., 2021). *Meso-level* (Institutional) considerations include vision, mission, strategic objective, institutional culture, business model, job demand, resources endowment, and available resources options. Also, meso levels include considerations such as market trends (demand and supply), performance trends and stakeholders' needs, interest and influence (Hena et al., 2019). Finally, *micro-level* perspectives are like specialized competence, interest, talent, personality, ability to meet job demand (capacity endowment), experience and career history among individuals (Suryavanshi, 2020).

The Impetus for Effective Alignment of Entrepreneurship Theory

According to Suryavanshi (2020), effective alignment of entrepreneurship theory has helped the healthcare value chain in developed countries, to climb at a competitive edge in facilitating its effective functioning relative to developing countries. It has specifically been necessary to realize the intended performance results (Jafari-Sadeghi et al., 2021). In particular, it creates and provides adequate healthcare services that guarantee satisfying results chain, optimal coverage and efficacy (Barrett et al., 2021). Consequently, it has helped to foster the quality of health and life, encouraged healthcare stakeholders to act confidently, and fostered the effectiveness of inter and intra-linkage among stakeholders along the healthcare value chain (Bu & Cuervo-Cazurra, 2020; Freixanet et al., 2021). Sustained orientation on entrepreneurship theory and the emerging need for effective alignment in other value chains including the healthcare value chain prompts striving to attain a predetermined results chain (Mishra & Ramona, 2015). Specifically, effective alignment of entrepreneurship theory to professional practices in various value chain helps to maximize productivity among key stakeholders (Jafari-Sadeghi et al., 2021). According to Rofiaty (2019), the healthcare value chain is a chain of relationships among stakeholders participating to inform the mechanism of its functioning by exchanging market value based on rational and fair maximization interest. The chain extends from the producers to the end users, while there are stakeholders such as suppliers, financiers, hospitals, retailers, development partners, the government, practitioners, academicians, and the private sector (Sierra & Suárez-Collado, 2021). Upholding positioning on entrepreneurship theory and demonstrating effective alignment helps manage the effect of diversities among stakeholders along value chains. The approach offers advantages such as promoting creativity, fostering discipline at workplaces, and improving the ability to tolerate ambiguities as well as actual and potential risk occurring during the functioning of a particular value chain (Sulistyo & Ayuni, 2020).

Other advantages are like harnessing harmonious team practices, encouraging continuous development, and promoting credibility and recognition by stakeholders (Freixanet et al., 2021). Effective alignment of entrepreneurship theory is advantageous as it helps stakeholders to gain competitive advantages that enable them to cooperate in most dynamic operation context in co-competitive manner (cooperating while competing) (Freixanet et al., 2021). Similarly, it allows for designing and implementing unique strategies as counteractions to dynamics caused by emerging changes and development needs in the long term (Rofiaty, 2019). As provided by Hena et al. (2019), the broader intended performance result in the healthcare value chain is the realization of sustainable development goals 2030, especially Good Health and Well-being (SDG 3). In view of

that, the process of alignment of entrepreneurship theory in the healthcare value chain (health entrepreneurship) especially the hospital setting focuses on achieving critical healthcare dimensions. These are like ensuring access to high-quality healthcare services, eradicating all infectious diseases, and reducing to zero the number of deaths from HIV/AIDS, malaria, and tuberculosis [TB] (Plianbangchang, 2018). Accordingly, other dimensions covered under good health and well-being include ending maternal and under-five mortality and eliminating all neglected tropical diseases [NTDs] (Amaya., & De Lombaerde., 2021; Hena et al., 2019).

The inability to optimally contextualize entrepreneurship theory (health entrepreneurship theory) in operations in the hospital phase of the healthcare value chain can cause several critical issues affecting the welfare of key stakeholders (Rofiaty, 2019; Jafari-Sadeghi et al., 2021). The situation can yield the failure to adapt in a customer-centric perspective to the dynamics caused by emerging changes and development needs at the micro, meso and macro levels (Barrett et al., 2021). Specifically, it can result in designing blunt strategies, causing declining potential to win global and local key stakeholders' support (Hena et al., 2019). Also, such trends yield inefficient investment planning and management, and long-lasting conflicts among key stakeholders (Jafari-Sadeghi et al., 2021). Similarly, it can cause poor resource planning and development, ineffective and inefficient healthcare value chain development, and continued failure to connect micro and meso-level entrepreneurial thinking to vision, mission, policy as well as strategic objectives (Sulistyo & Ayuni, 2020). Dominating inability to effectively contextualize health entrepreneurship theory in the healthcare value chain in the hospital setting results in an increased chance of failure to deliver satisfaction to stakeholders' needs and wants, declining productivity among stakeholders along the healthcare value chain, limited chance of attaining predetermined longterm goals (Freixanet et al., 2021). Consequently, it yields weak contributions to national, regional, continental and global goals, such as the inability to achieve the intended performance of the Tanzania Vision 2025, East Africa Vision 2050, Agenda 2063 and Sustainable Development Goals [3, 1 and 17 in order of importance] (Amaya & De Lombaerde, 2021).

The Practical Problem in The Developing Countries

Theoretically, scholars agree that effective alignment of entrepreneurship theory offers synergistic influences on the performance of value chains at micro, meso and macro levels (Bu & Cuervo-Cazurra, 2020). Empirical evidence suggests that organizations in various value chains in developed countries have realized the intended performance results chains due to success in demonstrating effective alignment of entrepreneurship theory, including the healthcare value chains (Castro Torres & Alburez-Gutierrez, 2022; Freixanet et al., 2021). Whereas scholars acknowledge that the perceived competitiveness caused by effective alignment of entrepreneurship theory in value chains fostered the diffusion of entrepreneurship theory to the most of developing countries in the 1990s (Freixanet et al., 2021; Sulistyo & Ayuni, 2020). Since then, the theory has been applied in various value chains, including manufacturing (Gao et al., 2023), marine (Goni & Yustika., 2019), mining (Calzada Olvera, 2022), agriculture (Kumari et al., 2023) and healthcare (Ferraresi et al., 2024). According to Freixanet et al. (2021), effective alignment of entrepreneurship theory yields health entrepreneurship, thus effective alignment is a precondition for demonstrating better alignment between healthcare professionals' practices and health entrepreneurship theory. But, it is not well known whether the process of aligning health professionals' practice to health entrepreneurship theory is effectively done in the healthcare value chain in the hospital setting in Tanzania. The notion predicts the existence of knowledge gap, and

prompts the urge to answer the research questions; “*is healthcare professionals’ practices and health entrepreneurship theory better aligned?*” Therefore, this study explored “health professionals’ practices and health entrepreneurship theory are better aligned in hospital setting of the healthcare value chain in Tanzania. The study was conducted in zonal referral hospitals in Mwanza, Kilimanjaro and Mbeya in Tanzania.

Literature Review

Do Healthcare Professionals' Practices and Health Entrepreneurship Theory Better Aligned? Perspective of Zonal Referral Hospital Setting of The Healthcare Value Chain

Health professionals working in hospitals are responsible for serving people’s health healthcare needs (McNeill et al., 2023; Van Grootven et al., 2023; Berger et al., 2024). The scope of healthcare needs provided by healthcare professionals include healthcare services such as preventive (AbdulRaheem, 2023), curative (Olasehinde et al., 2023) and palliative (Rossi et al., 2023). The aim of healthcare professionals’ practice is to work diligently ensuring that people are assured of good health and well-being to enable them participate in performing their social and economic obligations without health-related restrictions. According to WHO (1948), the concept health entails the state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity. Considering dimensions of health, one can learn that there is wide range of aspects that must be integrated to ensure that people are healthy all the time. Whereas the well-being of the people is prone to variation over time, there are diverse aspects that can cause varying well-being of the people, including the prevalence of pathogenic organisms that cause diseases and therefore poor health among people (Elbehiry et al., 2023; Raso et al., 2023).

The fact that varying state of well-being of the people requires health professionals to take prompt counter actions by applying their professional knowledge and skills, there is clear concern that success requires competitive ability to integrate their diverse professional skills, knowledge and experience (Kulkov et al., 2023). For example, attending one case at a time would require the integration of skills, knowledge and experience related to medicine, nursing, diagnostic scientists, pharmacy, and customer care (Cohen et al., 2023). Similarly, same concern would require healthcare professionals to be ready to face and act against dynamics occurring in manner that would be threatening the possibility of attaining successfully attending the said case (Niaz & Nwagwu, 2023). Such trends imply that at any point of time health professionals’ practices ought to be integrated with health entrepreneurship theory. Health entrepreneurship theory help to operationalize health entrepreneurship qualities to foster the effectiveness and efficiency of professional planning, implementation of plans and monitoring and evaluation. As provided by Swami Durai et al. (2023), the execution of monitoring and evaluation activities is done on both the implementation process phase (process monitoring and evaluation) and results phase (results monitoring and evaluation).

In particular, monitoring entails the process of gathering data related to the process and result phase of the using predetermined indicators. This process is followed by data management and analysis to give output (findings) which are used to execute evaluation (McLean et al., 2023). In view of that, evaluation is the comparative analysis between the actual results and the planned results in particular time frame (Morgan-Bathke et al., 2023). Any variation in planned results require taking appropriate corrective measures, which in turn requires the application of entrepreneurial qualities to promote effectiveness and efficiency of the corrective measures taken at different times

(Morgan-Bathke et al., 2023; McLean et al., 2023). Whereas the integration of entrepreneurship qualities seems to be promising, the integration would be optimal if health professionals' practice would be better aligned to entrepreneurship theory. The process of aligning the two aspects requires consideration of aspects such as mission, vision, strategic objectives and stakeholders' needs and interests at institutional level (Verver & Koning, 2024). Also, consideration need be made on supra institutional level whereby aspects like national vision, health policy, ministry of health's legal framework, regulations, guidelines, political interests and economic factors are of interest (Ben-Hafaïedh et al., 2024).

Originally entrepreneurship theory evolved from poverty reduction reasons and later became highly preferred in most value chains such as agriculture (Haldhar et al., 2023), mining (Zhang, 2023), marine (Doerr et al., 2023), and health (Kulkov et al., 2023; Melnyk et al., 2024). Specifically, the influence of entrepreneurship theory is positively perceived for influencing economic performance, and thus appreciated for facilitating effective initiatives against poverty worldwide (Azamat et al., 2023; Adenutsi, 2023). Its contextualization in the healthcare is well conceptualized in the developed countries (Thurik et al., 2024; Fossen et al., 2024), for example Germany (Fossen et al., 2024) and United Kingdom (Mishra & Pandey, 2023). Evidence shows that there is scholarly evidence that health entrepreneurship has performed significantly in countries such as Egypt and South Africa. The most cited reason for realizing improved performance among healthcare professional practice is better alignment between health professionals' practice and health entrepreneurship theory especially in hospital setting of the healthcare value chain (Barrett et al., 2021; Freixanet et al., 2021; Mishra & Ramona, 2015). Whereas in Africa, healthcare professionals have shown increasing entrepreneurship orientation (Abdul-Basit, 2023; Rwehumbiza & Hyun, 2024; Msacky, 2024), less is known regarding whether healthcare professionals' practice is better aligned to health entrepreneurship theory, especially in the hospital setting of the healthcare value chain. Therefore, not known if it would equally produce positive results in the performance of healthcare professionals. Thus, this study explored "health professionals' practices and health entrepreneurship theory are better aligned in hospital setting of the healthcare value chain in Tanzania.

Methodology

The exploration through key stakeholders' discussion was an extension of a PhD study on "the influence of business model innovations on customers' value creation in the healthcare system in Tanzania: The mediating effects of continuous learning". Tanzania's regional and zonal referral hospitals were the units of analysis used for the study to represent the hospital phase of the healthcare value chain. It covered 480 health professionals forming departments in zonal referral hospitals, including doctors, pharmacists, nurses, diagnostic scientists, and physiotherapists. Participants in the study indicated their attitudes toward items of interest in the PhD study by filling self-administered questionnaires. One of the results of the study indicated an emerging gap between health entrepreneurship theory and practices (ineffective alignment of entrepreneurship theory) in the healthcare value chain in the hospital setting in Tanzania. The preference to implement the study at the hospital phase of the healthcare value chain was driven by the urge to attain rich information because health professionals are actively involved in the functioning of the healthcare value chain at this phase. Data collection tool was tested in regional referral hospitals in Dar es salaam, because these hospitals core functions are similar to the functions performed by zonal referral hospitals along hierarchical link. After obtaining information from zonal referral

hospitals' setting, the authors sought to validate the findings by exploring key stakeholders through organizing detailed discussions among key stakeholders along the healthcare value chain. The bottom line was to enrich the findings of the PhD study so that to create dependable ground for informed design and implementation of an intervention to redress the context.

Participants In Key Stakeholders' Discussion Meeting

The exploration involved 120 key healthcare stakeholders including policymakers and practitioners in the healthcare value chain (Doctors, nurses, pharmacists, diagnostic scientists, human resources for health, public health specialists, epidemiologists, and health and allied sciences' project management experts). Others were such as academicians from public and private Universities (health and allied sciences, business, humanity, sociology, economics). There were also some representatives of students from public and private Health and Allied Sciences Universities. Academic staff representatives from the private health and allied sciences universities, development partners, non-governmental organization representatives, the healthcare business community, and selected healthcare customers also participated. Furthermore, representatives of healthcare professional associations were involved, including the Medical Association of Tanzania (MAT), the Pharmaceutical Society of Tanzania (PST), and the Tanzania National Nurse Association (TNNA), to mention a few.

Data Collection Technique

Information generated through presentations, group discussions and questions and answers were captured by recording the whole session using a video camera and a digital voice recorder device.

Data Analysis Technique

The analysis process was done based on a thematic analysis technique using MAXQDA software. In particular, the recorded information was prepared by organizing the explored data via transcribing recorded version to text. Further thematic classification was done forming broader codes, which were refined to form sub-themes and consequent themes. The analysis involved comparison of thematic groups and visualization of patterns and trends aiming at establishing rich information to answer the study question.

Themes and Sub-Themes

The study's exploration focused on two main themes. The first theme was setting the Context: Health entrepreneurship for Sustainable Performance of the Healthcare Value Chain in Tanzania. This was executed by presentations covering sub-themes such as Healthcare Value Chain Performance Management in developing countries: *Insights from Tanzania*, Mindset Shift in Health Entrepreneurship Initiatives: *Perspective of the Global South with reflection of Tanzania*, Health Entrepreneurship and Healthcare Value Chain in Tanzania: *Theory, Practice, Lessons, Opportunities & Challenges* and the role of universities in enhancing the effective performance of the healthcare value chain in Tanzania. Presentations were followed by discussion session whereby questions were asked and answers provided by presenters as appropriate.

The second theme focused at enhancing the effectiveness of the healthcare value chain through fostered entrepreneurial practices among key stakeholders. This theme was executed by conducting group discussion under the following sub-themes; the first group discussed the roles of the private sector in enhancing the effective performance of the healthcare value *chain in*

Tanzania. The second group discussed health entrepreneurship challenges facing youths in Health and Allied Sciences Universities and Non-Universities Higher Learning Institutions in Tanzania. The third group discussed the role of development partners in enhancing the effective performance of the healthcare value chain in Tanzania. The fourth group discussed the role of the Government on enhancing the effective performance of the healthcare value chain: Reflection on the United Republic of Tanzania. After group discussion, group leader from each of the four groups was given an opportunity to present their findings to the overall participants in the key stakeholders' discussion meeting. This was followed by further discussion and question and answers respectively. Drawing from the broader range of coverage in the key stakeholders' discussion, finding of this paper hinges on establishing whether Health professionals' practices and health entrepreneurship theory are better aligned in the zonal referral hospital setting of the healthcare value chain.

Findings of The Key Stakeholders' Discussion

Concerning whether health professionals' practice and health entrepreneurship theory are better aligned, participants discussion focused at a number of perspectives. They were asked if health entrepreneurship theory is useful in their professional practices. In particular, respondent 39 revealed that:

"I am aware of health entrepreneurship as based on its theory health professionals are able to be creative and take risk....."

Also, respondent 117 added that:

"....Health entrepreneurship theory is useful for income generation and employment creation."

With regard to health professionals' practice, respondent 79 indicated that:

"In our practice we focus at solving problem facing patients..... issues such as sustainable development goal 3 (good health and well-being) mission, vision, and strategic objectives are important. But, our interest is mostly to rely on technical expertise taught and emerging technical guidelines."

".....practitioners prefer advising patients to seek their services at their privately owned clinics or hospitals where they serve as part-time employees; because they are extremely busy when working at public hospitals.....Thus, they cannot attend to patients better."

"There is a tendency to optimize on income generating opportunities in their department. For example staff in pediatric ward could be found selling diapers, while those in maternity ward could be optimizing on selling pads in the name of health entrepreneurship practices (ujasiriamali)...Management teams are regarded as entrepreneurs when establishing a paid supportive services. Example paid-for packing system in the hospital compound."

“Policy makers and regulators have demonstrated attention to technical aspects with minimal attention to enhancing health entrepreneurship tendency among key stakeholders in the hospital phase of the healthcare value chain.”

“.....some hospitals have allowed selling soft drinks within building passageways (corridors) to enable their employees’ professional associations to raise income.”

Discussions

The aim of this study, as previously stated, was to determine whether health professionals' practices and health entrepreneurship theory are better aligned in hospital settings of the healthcare value chain. We revealed an emerging gap between health professionals' practices and the health entrepreneurship theory through the use of survey data, which we validated through discussion meetings with key stakeholders. The primary objective of health entrepreneurship theory is to inform healthcare professionals to plan, implement, and monitor their practices in a manner that facilitates effective adaptability to dynamics caused by emerging changes and development needs (Calzada Olvera, 2022). Aligning with health entrepreneurship theory would be beneficial because it allows healthcare professionals to learn and apply the lessons learned to their professional practices to address actual and potential challenges (Goni & Yustika, 2019).

In particular, becoming familiar with health entrepreneurship theory and practices allows health professionals to demonstrate accumulated entrepreneurial experience in its fullest form (Castro Torres & Alburez-Gutierrez, 2022). It promotes the development of professional-based healthcare entrepreneurial intentions and highlights the connection between identifying a health-related entrepreneurial opportunity and mastering the skills of becoming a successful business owner (Sulistyo & Ayuni, 2020). A sustained reliance on the mechanism enables healthcare professionals to satisfactorily address healthcare stakeholders. Aligning health professionals practices with health entrepreneurship theory provides a solid foundation for successfully addressing diverse healthcare needs presented to them by the needy segment of the population within their professional jurisdiction (Freixanet et al., 2021).

Healthcare professionals are responsible for addressing healthcare needs, including offering preventive healthcare (Darzi et al., 2023), curative healthcare services (Olasehinde et al., 2023), and palliative healthcare services (Rossi et al., 2023) depending on the healthcare seekers' needs. According to Niaz and Nwagwu (2023), the demand for healthcare services varies from one healthcare seeker to the next. There is also noted variation in needs and wants for healthcare services from time to time for a single healthcare seeker (Majumder et al., 2023). Likewise, healthcare professionals' quality (ability to deliver satisfying healthcare services) varies from time to time (Yap et al., 2023; Majumder et al., 2023). Mishra and Pandey (2023) demonstrate that this variation occurs even when the same healthcare professional provides the same healthcare service to different healthcare service seekers or the same healthcare seeker at different times. By encouraging healthcare professionals to incorporate health entrepreneurship theory into their professional practices, we can streamline these variations and increase the likelihood of fulfilling the needs and desires of healthcare seekers.

Drawing on professional practices when delivering healthcare is significant because it enables healthcare professionals to benefit from demonstrated health entrepreneurship qualities (Katz, 1992; Jafari-Sadeghi et al., 2021). On the one hand, health entrepreneurship qualities include creativity, hard work, problem-solving skills, a demonstrated ability to work in a team, and a fostered ability to learn quickly and adapt to specific demands over time (Sulistyo & Ayuni, 2020; Jafari-Sadeghi et al., 2021). Healthcare professionals, on the other hand, by demonstrating their ability to act within the scope of health entrepreneurship, healthcare professionals can achieve satisfying performance, enhance their individual professional practices, and gain credibility among healthcare seekers and other stakeholders (Katz, 1992). While there is an emerging gap between healthcare professionals' practice and health entrepreneurship, which, if not addressed, can vary several folds, there are untapped opportunities to bridge it and foster better alignment.

Implications

Based on the findings, the authors establish the following implications.

Policy Implications

Firstly, the operationalization of health policy has yet to facilitate Tanzania's bridging the existing performance gap in the healthcare value chain compared to countries in the global north hemisphere (developed countries). Secondly, health policy provides limited orientation and attention on effective alignment of entrepreneurship theory in the healthcare value chain in Tanzania. Thirdly, there is a noted strategic, tactical and operational gap between micro, meso, and macro (policy) levels which limits the chance of fostering the efficacy of initiatives to enhance effective alignment of entrepreneurship theory across the healthcare value chain in Tanzania.

Furthermore, fourthly, there is lack of inclusive and systematic advocacy strategies to the efficacy of initiatives made to facilitate effective alignment of entrepreneurship theory in the healthcare value chain in Tanzania. Fourthly, lack of entrepreneurship-oriented policy can result in minimal chance of facilitating effective responses and adaptability to dynamics occurring across the healthcare value chain in Tanzania in long run. Thus, Tanzania will likely contribute less to the planned performance towards the global, regional, and sub-regional goals. Fifthly, there is lack of linkage of the scope of functions performed by directorates/departments such as quality assurance, monitoring, evaluation, learning and adaptation to the needs of contextualizing entrepreneurship theory across the healthcare value chain, resulting to entrepreneurial informed health management and leadership decision making and planning over time as appropriate. Sixthly, there is limited interest among development partners to support initiatives designed to facilitate redressing the litho-causal relationship health entrepreneurship theory and practices gap and poor performance occurring across the healthcare value chain in Tanzania.

Theoretical Implication

There is ineffective logical framework for enhancing the efficacy of initiatives made to promote the effectiveness of the process of alignment of healthcare professionals' practice to health entrepreneurship theory in the hospital setting of the healthcare value chain.

Practical Implications

Firstly, healthcare professionals have a weak orientation regarding health entrepreneurship theory, predicting the prevalence of high chance of failing to act entrepreneurial in their professional

practices. Secondly, healthcare professionals practice lacks alignment to health entrepreneurship theory. This trend can easily result in a missing link between strategic, tactical, and operational strategies, causing ineffective and inefficient performance of the hospital setting of the healthcare value chain.

In addition, there is high chance of failing competitiveness' succession among healthcare professionals and across professional generations over time. Fourthly, there is a greater likelihood of dominating unethical practices and demonstrated conflicts among healthcare professionals, management and employees, government, and other stakeholders in the long run.

Limitations and Future Research Direction

It must be acknowledged that this study has certain limitations. The research design used a cross-sectional methodology to collect the relevant measurements. The present study disregards the longitudinal framework by utilizing cross-sectional data. Moreover, this study may be susceptible to self-report bias, since participants may have exaggerated their perception. Thus, the generalizability of the model might be seen as a possible constraint, necessitating additional study to confirm the relevance of these results to different samples and contexts within the healthcare value chain.

There exist several potential avenues for future investigation. Further investigation is warranted on the quality of health entrepreneurship practices among healthcare professionals and the extent to which this quality impacts the performance of healthcare professionals and the healthcare value chain in a positive or negative manner. Moreover, what valuable knowledge can we extract from divergent dispositions towards the entrepreneurial activities of healthcare professionals and their behavioral intentions in an unpredictable setting? Given the inherent uncertainty of attitudes and normative effects, the impact of past experiences will exert a more pronounced influence on intentions. In situations when individuals lack a well-defined plan of action, they are more inclined to depend on their experiences as a framework for assessing their intentions. Given the intrinsic unpredictability linked to the healthcare value chain in the long term, the background offers a promising domain for more investigation. A longitudinal study should be conducted to capture the long-term phenomena related to the subject matter. Moreover, understanding the elements that hinder improved congruence between the two concepts would offer further understanding of health entrepreneurial theory, process, and the practices of healthcare practitioners.

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