

Scaling Healthcare Services through ICT Devices: A Study of Selected Ngos in Southwestern Nigeria

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Abstract

The study examined impact of ICT tools deployment on healthcare service delivery of selected NGOs in southwestern Nigeria. The paper specially focused on the socio innovations and spatial coverage resulting from the use of ICT technologies. Census-based survey of NGOs that provide healthcare services were made to sample a total of seven registered NGOs. A total number of 548 copies of questionnaire were administered on both the selected NGO officials and their beneficiaries. Data obtained were analysed using Chi-square Test of Independence, Cramer's phi coefficients, Contingency coefficients and Analysis of Variance (ANOVA). Findings revealed that ICT deployment enabled NGOs circumvent resource constraints, expand operational scope and improve value proposition of their innovations.

KEY WORDS: *Social entrepreneurship, social innovations, scaling, social ventures, non-governmental organization, information and communication technology*

Introduction

Interest in social entrepreneurship, that is, entrepreneurial activities that primarily serve social objectives have been on the increase in recent decades (Austin, et.al, 2006; Peredo and McLean, 2006). Social entrepreneurship as a concept is developed out of the realization that the challenges of finding effective and sustainable solutions to many social and environmental problems afflicting most societies today are many and substantial, and that the solutions may require many of the features associated with successful business as well as technological innovations (Alvord, et.al, 2004). This aptly explains the recent deplorable situation of healthcare service deliveries across context. In their postulations, Porter and Lee (2013), asserts that despite the hard work of well-intentioned, well-trained clinicians, healthcare service delivery around the world is struggling with rising costs, inadequate capacity, uneven quality, mounting errors, quality compromise and so forth.

The situation was further compounded (World Bank, 2007), with the general adoption of free market ideology by many nations - a more neoliberal approach by governments worldwide with emphasis on market forces as mechanism for the distribution and re-distribution of economic resources – resulting in a continuous reduction in their social welfare spending.

Consequent upon these is the deteriorating effects on healthcare service deliveries that are often regarded as government social contribution to humanity. Healthcare services, the most recognized and the most important component of human development index across contexts, suffers a great deal from the resulting reduction in social welfare spending of most nations. Thus the call for social entrepreneurship as an alternative approach to ameliorate the devastating effects on the sector becomes necessary. The primary objective of social entrepreneurship is value creation – maximizing social impact to create sustainable solutions to social and environmental problems -. Hence, the advent of social entrepreneurs in healthcare delivery system is a welcome development.

Studies in the area of value creation of social entrepreneurs has been of interests to researchers and management scientists alike (Alvarez and Barney, 2007; Austin, et.al. 2006; Certo and Miller, 2008; Peredo and Chrisman, 2006). And as posited by Alvarez and Barney (2007), the process of value creation has a major relevance in entrepreneurship. It becomes social when the benefits of such value accrue to all and sundry at affordable or at no cost at all. However, social value is created when and only when the innovative benefits of products and/or services produced are made available and affordable to all and sundry. Scaling up a social innovation offers the potential to greatly expand the social value of the innovation to a greater number of beneficiaries. Scaling, as defined by Dees (2001), is the process of increasing a social-purpose organization's product/service to better match the magnitude of the societal need/problem it seeks to address. It is a

process by which a program that has helped to proffer a solution to a social problem in a smaller scope is expanded to broaden its impact on society.

In the light of these, the field of environmental action and human development has suggested the introduction of ICT devices that allow users to find new ways of collaboration, new and sustainable business models that are more effective, more efficient and are cost-effective in scaling social impacts. ICT devices have been effective in the collection, processing and use of information. It is the foundation of most economies and a driving force of social changes in the 21st century (Gorana and Dario, 2011). Thus it can effectively compliment the capacity of social firms to greatly expand their scope, thereby assist them to reduce poverty index across the globe.

The main objective of this study is to examine effectiveness of deployment of ICT tools to scale-up social innovations (values) most especially in the healthcare sector. Specifically, the study examined effects of deployment of ICTs on the value proposition of social innovations. It also examined the effects of ICTs deployment on the spatial coverage of social innovations especially in the health sector. It attempts to systematize existing knowledge with appropriate technical factors that can help social organisations accomplish their objective of proffering sustainable solutions to socio-environmental problems afflicting most societies today in a magnitude that matches extent of needs.

Scaling social innovations has been an important issue in the field of social entrepreneurship. The challenge of how to effectively and efficiently expand social innovation benefits has become a key issue for both practitioners and scholars in social entrepreneurship (Dees, et.al. 2004; Bloom and Dees, 2008). Research works have focused relatively little theoretical and empirical attention on scaling social impact, save the recent SCALERS model by Bloom and Charterjj, (2009) which was expanded in scope by Bloom and Smith, (2010). This study is an attempt to systematize existing knowledge and add key technological factors that can assist social ventures, especially those in the health sector, to easily expand and improve in their healthcare service delivery.

Replicating Social Values

Social value as described by Mair and Marti (2006), is a novel solution to a social problem that is more effective, more efficient, more sustainable, and that is just more than existing solutions for which the

value created accrues primarily to society as a whole rather than private individuals. A similar view by Aureswald (2009), affirms social value as the creation of benefits or reduction of costs for the society through efforts to address societal needs and problems in ways that go beyond private gains and general benefits of market activity. Thus it is any combination of innovative strategies that are deployed to bring much better solutions to social and environmental problems afflicting a set of disadvantaged people to the extent of bringing long-sought relief at affordable/no cost to all and sundry. This is a bit different from wealth creation as economic value is subjugated for the social value. This agrees with Peredo and McLean, (2006); Certo and Miller's, (2008); Light, (2009) position that social value deals with the fulfillment of basic and long standing needs such as the provision of food, shelter, water, education, medical services to those in need (who might not be able to afford it ordinarily).

Social value is created when efforts are made to turn a situation of unsatisfactory (unjustified) equilibrium - that made majority of citizens to accept the inconvenience as something they must tolerate - into an opportunity to create new solutions whose benefits accrue to the larger society (Martins and Osberg, 2007). And to Peredo and McLean, 2006, seeking solutions to social problems and creation of social values are the main peculiarities of social entrepreneurs. It is usually the application of a set of initiatives that attempt to fundamentally change a situation of unsuitable or unjustifiable equilibrium that a large number of people (the underprivileged) have taken as dogma – to be tolerated and endure. This aptly described the scourge of cataract-induced blindness in India before 1976 that prompted Dr. Venkataswamy and his team to confront the menace headlong through deployment of appropriate combination of technological and innovative strategies. Dr. V founded the Aravind Eye Care Hospital in his resolve to make cataract surgery available and affordable. Average cost of cataract operation was \$1800 in the US as at 2006, however, from his 11- bed clinic in Mandurai, India, he built what today is the largest non-profit eye care hospital in the world, attracting about 32 million patients with over 4 million cataract-related surgical operations successfully performed in 36 years at no cost to the general poor citizens who could not otherwise afford it (Naidoo, 2012). Similarly, the innovative strategies that propelled Victoria Hale to defy economic logic - that production could only be affected with respect to available effective market - is another example of social value creation. She founded the Institute for One World Health in Sanfransisco in 2000 as the first

non-profit pharmaceutical company with a mission to discover, develop and deliver safe, effective and affordable medicines for disadvantaged people afflicted with neglected infectious diseases in the developing world. With sponsorship from the Skoll Foundation and the India government approval, its first drug, paromomycin – an oral formulation to treat intestinal protozoal infections – is providing a cost-effective cure for a disease that kills over 200,000 people per annum in India.

Arising from the above, social value is described as any innovation or a combination of innovative strategies deployed to identify human and environmental problems (such as cataract-induced blindness or scourge of infections popular with the less-privileged), and with locally available resources, plan, produce and equitably distribute among the citizens, irrespective of whether or not they can afford it, appropriate and effective solutions on a continuous basis.

It should however be noted that social value is created when and only when the innovative benefits of products and/or services produced are made available and affordable to all and sundry. Scaling up a social innovation offers the potential to greatly expand the social value of the innovation to a greater number of beneficiaries. Scaling, as defined by Dees (2001), is the process of increasing a social-purpose organization's product/service to better match the magnitude of the societal need/problem it seeks to address. It is a process by which a programme that has helped to proffer a solution to a social problem in a smaller scope is expanded to broaden its impact on society. Similar view by Bloom and Chatterji (2009), expresses scaling of social value as the ability of a social solution to be easily transferred. This is a reflection of the effectiveness with which an organization can reproduce the programmes and initiatives that it has originated. Such services, products and other efforts must easily be copied or extended without a decline in quality using training, franchising, contracting and other appropriate mechanisms to ensure quality control (Bloom and Chatterji, 2009).

Venture growth in entrepreneurship literature has always been attributed to resources available to a firm. And in line with early works from the field of strategic management, Wernerfelt (1984), in his Resource Based Theory of the firm, posits that organizational growth is a function of the resources available to a firm, and this relationship has since remained consistent even for new ventures. Similar view by Gilbert, et al (2006) affirms the growth in both commercial and social enterprises is predicated

on ability to harness resources, strategy and industry context, and that access to necessary financial, human and social resources are important for growth. However, Bloom and Smith (2010), in their bid to identify drivers of social entrepreneurial impacts, acknowledged that both social and commercial ventures face similar challenges for growth and must therefore strive to manage relationships with multiple stakeholders and find ways to mobilise resources and achieve sustainability. Scaling of social impact also has distinct challenges for social enterprises not necessarily faced by commercial ventures in their growth bid. And as observed by Mair and Marti (2006) a distinction between business and social entrepreneurship can be found in the definition of their target market. While economic value is created for the very market that can effectively afford it, social value places no such exclusion, it is usually made available and affordable to all and sundry. Thus there is lack of economic financial incentives to motivate desired action by funders, investors, employees, suppliers and other stakeholders to mobilise resources for a social venture (Mair and Marti, 2006).

Furthermore Bishop and Green (2008), assert that new investment philanthropy measures the maximum impact of donor's capital investment by the total volume of social value created. It is the proportion of the people that is benefiting from the breakthrough with respect to the total number of people in need. Similar view by Martin and Osberg (2007), consider innovation as social value, only when it succeeds in creating a new equilibrium that assures an equitable distribution of the benefits accruable from it. In the same vein, Porter and Lee (2013), while revealing strategy that fix health care in their celebrated "Big Idea" posit that if health care value is to be increased substantively on a large scale, providers need to serve far more patients and extend their reach through strategic expansion. In their opinion, outright purchase of full-service hospitals or practices in new geographical areas is rarely the answer, they rather volunteer, geographical expansion should focus on improving value and not just volume (Porter and Lee, 2013). Well-staffed satellite facilities could be established to deliver less complicated care while more complex cases are referred to the organization's hub. Also clinical affiliations could be established with community health providers or other local organizations, using their facilities. This could also be achieved by leasing outpatient facilities of community hospitals, making use of their operating rooms and other inpatient and ancillary services in order to enhance and expand service delivery.

This aptly described partnership between MD Anderson and Bannex Phoenix across 4 satellites in the greater Houston region in the USA, where management oversight and clinical care are being provided on chemotherapy, radiation therapy and low complex surgery, while complex cases are referred accordingly. In the same vein, all the 19 hospital affiliates of Cleveland Clinic (a Heart and Vascular Institute) across the Eastern Seaboard in the US are benefiting from the technical expertise, experience and reputation of their parent organization. While Cleveland, an NGO, is able to broaden its regional reach and brand, it also benefits from shared revenue, management fees and joint-venture incomes. Similarly also, beyond the sporadic growth of Aravind Eye Hospital from an 11-bed clinic in 1992 to over 3500 beds in five big hospitals across India, its services are being extended even beyond India through networking technologies and partnerships with several eye hospitals, while manufactured intraocular lenses were sold in more than 120 countries world over as at 2006.

Arising from the above, it is opined that the strategic innovation that would effectively create social value must not only inspire others to replicate it, but must also achieve a scale necessary to bring about permanent equilibrium shift in the larger society. The strategy must be able to motivate necessary stakeholders to mobilise important resources and thereby assure equitable distribution of its benefits to a greater proportion of the afflicted people.

Scaling Social Innovations through ICT

Improvement in computer hardware and software for gathering, analyzing, storing and sharing information have increased capabilities for conceiving new ideas, products and services. In spite of their intangibility, many knowledge-based services are heavily dependent on ICT for managing development and their delivery processes. As noted by Tidd and Bessant (2009), tools that were once hard to change and difficult to distribute are now soft, flexible, and easily shared through electronic networks. Put differently, the array of possibilities ICT offers is enormous. One of the key success factors in all human development actions is adaptation of products and services to the needs of people at the bottom of the pyramid. ICT can help turn physical features into digital ones, thus making them more easily available and affordable to all.

ICT is a generic word comprising all technical means used for handling information and facilitating communication. This includes

information technology, telephony, electronic media, and all types of control and managing functions based on network technologies (Gorana and Dario, 2011). ICT is capable of delivering benefits to business firms through increased access to markets; service line development; improved efficiency; improved external relationships as well as improved revenue generation. Social enterprises could derive additional benefits with respect to improved social impacts and realization of social outcomes through efficient feedback within their target community.

Innovation is not just about good ideas, it is a combination of good ideas, motivated staff and an instinctive understanding of customer wants by a business firm (Tidd and Bessant, 2009). This aptly describes Branson (1998) position that an innovative business is one which lives and breathes outside the box. Thus social enterprises would fulfill their onerous objective of delivering efficient and sustainable solutions to social and environmental problems at a magnitude that is capable of changing the unsuitable equilibrium through innovative combination of available resources. This in turn could be enhanced through the instrumentality of ICT devices that is capable of increasing the quality and quantity of benefits to all and sundry.

Methodology

A survey of 41 registered NGOs operating in southwestern Nigeria was made out of which purposive sampling technique was used to select seven (7) that render healthcare services for the study. NGO operatives were categorized into three with respect to their area of core competence; they are; Professionals (Doctors, Nurses and Pharmacists), Administrative staffs and the General staffs (Ad-hoc/volunteers). Simple random sampling method was used to select a total of 30 officials from each NGO (comprising paid employees and volunteers) so as to give equal representation to all segments of the operatives of each NGO.

Incidental sampling technique was adopted for the study. This was because the researcher could not determine the number of beneficiaries to meet on each visitation to the NGOs service outlets. However, a total number of 338 beneficiaries responded to the questionnaire from the seven outlets of the selected NGOs. A total of 548 questionnaires were administered across all the sampled NGOs (210 officials – paid and volunteers, as well as 338 beneficiaries). And of the 502 (91.6%) response, a total of 486; 203 NGO officials and 283 beneficiaries respectively (88.6%) cases were used for data analysis following screening and data evaluation.

Primary data used in this study was obtained through structured questionnaire. The questionnaire was randomly administered to elicit information on the two identified constructs for the studies from both the selected NGO officials and their beneficiaries. Statements relating to each constructs that were presented before each individual official of selected NGOs were equally reframed for individual NGO beneficiaries, to ascertain the veracity of NGO official's claims. This was done to ensure total quality of data gathered for the study (Eisenhardt and Schoonhoven, 2007). Data obtained were analysed with the aid of descriptive statistical tools to identify association between social entrepreneurship attributes and social values of sampled NGOs.

The study also employed Chi-Square Test of Independence to examine the social entrepreneurial attributes of NGOs and their social value. This test was conducted on independent samples (NGO officials and their beneficiaries). Contingency Co-efficients, and Cramer's phi co-efficient were used to measure the association between ICTs deployment and extent of NGO's social values. These become appropriate since nominal variables constituted the measures for the study. Analysis of Variance (ANOVA) was also employed to justify comparative analysis of these variables between the two independent samples.

Results and Discussion

The purpose of this study was twofold. First, it examined the effect of deployment of ICT devices on the number of beneficiaries of social services. An innovation can only be social to the extent it is made generally available and affordable to all and sundry. In this respect ICT offers social ventures economic opportunities via access to critical information, knowledge and education, through which they create new or adapt existing products and services to the needs of all and sundry. It also facilitates changes in the flow of market information through mobile technologies that enhances access to goods and services thereby improving the value chains.

Second, the study also examined the effects of ICT tools on the potentials of existing innovations value propositions. With its capacity to inculcate new features and benefits on existing product/service, ICT can improve the effectiveness and efficiency of existing innovation, thereby expanding the effect of social service ventures to accomplish their objectives. This is done through generating access to new resources via networking and crowdsourcing of funds; improved internal organization performance by deploying suitable ICT tools; and access to

markets for, hitherto disadvantaged people and those living in isolated communities.

Results obtained indicated positive relationship between the potential of an NGO to greatly replicate its social innovation through deployment of ICT tools. Table 1 (Appendix 1) revealed a contingency measure of association between ICT deployment and the extent of spatial coverage of an NGO. With a Chi-square value of 589.934 at a 0.05 level of significance, the result confirms the existence of a strong relationship that was availed an NGO through the instrumentality of ICT. The relationship was further affirmed to be significant by a Cramer's V value of 0.852 and a Contingency Coefficient of 0.863 respectively. Both values were observed to be higher than 0.5 and tending towards 1, suggesting a strong relationship. The existence of this strong relationship was further confirmed through an ANOVA F-value of 585.531 which was also significant at 0.05 level. Thus the incorporation of suitable ICT platforms enable NGOs expand their scope, improve their reach, spread risks to enable them accomplish their objectives.

Table 2 (Appendix 1) also indicated a contingency measure of association between deployment of ICT devices and the potentials of a social innovation to improve its value propositions. With a Chi-square value of 261 which was significant at 0.05 level, that confirms the existence of a strong relationship between the deployment of ICT and NGOs capacity to improve its innovation's quality and potentials to proffer much better solutions to social problems. This outcome suggests that NGOs have developed suitable ICT platforms that are capable of inculcating new features and benefits on existing product/service help them improve the effectiveness and efficiency of existing innovations, thereby afford them opportunity to accomplish their objectives.

The relationship was further affirmed significance through a Cramer's V value of 0.567 and a Contingency coefficient of 0.750 respectively. Both were observed to be above 0.5 and tending towards 1, signifying a strong relationship. The ANOVA F-value of 451.321 which was also significant at 0.05 level further affirmed the effects of suitable ICT platforms deployment on improved social values of selected NGOs.

Conclusion

The globally escalating human and environmental challenges (especially in the health sector) that have defied almost all antidotes from the public and philanthropic institutions have necessitated the advent of NGOs as an alternative

approach to solving these problems. The NGOs have been deploying social entrepreneurial innovations that have been adjudged successful in most parts of the world. The realization that effective and efficient scaling of social innovations holds much promise for addressing these seemingly intractable social problems has necessitated the deployment of suitable ICT platforms through which value proposition of social innovations are improved upon and the extent of spatial coverage per NGO is greatly expanded.

The study revealed that deployment of ICT tools have greatly assisted NGOs in efficient gathering, processing and utilization of critical information to create and harness opportunities, identify societal needs and to adapt products and services with a view to proffering solutions to environmental problems.

Most NGOs have also demonstrated improved the capacity to access new resources through efficient utilization of organization efficiency, networking with both private and public institutions (local as well as international) with whom they share mutually exclusive objectives. These enable them promote their innovations to the benefit of a large number of people.

While ICT provide huge opportunities to NGOs for improving social values as providers integrate into systems that eliminates fragmentations, duplications and inefficiencies. It is doubtful if the same ICT platform could avail all social ventures equal opportunities to promote their different initiatives. The study was restricted to NGOs operating in the health sector of Nigerian economy thereby limiting its scope. It is believed, if carried out in more sectors of an economy would generate more robust results for generalization. Future scholarly efforts are needed to take cognizance of organization peculiarities, differing environmental contexts, as well as the vast pace of technological advancement.

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Appendix 1

Table 1 Social innovation * spatial coverage Cross tabulation Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Degree of Significance
Pearson Chi-Square	589.934 ^a	16	.000	Significant
Likelihood Ratio	497.423	16	.000	
Linear-by-Linear Association	151.026	1	.000	
Cramer's V	0.852			
Contingency Coefficient	0.863			
N of Valid Cases	203			

Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.865 _a	.748	.746	.65266	.748	595.531	1	201	.000	.177

a. Predictors: (Constant), spatial coverage

b. Dependent Variable: social innovation

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	253.673	1	253.673	595.531	.000 ^b
	Residual	85.618	201	.426		
	Total	339.291	202			

a. Dependent Variable: social innovation

b. Predictors: (Constant), spatial coverage

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	.251	.098		2.562	.011	.058	.445
	Length of experience	.830	.034	.865	24.404	.000	.763	.897

a. Dependent Variable: social innovation

ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	234.690	1	234.690	451.326	.000 ^b
Residual	104.601	201	0.520		
Total	339.291	202			

a. Dependent Variable: social innovation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.925	.194		4.778	.000
	Networking	.619	.076	.500	8.177	.000

a. Dependent Variable: social innovation

b. Predictors: (Constant), value proposition

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.500 ^a	.250	.246	1.12546

a. Predictors: (Constant), value proposition