

Innovation Enhancement through Design Thinking Experiments: Implementing International Collaboration for Digital Health Entrepreneurs

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ABSTRACT

The healthcare sector has adapted to certain aspects of digitalisation; however, most digital health research focuses on health informatics, with limited emphasis on cross-sector and cross-country entrepreneurial collaboration for innovation. This paper explores the potential to enhance innovation in healthcare by examining collaboration between entrepreneurs from the healthcare and technology sectors. The study proposes a consortium model as a pathway to address persistent challenges such as resource inefficiencies, access disparities, and health workforce shortages, while also connecting entrepreneurs from three distinct geographical contexts. Participatory action research has been employed in conjunction with a qualitative design thinking approach to co-design and implement a pilot intervention involving technology and health entrepreneurs from Ireland, the United States of America, and Pakistan. The paper contributes to health entrepreneurship innovation in two ways: first, by introducing a novel method of utilising unique design thinking experiments to enhance innovation, and second, by proposing a multi-layered international healthcare consortium model for entrepreneurs.

Keywords: Digital Health Entrepreneurship; Qualitative Design Thinking; Participatory Action Research; Innovation Enhancement; International Collaboration.

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INTRODUCTION

This research paper examines the necessity for human-centred, experimental design thinking approaches to promote international partnerships and address global healthcare challenges. This study aims to advance experiential innovation by employing a design thinking approach to develop and implement accessible, innovation-driven collaboration models for digital health entrepreneurs across various sectors and countries.

The World Health Organisation (WHO) states that 4.5 billion people, more than half of the global population, lack access to basic healthcare (Harris, 2023). The digital initiative in healthcare requires increased access and adoption, which can be explored through international collaborations among entrepreneurs (Anwar et al., 2024). Against this background, this research examines the feasibility of designing and implementing a pilot innovation to facilitate collaboration among entrepreneurs across sectors and countries. The main research question seeks to answer how enhancing innovation impacts international collaboration in the field of digital health entrepreneurship. The objective of this research is first to identify entrepreneurial expectations from an international digital healthcare system and to explore the gaps in existing models. This study co-designed a pilot

intervention to enhance innovation and implement it among research participants (entrepreneurs), who tested the intervention and closed the feedback loop of participatory action research through completion of a feedback survey.

This research makes significant contributions to academic literature, professional practice, and health policy by advancing understanding of access to health innovations and promoting international collaboration to implement an international consortium model in the digital health field. This research firstly designs and introduces a pilot intervention – a consortium model, through conducting design thinking experiments among entrepreneurs. This study contributes to existing research by proposing a multi-layered framework that reveals new elements within the international digital health ecosystem. In this paper, we firstly present the theoretical background against which the study is set, we then outline the methods and data collection phases of the PAR process, followed by a presentation of the findings. The final section synthesises the research discussion and presents the conclusions.

THEORETICAL BACKGROUND

Gradually, digital innovations are moving across jurisdictions and connecting entrepreneurs from diverse



backgrounds. Prior literature attests to the growing need for the convergence of innovation across America, Europe, and Asia in healthcare (Bhatti *et al.*, 2025). Unruh *et al.* (2022) suggest that healthcare systems face similar challenges in Ireland and the USA, highlighting the need to analyse diverse healthcare systems in research. In contrast, low- and middle-income countries (LMICs) such as Pakistan face systemic hurdles including inadequate infrastructure, limited access to skilled professionals, and resource constraints which impede adequate healthcare provision (Al-Worafi, 2023).

The leading actor involved in the process of innovation enhancement is an entrepreneur (Hajli *et al.*, 2025). However, most of the research in digital healthcare is skewed towards infrastructure projects (Roy *et al.*, 2025) or governmental plans (Lewerenz *et al.*, 2025). It is imperative to discuss the significance of digital entrepreneurs and how they impact healthcare innovation (Bärnreuther, 2023). Moreover, the existing body of literature does not explain the phenomenon of entrepreneurial collaboration, particularly in the context of digital healthcare (Cornejo Müller *et al.*, 2020). The existing silo projects do not share information and resources across different areas of the health sector and hinder the designing and implementation of integrated systems, which are needed in the digital healthcare field (Garg, 2023).

This study explores the opportunity to create and implement a pilot innovation for international health entrepreneurial collaboration. Entrepreneurs are driven by collaboration and activity-based learning, which creates both social and economic value for them and expands entrepreneurship learning (Mukesh *et al.*, 2024). Therefore, building collaboration within the digital health innovation and entrepreneurship industry requires creative learning methods to drive greater innovation and the creation of new value networks (Yu *et al.*, 2025).

METHOD AND DATA

To analyse the entrepreneurial expectations from an international health innovation consortium and to facilitate the co-designing of a pilot intervention, this research employed a cross-sectional participatory action research (PAR) approach and conducted two workshops based on qualitative design thinking experiments. Employing the cross-sectional method helped in taking initial insights on a newly developed pilot model, built associations among diverse factors identified in this study and presented valuable insights on data from three different experiments (Maier *et al.*, 2023). The participatory action research (PAR) process supports collaborative initiatives and provides resources for capacity building of participants (Shin *et al.*, 2026). Similarly, the qualitative design thinking process is like PAR, as it involves research participants in activities that

leads to meaningful outcomes for creating health innovations (Fleury *et al.*, 2025). Participants invited in this study were health, entrepreneurship and innovation experts representing the selected sectors and countries while following the qualitative study approach that the sample holds information relevant to this research (Malterud *et al.*, 2016). Participants in experiments represented diverse backgrounds including medical professionals, health entrepreneurs, innovators, researchers and industry professionals from software and telecommunication fields. In this research, three phases of PAR – planning, action and evaluation are adopted. The planning phase involved understanding the expectations of entrepreneurs (research participants) from a pilot intervention. The action phase involved enhancing innovation by designing and implementing a new intervention, and finally the evaluation phase involved closing the feedback loop by conducting a survey among research participants. The qualitative design thinking process was based on the five-stages of empathise, define, ideate, prototype, and test. Three design thinking experiments were used, including design thinking experiment 1 – answering written prompts, design thinking experiment 2 – drawing illustrations of a pilot intervention prototype, and finally design thinking experiment 3 – filling questionnaires for feedback on current innovations used by entrepreneurs (Data collection tools can be provided upon request).

The design thinking process began by empathising with the people involved and led the way to plan the agenda. The next stage of design thinking is to take preliminary action according to participants' ideas to co-design a pilot intervention prototype (Hahn-Goldberg *et al.*, 2021). The pilot intervention was implemented and tested by entrepreneurs participating in this qualitative research to build a consortium of entrepreneurs from Ireland, the United States of America (USA), and Pakistan. To finally close the feedback loop of participatory action research, feedback was taken in the form of a survey from research participants, and to test the internal validity of the results, Cronbach's Alpha was calculated. This methodology contributed to three areas, as explained in the figure below.

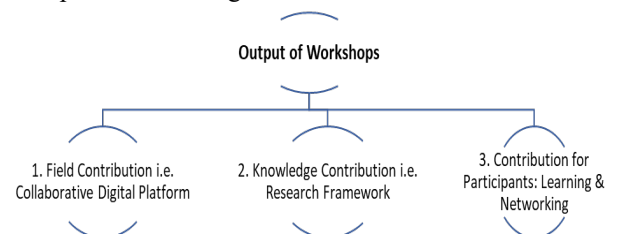


Fig. 1. Three Contributing Elements of Design Thinking Workshops (Source: Author's Own Design).

Figure 1 first explains the output of workshops that gathered participants' opinions on a collaborative digital platform, second presents the research framework –

multi layered model evolved from this feedback, and finally outlines learning on networking for participants. 30 research participants, participated in the design thinking experiments, and each participant joined all three experiments. In the next phase, 50 respondents gave feedback in a survey method.

RESULTS

The findings are presented in three sections. The first section presents the planning phase of PAR, and explains the main themes evolved from the design thinking experiments 1, 2 and 3, and highlights the expectations of entrepreneurs from an international pilot consortium for health innovation. The second section is based on the action phase of PAR, co-designing a pilot intervention which highlights the main features to enhance innovation and collaboration across the selected three countries. Finally, the third section from evaluation phase presents the results of the feedback survey on the new pilot intervention.

Planning Phase: Expectations of Entrepreneurs

The findings from the first design thinking experiment yields written answers evolved around three main themes surrounding access of data and information, collaboration across sectors and countries, and designing new innovations for global health systems.

Theme one, *Access*, is highlighted by a significant proportion of participants who emphasised the importance of collaboration for accessing data that would otherwise be unavailable for innovation and research. One-third viewed collaboration to share knowledge, skills, and cutting-edge research, while others cited profit generation and resource expansion as motivating factors. Notably, half of the participants highlighted the value of learning new perspectives, achieving shared goals, and bringing together diverse expertise. Key drivers for innovation that emerged included skills development, translating theory into practical solutions, value creation, market expansion, and solving real-world problems through shared expertise.

Theme two, *Collaboration*, focuses on the tools enabling international cooperation among health entrepreneurs. These tools are categorized under three headings: social platforms, productivity tools and emerging digital platforms. Social platforms like LinkedIn, email, Twitter, and Meta-owned applications (Facebook, WhatsApp, Instagram) were among the most frequently used platforms, alongside productivity tools such as Gmail, Google Docs, and Zoom. Emerging digital platforms also play a vital role, with participants citing collaborative and specialist tools such as Overleaf, GitHub, Indeed, TrinetX, and Slack. These platforms support real-time interaction, research collaboration, job connectivity, and internal communication. However,

these platforms are unable to fully support entrepreneurs to collaborate and innovate across diverse health systems.

Theme three, *Innovation*, highlighted forward-thinking health tech solutions. Ideas included geographical mapping of health data, using medical Internet of Things (mIoT) devices for women’s health, applying AI to analyse health data from social media, and creating open-source, anonymous data-sharing forums. Participants proposed building digital hubs to connect policymakers with innovators, enabling joint coding projects, and offering open access to academic research. They also envisioned autonomous tools for healthcare communities, free telehealth platforms, digital spaces exclusive to healthcare professionals, and even speculative technologies such as teleportation and virtual reality in the healthcare field—demonstrating an ambitious and imaginative approach to addressing healthcare challenges through digital innovation.

Theme four, *Exploitation*, evolved from the second design thinking experiment. Entrepreneurs from various countries illustrated their vision for a pilot intervention, resulting in the design of the pilot intervention named the International Healthcare Consortium (IHC). Key features included a user-friendly interface with global feeds, demographic data, location tracking, regulatory compliance, tools for data anonymisation, real-time information sharing, and a centralised knowledge bank.

Participants proposed healthcare-specific functions such as personalised health profiles, chronic disease monitoring, and infant-mother health tracking, while also highlighting the importance of building international communities and linking with platforms like WhatsApp, GitHub, and X. They envisioned a multi-layered user model, strong privacy measures, and integration of diverse health data sources. Collectively, their input provided the building blocks to develop a collaborative digital platform to support innovation in global healthcare.

Theme five: *Gaps* in existing systems were identified by the research participants through questionnaire feedback (from third design thinking experiment). Figure 2 depicts the different elements proposed by respondents.

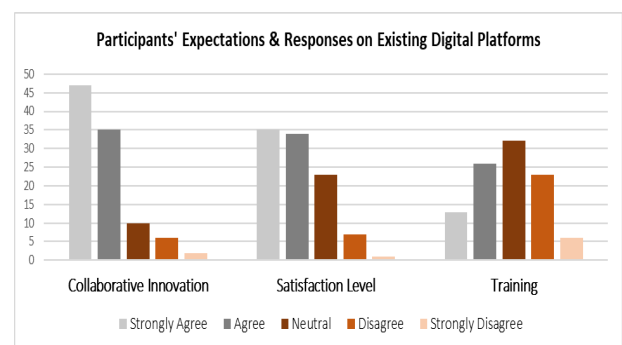


Fig. 2. Participants' Expectations & Responses from Questionnaires.

Figure 2 first highlighted the strong support for collaborative innovation in the digital health ecosystem by 50 research participants. Four out of five participants recognised the need for international collaboration to enhance innovation and agreed that collaborative interfaces can improve daily tasks, with only one fifth remaining neutral or disagreeing. Almost all participants agreed that innovation strengthens collaboration in digital healthcare, underlining the need for more inclusive and interactive digital platforms.

The findings from the questionnaire revealed mixed satisfaction levels on the existing digital platforms. While half agreed that current web portals meet their daily needs, 23% were neutral and others disagreed, indicating uncertainty and dissatisfaction among entrepreneurs using existing digital platforms. Overall, participants expressed a clear demand for more effective, intuitive, and supportive collaboration tools.

In Figure 2 above, almost two-thirds of the research participants are dissatisfied or sceptical about the lack of training to understand the current digital portals, and only one third find receiving training is not needed to use digital health platforms. This shows the importance of training while implementing new digital platforms. Research participants are generally not happy with existing training and communication facilities and require more opportunities in this area. These themes became the basis on which a new pilot intervention for enhancing innovation and collaboration among health entrepreneurs of Ireland, the USA and Pakistan were designed. The intervention was designed to first foster collaboration among health entrepreneurs from Ireland, the USA, and Pakistan; second, to accelerate the development and adoption of digital health innovations; third, to create value for digital health entrepreneurs through increased data collaboration; and finally, to propose an international model for advancing health equity.

The following section presents the action phase of participatory action research – designing and implementing a pilot consortium intervention. This method has been employed in previous research studies to test pilot interventions (Hedrich *et al.*, 2023; Jonker *et al.*, 2022; Smith *et al.*, 2021). The pilot intervention is named as the International Healthcare Consortium (IHC) and is illustrated in the figure below.

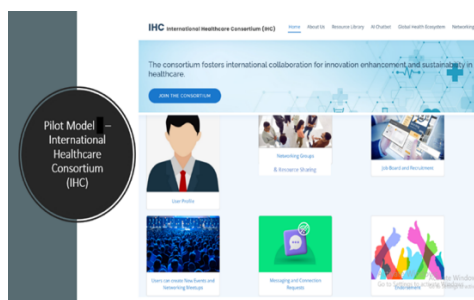


Fig. 3. Pilot Intervention Design – International Healthcare Consortium (Source: Author's Own Design).

Action Phase: Implementing Pilot Intervention – International Healthcare Consortium (IHC)

The main features of this pilot intervention include collaboration across sectors and countries, networking opportunities, user-centred design, innovation-driven models, new and easy-to-navigate designs, knowledge and resource sharing, and innovation for value co-creation. This represents the entrepreneurial expectations shared by participants in the previous phase. This action phase proves that developing new innovations enhances collaboration among digital health entrepreneurs.

In contrast to existing digital platforms and informal networks, this pilot model enables participants to collaborate formally by integrating features from all three types of tools identified by research participants. Firstly, in IHC, some aspects of social platforms are added by providing a collaborative space to network, communicate, instant message and share feeds in real-time. It further integrates elements of productivity tools of document creation, co-editing and video conferencing among members. Lastly, the features of emerging digital platforms are added including job search, recruitment, large scale secure data sharing and analytics, managing workflows, and AI chatbot while also following regulatory compliance of all three countries for signing up to create a seamless one stop solution for all entrepreneurs using this platform. These features are designed to support healthcare innovations across countries.

To assess the pilot intervention, IHC participants' feedback was collected through an online survey. This closed the feedback loop of the PAR method, and the model provides a basis to be further expanded by researchers in future.

Evaluation Phase: Feedback on Pilot Intervention

Based on the survey feedback presented in Figure 4, three key findings emerged from the evaluation of the IHC pilot intervention by 50 entrepreneurs (participants) during the third phase of the Participatory Action Research (PAR) process.

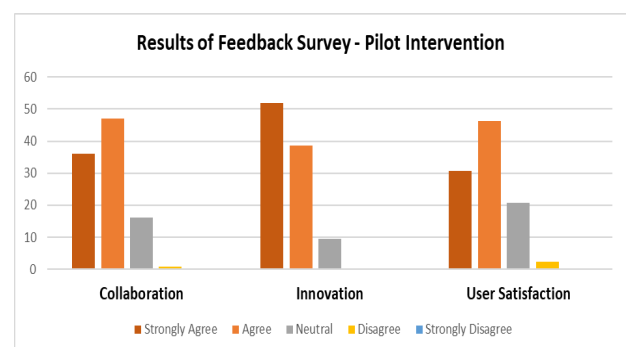


Fig. 4. Pilot Intervention Supports Collaboration, Innovation and User Satisfaction (Exploitation).

Firstly, as shown in Figure 4 above, 83% of entrepreneurs – research participants, either strongly agreed or agreed that the pilot intervention supports collaboration, whereas 16% remain neutral and only 1% disagreed. Therefore, it can be inferred that the designed pilot intervention consortium highly supported participants to foster collaboration linking health and technology sectors while strengthening entrepreneurial networks and promoting interdisciplinary partnerships.

Secondly, Figure 4 also shows that, after testing the pilot intervention, 91% of entrepreneurs found that its innovative features drive innovation enhancement in digital healthcare internationally. The participants believed that the model effectively connected diverse fields, reinforcing the platform’s potential to foster collaborative innovation. However, around 10% remained unsure about resource-sharing capabilities with external networks, suggesting that further integration in healthcare systems is needed across organisations.

Lastly, 77% of entrepreneurs were found highly satisfied with the pilot intervention and believed that this model would help them exploit innovation and collaboration across sectors and countries. However, one-fifth of entrepreneurs who participated in this research remained sceptical about the performance of the model, which suggested that although the IHC intervention was well-received, long-term adoption might depend on continued user support and the development of new features. This portrayed high e-satisfaction levels of participants using the pilot intervention. Research participants were mostly satisfied with the interface, including aspects of a user's perceived experience with an innovation, usability, perception, and overall performance.

To validate the findings of this survey result, Cronbach’s Alpha is an effective way to test the reliability of a survey conducted to take multi stakeholders’ feedback on implemented interventions (Kwok et al., 2024). Therefore, in this research, Cronbach’s Alpha was used to calculate the feedback among research participants from varied sectors and countries.

Cronbach’s Alpha calculation for survey results reliability examines themes or categories separately; the minimum adequate value should be 0.7 and above (Hinton et al., 2024). Following are the details of Cronbach’s Alpha calculations, with a strong overall value of 0.90, for the combined three main themes of Collaboration, Innovation Enhancement, and User Satisfaction.

Table 1. Internal Validity of Survey Results – Cronbach’s Alpha Values.

Details	Overall Survey	Collaboration	Innovation Enhancement	User Satisfaction
<i>Number of Items (Questions)</i>	20	7	5	8
<i>Sum of Item's Variances</i>	9.889	3.232	2.131	3.993
<i>Variance of Total Scores</i>	67.986	10.208	5.516	12.484
<i>Cronbach's Alpha Formula</i>	0.900	0.797	0.767	0.777

Table 1 depicts that research participants collectively believe in the collaborative opportunities (with 0.797 value) of the implemented pilot digital consortium International Health Consortium (IHC). Cronbach’s Alpha of the Innovation Enhancement theme (with a 0.767 value) illustrates that participants are satisfied with the innovation features of the pilot consortium. Finally, the 0.777 value indicates acceptable internal consistency of the data gathered on user satisfaction levels from implementing the pilot consortium intervention. These values prove the reliability and validity of the themes presented in this study.

DISCUSSION AND CONCLUSIONS

The findings evolved a new multi-layer model for creating an international digital health entrepreneurship system. This model is based on findings from design thinking experiments and presents four layers, including access, collaboration, innovation, and exploitation. The first outermost layer of the international digital healthcare ecosystem focuses on accessing health services, advancing health equity, addressing challenges in digital health, harmonising international standards and policies, and creating one-stop solutions. The second layer addresses issues of redefining and bridging the digital health divide, developing solutions in crisis situations, and building cross-sector alliances, all through fostering collaboration within the digital healthcare ecosystem. The third layer – innovation, involves training of entrepreneurs for innovation adoption as well as sharing resources for the enhancement of innovation. After implementing collaboration and innovation in the digital healthcare ecosystem, the final layer involves the exploitation of collaboration through creating data collaboratives, and the exploitation of innovation through creating value from it. The model is shown in Figure 5.

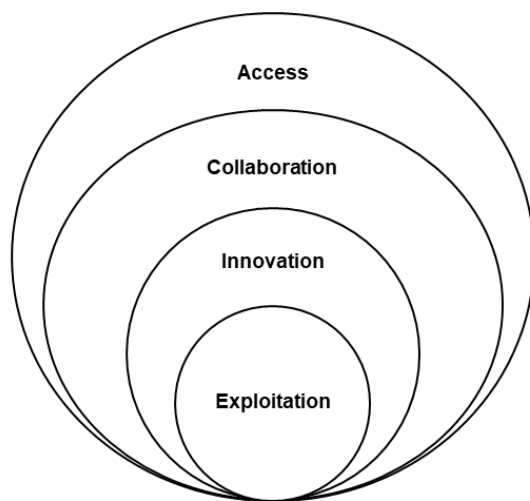


Fig. 5. New Multi-Layer International Digital Health Entrepreneurship Model (Author's Own Design).

This paper contributes to digital healthcare entrepreneurship research in two ways. First, by collecting extensive data and validating findings from all phases, this research ensures that evolved themes are relevant and rightly contribute to the models presented. Secondly, this research adds to research practice by proposing a pilot intervention based on participants' expectations. The feedback on the pilot intervention shows that fostering collaboration across sectors and countries, enhances innovation and increases user satisfaction among participants. Implementing the pilot intervention among research participants (entrepreneurs) helped foster cross-sector and cross-country collaboration.

Existing healthcare systems worldwide place little emphasis on leveraging digital tools to form international healthcare consortia. Moreover, the available digital platforms do not focus on creating health equity across countries. The model presented above will help researchers and entrepreneurs in the health innovation field to explore ways to achieve global health equity and drive innovation in digital health entrepreneurship. Although, this paper contributes to the field of collaborative innovation by piloting a new model for networking across sectors and countries, caution is needed in terms of the generalisability of findings across the three geographic contexts due to relatively small sample sizes and purposive sampling to recruit participants.

However, the evidence from the pilot model provides a basis for further research to create scalable, longitudinal, and interoperable solutions that bridge existing gaps in digital health across developed and developing nations. It also adds to the existing research of health entrepreneurship by proposing a multi-layer model explaining contributing factors for collaboration among participants (entrepreneurs) of Ireland, the USA and Pakistan.

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CONFLICTS OF INTEREST

None to declare.

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