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Disruptive Innovation as a Catalyst for Corporate Entrepreneurship in Federal Medical Centers in Southeast Nigeria

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ABSTRACT

This paper has explored disruptive innovation as a driving force in corporate entrepreneurship in Federal Medical Centres in southeast Nigeria. In particular, it examined how the digital health innovation, use of telemedicine, process innovation, and service delivery innovation affect innovativeness, proactiveness, risk-taking behaviour, and strategic renewal, respectively. A cross-sectional survey was performed, and the data of 300 healthcare workers of three Federal Medical Centres using a structured questionnaire was collected. The analysis of data was done by descriptive statistics and Pearson Product-Moment Correlation at the level of significance of 0.05 in SPSS. The analysis showed the strong and statistically significant positive correlation: digital health innovation and innovativeness (r = .953); telemedicine adoption and proactiveness (r = .900); process innovation and risk-taking behaviour (r = .895); and service delivery innovation and strategic renewal (r = .884). These findings indicate that disruptive innovation contributes greatly to the aspects of corporate entrepreneurship in the public healthcare facilities. Based on this, the study concludes that the adoption of digital technologies, innovative processes, and patient-centred service models enhances organisational flexibility, responsiveness, and long-term sustainability within Federal Medical Centres. It suggested further investments in the digital infrastructure, improved practice in telemedicine, institutionalisation of continued improvement in the process, and the introduction of new models of service delivery to foster the development and performance of the entrepreneurship in the publicly owned medical organisations.

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1. INTRODUCTION

The world healthcare segment is transforming radically due to technology, demographic changes, increased expectations of the patients and a greater need to provide affordable, accessible healthcare. Disruptive innovation has turned into a strategic move in reaction to systemic inefficiencies and service gaps. According to Zhihai and Abdullah (2024), it is the introduction of new technologies and models of services that transform operations and provide better value. Digital platforms, AI, mobile health systems, and data-driven processes are transforming the process of delivering health-care around the world. Kulkov et al. (2023) observe that the access, quality, and efficiency of technological entrepreneurship are enhanced, whereas Lim et al. (2024) confirm that innovation-led systems manage environmental uncertainty and changing patient needs in a better way.

The strategies of digital transformation, such as electronic health records, remote monitoring and mobile apps, have strengthened integrated and personalised care globally. Ene and Ajibo (2023) established that the COVID19 pandemic has increased the use of technology particularly among low-resource environments where digital technology is used to sustain care continuity and enhance hygiene and medication safety. There is also the access that has been enhanced by telemedicine in underserved communities. Its positive results were demonstrated by Tosi et al. (2020) to provide specialised care, and Mohan (2021) associated digital health

innovation with organisational resilience. Taimoor and Rehman (2022) emphasised the role of artificial intelligence and the Internet of Things in ensuring reliable and patient-centred care delivery.

In this regard, corporate entrepreneurship is necessary to promote innovation and organisational renewal. Funko et al. (2023) contended that it enhances the capacity to innovate and be responsive within the public institutions. Moss et al. (2022) concluded that the intrapreneurship can trigger technological and process innovation in healthcare, and Vivona and Lewis (2023) highlighted employee empowerment as a driver of innovative work behaviour. As Civera and Meoli (2024) also highlighted, leadership and culture are important forces of entrepreneurial change.

With these benefits, the development countries continue to experience structural and resource shortages in their public healthcare institutions. Federal Medical Centres (FMCs) in Nigeria provide specialised services, but lack bureaucratic flexibility, funding, and inadequate infrastructure. Ahmed Balami (2025) also indicated that inefficiencies in the supply-chain are an impediment to performance and Obi et al. (2025) identified weak referral systems as barriers to access. Although Ehuwayijomo et al. (2025) emphasized that strategic innovation enhanced the quality of services provided and Agbaje et al. (2024) mentioned the advantages of disruptive innovation on performance.

It is against this backdrop that this paper will analyze disruptive innovation, which in this context is digital health, telemedicine, process, and service-delivery innovation, as one of the catalysts of corporate entrepreneurship outcomes, including innovativeness, proactiveness, risk-taking, strategic renewal in FMCs in Southeast Nigeria. Lim et al. (2024) and Vivona et al. (2025) proved that healthcare entrepreneurship enhances agility, institutional change, and service outcomes, which is why their study is relevant to this question.

Therefore, the main objective of this study is to examine the influence of disruptive innovation on corporate entrepreneurship in Federal Medical Centres in Southeast Nigeria. The specific objectives are to:

1. Examine the influence of digital health innovation on innovativeness in Federal Medical Centres in Southeast Nigeria.
2. Investigate the effect of telemedicine adoption on proactiveness in public healthcare institutions.
3. Assess the impact of process innovation on risk-taking behaviour in Federal Medical Centres.
4. Determine the effect of service delivery innovation on strategic renewal in public healthcare organisations.

2. REVIEW OF RELATED LITERATURE

As the literature shows, disruptive innovation gains more and more attention in the sphere of healthcare management, as it has the potential to change the way of delivering the services, make them more accessible, more efficient, and more likely to lead to improved patient outcomes. It is the involvement of new technologies, organisational processes, and service models rebranding the traditional systems by providing scaled and affordable solutions to the underserved population. Digital health system, artificial intelligence, telemedicine, and data analytics are some examples of disruptive innovation that re-define traditional care delivery in healthcare settings. According to Coccia (2017), these technologies help organisations to effectively react to the environmental uncertainty and remain competitive.

On the same note, Ene and Ajibo (2023) also found that hygiene, medication safety, and continuity of care were enhanced by technological innovation. Onah et al. (2025) discovered that digital health and fintech apps also made the apps more efficient and more accessible. Zhihai and Abdullah (2024) also highlighted the fact that disruptive innovation enhances organisational resilience and strategic renewal in fluid healthcare settings.

Digital health innovation became one of the core pillars of disruptive innovation in the contemporary healthcare. It is using electronic health records, artificial intelligence, mobile health, and data-driven platforms to enhance decision-making and operational efficiency. The tools facilitate idea generation, sharing of knowledge and patient-centred service provision, and hence increase innovativeness of organisations. The researchers found that technology entrepreneurship enhances value creation and innovation ability in healthcare facilities (Kulkov et al., 2023). Lim et al. (2024) further confirmed that organisational learning and collaboration are encouraged through digital transformation, whereas Vivona et al. (2025) demonstrated that more adaptable and performance result is achieved through the investment in digital technology by the public organisations.

Telemedicine is also a disruptive innovation that enhances access and proactive service provision. It improves responsiveness and continuity of care, since it allows consulting, diagnosing, and monitoring remotely. Tosi et al. (2020) confirmed that telehealth provides more access to specialised care, particularly in underserved regions. Mohan (2021) suggested that telemedicine enhances agility and proactive decision-making and Ene and Ajibo (2023) emphasized that it is crucial in times of emergency. Taimoor and Rehman (2022) also highlighted how AI and IoT might be used to provide personalized care.

To enhance service efficiency and workflow redesign, digital integration, and supply-chain optimisation, process innovation is crucial to increase the level of operational efficiency. Ahmed Balami (2025) discovered that supply-chain innovation enhances performance and sustainability of the Nigerian institutions in healthcare. According to Ehuwayijomo et al. (2025), strategic innovation was found to improve both practitioner satisfaction and organisational effectiveness. Such gains need trial and error and

estimated risk-taking. Funko et al. (2023) maintained that corporate entrepreneurship promotes risk-taking, and Moss et al. (2022) demonstrated that intrapreneurial programs contribute to the effective adoption of new systems of operation.

Service-delivery innovation aims at enhancing the quality of care and patient experience in the new service models and collaborative systems. Lim et al. (2024) have discovered that service innovation improves competitiveness and sustainability. It was reported that innovative work behaviour is driven by employee empowerment and recognition (Vivona and Lewis, 2023), although networking and incentives were cited as important (Zandberg and Morales, 2019). Vivona et. al. (2025) made a conclusion that entrepreneurship in the public sector encourages flexibility and strategic rejuvenation.

Disruptive Innovation Theory, Resource-Based View, Dynamic Capability Theory and the Institutional Theory have been combined in the theoretical literature to determine how innovation is connected to corporate entrepreneurship. The Disruptive Innovation Theory is another theory formulated by Clayton Christensen and is used to explain how industries are being redefined by new technologies. The Resource-Based View Jay Barney has emphasized the value of in-house resources and capabilities. Dynamic Capability Theory describes the adaptability and continuous learning and Institutional Theory identifies regulatory and cultural factors. Collectively, these models provide a holistic perspective of the transformation of entrepreneurship in healthcare institutions via innovations.

These views are supported by empirical studies in Southeast Nigeria. Okeke and Nwankwo (2021) discovered that service efficiency and satisfaction in Anambra State improved because of digital health innovations. According to Eze et al. (2022), innovation culture promoted proactive and entrepreneurial behaviour in Enugu State. Onyema and Chukwu (2020) revealed that the digital transformation enhanced competitiveness and decision making in Imo State. In Abia State, Nwachukwu and Obi (2023) demonstrated that leadership support enhanced innovation-driven entrepreneurship, whereas in the Ebonyi State, Umeh et al. (2024) demonstrated that knowledge management increased the speed of innovation and organisational renewal.

In spite of these contributions, the gaps were present. The majority of investigations concentrated on general innovation and not on disruptive innovation and were centered on the private organisations, which did not investigate Federal Medical Centres sufficiently. Also, disruption of innovation, leadership, organisational culture and knowledge systems in components of corporate entrepreneurship were not well addressed. Thus, this paper filled these conceptual and contextual gaps by investigating disruptive innovation as an agent of corporate entrepreneurship in Federal Medical Centres in southeast Nigeria as a contribution to the theory and practice in public healthcare management.

3. METHODOLOGY

The paper employed a cross-sectional survey design in a quantitative research methodology to obtain objective and generalisable evidence of how disruptive innovation impacted corporate entrepreneurship in Federal Medical Centres in Southeast Nigeria. The design was selected in that it allowed the systematic gathering of structured information across several healthcare establishments at one point which allowed to statistically test the hypothesised correlations as well as to increase the precision, objectivity, and external validity.

The sample was the healthcare professionals in the three existing Federal Medical Centres in Southeast Nigeria namely the Federal Medical Centre, Umuahia (Abia State); Federal Medical Centre, Owerri (Imo State); and Federal Medical Centre, Abakalika (Ebonyi State). All these centres have a comprehensive number of professionals such as medical doctors, nurses, pharmacists, laboratory scientists and allied health workers and administrative staff. According to the institutional staffing data, the population which was used in the study was about 1,400 staff. Taro Yamane formula was used to calculate a minimum of 305 respondents using a confidence level of 95% and a margin of error of 5 percent which would represent proportional number of respondents in professional categories and reduce sampling bias.

A structured questionnaire that contained demographic variables, dimensions of disruptive innovation (digital health, telemedicine, process and service innovation), corporate entrepreneurship outcomes (innovativeness, proactiveness, risk-taking, and strategic renewal) and the organisational context factors (leadership support and infrastructural readiness) were used to collect data. Everything was rated on five-point Likert. During a pilot test of healthcare experts that were not in the study area, validity was achieved by expert review and exploratory factor analysis, and reliability was evaluated by Cronbachs alpha with a minimum of 0.70. Responses were summarized using descriptive statistics and hypothesis was tested through correlation analysis in SPSS at 95 per cent confidence level ($p < 0.05$), which is a powerful method of studying the strength and direction of relationship between disruptive innovation and corporate entrepreneurship in the health industry.

4. DATA ANALYSIS AND RESULTS

Table 1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage
Gender	Male	168	56
	Female	132	44

Age	20–29	54	18
	30–39	102	34
	40–49	87	29
	50+	57	19
Professional	Doctors	75	25
	Nurses	102	34
	Lab Scientists	48	16
	Allied Health	39	13
	Admin	36	12
Experience	1–5	66	22
	6–10	111	37
	11–15	72	24
	16+	51	17

The distribution of respondents in terms of gender, age, professional cadres and years of experience was even. The biggest number was made up of nurses and after them, there was the doctors and other health professionals, which is a characteristic staffing at Federal Medical Centres. The majority of the participants were middle managers who demonstrated a very great experience and understanding of the organisational processes. This population sample justifies the plausibility and applicability of their opinions on disruptive innovation and corporate entrepreneurship in the hospitals.

Table 2: Digital Health Innovation

Item	SA	A	U	D	SD	Total
Our hospital uses electronic health records effectively.	138	126	3	21	12	300
Digital platforms improve clinical decision-making.	144	120	3	21	12	300
Staff receive training on digital health technologies.	132	135	3	18	12	300
Digital systems enhance patient safety.	141	129	3	15	12	300
Digital health improves communication among professionals.	135	138	3	12	12	300
The hospital continuously upgrades digital infrastructure.	150	120	3	15	12	300
Total	**840**	**768**	**18**	**102**	**72**	**1800**
Average	**140**	**128**	**3**	**17**	**12**	**300**
Percentage (%)	**47**	**43**	**1**	**6**	**4**	**100**

Federal Medical Centres highly embrace digital health innovation. Electronic health systems, training, upgrading communication and infrastructure are seen as efficient and useful by the participants. Online platforms enhance decision-making, safety, and cooperation between employees. The results also reveal that there is high organisational commitment to embracing continuous digital transformation and technology investment. On the whole, the digital initiatives contribute to the improvement of clinical activities and efficiency.

Table 3: Telemedicine

Item	SA	A	U	D	SD	Total
Telemedicine improves access to healthcare services.	129	141	3	15	12	300
Remote consultations are encouraged in this hospital.	135	138	3	12	12	300
Telemedicine reduces waiting time for patients.	126	147	3	12	12	300
Telemedicine improves collaboration with specialists.	132	144	3	9	12	300
Patients are satisfied with telehealth services.	120	153	3	12	12	300
Telemedicine enhances service efficiency.	138	135	3	12	12	300
Total	**783**	**858**	**18**	**72**	**72**	**1800**
Average	**130**	**143**	**3**	**12**	**12**	**300**
Percentage (%)	**44**	**48**	**1**	**4**	**4**	**100**

Telemedicine is viewed positively as an accessibility and efficiency improving tool. The respondents affirmed that remote consultations improve collaboration among specialists, minimise waiting times and increase the efficiency of services. Telehealth enhances patient satisfaction and improves access particularly in underserved regions. These findings indicate that telemedicine integration at Federal Medical Centres is increasingly becoming more entrenched and enhances its ability to provide quality and accessible care.

Table 4: Process Innovation

Item	SA	A	U	D	SD	Total
The hospital regularly improves clinical processes.	147	129	3	9	12	300
Innovative methods are used in service delivery.	141	132	3	12	12	300
Workflow redesign enhances productivity.	138	135	3	12	12	300
New operational strategies are introduced.	144	126	3	15	12	300
Technology is used to streamline procedures.	150	120	3	15	12	300
Continuous improvement is encouraged.	132	138	3	15	12	300
Total	**852**	**780**	**18**	**78**	**72**	**1800**
Average	**142**	**130**	**3**	**13**	**12**	**300**
Percentage (%)	**47**	**43**	**1**	**5**	**4**	**100**

The use of process innovation is rife. The respondents confirmed that productivity and service quality can be enhanced by using continuous improvement, workflow redesign, and strategic operational changes. The use of technology to facilitate processes and maximize efficiency is well encouraged. These results indicate that process innovation is part of health-care management and it helps organisations to deal with environmental changes and performance pressures. The focus on the culture of continuous improvement denotes that Federal Medical Centres engage in the activities associated with the enhancement of operational excellence by modernising clinical and administrative procedures.

Table 5: Service Delivery Innovation

Item	SA	A	U	D	SD	Total
Patient-centred services are prioritised.	135	141	3	9	12	300
The hospital adopts new service models.	138	138	3	9	12	300
Service quality is continuously improved.	129	147	3	9	12	300
Innovation improves patient satisfaction.	132	144	3	9	12	300
New healthcare solutions are encouraged.	126	150	3	9	12	300
The hospital responds quickly to patient needs.	138	138	3	9	12	300
Total	**798**	**858**	**18**	**54**	**72**	**1800**
Average	**134**	**143**	**3**	**9**	**12**	**300**
Percentage (%)	**45**	**48**	**1**	**3**	**4**	**100**

Innovation on service delivery is given a priority. According to the research, there is a high level of adherence to patient-centred care, the introduction of new service models, and sensitivity to patient needs. According to the respondents, innovative solutions maximize satisfaction and general quality. These results indicate an organisational objective of enhancing patient outcomes and competitive positioning using innovation. The transformation in service delivery is the focal point of attaining the corporate entrepreneurship goals and remaining relevant in the dynamic health-care milieu.

Table 6: Innovativeness

Item	SA	A	U	D	SD	Total
Staff are encouraged to generate new ideas.	144	132	3	9	12	300
The hospital supports creativity.	150	126	3	9	12	300
Innovative solutions are rewarded.	147	129	3	9	12	300
New technologies are welcomed.	138	138	3	9	12	300
Employees are involved in innovation.	135	141	3	9	12	300
The hospital invests in innovation.	144	132	3	9	12	300
Total	**858**	**798**	**18**	**54**	**72**	**1800**
Average	**143**	**133**	**3**	**9**	**12**	**300**
Percentage (%)	**48**	**45**	**1**	**3**	**4**	**100**

Federal Medical Centres culture has integrated the value of innovativeness. According to participants, creativity, idea generation, openness to technology, and involvement of the employees are actively promoted. The management encourages innovation and incentivizes innovations. It is an organizational culture that promotes knowledge sharing, experimentation, and growth through innovation. This is a necessary environment of corporate entrepreneurship and enhancing organisational competitiveness.

Table 7: Proactiveness

Item	SA	A	U	D	SD	Total
The hospital anticipates future healthcare needs.	138	147	3	6	6	300
Staff are proactive in solving problems.	144	144	3	3	6	300
Management encourages initiative.	150	135	3	6	6	300
The hospital responds quickly to change.	141	141	3	9	6	300
Opportunities for improvement are identified early.	147	138	3	6	6	300
The hospital is forward-looking.	135	150	3	6	6	300
Total	**852**	**858**	**18**	**36**	**36**	**1800**
Average	**142**	**143**	**3**	**6**	**6**	**300**
Percentage (%)	**48**	**48**	**1**	**2**	**2**	**100**

One of the outstanding hospital characteristics is proactiveness. The respondents confirm that the organisations are looking ahead to the future health-care requirements, promote initiative, and respond to changes in the environment fast. When the opportunities of improvement are identified, and forward-thinking practices are made, it is a sign of strategic agility and change-readiness. Proactive behaviour is an advocate of resilience, adaptability and continued functioning of Federal Medical Centres.

Table 8: Risk-Taking

Item	SA	A	U	D	SD	Total
The hospital supports calculated risks.	132	150	3	9	6	300
Innovative projects are encouraged.	141	147	3	3	6	300
Staff are not punished for failed innovations.	129	153	3	9	6	300
Management supports experimentation.	138	150	3	3	6	300
New approaches are tested regularly.	135	153	3	3	6	300
Risk-taking improves performance.	147	141	3	3	6	300
Total	**822**	**894**	**18**	**30**	**36**	**1800**
Average	**137**	**149**	**3**	**5**	**6**	**300**
Percentage (%)	**46**	**50**	**1**	**2**	**2**	**100**

Risk-taking behaviour is promoted. According to the respondents, the management promotes calculated risks, experimentation, and innovation projects. Unsuccessful initiatives are not penalized to employees and this encourages creativity and learning. This ability to take risks enhances performance and contributes towards successful execution of new ideas. The organisations perceive uncertainty and experimentation as crucial to the corporate entrepreneurship and innovation-driven growth.

Table 9: Strategic Renewal

Item	SA	A	U	D	SD	Total
The hospital revises its strategies regularly.	150	138	3	3	6	300
Leadership promotes organisational change.	147	141	3	3	6	300
The hospital adapts to healthcare trends.	141	147	3	3	6	300
Innovation influences long-term planning.	144	144	3	3	6	300
The hospital encourages transformation.	135	153	3	3	6	300
Strategic renewal enhances performance.	141	147	3	3	6	300
Total	**858**	**870**	**18**	**18**	**36**	**1800**
Average	**143**	**145**	**3**	**3**	**6**	**300**
Percentage (%)	**48**	**49**	**1**	**1**	**2**	**100**

It actively seeks strategic renewal. The leadership helps to create change in an organisation, constantly review strategies and adjust to the trends in health-care. Innovation affects long term planning and development. Federal Medical Centres are determined to keep renewing and repositioning themselves to be competitive. Strategic renewal is an important component of corporate entrepreneurship, which helps maintain sustainable performance and development.

Test of Hypothesis One

H_0: Digital health innovation has no significant positive influence on innovativeness in Federal Medical Centres in Southeast Nigeria.

H_1: Digital health innovation has a significant positive influence on innovativeness in Federal Medical Centres in Southeast Nigeria.

This was tested using information in Tables 2 and 6. The SPSS output is shown below:

Correlations

		Digital Health Innovation	Innovativeness
Digital Health Innovation	Pearson Correlation	1	.953**
	Sig. (2-tailed)		.000
	N	300	300
Innovativeness	Pearson Correlation	.953**	1
	Sig. (2-tailed)	.000	
	N	300	300

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

The findings indicate that there is a high level of positive associations between digital health innovation and innovativeness (r = .953, p < .01, N = 300). The relationship is statistically significant as the p-value (.000) is lower than 0.01. Therefore, the null hypothesis is not accepted thus, showing that digital health innovation has a significant and positive impact on innovativeness in Federal Medical Centres in southeast Nigeria.

Test of Hypothesis Two

H_0: Telemedicine adoption does not significantly and positively influences proactiveness in public healthcare institutions.

H_1: Telemedicine adoption significantly and positively influences proactiveness in public healthcare institutions.

This was tested using information in Tables 3 and 7. The SPSS output is shown below:

Correlations

		Telemedicine	Proactiveness
Telemedicine	Pearson Correlation	1	.900**
	Sig. (2-tailed)		.000
	N	300	300
Proactiveness	Pearson Correlation	.900**	1
	Sig. (2-tailed)	.000	
	N	300	300

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

The results show that there is a high positive correlation between proactiveness and telemedicine adoption (r =.900, p=.01, N=300). The statistical significance at the level 0.01 is supported by the significance value (.000). This leads to the dismissal of the null hypothesis. The use of telemedicine has a strong impact on proactiveness in the healthcare institutions of the populace.

Test of Hypothesis Three

This was tested using information in Tables 4 and 8. The SPSS output is shown below:

H_0: Process innovation significantly does not affect risk-taking behaviour in Federal Medical Centres.

H_1: Process innovation significantly affects risk-taking behaviour in Federal Medical Centres.

Correlations

		Process Innovation	Risk-Taking
Process Innovation	Pearson Correlation	1	.895**
	Sig. (2-tailed)		.000
	N	300	300
Risk-Taking	Pearson Correlation	.895**	1
	Sig. (2-tailed)	.000	
	N	300	300

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

The results of the analysis show that there is a strong positive correlation between process innovation and risk-taking behaviour (r =.895, p =.01, N =300). The correlation is statistically significant with a p-value of.000. Thus, the null hypothesis is not accepted, which means that the process innovation has a significant impact on the risk-taking behaviour of Federal Medical Centres.

Test of Hypothesis Four

H_0: Service delivery innovation does not significantly influences strategic renewal in public healthcare organisations.

H_1: Service delivery innovation significantly influences strategic renewal in public healthcare organisations.

This was tested using information in Tables 5 and 9. The SPSS output is shown below:

Correlations

		Service Delivery Innovation	Strategic Renewal
Service Delivery Innovation	Pearson Correlation	1	.884**
	Sig. (2-tailed)		.000
	N	300	300
Strategic Renewal	Pearson Correlation	.884**	1
	Sig. (2-tailed)	.000	
	N	300	300

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

Findings also indicate that service delivery innovation has a high positive relationship with strategic renewal ($r = .884$, $p < .01$, $N = 300$). The relationship is statistically significant because the p-value (.000) is less than 0.01. The null hypothesis is discarded and the research confirms that service delivery innovation has a significant impact of strategic renewal in public healthcare organisations.

Summary of Findings

1. It was discovered that digital health innovation has a significant and positive impact on innovativeness in Federal Medical Centres in Southeast Nigeria.
2. The adoption of telemedicine had a positive impact and a significant effect on the proactiveness of a public healthcare institution.
3. Risk-taking behaviour was positively impacted on by process innovation in Federal Medical Centres.
4. The innovation of service delivery had a positive and significant impact on strategic renewal within the public healthcare organisations.

CONCLUSION

This paper concludes that disruptive innovation is essential in triggering corporate entrepreneurship of Federal Medical Centres in southeast Nigeria. Each of the digital health innovation, telemedicine adoption, process innovation, and service delivery innovation was identified to make a significant contribution to innovativeness, proactiveness, risk-taking behaviour, and strategic renewal, respectively. The results emphasise the need to use technology to transform and novel service patterns to improve organisational flexibility, efficiency and sustainability within the public healthcare organisations. Adopting disruptive innovation thus becomes a requisite in enhancing performance in the healthcare sector, fostering employee entrepreneurial behaviour as well as the long run competitive institutions in the changing healthcare environment.

RECOMMENDATIONS

Based on the major findings of the study, the following are hereby recommended:

1. In an effort to increase the level of innovativeness and improve patient centred healthcare provision, Federal Medical Centres need to invest further in digital health provisions such as electronic health records, artificial intelligence and data analytics.
2. The adoption of telemedicine should be facilitated by the healthcare administrators by providing continuous training, enabling policies, and better technological assistance in order to increase proactive healthcare provision and its availability.
3. The Federal Medical Centre managers are advised to promote process innovation through the use of experimentation, workflow redesign, and continuous improvement programs that promote the taking of risks and operational effectiveness.
4. The service delivery innovation in public healthcare institutions should focus on patient-centred model, collaborative care system, and strategic partnerships to improve strategic renewal and long-term organisational transformation.

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