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Strategic Learning Capability and Innovativeness of Private Hospitals in Bayelsa State, Nigeria

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Abstract:

This study examined the relationship between Strategic Learning Capability and innovativeness in private hospitals in Bayelsa State, Nigeria. External Focus and Customer-Centric Strategy were adopted as dimensions of Strategic Learning Capability, while Product Innovativeness and Process Innovativeness were adopted as measures of Organizational Innovativeness. Seventy (70) employees from a sample of 72 and a population of 88 returned copies of the questionnaire administered. Data were analyzed through Spearman's Rank Order Correlation Coefficient, using the Statistical Package for Social Sciences (SPSS) version 20. Results showed that External Focus has a positive and significant relationship with Product Innovativeness ($\rho = .801$) and Process Innovativeness ($\rho = .712$). Results also showed that Customer-Centric Strategy has medium positive relationship with Product innovativeness ($\rho = .359$) and Process Innovativeness ($\rho = .430$). Based on the results, it was found out that Strategic Learning Capability of the hospitals significantly and positively influences their ability to innovate. This study is in consonance with earlier studies. It was recommended that hospitals should increase their strategic learning capability by designing strategic learning programmes for their employees, create an environment for employees to take decisions about their work and reduce bureaucratic bottlenecks. It was suggested that further studies should be carried out using other dimensions of strategic learning capability and measures of innovativeness, and in other sectors of the economy.

Keywords: Strategic learning capability, innovativeness, external focus, customer-centric strategy, product innovativeness, process innovativeness.

1. Introduction

Innovation has been a recurring concept in management literature due to its critical role in the achievement of organizational objectives. Several scholars have submitted that the competitive advantage, growth and survival of organizations greatly depend on their ability to innovate in a rapidly changing and turbulent environment (Gumusluoglu and Ilsev, 2009; Wang and Ahmed, 2004; Quinn, 2000).

The total innovative capacity of an organization is known as Organizational Innovativeness (OI). Just as it is the case of innovation, organizational innovativeness is crucial in driving firms to superior performance and competitive edge (Hurley and Hult, 1998). Organizations can only innovate if they have resolved to do so and have put in place the requisite behavioural and infrastructural supports that are ingrained in innovativeness (Dobni, 2008). Furthermore, innovativeness lends it value to the organization as it is a cultural element that aids the creation of knowledge and translates such knowledge into new products, services, processes and structures that in turn, motivates organizational members to be part of the overall innovation function (Subramanian and Youndt, 2005; Kor and Maden, 2013). Innovativeness is innovation in motion.

Product innovativeness is the capability of the organization to develop new products or services which satisfy customer desires and needs that translate to product success (Reguia, 2014; Zirger, 1997). Reguia (2014) further submitted that product innovation leads to reduction of production or service cost and production time thereby enhancing efficiency, return on investment, customer patronage and the general stock of knowledge capital of the organization.

Process innovativeness involves the capacity of the organization to leverage on its resources and competencies through recombination, and reconfiguration in order to satisfy relevant production requirements that will help the organization to succeed (Wang and Ahmed, 2004). In two separate studies, Larger (2002) and Chenavaz (2012) opined that process innovation reduces cost of production and increases output quality and production volumes.

This point was corroborated by Habidin, Khaidir, Shazali, Ali and Jamahudin (2015) who submitted that organizational costs are bound to decrease, while sales and customer service quality will increase when process innovation is implemented in service firms such as hospitals.

The importance of strategic learning capability is underscored by the fact that organizations become more adaptable to the external environment when they inculcate a learning culture in both strategy formulation and implementation (Pietersen, 2010). In same line of argument, Anderson, et al (2009) had earlier submitted that strategic learning capability provides the direction for organizations to develop and adapt within the confines of time and space, which leads to the creation of requisite knowledge and the introduction of strategic change.

Various scholars have studied innovativeness as an organizational construct and how it affects the overall performance of organizations. (e.g. Atalay, Anafarta and Savan, 2013; Chen, Chen and Lee, 2008). Others have studied the relationship between other constructs and innovativeness (e.g. Onag and Tepeci, 2014; Jegede, et al, 2012). For instance, Onag and Tepeci (2014) studied the impact of organizational learning Capability on innovativeness of manufacturing firms in Turkey and concluded that six dimensions of organizational learning capability significantly predict organizational innovativeness. In a related work, Kor and Maden (2013) studied the relationship between knowledge management and innovation in Turkish Service and High-Tech firms and conclude that innovativeness has positive and significant mediating effect on knowledge management processes and technical/administrative innovation types. A study on the relationship between organizational innovativeness and ethical culture of organizations in the public sector by Riivari and Lamsa (2011) reveals that there is a positive relationship between ethical culture and three dimensions of innovativeness viz: behavioural, strategic and process innovativeness.

Despite the numerous scholarly works done on the subject of innovativeness, there appears to be paucity of literature on whether strategic learning capability could spur innovativeness in organizations, especially in the health sector of Nigeria. It is based on this observable fact that this study is set to explore the relationship between Strategic Learning Capability and Innovativeness of private hospitals in Bayelsa State, Nigeria.

1.1. Statement of the Problem

The global health care industry is inundated with myriad of challenges such as surgical errors, conflicting and unreliable records, faulty administration of drugs, etc. (Thakur, et al 2012) and high customer expectation on quality delivery of services (Shazali et al, 2013).

In the midst of these global challenges, the case of the Nigerian healthcare system paints a very dismal picture (Uneke, et al 2007). Timothy, et al (2014) submitted that the health system of Nigeria is in jeopardy and is characterized by poor people management strategies, antiquated technology, primitive medical record keeping, poor service delivery, shortage of drugs and dysfunctional health information system, amongst others.

This scenario has led to an increase in mortality rate, and decrease in life expectancy which has adversely affected the economic growth of the nation. The pitiable state of Nigeria's health infrastructure has resulted to a phenomenon called medical tourism where about 5,000 patients monthly travel to other countries such as India to seek quality medical treatment. This translates to over ₦120bn being spent by Nigerians annually (Olakitan, 2015).

As at 2015, on a global calibration, Nigeria ranks 11th on maternal mortality rate (814 deaths/100,000 live births) and 10th on infant mortality (72.7 deaths/1,000 live births). The country also ranks 213 out of 267 countries on the life expectancy scale with a figure of 53.02 years (The world factbook, 2015).

Successive administrations have come up with various programmes in order to provide answers to these problems, but there appears to be no respite yet. Omachonu and Einspruch (2010) submitted that innovation is a principal attribute that controls cost and improves quality in the healthcare industry. Habidin, et al (2015) also lent their scholarly voices that innovation in the health sector is among the most potent strategies to surmount these obstacles.

Could it be that the government of Nigeria and management of hospitals have not encouraged innovativeness in the workplace through the improvement of the strategic learning capability of organizational members? It is based on this background that this study explores the relationship between strategic learning capability and innovativeness in private hospitals in Nigeria.

2. Review of Related Literature

2.1. Organizational Innovativeness

Various scholars have made efforts to define organizational innovativeness. However, such definitions only ended up portraying organizational innovativeness as a uni-dimensional conceptualization (Scott and Bruce, 1994; Wang and Ahmed, 2004). Innovativeness has been defined as "the willingness to change" (Hurt, et al, 1977).

Alvonitis, et al (1994) viewed innovativeness as the technological ability and behavioural propensity and resolve of the organization to innovate. While, Hult et al (2004) described innovativeness as the capability of the organization to bring new products, services, processes or ideas into the mainstream of the firm. In their attempt to develop and validate the organizational innovativeness construct, Wang and Ahmed (2004) defined organizational innovativeness as "an organization's overall innovative capability of introducing new products to the market or opening up new markets, through combining strategic orientation with innovative behavior and process".

This definition given by Wang and Ahmed (2004) is a multi-dimensional conceptualization of the organizational innovativeness construct (Riivari, 2011) which has five dimensions, viz: product innovativeness, market innovativeness, process innovativeness,

behavioural innovativeness, and strategic innovativeness. For the purpose of this study two sub-constructs of innovativeness were adopted and are discussed below:

2.1.1. Product Innovativeness

This is the perception by either the organization or the customer of how new, special, useful and authentic a product or service is (Atuahene-Gima, 1995; Andrew and Smith, 1996; Henard and Szymanski, 2001; Bao, Sheng and Zhou, 2012). It is the organizations capability of product innovation which Schumpeter (1934) described as the development of new products, services, mechanisms and markets. An appreciable level of improvement in terms of product features, material composition, functional flexibility and product-patient interface are the observable criteria for product innovativeness in the healthcare sector.

2.1.2. Process Innovativeness

Most literature categorized process innovativeness as a subset of technological innovativeness. Wang and Ahmed (2004) defined process innovativeness as that which “captures the introduction of new production methods, new management approaches, and new technology that can be used to improve production and management processes”. Process innovativeness is geared towards the introduction of change in terms of equipment, tools or software. Despite the fact that the customer does not directly pay for process innovation, it is the process that is needed for the delivery of the service or product, and to create a harmonious interpersonal atmosphere between management and the customers (Omachonu and Einspruch, 2010).

2.2. Strategic Learning Capability

Moon (2013) defined strategic learning capability as “the capacity of an organization to retool rapidly to create and execute new strategy through learning at the individual and system levels in response to changes and uncertainties in complex environments”. Organizations acquire strategic learning capability in order to synchronize the aggregate organizational experiences and stock of knowledge into viable strategies that will equip the firm to navigate the turbulent varieties and unexpected discontinuities (Beer, et al, 2005; Siren, 2012).

Organizations which have the capacity to learn and see the strategic decision processes as a learning process are inclined to discover new strategies that will equip them for environmental adaptability (Anderson, et al, 2009; Pietersen, 2010).

In exploring the dimensions of Strategic Learning Capability in organizations, Moon (2013) identified seven dimensions of strategic learning capability, viz: (1) External Focus, (2) Strategic Dialogue, (3) Strategic Engagement, (4) Customer-Centric Strategy, (5) Disciplined Imagination, (6) Experiential Learning, and (7) Reflective Responsiveness. Two of these dimensions of strategic learning capability were chosen for this study, and are discussed below:

2.2.1. External Focus

This is the capacity of an organization to decipher and examine prevailing external environmental conditions and activities within the industry and those of competitors with a view to learn or unlearn. It includes the planning capabilities associated with the external environment, as well as the various forms of strategic knowledge and processes needed to execute the strategy (Moon, 2013). It involves all the planning activities that span the entire process of strategy generation, strategy formulation and strategy execution for superior performance.

2.2.2. Customer-Centric Strategy

This is organization’s capacity to find out and understand the taste, preferences and behavior of customers on an uninterrupted basis in order to create value for customers and to enhance the position of the organization for competitive advantage. It is a customer focused strategic learning process (Moon, 2013) tailored towards ascertaining customer’s experiences on products and services. Such learning capability provides a cultural platform for the organization to create superior products or render cutting edge services in terms of quality, reliability and delivery.

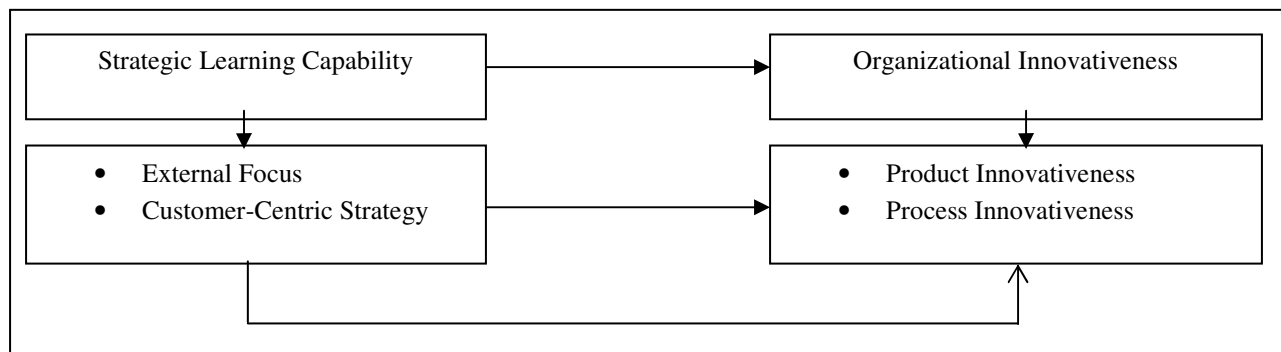


Figure 1: Conceptual and Theoretical Framework

Source: the dimensions of Strategic Learning Capability were adopted from the work of Moon, (2013), while the measures of Organizational Innovativeness adopted from the work of Wang and Ahmed (2004)

2.3. Purpose of the Study

Based on the conceptual and theoretical framework above, the overall purpose of this study is to examine the relationship between Strategic Learning Capability with Innovativeness of hospitals in Bayelsa State, the purpose was further divided into specific objectives, which are as follows:

1. To examine the relationship between External Focus and Product Innovativeness of the selected hospitals in Bayelsa State.
2. To examine if there exists any relationship between External Focus and Process Innovativeness of the hospitals.
3. To investigate the relationship between Customer-Centric Strategy and Product Innovativeness of the selected hospitals.
4. To investigate if there exists any relationship between Customer-Centric Strategy with Process Innovativeness of hospitals in Bayelsa State.

2.4. Research Questions

Based on the above objectives of the study, the following research questions were raised:

1. To what extent does External Focus relate with Product Innovativeness of hospitals in Bayelsa State?
2. What is the extent of relationship between External Focus and Process Innovativeness of hospitals in Bayelsa State?
3. To what extent does Customer-Centric Strategy relate with Product Innovativeness of hospitals in Bayelsa State?
4. What is the extent of relationship between Customer-Centric Strategy and Process Innovativeness of hospitals in Bayelsa State?

2.5. Research Hypotheses

Based on the purpose of the study and research questions raised above, the following hypotheses were formulated:

- H₀₁: External Focus does not have significant relationship with Product Innovativeness.
- H₀₂: External Focus does not have significant relationship with Process Innovativeness.
- H₀₃: There is no significant relationship between Customer-Centric Strategy and Product Innovativeness.
- H₀₄: There is no significant relationship between Customer-Centric Strategy and Process Innovativeness.

3. Methodology

A quasi-experimental research design was adopted in this study since the subjects were not under the control of the researcher. Furthermore, a cross-sectional survey was conducted because the study was done on more than one hospital, whereby quantitative data were generated to ascertain correlations among the variables (Bryman and Bell, 2011).

The population consists of eighty-eight (88) employees, which includes doctors and nurses, from eleven (11) private hospitals in Bayelsa state, Nigeria. These eleven private hospitals were selected among thirty-one (31) hospitals (Nigerian business list, 2015; v connect.com) because they have up to twenty (20) bed spaces and have been in business for not less than ten years. Sample size of (72) was calculated through the Krejcie and Morgan (1970) table.

Primary data were generated via the administration of 72 copies of the structured questionnaire in order get responses as regards the subjects' perception of the operationalized study constructs. Journal articles and textbooks served as sources of secondary data. Seventy (70) copies of the questionnaire were eligibly filled and returned, signifying 97.2% response rate.

3.1. Operational Measures of Variables

Product Innovativeness was measured by four items that were adopted from the work of Wang and Ahmed (2004) (e.g., Our new products and services are often perceived very novel by customers.), while process innovativeness was measured using four statement items adopted from the same source (e.g., when we cannot solve a problem using conventional methods, we improvise on new methods). Both observed variables were placed on a five-point Likert scale of 1 = strongly disagree to 5 = strongly agree.

External Focus was operationalized by adopting seven items adopted from Moon, (2013) (e.g., Rapidly responding based on what our competitors are doing). On the other hand, Customer-Centric Strategy was measured using a six item scale from the same source (e.g., using customers' feedback to improve our strategy). All observable indicators of strategic learning capability were placed on a five point Likert scale of 1 = strongly disagree to 5 = strongly agree.

3.2. Reliability and Validity of the Instrument

Wang and Ahmed (2004) analysis showed Alpha values of .8575 and .6935 for product innovativeness and process innovativeness scales respectively. It was reported that all the components converged into the general factor of organizational innovativeness, hence convergent validity was supported. In this study, Alpha figures showed .832 and .831 for product innovativeness and process innovativeness respectively. The instrument passed face and content validation as it was adopted from the rich literature of organizational innovativeness and subjected to the scrutiny of experts and scholars in the field.

Moon (2013) analysis showed Alpha values of .93 and .92 for external focus and customer-centric strategy respectively. Pilot test was conducted to ascertain the level of content validity of the instrument, which was finally accepted. In this study, Alpha figures showed .814 and .867 for external focus and customer centric strategy. The instrument passed face and content validation as it was adopted from the rich literature of strategic learning capability and subjected to the scrutiny of experts and scholars in the field.

4. Analysis and Interpretation of Results

This section tests the stated hypotheses using Spearman's Rank Order Correlation Coefficient via the Statistical Package for Social Sciences (SPSS) version 20.

- H_{01} : External Focus does not have significant relationship with Product Innovativeness.

This hypothesis was tested by correlating Product Innovativeness, as a measure of innovativeness, with External Focus dimension of Strategic Learning Capability. The table below shows the results obtained:

			External Focus Strategy	Product Innovation
Spearman's rho	External Focus	Correlation Coefficient	1.000	.801**
		Sig. (2-tailed)	.	.000
		N	70	70
	Product Innovation	Correlation Coefficient	.801**	1.000
		Sig. (2-tailed)	.000	.
		N	70	70

** . Correlation is significant at the 0.01 level (2-tailed).

Table 1: The Correlation between External Focus and Product Innovativeness

As stated above, the Statistical Package for Social Sciences (SPSS) version 20 was used to examine the correlation between External Focus and Product innovation using Spearman's Rank Correlation Coefficient (rho). This was done after conducting prior statistical analyses of normality, linearity and homoscedasticity to know if the data could be further analyzed parametrically or non-parametrically. The analysis showed a large positive correlation between the two variables, $r = .801$, $n = 70$, $p < .001$. Thus the null hypothesis, which states that External Focus does not have significant relationship with Product innovativeness is rejected. This signifies that a high level of External Focus is associated with high level of product innovativeness.

- H_{02} : External Focus does not have significant relationship with Process Innovativeness.

Spearman Rank Correlation Coefficient was used to determine the relationship between External Focus as a dimension of Strategic Learning Capability and Process Innovativeness measure of Innovativeness of the hospitals. The table below shows the result obtained.

			External Focus Strategy	Process Innovation
Spearman's rho	External Focus	Correlation Coefficient	1.000	.712**
		Sig. (2-tailed)	.	.000
		N	70	70
	Process Innovation	Correlation Coefficient	.712**	1.000
		Sig. (2-tailed)	.000	.
		N	70	70

** . Correlation is significant at the 0.01 level (2-tailed).

Table 2: The Correlation between External Focus and Process Innovation

The table reveals that there is a high positive relationship between the two variables, $r = .712$, $n = 70$, $P < .001$. This result shows that External Focus accounts for 71.2% variance on Process Innovativeness of the hospitals. Therefore, the null hypothesis that External Focus does not have a significant relationship with Process Innovativeness of the hospitals was rejected.

- H_{03} : There is no significant relationship between Customer-Centric Strategy and Product Innovativeness

			Customer Centric Strategy	Product Innovation
Spearman's rho	Customer-Centric Strategy	Correlation Coefficient	1.000	.359**
		Sig. (2-tailed)	.	.002
		N	70	70
	Product Innovation	Correlation Coefficient	.359**	1.000
		Sig. (2-tailed)	.002	.
		N	70	70

** . Correlation is significant at the 0.01 level (2-tailed).

Table 3: The Correlation between Customer-Centric Strategy and Process Innovation

Spearman's Rank Order Correlation Coefficient was used to ascertain the relationship between the two variables. It can be deduced from the table that there is a significant relationship between the two variables, $r = .359$, $n = 70$, $p < 0.01$. Thus, the null hypothesis

that Customer-Centric Strategy does not influence Product Innovativeness is rejected, while it alternative is accepted. Therefore, high level of Customer-Centric Strategy is associated with significantly high level of Product Innovation.

- H0₄: There is no significant relationship between Customer-Centric Strategy and Process Innovativeness.

			Customer Centric Strategy	Process Innovation
Spearman's rho	Customer-Centric Strategy	Correlation Coefficient	1.000	.430**
		Sig. (2-tailed)	.	.000
		N	70	70
	Process Innovation	Correlation Coefficient	.430**	1.000
		Sig. (2-tailed)	.000	.
		N	70	70

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4: The Correlation between Customer-Centric Strategic and Process Innovation

The relationship between Customer-Centric Strategy and Process Innovativeness was investigated using Spearman's Rank Order Correlation Coefficient. The outcome showed that there was a significant relationship between the two variables, $r = .430$, $n = 70$, $p < 0.01$. Based on the result the null hypothesis was rejected, while the alternative hypothesis which states that, there is significant relationship between Customer-Centric Strategy and Process Innovativeness is accepted. Therefore, high level of Customer-Centric Strategy is associated with significantly high level of Process Innovativeness.

4.1. Summary of Results and Findings

Organizational Innovativeness is considered as a cardinal condition for success of business organizations. This can also be said of healthcare institutions such as hospitals. The above findings show that hospitals that wish to achieve sustained innovative capacity have to improve on their strategic learning capability. The analyses revealed that there exists a positive relationship between the dimensions (External Focus and Customer-Centric Strategy) of Strategic Learning Capability and the measures (Product Innovativeness and Process Innovativeness) of Innovativeness of private hospitals in Bayelsa State, Nigeria.

Based on the results, the following findings were made:

- Better application of External Focus Strategy Influences Product Innovativeness of private Hospitals.
- External Focus Strategy enhances Process Innovativeness of the hospital personnel.
- Customer-Centric Strategy drives Product Innovativeness of the hospitals which could lead to patient satisfaction.
- Customer-Centric Strategy is the key to the process innovativeness of the hospitals and could result in better positioning.

5. Discussion of Findings

This section extensively explained the research findings by discussing what other reputable scholars have said about the variables and their findings.

Innovativeness has received enormous attention in recent years. This is seen in the avalanche of literature on the subject matter. Hospitals performance is greatly enhanced by their ability to innovate (Arvanitis and Loukis, 2014). Hospitals' innovative ability is enhanced by the correct adoption of External focus and customer-centric strategy dimensions of strategic learning capability. This can be seen from the above findings in hypotheses one and two, where it was found that External Focus has a high and positive relationship with Product Innovativeness (80.1%) and Process Innovativeness (71.2%) of the selected hospitals. It can then be inferred that the proper application of External Focus by the hospitals will greatly spur their nurses and doctors to greater innovativeness in discharging their duties. These findings find common ground with the earlier submission of Alegre, et al (2011) who studied the impact of organizational learning capability and product innovation on export intensity firms and submitted that when organizations are able to acquire the proper learning capability, they are likely to develop new ways of doing things, in the process innovating and developing new knowledge, products, and attracting advanced technology. This will lead to better customer satisfaction by meeting changing customer needs, tastes and demands. Also, Dhanaraj and Beamish (2003) submitted that organizational learning capability is an entrepreneurial factor that enhances the adoption of modern technology by the organization, ultimately leading to a better product innovation performance. This work is also in tandem with the works of Omachonu and Einspruch (2010) and Johne (1999), who posited that product innovations is a prerequisite for the well being of any organization, as it provides better ways of positive outcomes.

In same line of thought Habidin, et al (2015) in their study on the impact of process innovation on performance of Malaysian healthcare industry, submitted that these days' customers attached high concerned on quality of services they get from health institutes, therefore healthcare institutes should be innovative in the implementation of processes by introducing better products and services.

The analysis of hypotheses two and three showed a medium positive relationship between Customer-Centric strategy dimension of strategic learning capability and the two measures of Innovativeness (i.e. product innovativeness and process innovativeness). The fact that customer-centric strategy has a medium correlation may be explained by the fact that clinicians seldom change their ways of administering treatment to clients based of patients' tastes or preferences. This is supported by Greco and Eisenberg (1993) who

submitted that clinicians hardly change their behavior. In the same line of argument Faulkner and Kent (2001) postulated that innovation in healthcare system is highly regulated, scrutinized thoroughly and restricted by laws, thereby hindering healthcare practitioners from innovating. Another point that may be hindering customer centered innovation, is the risk of endangering human lives, as a mistake could lead to death, permanent disability, embarrassment etc (Lansisalmi, et al 2006).

6. Recommendations

Based on these findings, the following recommendations are hereby suggested:

- i. Doctors, nurses and other healthcare professionals should not be engaged only for the clinical services they render to the patient, but consideration should be given to their ability to bring innovative ideas to the hospitals in order to render quality service to clients.
- ii. Healthcare workers should be encouraged and supported to be innovative at their jobs.
- iii. Hospitals should adopt flat organizational structures to reduce the impact of bureaucracies in decision taking.
- iv. Inventions should be rewarded by government and regulators to encourage more practitioners to be innovative.
- v. Private hospitals should be encouraging to invest in training of their staff to empower them perform their work better and take charge of situations they can influence.
- vi. Management of private hospitals should improve on their strategic learning capability so as to be able to develop new methods of carrying their functions.
- vii. Doctors should be encouraged and trained on the use of modern technologies available in the healthcare systems of developed countries.

7. Limitations and Further Research

This work was not without limitations; therefore, the findings should be viewed viz-a-viz its limitations. The study focused on the relationship between strategic learning capability and innovativeness of private hospitals in Bayelsa State alone, but did not cover other states or public hospitals. Also in this study, only two dimensions of strategic learning capability and two measures of innovativeness among others were adopted for this study. Another limitation to this study was the fact that conditions under which data were generated was not under the control of the researcher. As it is the case with social and management sciences, there is no guarantee that the results can be replicated. Another limitation to this study lies in the fact that this study relies on data generated from only one industry, so its findings cannot be generalized to other sectors of the economy.

Based on this, further research need to be carried out using other dimensions of strategic learning capability (e.g. strategic dialogue, strategic engagement, disciplined imagination, experiential learning and reflective responsiveness) and other measures of innovativeness (e.g. market innovativeness, behavioural innovativeness and strategic innovativeness). This study can as well be expanded to accommodate other sectors such as the manufacturing, tourism, sports etc.

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