

**IMPACT OF ENTREPRENEURSHIP ON HEALTHCARE SECTOR: A STUDY IN DELHI NCR**

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**Abstract**

*The purpose of this study is about How Entrepreneurship is impacting Healthcare in India, specific to Delhi NCR. The exploration of opportunity with hardly any resources is referred to as entrepreneurship. Entrepreneurs in the health and medical disciplines do the same manner, with the goal of generating value through innovation. Creating value in digital health products or services, care-delivery innovation, or new business processes, services, or platforms is what healthcare entrepreneurship is all about. This research was carried out using both primary and secondary data, i.e., literature review as secondary data and primary data out of quantitative and qualitative research. The primary objective was to research the impact on consumers: patients and physicians w.r.t various innovations done in achieving healthcare objectives for any entrepreneur along with respective hypotheses. The unit of analysis in this study was consumer level. So, two different questionnaire surveys were applied with different sets of target respondents residing in Delhi NCR. In Quantitative research method, SPSS tool was used to conduct hypothesis testing and statistical methods like ANOVA, T-Test were conducted to achieve results. Survey for patients covered questionnaire on demographics, better accessibility of healthcare resources, affordable healthcare, improved healthcare outcomes, health awareness and likewise of the respondents for generic questions about healthcare services and products offered by healthcare startups. While the other survey, which was for physicians, covered questions about better diagnostic and therapeutic tools, increased number of patients, better access to patients, brand building, education for young physicians and likewise.*

*Keywords: Entrepreneur, Entrepreneurship, Healthcare, Health Industry, Indian Healthcare, Innovation.*

## Introduction

Entrepreneurship is the process of creating something new with value by devoting the necessary time and effort, assuming the accompanying financial, psychic and social risks and receiving the resulting rewards of monetary and personal satisfaction and independence (Robert D. Hisrich and Michael P. Peters, 1998). Healthcare sector is the largest industry sector to be taken care of as it is directly related to public health. Here the growth is driven by demographics and patient care and various healthcare tools and services are distinguished by innovation. Today we have many startups on telemedicine, video consultation, wearable technologies, online payment mode, online pharma services, portable medical devices, insurance coverage, home fitness and nutrition. Many people are beginning to see the need of entrepreneurship in healthcare and are embracing their entrepreneurial education, habits, and knowledge in order to survive. However, the healthcare industry is primed for transformation and innovation; all that is required is for the potential to be identified. Many companies are moving into healthcare or healthcare-related sectors as technology improves and becomes more widely available, spurred by entrepreneurs who realize the value of this emerging industry. Startups and small-scale firms appear to be similar in that they are small in size, operate with limited funds, and provide a large number of job opportunities; however, startups differ in that they operate on a completely different business model that generates new customers, new demands, and is based on a repeatable and scalable idea.

## Literature Review

In terms of scholarly research and the number of creative businesses, entrepreneurship in the healthcare sector has gotten a lot of attention in the previous two decades. Several actors along the healthcare value chain, particularly non-traditional healthcare companies, have driven entrepreneurial activity and innovations, and will continue to do so (Ralf Wilden, Massimo Garbuio, Federica Angeli, Daniele Mascia, 2018). Healthcare Entrepreneurship will appeal to health-care experts and entrepreneurs alike, as well as managers of innovative health-care businesses and health-care policymakers. By altering lives, preventing disease, restoring individuals to full health, and making the health-care delivery system more efficient, innovation can tackle many of our most important health-care concerns. For three key reasons, the health of a country's people is important to that country's economic prosperity. To begin with, as a measure of economic growth, it demonstrates a country's ability to provide the most basic requirements of its citizens (food, clothing, shelter, and adequate sanitary conditions), as well as its success or failure in doing so. The relationship between basic metrics like child mortality. On

the one hand, the relationship between life expectancy and per capita income is very strong and well documented in economic literature. Any country's healthcare system is complex. It is based on a number of elements that influence health status, including the country's economic outlook, population lifestyle, literacy rate, healthcare insurance, medical facility availability, socioeconomic situation, health infrastructure availability, and per capita health spending (Park K, 1994). Healthcare has grown to become India's greatest growth-oriented sector, both in terms of employment and revenue. Medical devices, clinical services, critical care, telemedicine, diagnostics, medical research, health insurance, and medical instruments are all included in healthcare. This sector has had rapid expansion over the previous decade, thanks to its expanded coverage, technical advancements, and rising private and public expenditure. According to the literature study, there isn't much significant research being done on the Indian startup ecosystem. The available study was primarily based on a review of secondary data and with reference to the government's 'Startup India' action plan. Every year, the number of young Indians who become entrepreneurs or who thrive on an entrepreneurial dream grows tremendously. India has the world's third largest startup ecosystem according to NASSCOM, 2019. Innovation and entrepreneurship leadership should be effective in using resources within healthcare organizations and the creative ability of its personnel to deliver a long-term solution to important global issues such as the ageing population, rising expenses, and long waiting lists, as well as the challenges of staff recruitment and retention, in a novel way (Claudine Kearney, 2022).

### Objective

The primary objective was to research the impact on consumers: patients and physicians with respect to various innovations done in achieving healthcare objectives for any entrepreneur along with respective hypotheses. For patients, their take on better accessibility of healthcare resources, affordable healthcare, improved healthcare outcomes, health awareness and likewise based on their demographics was taken into consideration. And for physicians, better diagnostic and therapeutic tools, increased number of patients, better access to patients, brand building, education for young physicians and likewise was taken into consideration.

### **Hypotheses:**

H01: There is no significant difference between genders in relation to patient's satisfaction of using healthcare services offered by startups.

H02: There is no significant difference between patient's income in relation of using healthcare services offered by startups.

H03: There is no significant difference between physician's experience in relation of using healthcare services offered by startups.

H04: There is no significant difference between physician's practice location (rural vs urban) in relation of using healthcare services offered by startups.

### ***Research Methodology and Data Analysis***

The unit of analysis in this study is the consumer level. Questionnaire survey was applied in this study to collect information from the consumers (refer Annexure section 1.0 for survey questionnaires). Information collected through consumer survey is utilized for further analysis and verification of hypotheses. The consumers were asked to fill the questionnaire in Google Form. Around 84 responses from patients and 25 from physicians were received from respective surveys. SPSS tool was used to conduct the hypothesis testing. Data was normalized. Both ANOVA and T-test were conducted using 95% confidence interval. The Significance level or p-value was generated for each test. For  $p\text{-value} < 0.05$ , the null hypothesis was rejected. With  $p\text{-value} > 0.05$ , we failed to reject the null hypothesis. Following statistical test method was used to test all the hypotheses:

- T-test for hypotheses based on gender.
- ANOVA test for hypotheses based on consumer's income.
- ANOVA test for hypotheses based on physician's experience.
- T-test for hypotheses based on physician's practice location.

SPSS is short for Statistical Package for the Social Sciences, and it's used by various kinds of researchers for complex statistical data analysis. An ANOVA test is a way to find out if survey or experiment results are significant. In other words, they help figuring out if we need to reject the null hypothesis or accept the alternate hypothesis. Basically, we test the groups to see if there is a difference between them. A t-test is a statistical test that is used to compare the means of two groups. It is often used in hypothesis testing to determine whether a process or treatment influences the population of interest, or whether two groups are different from one another. Significance level is conditional upon the null hypothesis being true is unrelated to the truth or falsity of the research hypothesis. A p-value higher than 0.05 ( $> 0.05$ ) is not statistically significant and indicates strong evidence for the null hypothesis. After generating the data, the first step was to make the data suitable for final analysis. Data was coded by assigning symbols and characters to variables in the questionnaire. The codes have been presented in the table below:

S. No	Type of Data	Coding
1.	Items based on Likert scale	Strongly Disagree=1; Disagree=2; Undecided =3; Agree=4 and Strongly Agree=5
2.	Gender of the patient	Female=1, Male=2
3.	Physician's practice location	Rural =1, Urban=2
5.	Income of the patient	0-5 lacs = 1, 5-15 lacs =1,15-25 lacs=23,>25 lacs=3

### ***Survey Building and Data Collection***

Survey for patients covered questionnaire on demographics, better accessibility of healthcare resources, affordable healthcare, improved healthcare outcomes, health awareness and likewise of the respondents for generic questions about healthcare services and products offered by healthcare startups. While the other survey, which was for physicians, covered questions about better diagnostic and therapeutic tools, increased number of patients, better access to patients, brand building, education for young physicians and likewise. The survey was opened for one week's time and sent out to nearly 285 people of which 84 (patients) and 25 (physicians) responded to the survey.

### ***Results***

#### ***HYPOTHESIS Ho1***

***There is no significant difference between genders in relation***

***to patient's satisfaction of using healthcare services offered by startups.***

Result: No significant difference was found in the patient's satisfaction of using healthcare services offered by startup with significance level of 0.54, failing to reject the null hypothesis and stating that gender of consumers did not affect satisfaction of using healthcare services.

Cumulative data

t-test result Summary				
Dependent	Factor	Significance level	Hypothesis result	Summary
Perception	Male, Female	0.54	Fail to reject null hypothesis	There is no significant difference in the satisfaction of using healthcare services offered by startups in relation to consumer's gender.

### ***Descriptive Statistics***

Sample	N	Mean	StDev	SE Mean
Female	576	4.280	0.787	0.033
Male	768	4.305	0.680	0.025

The total is cumulative of 84 patients with 16 survey questions.

Individual rating of each service:

Services offered by startups	P Value	Mean		Result	Hypothesis	Inference
		Female	Male			
1. Startups offers services to find the physician with ease using online/offline channels	.001	4.8	4.5	Difference among the means are significant	Reject null hypothesis	Female able to find Physician with more ease than male using online/Offline channels
2. Startup offers services to book appointment with physician with ease	.001	4.8	4.1	Difference among the means is significant	Reject null hypothesis	Female able to book Physician with more ease than male using online/Offline channels
3. Able to order medicine using startups app/online portal	.009	4.1	4.6	Difference among the means is significant	Reject null hypothesis	Male able to order medicine with more ease than Female using online/Offline channels
4. Able to reach hospital on time using startups transportation services, navigation tools	0.697	3.6	3.7	Difference among the means is not significant	Fail to reject null hypothesis	Male and Female both able to reach hospital on time using startups services.
5. Startups offers on time arrival of ambulance	.084	3.66	4	Difference among the means is not significant	Fail to reject null hypothesis	Male and Female able to get ambulance on time offered by startups

6. Able to connect to hospital using startups services	0.399	4.5	4.3	Difference among the means is not significant	Fail to reject null hypothesis	Both male and female able to connect to hospital using startup services
7. Startups offers health checkups, easily accessible	1	4.5	4.5	Difference among the means is not significant	Fail to reject null hypothesis	Both Female and male able to book tests online using startups
8. Rates offered by startups for health checkups are reasonable	0.827	4.1	4.1	Difference among the means is not significant	Fail to reject null hypothesis	Both Female and Male finds health checkups rates as reasonable.
9. Diagnostic labs results operated by startups are reliable	0.127	4.6	4.5	Difference among the means is not significant	Fail to reject null hypothesis	Both female and male finds diagnostic labs results reliable
10 Startups offers Provision for blood bank	0.138	4.3	4.1	Difference among the means is not significant	Fail to reject null hypothesis	Both female and male finds blood bank provision with startups
11.Startups offers reliable health insurance	0.127	4.6	4.5	Difference among the means is not significant	Fail to reject null hypothesis	Both female and male finds startups health insurance as reliable.
12 Startup offers Health awareness	0.021	4.5	4.2	Difference among the means is significant	Reject null hypothesis	Female find startups to provide health awareness than male

13.Startup offers apps/website to book quick appointment	0.008	4.3	4.6	Difference among the means is significant	Reject null hypothesis	Male uses app/website more than female to book appointment and finds quicker
14.Startups offers delivery of healthcare products at home	.001	4	4.5	Difference among the means is significant	Reject null hypothesis	Male able to order medicine at home using startups
15 Startups offers low-cost Surgery	0.032	4	4.3	Difference among the means is significant	Reject null hypothesis	Male finds startups to provide low-cost surgery than female
16. The services offered by startups is affordable, reliable and transparent than convectional healthcare business	0.065	3.6	4	Difference among the means is not significant	Fail to reject null hypothesis	Male finds services offered by startup to more reliable than female

***HYPOTHESIS Ho2***

There is no significant difference between patient’s income in relation of using healthcare services offered by startups.

Result: Significant difference was found in the patients’ satisfaction towards using services offered by healthcare startups, with significance level of 0.006, rejecting the null hypothesis.

ANOVA test result Summary				
Dependent	Factor	Significance level	Hypothesis result	Summary
Patients’ satisfaction	Patients’ income	0.006	Reject null hypothesis	Differences among the means are significant.



Means

x	N	Mean	StDev	95% CI
>25 lacs	72	4.1389	0.7747	(3.9538, 4.3239)
0-5 lacs	216	3.9306	0.7715	(3.8237, 4.0374)
15-25 lacs	216	4.1759	0.8444	(4.0691, 4.2828)
5-15 lacs	504	4.0020	0.7964	(3.9320, 4.0719)

Pooled StDev = 0.800201

Analysis of Variance

Source	DF	Adj SS	Adj MS	F-Value	P-Value
x	3	7.971	2.6570	4.15	0.006
Error	1004	642.882	0.6403		
Total	1007	650.853			

Services offered by startups	P Value	Mean				Result	Hypothesis	Inference
		>25 lac	15-25 lac	5-15 lac	0-5 lac			
1. Startups offers services to find the physician with ease using online/offline channels	0.465	4.5	4	4.3	4.1	Difference among the means is not significant	Fail to reject null hypothesis	All income levels able to find physician with ease using startups services
2. Startup offers services to book appointment with physician with ease	.087	3.66	4.3	4.02	4.2	Difference among the means is not significant	Fail to reject null hypothesis	All income level able to book appointment with Physician
3. Able to order medicine using startups app/online portal	0.155	4.66	3.9	4.2	4.2	Difference among the means is not significant	Fail to reject null hypothesis	All income levels able to order medicines using

								app/online portal
4. Able to reach hospital on time using startups transportation services, navigation tools	0.056	3.3	4.1	3.5	3.5	Difference among the means is not significant	Fail to reject null hypothesis	All income levels able to reach hospital on time
5. Startups offers on time arrival of ambulance	.008	4.6	4.05	3.4	3.6	Difference among the means is significant	Reject null hypothesis	Income with >15 lacs find ambulance to reach on time
6. Able to connect to hospital during emergencies using startups services	0.118	3.8	3.5	3.8	3.4	Difference among the means is not significant	Fail to reject null hypothesis	All income level able to connect to hospital
7. Startups offers health checkups, easily accessible	0.526	4.66	4.33	4.5	4.33	Difference among the means is not significant	Fail to reject null hypothesis	All income level finds health checkups easily accessible
8. Rates offered by startups for health checkups are reasonable	0.196	4	4.3	3.9	3.7	Difference among the means is not significant	Fail to reject null hypothesis	All income levels finds health checkups rates to be reasonable
9. Diagnostic labs results operated by	0.863	4.3	3.9	4.07	4.05	Difference among the means	Fail to reject null hypothesis	All income levels find health results

startups are reliable						is not significant		to be reliable
10 Startups offers Provision for blood bank	0.442	4	4.3	4.11	3.9	Difference among the means is not significant	Fail to reject null hypothesis	All income levels find startups offer provision for blood bank
11.Startups offers reliable health insurance	0.857	4.1	4.33	4.2	4.1	Difference among the means is not significant	Fail to reject null hypothesis	All income levels find reliable insurance offered by startups
12 Startup offers Health awareness	0.045	3.8	4.5	3.9	4	Difference among the means is significant	Reject null hypothesis	Income greater than 25 lacs find lower health awareness by startups
13.Startup offers apps/website to book quick appointment	0.003	3.2	4.4	3.8	4.3	Difference among the means is significant	Reject null hypothesis	Income less than 15 lacs find startups offers quick appointment with physician
14.Startups offers delivery of healthcare products at home	.005	3.2	4.8	3.8	4.3	Difference among the means is significant	Reject null hypothesis	Income less than 15 lacs find startups offers healthcare products at home

15. Startups offers low-cost Surgery	.048	3.4	4.7	3.8	4.2	Difference among the means is significant	Reject null hypothesis	Income less than 15 lacs find startups offers low-cost salary
16. The services offered by startups is affordable, reliable and transparent than convectional healthcare business	0.078	3.5	4	3.9	4.5	Difference among the means is not significant	Fail to reject null hypothesis	Income less than 15 lacs find startups offers reliable, affordable services

### ***HYPOTHESIS Ho3***

There is no significant difference between physician’s experience in relation of using healthcare services offered by startups.

Result: Significant difference was found in the satisfaction towards Physician experience in relation of healthcare services offered by startups, with significance level of 0.044, rejecting the null hypothesis and stating that physician’ experience affected satisfaction level while using healthcare services offered by startups.

ANOVA test result Summary				
Dependent	Factor	Significance level	Hypothesis result	Summary
Satisfaction	Physician years of experience	.054	Fail to reject null hypothesis	Differences among the means are not significant.

Means

X1	N	Mean	StDev	95% CI
10-20 years	85	4.4462	0.6622	(4.2928, 4.5996)
Less than 10 years	175	4.2788	0.6303	(4.1576, 4.4001)
More than 20 years	65	4.5385	0.5547	(4.3404, 4.7365)

*Pooled StDev = 0.627295*

Analysis of Variance

Source	DF	Adj SS	Adj MS	F-Value	P-Value
X1	2	2.328	1.1639	2.96	0.054
Error	205	80.667	0.3935		
Total	207	82.995			

Services offered by startups	P Value	Mean			Result	Hypothesis	Inference
		<10 years	10-20 years	>20 years			
Patient is able to book an online appointment with the physician	0.905	4.5	4.6	4.6	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience find patients able to book online appointment using startups services
Patient can provide physician feedback through online app	0.88	4.5	4.4	4.6	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience find patients can provide feedback using startups apps

Patient is able to book ambulance using online services	0.937	4.2	4.4	4.33	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level find patients can book ambulances using startups apps
Patient is able to reach hospital using navigation/cab service	0.947	4	4.2	4	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level find patient able to reach hospital on time using startups services
Patient is able to order basic healthcare devices/Medicines at home	0.565	4.2	4.6	4.25	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level finds patient able to order medicine at home using startups apps/portals
Patient is able to connect to hospital/physician in emergency	0.642	4.25	4.6	4.33	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level find patient can connect to physician in emergency using startup services
Physician is able to build his brand using online platform	0.2	3.8	4.6	4.3	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience levels able to build brand using online platform offered by startup
Physician is able to provide health/disease awareness using	0.695	4.3	4.6	4.6	Difference among the means is not	Fail to reject null hypothesis	Physician at all experience level able to provide health/disease

online platforms/apps					significant		awareness using startups' s online platform apps/portal
Physician is able to generate enough patient workflow with availability over online platforms	0.88	4.5	4.4	4.6	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level able to get enough patients using startups online platforms
Ease of payment collection from patient using digital apps	0.905	4.5	4.6	4.6	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level find payment collection is easy using digital apps offered by startups
Physician is able to receive training at conferences, online training	0.225	3.8	4.2	4.6	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level able to receive online trainings
Physician is able to receive video recordings of training	0.604	4.25	4.2	4.66	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience levels able to receive video recordings of trainings
Physician is able to share the knowledge using online platform	0.836	4.5	4.4	4.66	Difference among the means is not significant	Fail to reject null hypothesis	Physician at all experience level can share the knowledge using online platforms

**HYPOTHESIS Ho4**

***There is no significant difference between physician’s practice location (rural vs urban) in relation of using healthcare services offered by startups.***

Result: Significant difference was found in the satisfaction of Physician using services offered by healthcare startups with respect to Physician location Rural or Urban, with significance level of 0.001, rejecting the null hypothesis.

t-test result Summary				
Dependent	Factor	Significance level	Hypothesis result	Summary
Satisfaction	Urban, Rural	0.001	Reject null hypothesis	There is significant difference in the satisfaction for Physician location in using healthcare services offered by startups.

**Descriptive Statistics**

Sample	N	Mean	StDev	SE Mean
Urban_1	250	4.654	0.524	0.046
Rural1	75	4.000	0.581	0.066

**Test**

Null hypothesis		$H_0 : \mu_1 - \mu_2 = 0$
Alternative hypothesis		$H_1 : \mu_1 - \mu_2 \neq 0$
T-Value	DF	P-Value
8.15	149	0.000

Services offered by startups	P Value	Mean		Result	Hypothesis	
		Urban	Rural			
Patient is able to book an online appointment with the physician	.014	4.8	4.16	Difference among the means is significant	Reject null hypothesis	Physician in Urbans finds patients able to book online



						appointment with ease than in rural
Patient can provide physician feedback through online app	.001	4.9	3.33	Difference among the means is significant	Reject null hypothesis	Physician in Urbans finds patients able to provide feedback online ease than in rural
Patient is able to book ambulance using online services	0.138	4.5	4	Difference among the means is not significant	Fail to reject null hypothesis	Physician in Urbans and rural finds patients able to book ambulance using online services
Patient is able to reach hospital using navigation/cab service	.017	4.5	3.3	Difference among the means is significant	Reject null hypothesis	Physician in Urbans finds patients able to reach hospital than in rural
Patient is able to order basic healthcare devices/Medicines at home	.001	4.8	3.8	Difference among the means is significant	Reject null hypothesis	Physician in Urbans finds patients able to order medicines at home using online portal than at rural
Patient is able to connect to hospital/physician in emergency	.016	4.6	3.8	Difference among the means is significant	Reject null hypothesis	Physician in Urbans finds patients able to provide connect to hospital/physician than in rural using startups services
Physician is able to build his brand using online platform	.061	4.4	3.8	Difference among the means is	Fail to reject null hypothesis	Physician in Urbans and rural able to build

				not significant		brand using startups services
Physician is able to provide health/disease awareness using online platforms/apps	.001	4.8	3.8	Difference among the means is significant	Reject null hypothesis	Physician in Urban able to provide health awareness using startup services than in rural
Physician is able to generate enough patient workflow with availability over online platforms	.001	4.9	3.8	Difference among the means is significant	Reject null hypothesis	Physician in Urban able to generate enough workflow using online platform than in rural
Ease of payment collection from patient using digital apps	.014	4.8	4.16	Difference among the means is significant	Reject null hypothesis	Physician in Urban able to collect payment using digital apps than in rural
Physician is able to receive training at conferences, online training	0.496	4.6	4.3	Difference among the means is not significant	Fail to reject null hypothesis	Physician in Urban and rural able to receive online training
Physician is able to receive video recordings of training	0.610	4.4	4.1	Difference among the means is not significant	Fail to reject null hypothesis	Physician in Urban and rural able to receive video recordings of trainings
Physician is able to share the knowledge using online platform	1.00	4.5	4.5	Difference among the means is not significant	Fail to reject null hypothesis	Physician in Urban and rural able to share knowledge using online platform

### **Conclusion**

Significant percentage of patients and Physicians use services offered by startups such as online appointment of Physician, availability of ambulance and physician in emergency, collect online payment using digital apps, use navigation or transportation services to reach hospital on time. No significant difference observed in relation to gender when patient uses services offered by startups, however some of the males find easy to book online appointment with physician, order medicine online. Male finds startups to be more reliable, affordable than female. Males use more apps/online portal to order medicine at home than female.

Overall Significant difference observed in relation to patient's income while using services offered by startups. Patients with income level less than 15 lacs are satisfied with online order of medicines, low-cost surgery and quick appointment with physician offered by startups.

Overall, no significant difference observed in relation to physician's experience level (less than 10 years, 10-20 years and greater than 20 years) of services offered by startups such as online appointment booking, connecting with physician in emergency, able to reach hospital on time, able to get ambulance on time at home. Physician at all experience levels strongly agree with startups providing brand building, online trainings and video recordings, sharing knowledge using online platforms.

Significant difference observed with physician's satisfaction of using startups services in relation to Physician location rural or urban. Physician practicing in Urban agree more than Physician in rural to startups services such as online appointment by patient, patient getting ambulance on time, patient can order medicine online, patient can provide feedback online. Physician in urban and rural both equally agree to startups services such as Physician brand building, online trainings and knowledge sharing.

### **Limitations**

Since the study is based on a small geographical area, it has limited generalizability but offers good insights about how Physician and Patients agree to use of services offered by startups. Future research may concentrate on psychographic segmentation of patients and physicians in terms of evaluating their usage of various startups services. To get more insights into patient behavior and to learn more about startup trends, the research can be done on a larger scale.

### References

Hisrich, R. D., Peters, M. P., Shepherd, D. A., & Shepherd, D. A. (2008). *Entrepreneurship*. New York: McGraw-Hill.

Schiavone, F., Rivieccio, G., Paolone, F. and Rocca, A. (2021), "The macro-level determinants of user entrepreneurship in healthcare: an explorative cross-country analysis", *Management Decision*, Vol. 59 No. 5, pp. 1158-1178. <https://doi.org/10.1108/MD-10-2019-1427>

Mr.E.Manikandan,&Dr.C. Sengottuvel. (2021). A Study of Social Entrepreneurship in India - Opportunities and Challenges. *Texas Journal of Engineering and Technology*, 1(1), 10–16.

Retrieved from <https://zienjournals.com/index.php/tjet/article/view/48>

Popkova, E.G. and Sergi, B.S. (2020), "Social entrepreneurship in Russia and Asia: further development trends and prospects", *On the Horizon*, Vol. 28 No. 1, pp. 9-21.

<https://doi.org/10.1108/OTH-09-2019-0065>

Sabrina Korreck, "The Indian Startup Ecosystem: Drivers, Challenges and Pillars of Support", ORF Occasional Paper No. 210, September 2019, Observer Research Foundation.

Satish Nambisan, Mike Wright, Maryann Feldman. The digital transformation of innovation and entrepreneurship: Progress, challenges and key themes, *Research Policy*,. Volume 48, Issue 8, 2019, 103773, ISSN 0048-7333, <https://doi.org/10.1016/j.respol.2019.03.018>

John, Sakhi (2018). Assessing and developing a health management information system for effective delivery an empirical study from Indian public healthcare system.

<http://hdl.handle.net/10603/218343>

Nishant (2020). Microentrepreneurship through microfinance A study of Haryana.

<http://hdl.handle.net/10603/341174>

Sharma, Sushil Kumar (2018). Patients perception towards selection and satisfaction regarding super speciality heart hospitals in India.

<https://www.elsevier.com/connect/healthcare-professionals/ensuring-a-post-covid-advanced-healthcare-system-in-india>

<https://crossbarriers.org/how-social-entrepreneurship-is-a-game-changer-in-indian-healthcare-sector/>

<https://www.ideasforindia.in/topics/macroeconomics/what-lies-ahead-the-role-of-entrepreneurship-in-indias-rising-public-health-sector.html>

<https://www.sciencedirect.com/science/article/abs/pii/S0277953608000622?via%3Dihub>

<https://healthcaremba.gwu.edu/blog/entrepreneurship-in-healthcare/>

<https://healthcaremba.gwu.edu/blog/healthcare-entrepreneurship-at-the-speed-of-light/>

<https://healthcaremba.gwu.edu/blog/entrepreneur-opportunities-in-healthcare/>

Ms. Komal Sharma and Dr. Tanushri Purohit (March 2023). IMPACT OF ENTREPRENEURSHIP ON HEALTHCARE SECTOR: A STUDY IN DELHI NCR

*International Journal of Economic Perspectives*,17(03) 99-119

Retrieved from <https://ijeponline.com/index.php/journal>

<https://www.sciencedirect.com/science/article/pii/S2211883721000034?via%3Dihub>

<https://nasscom.in/knowledge-center/publications/healthtech-india-are-we-there-yet>

<https://tealfeed.com/dynamics-healthcare-entrepreneurship-india-1e2f1>

[https://timesofindia.indiatimes.com/business/international-business/why-social-entrepreneurship-is-the-need-of-the-hour-during-covid-](https://timesofindia.indiatimes.com/business/international-business/why-social-entrepreneurship-is-the-need-of-the-hour-during-covid-19/articleshow/76296764.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

[19/articleshow/76296764.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://timesofindia.indiatimes.com/business/international-business/why-social-entrepreneurship-is-the-need-of-the-hour-during-covid-19/articleshow/76296764.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

[19/articleshow/76296764.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://timesofindia.indiatimes.com/business/international-business/why-social-entrepreneurship-is-the-need-of-the-hour-during-covid-19/articleshow/76296764.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

<https://www.startupindia.gov.in/>

[https://www.worldometers.info/world-population/india-](https://www.worldometers.info/world-population/india-population/#:~:text=The%20current%20population%20of%20India,the%20latest%20United%20Nations%20data.)

[population/#:~:text=The%20current%20population%20of%20India,the%20latest%20United%20Nations%20data.](https://www.worldometers.info/world-population/india-population/#:~:text=The%20current%20population%20of%20India,the%20latest%20United%20Nations%20data.)

[https://www.business-standard.com/article/current-affairs/india-to-have-1-billion-smartphone-users-by-2026-deloitte-report-122022200996\\_1.html](https://www.business-standard.com/article/current-affairs/india-to-have-1-billion-smartphone-users-by-2026-deloitte-report-122022200996_1.html)