



# Developing a Model for Identifying and Exploiting Entrepreneurial Opportunities in the Health Sector: A Qualitative Approach

Mahdi. Mohammadi<sup>1</sup>, Seyyed Mahdi. Etamad<sup>2\*</sup>

<sup>1</sup> Assistant Professor, Department of Public Administration, Payam Noor University, Tehran, Iran

<sup>2</sup> PhD Student in Organizational Behavior Management, Payam Noor University, Tehran, Iran

\* Corresponding author email address: mehdiyetamad@yahoo.com

## Editor

Rey Segundo Guerrero-Proenza<sup>id</sup>  
Departamento de Inteligencia  
Computacional, Facultad 4,  
Universidad de las Ciencias  
Informáticas, La Habana, Cuba  
reysgp@uci.cu

## Reviewers

**Reviewer 1:** Mohammad Esmail Fadaeinejad<sup>id</sup>  
Associate Prof., Department of Financial Management  
and Insurance, Shahid Beheshti University, Tehran, Iran.  
Email: m-fadaei@sbu.ac.ir

**Reviewer 2:** Ali Choori<sup>id</sup>  
Assistant Professor of Sports Management, Faculty of Humanities and Sports  
Sciences, Gonbadkavos University, Gonbadkavos, Iran. Email: choori@gonbad.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The sentence "The healthcare industry is in a critical situation due to rising healthcare costs..." could benefit from expanded statistical evidence to establish the magnitude of these challenges globally and regionally.

The phrase "moved continuously and purposefully between open and axial coding" would benefit from concrete examples of decisions made during this process for greater methodological transparency.

For the 352 codes reduced to 16 categories, provide examples of codes that did not fit into the final categories to demonstrate rigor in your coding process.

Some sub-categories (e.g., "General Environment") in the table lack specific examples or explanations for their inclusion. Clarify why these concepts are critical for healthcare entrepreneurship.

The discussion of "personal values and ethics" under behavioral factors could be linked to specific healthcare outcomes for a stronger practical application.

The comparison with Nyack et al. (2022) and Garrof & Avasthi (2022) lacks critical engagement. Include any contrasting findings or limitations noted in these studies.

Elaborate on how policymakers can navigate barriers like "economic sanctions" mentioned in intervening conditions. Provide real-world examples or case studies.

Authors revised the manuscript and uploaded the new document.

### 1.2. Reviewer 2

Reviewer:

In the statement about the transformative role of IoT, additional recent sources from 2023–2024 should be included to validate these claims, as healthcare IoT is a rapidly evolving field.

The paragraph discussing "entrepreneurial opportunities" (e.g., Venkataraman, 1997) should integrate these definitions into the healthcare context more explicitly for better alignment with the article's focus.

The selection criteria for "healthcare experts and academic professionals" need clarification. Were these participants chosen based on specific expertise or institutional affiliations?

Expand on how the sample size of 20 interviews ensures data saturation. Were iterative sampling or follow-ups employed?

While structural factors like data-sharing platforms are highlighted, actionable steps for policymakers are underdeveloped. Suggest frameworks for implementation.

Consider discussing how the reliance on Tehran-specific data may impact the generalizability of behavioral factors like public engagement and entrepreneurial ethics.

Expand on how quantitative validation could be conducted in diverse settings. For instance, what metrics or tools could evaluate the proposed model's impact?

Authors revised the manuscript and uploaded the new document.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.