Examining the Impact of Social Entrepreneurship Orientation on Service Delivery in Balochistan's Public Healthcare Sector

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Abstract

Public healthcare systems in developing regions often face persistent service delivery deficiencies. Grounded in the Service-Dominant Logic (SDL) framework, this study investigates how Social Entrepreneurship Orientation (SEO) influences the performance of public healthcare institutions in Balochistan, Pakistan. Despite increasing scholarly focus on social entrepreneurship, limited empirical research has examined its relevance in public sector health systems of developing economies. Using a cross-sectional quantitative design, this study analyzed data from 349 healthcare professionals through SmartPLS 4.0. The analysis confirmed a strong and positive association between Social Entrepreneurship Orientation (SEO) and service delivery. The distinct contribution of this research lies in applying the Service-Dominant Logic (SDL) framework within a resource-constrained and governance-challenged public health environment such as Balochistan. The findings demonstrate that SEO promotes innovation, adaptability, and citizen-centered service practices in public hospitals. Overall, the results extend the theoretical understanding of SDL and offer practical insights for policymakers seeking to improve institutional performance and healthcare service delivery in developing contexts.

Keywords: *Social Entrepreneurship Orientation (SEO), Service Delivery, Healthcare, Service Dominant Logic (SDL)*

Introduction

Public health institutions in developing and conflict-affected regions face numerous challenges in provision of quality healthcare. In developing countries Like Pakistan, the public is mostly dependent on public health services. Particularly, the province of Balochistan- the most marginalized province. Where public healthcare faces long standing challenges such as poor governance, funding, lack of trained personnel, weak infrastructure, and worsening political situation. Even though government and non-government organizations put efforts and other national and international donor interventions, service delivery remains a key challenge. Such issues demand innovative and sustainable approaches to institutional management and responsiveness. Within these issues and challenges, Social Entrepreneurship Orientation (SEO) has emerged as a potential organizational approach to drive innovation, responsiveness, and social impact (Erpf et al., 2022; Permatasari et al., 2025). Today the debate on improving healthcare governance has evolved to incorporate social innovation and entrepreneurial mechanisms as strategic responses to systemic inefficiencies. Post COVID-19 studies emphasized on the adaptive governance, cross-sectoral innovation, and citizen participation as central drivers of resilient health systems (World Health Organization, 2024; Akbar & Saleem, 2023). Entrepreneurship with the purpose of value social creation using innovative methods and techniques has always paid rich dividends to organizations (García-Jurado et al., 2024; Camacho-Ibáñez et al., 2025).

Entrepreneurial capabilities have been noted to have strong impact on the performance of organizations in various work settings, because these help in value creation (Camacho-ibanez et al., 2025). However, SEO Unlike traditional entrepreneurship which focuses on earing and revenue generation, concentrates on social value creation. SEO works well for the public organization by creating opportunities, being proactive, risk-taking, and innovative, based on a social mission (Kraus et al., 2017; Zahra et al., 2009). Therefore, these traits make SEO are better suit for uplifting the quality of service delivery in public owned organizations.

The present research addresses a critical gap in empirical literature concerning how social entrepreneurial orientations influence service delivery outcomes in government health institutions. Accordingly, the study pursues three objectives:

1. To examine the relationship between SEO and service delivery within Balochistan's public healthcare sector.
2. To assess the explanatory power of SEO within the Service-Dominant Logic framework.
3. To provide policy-relevant insights on institutional innovation for health governance improvement.
   These objectives guided the formulation of the main research question: *How does Social Entrepreneurship Orientation contribute to enhancing service delivery performance in public healthcare organizations?*

In past many scholars have examined the role of SEO in non-profits and private social enterprises, but there is shift in growing literature, now much work is beginning to examine its relevance within public institutions (Gali et al., 2020). Due to its fragile settings public sector can benefit from SEO practices. As per our best of knowledge this is the first study which explores the relationship between SEO and service delivery in healthcare sector of Balochistan, Pakistan. In addition, the first study explores the Service Dominant Logic (SDL) framework in the context. SDL is a theoretical model which highlights the value co-creation in terms of resource integration and interactions between the stakeholders (Vargo & Lusch, 2008). SDL provides an analytical prism that is captivating in its analysis of how search SEO can be used to support improvements in service delivery. The SDL paradigm postulates that value is co-created as opposed to being provided by the providers; it is realized through joint actions of the service consumers, front-line employees and organizational executives, whose actions are coordinated along with the strategic orientation of the organization.

Despite its potential, there are limited studies which have explored the role of SEO on improvement of service delivery in public healthcare sector. Infect to the best of our knowledge this is the first study in Pakistan to explore SEO within the public health sector. This study aimed at filling this gap by analyzing the relationship between SEO and service delivery in the Balochistan public hospitals. It also contributes to the development of the emerging discussion about innovation in the public sector, by introducing a strategic orientation that is traditionally related to entrepreneurial projects. In this respect, the envisaged results are expected to shape institutional changes, resource mobilization, and inspire policy changes to encourage healthier and more people-centered health systems.

Literature Review

Social Entrepreneurship Orientation (SEO)

Social entrepreneurship orientation (SEO) is an organizational strategy that integrates entrepreneurial work with an underlying social mission. It has five core dimensions social innovation, social mission, proactiveness, risk-taking, and performance orientation (Kraus et al., 2017). Social innovation is interested in social change, and the readiness of an organism to take risks and active search of new possibilities is the element that makes it contrasted with traditional, profit-seeking entrepreneurship. Proactiveness refers to organizations' smartness to deal unforeseen situations or tough challenges prior to effecting its operations. And organizations with social mission are more concerned with the impact on society, which makes it especially relevant in the context of the public service (Permatasari et al., 2025). Likewise, in today's era those organizations survive who take calculated risk to stay in competition, for that understanding of situation and responding based on authentic information is needed. The analysis of the literature shows that the impact of SEO on the enhancement of various outcome-related activities is significant. For firms with limited resources all these dimensions play a vital role for their success in market. Therefore, SEO is gaining much focus in today's literature. Therefore, SEO has always been empirically related to the organizational performance in a

positive way (Zahra et al., 2009; Miller et al., 2012). Similarly, Yi et al. (2024) have found out that SEO has a positive impact on social and financial performance because it allows managing resources efficiently. Kraus et al. (2017) also added a detailed 12-item scale which was intended to measure the entrepreneurial orientation of social enterprises and, therefore, offered an effective measure that can be used in the empirical analysis.

Gali et al. (2020) urged more perspectives on theoretical and empirical research on SEO, which requires scrutinizing the peculiarities of this field. Garcicia-Jurado et al. (2024) explored the history of SEO development, noting the impact of digitalization and the Sustainable Development Goals (SDGs). They also reported that SEO can be used as a driver of social change by innovating, which facilitates the creation of agile and inclusive models to suit underserved communities. The researchers Gali et al. (2020) believe that SEO enhances social and financial performance, which it strengthens in case of a mission-oriented culture in which the governance is based. Besides, Yi et al. (2024) revealed the significant positive impact of SEO on corporate dual performance, i.e., the social and financial one, through the improvement of organisational resource efficiency and stakeholder involvement. These results can be very divided into government healthcare organisations where impact and sustainability are urgent concerns.

SEO is in line with institutional entrepreneurship. In the context of the public organizations, institutional entrepreneurs introduce change by implementing entrepreneurial strategies (Battilana et al., 2009). In a developing nation like Pakistan, SEO provides a principle upon which it is possible to reconsider the approaches of the public sector in the context of health, education, and equity of services. Therefore, this is need for studies to explore and examine its role in various settings.

The recent empirical studies take the conceptualization of social entrepreneurship in open innovation (SEO) that applies to post-pandemic situations. As an example, Aguzman et al. (2024) highlight the importance of SEO as the indicator of community empowerment and inclusive development. As Permatasari et al. (2025) point out, hybrid social business perform better as they incorporate innovation into the established structures. All these studies help to prove that SEO is a form of institutional mechanism that ensures the balance between economic efficiency and social good, which is of significant importance when it comes to transforming the state sector.

Service Delivery in Public Health Institutions

Provision of services in public health organizations is a critical health outcome determinant, especially in low and middle classes. The modern literature determines a wide range of determinants that condition the efficiency of service delivery mechanisms. A study by Naz and Asghar (2023) concerning patient satisfaction in Pakistan-based public hospitals showed that the mediation of healthcare delivery takes care of the relationship between clinician performance and

patient satisfaction. Their results show that patient experience is improved by the optimization of delivery systems.

Furthermore, numerous studies have evaluated the effect of digitalized outpatient department processes and found that the effects of laboratories, pharmacy and nursing services had a significant impact on patient satisfaction. However, it was noted that the lack of communication between physicians and patients and the registration process were listed among the aspects that need to be improved (Health Research Policy and Systems, 2024). Zia ud Din et al. (2024) have investigated the importance of the public leadership in health service delivery, with a focus on the fact that effective leadership leads to collaboration and better service delivery outcomes. Leadership, hence, comes out as an important lever in improving the quality of health services. Timely, accessible, and high-quality care is what defines healthcare service delivery. The challenges that affect performance in Pakistan are resource deficits, poor governance systems, and absence of accountability. Social entrepreneurship is one of the possible alternative delivery models, which should be considered to eliminate these deficiencies.

The literature on organizational behavior has addressed the issue of service delivery in public institutions in a wide perspective that includes the aspect of accessibility, quality, responsiveness and efficiency (World Bank, 2004). Resource misallocation, corruption, and lack of human capital are some of the bottlenecks that often affect the health systems in developing countries (Khan et al., 2022).

The efficacy of the service delivery system was empirically shown in a study by Naz and Asghar (2023) which indicated that patient satisfaction in the Pakistani public hospitals is largely influenced by the system. They confirm that prompt access to quality care, being treated with respect by staff, and effective administration of a hospital have direct and strong effects on patient outcomes.

A later study by Health Research Policy and Systems (2024) on the digitalization of outpatient departments in South Punjab depicted how the upgrading of the system, especially pharmacy, nursing, and diagnostic services, can increase patient satisfaction. Nevertheless, the constant lack of links in communication and registration procedures exists, pointing to the complexity of service delivery. Similarly, the impact of different leadership styles on health service delivery has been studied; as an illustration, Zia ud Din et al. (2024) found out the role played by public leadership in promoting collaboration. This collaboration helps improve service delivery in health systems. They found that inclusive and participatory leadership enhances institutional performance. Where the clients are listed and their view and inputs are taken into consideration for the betterment of service delivery. Because public organizations are set for the provision of value to the public and value is delivered well when they are involved in the delivery service via feedback and this concept is called value co-creation.

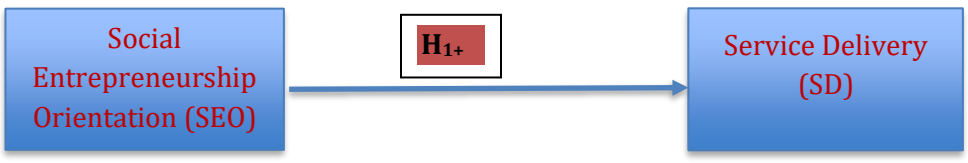
Hence, effective service delivery depends on agility, smart usage of resources, and stakeholder collaboration, practicing and implementing new ideas. These elements can be strengthened through an entrepreneurial approach.

Social Entrepreneurship Orientation (SEO) and Service Delivery: In theoretical lens of Service Dominant Logic (SDL)

The relationship between SEO and SD in the context of public healthcare settings can be understood through the SDL framework. SDL states that value is co-created, by integration and interaction of various stakeholders (Vargo and Lusch 2008). SEO in this sense, supports this process. It promotes innovation and inclusivity. Also, it enables organizations to adapt to changes and respond to those changes for their benefits and needs. Gali et al. (2020) in their study have shown how SEO contributes to organizational success by increasing social performance. Thus, social performance leads to financial outcomes which in turn improves service delivery in public heal care settings. Yi et al. (2024) also highlight the importance of good resource management in the process of using Service-Oriented Excellence (SEO) in order to generate dual performance results. Their results demonstrate that organisations that have good SEO potential can provide high-quality services and at the same time achieve social missions (Adro et al., 2021). As has been explained, the Service-Delivery Logic (SDL) school of thought is within a framework whereby value is created as a result of interaction and sharing of resources between actors. In this context, SEO plays a role by enhancing innovation, flexibility and client orientation. It has been empirically proven that organisations that are more responsive and have better service delivery are prone to be at a higher level of SEO, which is theoretically supported by the SDL model advanced by Vargo and Lusch (2008).

Collectively these results suggest that SEO can be viewed as not just as a property of the organisation but also as a driver of value co-creation in resource limited circumstances. SEO applies the principles of value integration and stakeholder collaboration in service operations by incorporating innovation and social responsiveness in the operations. This theoretical fit forms the basis of the explanation of the necessity to empirically test the presented relationship between SEO and the delivery of services in regards to the case of public hospitals in Balochistan.

Figure 1
Theoretical Framework



H_1: Social Entrepreneurship Orientation (SEO) has a positive effect on service delivery (SD).

Research Methodology

The current study used quantitative and cross-sectional to obtain data amongst healthcare professionals working in the state hospitals within Balochistan. SEO and service delivery were measured using a structured questionnaire and items that are already tested were used. The cross-sectional research design helped to capture data of a large group of people at a specific point in time and therefore they were able to examine the possible causal relationship and behavioral patterns. The data analysis was performed with the help of SmartPLS software which allows assessing both the measurement along with structural model simultaneously. Partial Least Squares Structural Equation Modelling PLS-SEM was chosen due to its effectiveness with complex constructs like SEO.

A cross-sectional design was chosen because it enables the analysis of relationships among variables across a large respondent group within a limited time frame, which is particularly suitable for assessing organizational behaviors in dynamic environments. Although longitudinal data could offer temporal insights, the cross-sectional approach provides valid inference on existing behavioral patterns under stable conditions. Potential bias was mitigated through anonymity assurances, random sampling, and procedural remedies against common method bias (e.g., using different item anchors). Informed consent was obtained from all participants prior to data collection.

Population and Sampling

The sample population was the health care professionals, such as physicians, nurses, and pharmacists, who were employed in the public hospitals in Balochistan. These people were selected because they are directly involved in service delivery and know too much about internal practices. Stratified random sampling was embraced to ensure that all the administrative divisions of the province were represented. The sample size was based on the 10-times rule of PLS-SEM that states that a sample should be at least 10 times larger than the maximum number of arrows meeting at a latent variable. After complete screening, 349 valid responses were left to be analyzed.

Instruments

The scales used in the study are those that were developed and tested before. SEO scale was used according to Palacios Marques et al. (2019) and included eight items that were rated with the help of a 7-item Likert scale, with the options of strongly disagree, strongly agree. Service delivery outcomes were assessed by a 23-item scale of Sharma and Narang (2011), which measured the dimensions of the accessibility, the responsiveness, and the quality of care. A 7-point Likert scale was also utilized in this scale.

Data Collection Procedure

Before complete implementation, a pilot test was done on 30 healthcare professionals to test the instrument clarity and reliability. The pilot response also brought small changes to make the items phrased better. The concluding data collection was in April and March 2025.

Questionnaires were given out online through online links as well as on the ground by visiting the hospital sites in areas which were more digitally reachable. The research was conducted on a voluntary basis and all the answers were anonymised to promote open reporting. Out of the 367 questionnaires mailed, 349 were considered to be valid to conduct analysis, not including the questionnaires that were not filled in or lacked consistency which gave a high response rate and a strong dataset to work with.

Data Analysis Strategy

The analysis of data was done with SmartPLS 4.0, a specialised software that was used to perform partial least squares structural equation modelling. The discussion took place in two stages. The measurement model was first tested to determine the reliability and validity of constructs. Cronbach alpha and the composite reliability (CR) were used to test internal consistency, and it was found to be above the established value of 0.70. The convergent validity was achieved on the basis of the values of Average Variance Extracted (AVE) of more than 0.50. Discriminant validity was verified through Fornell-Larcker criterion and Heterotrait-Monotrait (HTMT) ratio, which were within acceptable ratios. In the next stage, the structural model was tested to find out the statistical significance and strength of the relationship between the SEO and service delivery. Bootstrapping of 5,000 subsamples was further used to test path coefficients to make them robust. The coefficient of determination (R2) was used to determine the explanatory power of the model, and the effect size (f2) was used to further give information on the practical value of the model.

Data Analysis

Results

The result portion comprises on Three parts. First Demographics, then the measurement model was tested and later the structural model was analyzed.

Table 1
Demographics of the study

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	181	51.9
	Female	168	48.1
Age Group (Years)	20–29	78	22.3
	30–39	141	40.4
	40–49	87	24.9
	50 and above	43	12.3
Profession	Doctors (Medical Officers / Specialists)	82	23.5
	Nurses / Midwives	136	39.0
	Pharmacists	41	11.7
	Paramedical / Technicians	90	25.8
Educational Qualification	MBBS / FCPS	79	22.6
	BSc Nursing / Post RN	92	26.4

	Bachelor (BA/BSc / Pharm-D)	81	23.2
	Master's (MA/MSc / MPH / MPhil)	74	21.2
	Diploma / Matric (Technical)	23	6.6
Years of Experience	Less than 5 years	81	23.2
	5–10 years	117	33.5
	11–15 years	88	25.2
	Above 15 years	63	18.1
District of Service (Workplace)	Quetta	104	29.8
	Pishin	59	16.9
	Khuzdar	48	13.8
	Turbat	38	10.9
	Sibi	33	9.5
	Zhob	31	8.9
	Other Districts	36	10.3

Table 1 presents the demographic characteristics of 349 healthcare professionals who participated in the study from public sector hospitals across Balochistan. The respondents included doctors, nurses, pharmacists, and paramedical staff representing both urban and peripheral districts of the province.

The sample displayed a balanced gender composition, with 51.9% male and 48.1% female participants, indicating that women now form a significant segment of Balochistan's healthcare workforce. This gender distribution also reflects the growing feminization of the health sector in Pakistan, particularly within nursing and midwifery professions.

In terms of age, the majority of respondents (40.4%) were between 30 and 39 years old, representing a mid-career cohort that constitutes the operational backbone of public healthcare institutions. About 22.3% were below 30 years, indicating a younger segment entering the workforce, while 37.2% were aged 40 years and above, reflecting the presence of experienced personnel in managerial and supervisory roles. This diverse age composition strengthens the reliability of responses, as it captures perspectives from both early-career professionals and senior practitioners.

With respect to professional distribution, nurses and midwives formed the largest group (39.0%), followed by paramedical and technician staff (25.8%), doctors (23.5%), and pharmacists (11.7%). This distribution aligns with the staffing structures typical of Pakistan's public hospitals, where non-physician health workers constitute the majority of the service delivery force. The relatively smaller proportion of doctors is consistent with the shortage of medical officers in peripheral districts, a challenge frequently documented in Balochistan's health system.

With respect to education, a significant percentage of the respondents had professional or technical qualification within their workplace category. About 22.6% were qualified medical doctors (MBBS/FCPS), 26.4% had nursing degrees. With undergraduate undergraduate

qualifications (BA/BSc or Pharm-D) amounting to another 23.2% and postgraduate degrees such as Master of Public Health (MPH), MSc or MPhil constituting 21.2% there is an increasing trend toward advanced education among healthcare staff. The rest 6.6% were holders of diploma or technical certificates, mostly in support staff. Such educational diversity implies a workforce that is competently different with different skills that are required in the multidisciplinary service provision.

In relation to the professional experience, the highest number of the respondents (33.5) has between five and ten years experience, 25.2 has 11-15 year experience and 18.1 has more than 15 year experience. The number of less than five years of experience was only 23.2 per cent. This distribution implies that the majority of respondents have a solid practical experience with the public health system, which can be used to offer informed views on the topic of organizational responsiveness, innovation, and service issues.

Finally, the district-wise distribution ensures broad geographic representation, with participants from Quetta (29.8%), Pishin (16.9%), Khuzdar (13.8%), Turbat (10.9%), and smaller shares from Sibi, Zhob, and other districts. Such representation provides insights across both relatively better-resourced urban centers and underdeveloped peripheral regions, enhancing the external validity of the findings.

Overall, the demographic profile reflects a well-distributed and experienced sample that accurately represents the composition of Balochistan's public healthcare workforce. This diversity of gender, age, profession, and geographic background strengthens the credibility of the results and provides a robust foundation for examining how SEO influences service delivery within a complex and resource-constrained healthcare environment.

Measurement Model Assessment

To evaluate the quality and validity of the constructs used in the model, the measurement model was assessed for reliability, convergent validity, and discriminant validity. As shown in figure 1. All items had good loading values. Items those had low loading were dropped. Like SEO 1, SD 2 and 3. After factor loading internal consistency (Cronbach's Alpha, Composite Reliability), convergent validity (AVE), and discriminant validity (Fornell-Larcker and HTMT criteria) were examined.

Reliability and Convergent Validity

Reliability refers to the internal consistency of a construct, indicating how well the items used to measure a concept produce similar results. High reliability suggests that the indicators consistently reflect the underlying variable. The reliability of the constructs was evaluated using Cronbach's Alpha and Composite Reliability (CR). While, convergent validity assesses whether the items intended to measure a construct are actually related to each other. It confirms that the indicators converge to represent the same concept accurately. In this study the convergent validity was assessed using the Average Variance Extracted (AVE). The results are presented in Table 1 below:

Table 2
Construct Reliability and Validity

Construct	Cronbach's Alpha	Rho_A	Composite Reliability	AVE
Social Entrepreneurship Orientation (SEO)	0.904	0.908	0.926	0.677
Service Delivery (SD)	0.970	0.971	0.973	0.641

These results demonstrate in table 2 excellent internal consistency, with all reliability indicators exceeding the minimum recommended values (Cronbach's Alpha and CR > 0.70, AVE > 0.50) (Hair et al., 2022). This confirms that the measurement model has satisfactory convergent validity and model had no issues in this regard.

Discriminant Validity

Discriminate validity tells how different one construct is from another in the research model. It ensures that latent variable measured in a research model are not only significant but also theoretically unique from another. Therefore, the discriminant validity was assessed using the Fornell-Larcker criterion and HTMT ratio.

Table 3
Fornell-Larcker Criterion

Construct	SEO	SD
SEO	0.823	
SD	0.801	0.944

As shown in table 3 the square roots of the AVEs (diagonal values) are greater than the inter-construct correlations, which confirms the Fornell-Larcker criterion for discriminant validity(Fornell & Larcker, 1981).

Table 4
Heterotrait-Monotrait Ratio (HTMT)

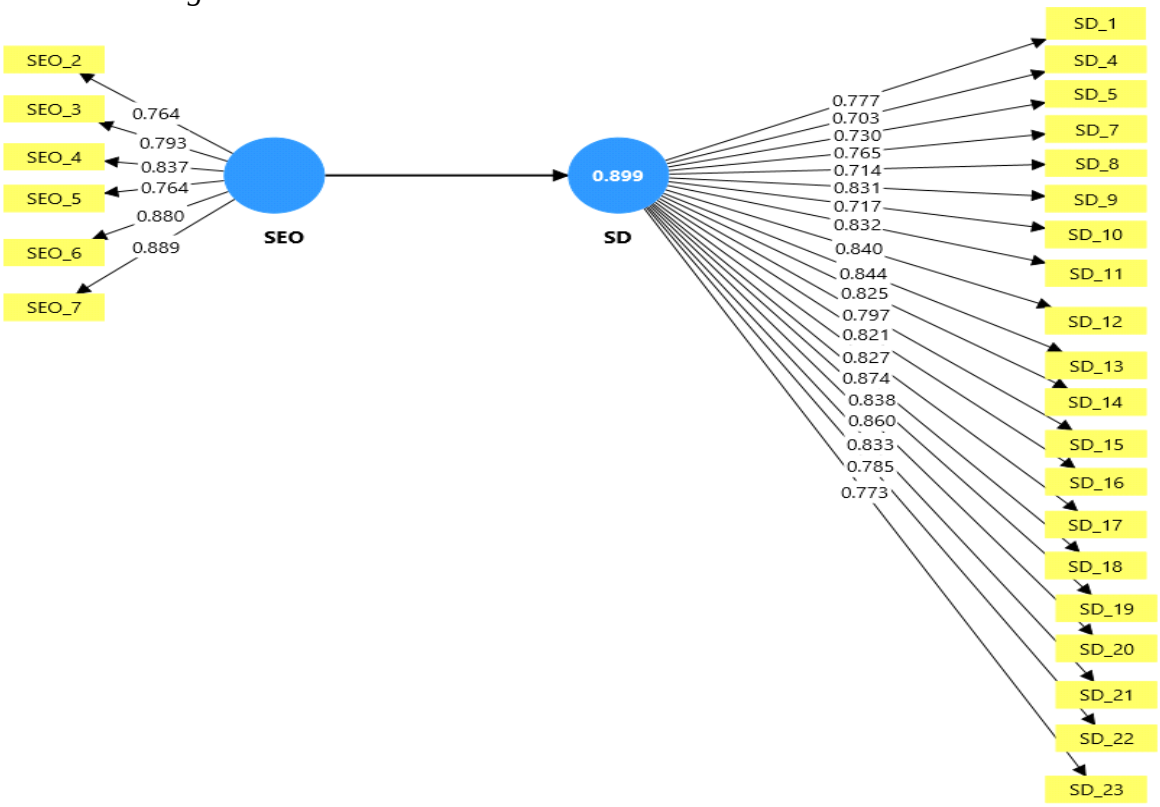
Construct Pair	HTMT
SEO – SD	0.889

The HTMT values are well below the critical 0.90 threshold, suggesting acceptable discriminant validity between constructs (Henseler et al., 2015).

Collinearity Statistics (VIF)

Variance Inflation Factor (VIF) values were reviewed for multicollinearity. All VIFs for SEO items ranged between 1.900 and 2.038, indicating no significant multicollinearity (acceptable threshold is VIF < 5) (Rasoolimanesh et al., 2022).

Figure 1
Factor Loadings



Structural Model Assessment

The structural model was evaluated based on the path coefficients, explanatory power (R^2), effect size (f^2), predictive relevance (Q^2 if available), and model fit indices.

Hypothesis Testing and Path Coefficient

Table 5
Hypothesis Testing Results

Hypothesis	Relationship	Path Coefficient (β)	t-value	p-value	Decision
H1	SEO → SD	0.948	194.589	0.000	Supported

The path from Social Entrepreneurship Initiative to Service Delivery is positive and statistically significant, with a very high coefficient ($\beta = 0.948$, $p < 0.001$), confirming Hypothesis.

Coefficient of Determination (R^2)

R^2 shows how much of the variation in the dependent variable is explained by the independent variable(s). A higher R^2 means better explanatory power. If R^2 is close to 1, it means the model explains most of the variation**.**

Table 6
Coefficient of Determination

Dependent Variable	R^2	Interpretation
Service Delivery	0.899	Very strong explanatory power

As shown above in table 6, the model explains 89.9% of the variance in Service Delivery, indicating an excellent model fit.

Effect Size (f^2)

f^2 measures how strongly one variable affects another. It shows the impact of an independent variable on a dependent variable. Higher f^2 means a bigger effect.

Table 7
Effect Size

Path	f^2	Interpretation
SEO → SD	8.890	Significant effect

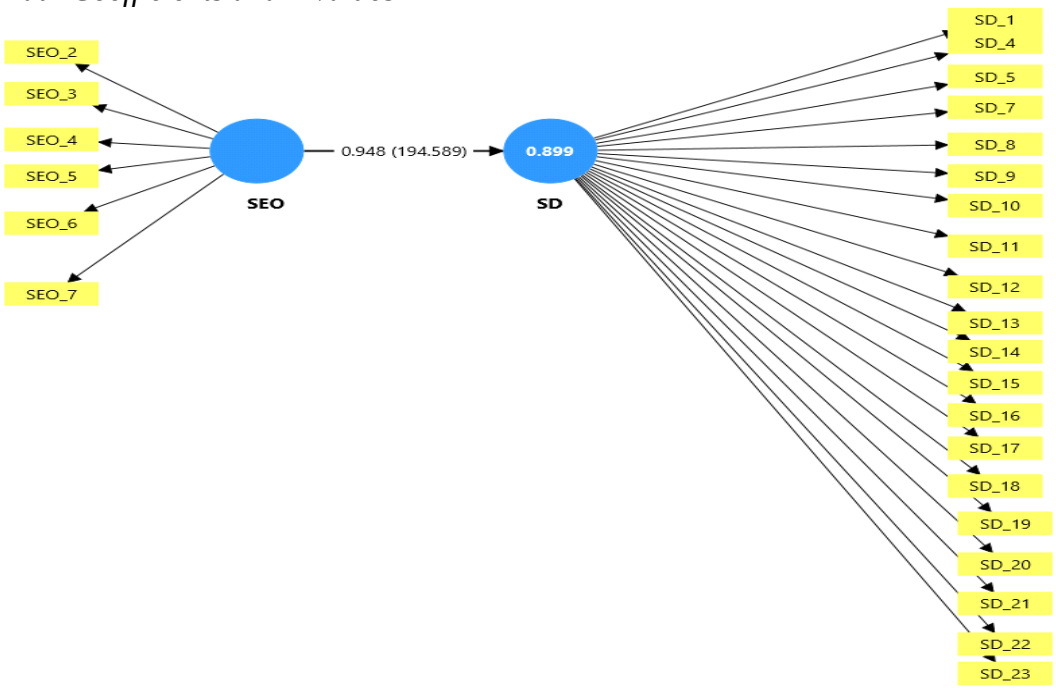
As shown in above table 6, the f^2 value exceeds the threshold of 0.35 for large effect size, suggesting a substantial contribution of SEO to SD.

Model Fit Indices

Table 8
Model Fit Summary

Fit Index	Value	Threshold	Interpretation
SRMR (Estimated)	0.074	< 0.08	Good model fit
SRMR (Saturated)	0.074	< 0.08	Good model fit
NFI	0.806	> 0.90 (ideal)	Acceptable (close)

Figure 2
Path Coefficients and T values



The predictive relevance (Q^2) value for the endogenous construct was 0.736, exceeding zero, thus confirming the model's predictive capability (Hair et al., 2022). While the structural path coefficient ($\beta = 0.948$) is high, diagnostic checks including VIF values (< 2.1) and bootstrapping procedures confirmed the absence of multicollinearity or inflation bias. Nevertheless, such magnitude indicates a strong association that should be interpreted with methodological caution and contextual awareness of measurement aggregation.

Discussion and Conclusion

Discussion

The primary aim of this study was to examine the influence of Social Entrepreneurship Orientation (SEO) on Service Delivery in the context of public healthcare institutions in Balochistan, Pakistan. The hypothesis that SEO significantly and positively influences service delivery in public health hospitals was proven true. Hence, this was noted that organizations that embrace social value creation, innovation, and proactive engagement are better positioned to meet patient needs. The results of this study are in line literature that is, SEO positively influence firms' performance (Camacho-Ibáñez et al., 2025). For example, Mair and Martí (2006) examined the role of social entrepreneurship in delivering innovative solutions in contexts where traditional service mechanisms fail. Similarly, Zahra et al. (2009) argue that the existence of entrepreneurship orientations in the public organizations makes them more adaptable and responsive to the requirements of the community. Previous studies have already examined the

role entrepreneurial strategies in uplifting the quality-of-service delivery in various work settings (Dacin et al., 2011; Corner and Ho, 2010). Therefore, in line with the mentioned studies, the present study also shed light on role of SEO in enhancing the performance of organizations by encouraging innovations, stakeholder involvement, and strategic responsiveness (Kraus et al., 2017; Gali et al., 2020). In developing regions like, Balochistan, where the rule of law is weakly established, where bureaucratic rigidity and resource dearth is the rule of the day, an SEO can serve as a change agent. The existing findings are backed by Yi et al. (2024) who proved that the use of SEO has the potential to improve the performance of a corporation by means of incorporating innovation and social responsibility, thus indicating a possible positive outcome in the case of public hospitals. In addition, this work also supports the conclusions of Battilana et al. (2009) who also emphasize the role of institutional entrepreneurship in changing inflexible systems. Using this prism on the case of the Balochistan public healthcare system, the current study shows that SEO can help break institutional inertia and transition towards a more citizen-oriented form of governance. Past research in the Pakistani context has mainly involved governance or leadership as an agent of service delivery (Zia ud din et al., 2024; Naz and Asghar, 2023). This paper focuses on SEO as one of the most important performance determinants, which can be used as a valuable contribution to competitive improvement.

Conclusion

This study examined the relationship between Social Entrepreneurship Orientation (SEO) and service delivery. The results showed that SEO has a positive impact on SD. By using the theoretical framework of System Development Life Cycle (SDL), the current study has produced a rather considerable amount of evidence that Social Entrepreneurship Orientation (SEO) can yield a significant improvement in the quality and efficiency of service delivery. SEO denotes various entrepreneurial orientation including a social mission, proactive interaction, innovation, and performance responsibility may bring large advantages to the public healthcare organizations. Such orientation add value to the internal operational performance and creating external value by enhancing the accessibility and quality of services by the marginalized communities. The mentioned qualities are key in changing the inflexible healthcare systems into receptive, citizen-centric services, especially in the areas with a lack of resources like in Balochistan. Theoretically the study used SDL lens in uplifting the quality-of-service delivery through SEO in the public sector hospitals in country. In practice, it provides policy makers, administrators, and other stakeholders in development with a roadmap in terms of revitalizing the state services by means of mission-based innovation and co-creation by stakeholders. The result of this study proved that there is strong need of bringing modern reforms in the healthcare industry of the country, for which there is shift needed from traditional way of running institutes to results-oriented and socially entrepreneurial organizations. Such changes not only bring improvements in service delivery provision but also build trust in society and promote institutional legitimacy in areas that have remained underdeveloped for so long.

Theoretical Contributions

The research makes a number of theoretical contributions. To begin with, the fact that the relationship between SEO and Service Delivery (SD) is positive is in line with the theoretical basis of Service-Dominant Logic (SDL). According to SDL Theory, value is co-created by the interactions of the institutions and stakeholders (Vargo and Lusch, 2008). Second, the research provides empirical data to prove the applicability of SEO in the context of the public sector institutions- the field that has not been yet explored extensively.

Practical Contributions

The research has valuable policy implications to policy makers, health care administrators and development agencies. The policy makers are expected to incorporate the principles of SEO in the training programs, incentives of the flow, and assessment of the public institutions. Similarly, leaders in the health sector should be enabled to take calculated risks, start community-based solutions, and develop a culture of proactive service, which are all based on the SEO dimensions. Also, SEO could be operationalised within public health systems in the form of capacity-building programmes, including innovation labs, cross-sectoral partnerships, and pilot-based reforms. The work of donors and International Non-Governmental Organizations (INGOs) in the region might be designed in an entrepreneurial way, and thus enhancing ownership, sustainability and long-term effects as opposed to short-term aid.

In addition to supporting the theoretical assumptions of the self-determination theory, the empirical evidence carries enormous policy consequences to the governance of a population health. Introducing the concepts of search engine optimization to the scope of public administration might foster adaptive leadership, decentralize responses to its decision-making, and increase citizen involvement, which are fundamental components of responsive health systems. The similarity is evident in comparative studies based on similar low-income environments, including Sub-Saharan Africa (Moyo and Dube, 2024), which show that the integration of social entrepreneurship into health governance increases equity of services and the level of institutional trust. Policymakers in Pakistan can, therefore, institutionalize SEO through training programs, performance frameworks, and innovation labs to drive sustainable reforms in healthcare delivery.

Limitation and Future Study.

As in any other research, this investigation has shortcomings. To begin with, the sample used is limited to the only public health hospitals in Balochistan, which could limit the applicability of the results to other sectors or areas. Second, the cross-sectional design makes it difficult to make causal inferences. Longitudinal research would better represent the dynamic quality of the effects of SEO with time. More studies could be conducted in the future to mediate the relationships between SEO and SD through the leadership behavior, staff empowerment, and organizational culture. The inclusion of qualitative research may also present further information about the processes by which SEO affects the institutional behavior and performance.

References

Aguzman, G., Pratiwi, C. P., Eni, Y., & Sasongko, A. H. (2024). The influence of social entrepreneurship orientation on the sustainability of tourism villages through community empowerment. *Indonesian Journal of Business and Entrepreneurship, 10*(3), 488. https://doi.org/10.17358/ijbe.10.3.488

Akbar, T., & Saleem, R. (2023). Adaptive governance and innovation in post-pandemic public health systems: Lessons for developing economies. International Journal of Public Administration, 46(14), 1190–1204. https://doi.org/10.1080/01900692.2023.2178974

Battilana, J., Leca, B., & Boxenbaum, E. (2009). How actors change institutions: Towards a theory of institutional entrepreneurship. Academy of Management Annals, 3(1), 65–107. https://doi.org/10.5465/19416520903053598

Corner, P. D., & Ho, M. (2010). How opportunities develop in social entrepreneurship. *Entrepreneurship Theory and Practice, 34*(4), 635–659. https://doi.org/10.1111/j.1540-6520.2010.00382.x

Camacho-Ibáñez, J., Pareja Cano, B., & Melchor Giménez, M. P. (2025). Deconstructing social entrepreneurial orientation and assessing its influence on firm performance. *Journal of Social Entrepreneurship*, 1–28. https://doi.org/10.1080/19420676.2025.2476947

Dacin, P. A., Dacin, M. T., & Matear, M. (2011). Social entrepreneurship: Why we don't need a new theory and how we move forward from here. *Academy of Management Perspectives, 24*(3), 37–57. https://doi.org/10.5465/amp.24.3.37

do Adro, F., Fernandes, C. I., Veiga, P. M., & Kraus, S. (2021). Social entrepreneurship orientation and performance in non-profit organizations. *International Entrepreneurship and Management Journal, 17*(4), 1591–1618. https://doi.org/10.1007/s11365-021-00748-4

Erpf, P., Gmür, M., & Baumann-Fuchs, J. (2022). Does the business suit fit? Drivers for economic performance in social enterprises. *Journal of Social Entrepreneurship, 16*(1), 22–45. https://doi.org/10.1080/19420676.2022.2090416

Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research, 18*(1), 39–50. https://doi.org/10.2307/3151312

Gali, N., Niemand, T., Shaw, E., Hughes, M., Kraus, S., & Brem, A. (2020). Social entrepreneurship orientation and company success: The mediating role of social performance. *Technological Forecasting and Social Change, 160*, 120230. https://doi.org/10.1016/j.techfore.2020.120230

García-Jurado, A., Centeno, M., & Cagarman, K. (2024). The evolution of social entrepreneurship: Broadening the framework for the digital and sustainable era. Administrative Sciences, 15(2), 55. https://doi.org/10.3390/admsci15020055

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). A primer on partial least squares structural equation modeling (PLS-SEM) (3rd ed.). Sage.

Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. Journal of the Academy of Marketing Science, 43(1), 115–135. https://doi.org/10.1007/s11747-014-0403-8

Health Research Policy and Systems. (2024). The influence of hospital services on patient satisfaction in OPDs: Evidence from the transition to a digital system in South Punjab, Pakistan. *Health Research Policy and Systems, 22,* Article 93. https://doi.org/10.1186/s12961-024-01178-8

Khan, M. A., Mehmood, T., Ullah, I., Yousaf, M., & Khattak, M. (2022). Governance challenges in the healthcare sector of Pakistan: A systematic review. *International Journal of Public Sector Management, 35*(4), 479–494. https://doi.org/10.1108/IJPSM-06-2021-0143

Kraus, S., Niemand, T., Halberstadt, J., Shaw, E., & Syrjä, P. (2017). Social entrepreneurship orientation: Development of a measurement scale. *International Journal of Entrepreneurial Behavior & Research, 23*(6), 977–997. https://doi.org/10.1108/IJEBR-07-2016-0206

Mair, J., & Martí, I. (2006). Social entrepreneurship research: A source of explanation, prediction, and delight. *Journal of World Business, 41*(1), 36–44. https://doi.org/10.1016/j.jwb.2005.09.002

Moyo, P., & Dube, T. (2024). Social entrepreneurship and healthcare governance in Sub-Saharan Africa: Pathways toward inclusive service delivery. *Public Administration and Development*, 44(2), 145–158. https://doi.org/10.1002/pad.2067

Miller, T. L., Grimes, M. G., McMullen, J. S., & Vogus, T. J. (2012). Venturing for others with heart and head: How compassion encourages social entrepreneurship. *Academy of Management Review, 37*(4), 616–640. https://doi.org/10.5465/amr.2010.0456

Naz, F., & Asghar, K. (2023). Patients satisfaction and healthcare delivery system in public sector hospitals. *Pakistan Social Sciences Review, 7*(3), 352–362. https://doi.org/10.35484/pssr.2023(7-III)28

Permatasari, A., Dhewanto, W., & Dellyana, D. (2025). Creative social entrepreneurial orientation: Developing hybrid values to achieve the sustainable performance of traditional weaving SMEs. *Journal of Social Entrepreneurship, 16*(1), 230–244. https://doi.org/10.1080/19420676.2022.2148715

Palacios-Marqués, D., García-Guijarro, M., Sánchez-Martí, M., & Mari-Alguacil, P. (2019). Social entrepreneurship and organizational performance: A study of the mediating role of distinctive competencies in marketing. *Journal of Business Research, 101,* 426–432. https://doi.org/10.1016/j.jbusres.2019.02.004

Rasoolimanesh, S. M., Roldán, J. L., Sadat Hosseini, S. M., & Bazrkar, A. (2022). Discriminant validity assessment in PLS-SEM: A state-of-art review. *Journal of Hospitality and Tourism Technology, 13*(1), 81–101. https://doi.org/10.1108/JHTT-10-2020-0200

Sharma, J. K., & Narang, R. (2011). Quality of healthcare services in rural India: The user perspective. *IOS Journal of Medical Health Research, 1*(2), 22–30.

Vargo, S. L., & Lusch, R. F. (2008). Service-dominant logic: Continuing the evolution. *Journal of the Academy of Marketing Science, 36*(1), 1–10. https://doi.org/10.1007/s11747-007-0069-6

World Health Organization. (2024). Transforming health systems through social innovation and community engagement. Geneva: WHO Press.

Yi, R., Cao, Y., Lyu, B., & Huang, Q. (2024). Social entrepreneurship orientation and corporate dual performance: A serial mediation model. South African Journal of *Business Management,*

55(1), a4434. https://doi.org/10.4102/sajbm.v55i1.4434

Zahra, S. A., Gedajlovic, E., Neubaum, D. O., & Shulman, J. M. (2009). A typology of social entrepreneurs: Motives, search processes and ethical challenges. *Journal of Business Venturing*, *24*(5), 519–532. https://doi.org/10.1016/j.jbusvent.2008.04.007

Zia ud din, M., Yuanyuan, X., Ullah Khan, N., et al. (2024). The impact of public leadership on collaborative administration and public health delivery. *BMC Health Services Research*, *24*, 129. https://doi.org/10.1186/s12913-023-10537-0