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Identifying social entrepreneurship competencies of managers in social entrepreneurship organizations in healthcare sector

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Abstract

In spite of paying much attention to social entrepreneurship in academia, such is not the case in social entrepreneurship organizations. Although to fulfill economic and social missions, managers are required to possess economic and social competencies, only few studies investigated this important subject. The present study aims to identify the social entrepreneurship competencies of managers in social entrepreneurship organizations in the field of healthcare. Purposive sampling was used in the population of managers of social entrepreneurship organizations in the field of treatment and prevention of specific diseases (such as cancer, MS, thalassemia, etc.) and also social entrepreneurship organizations in the field of treatment and empowerment of the disabled. Eight managers in this field were interviewed and data was analyzed by open and axial coding using ATLAS.ti software. In total, 42 competencies have been identified in 10 categories and 5 main dimensions including communication competencies, personal competencies, managerial competencies, social competencies and health professional entrepreneurial competencies.

Keywords: Social entrepreneurship, Competency, Social entrepreneurial competency, Entrepreneurial organizations

Background

Since most social organizations face low productivity and lack of efficiency, and many humanitarian activities do not meet government expectations and plans, social entrepreneurs are coming to pay more attention to social issues (Ahmadpour and Behrouz Azar, 2014).

Social entrepreneurship is defined as the creative use of resources for both economic and social values. Social entrepreneurship has become increasingly important among the public, researchers and players of this field (Mair & Marti, 2006). In spite of paying much attention to social entrepreneurship in universities, the actual social enterprises are on the decline because of double-missioned organizations and also due to the lack of knowledge in terms of competencies and skills that students need in this field (Short, Moss, & Lumpkin, 2009). Also accomplishing both missions (economic and social) requires managers to possess economic and social knowledge (Mair & Marti, 2006).

Social entrepreneurship competencies, such as managerial and entrepreneurial competencies, can be achieved through education and experience (Bird, 1995; Boyatzis & Saatcioglu, 2008; Boyatzis, Stubbs, Taylor, 2002). Since research in the field of social entrepreneurship is in its early stages, it is not clear whether the competencies that are taught to social entrepreneurs will meet their needs (Miller, Wesley & Williams, 2012). Even though the empirical research explains the required competencies for management and entrepreneurship, the multidimensional nature of social companies created a challenge for us to further understand the required competencies within these companies (Miller T. et al., 2011). With regard to these fundamental differences, we cannot use economic models in social entrepreneurial organizations without deep research and examination.

GEM 2015 Report on Social Entrepreneurship (Bosma, Schott, Terjesen & Kew, 2016), mentioned the average rate of social entrepreneurship activities (SEA) among countries with an efficiency driven economy is 3.7%, and Iran is 0.4%, which is lower than average (p.12). One way to expand social entrepreneurship activities is to identify the relevant competencies and empowerment of individuals in this field. According to these points and the Sustainable Development Goals (SDGs) expressed by the UN (2015), one of the 17 goals is to “Ensure healthy lives and promote well-being for all at all ages” (p.14). Thus, by considering the need of the country to achieve sustainable development in the field of health, social entrepreneurs in healthcare organizations will be investigated in this study.

The rising costs of health systems around the world have become one of the main concerns of managers and decision-makers. The ongoing expansion of new and expensive health technologies, increasing community expectations of health systems, and the increase of chronic and severe medical conditions are important reasons for this drastic increase (Walley, Haycox & Boland, 2004). Iran’s health system, like other health systems, faces the challenge of rising costs.

According to Davari (2011) study on the challenges in Iran’s health system, Iran’s health care system is currently faced with the challenge of providing continual health care services. Justice in using health services and financial health costs has been seriously questioned and insurer organizations have not been successful to play their role in protecting patients against unpredictable costs. It is clear that all parts of the health system of this country are somehow affected by economic problems. Some of these problems are rooted in the structural and internal problems of various sectors; some problems have been imposed by other divisions of the health system, some are rooted in management, and some in macro policies of health (Davari, 2011).

According to Byham (2002) with respect to entrepreneurial education approach, the competence-based educational designing process consists of three basic steps: “1. Determine the dimensions/competencies for a position”, “2. Diagnose training or development needs,” and “3. Identify the most appropriate training and development methodology for each trainable dimension/competency (p.14).”

The first and foremost step in designing an educational program based on this approach is to determine the competency model. In fact, this step is considered as the bedrock of development programs.

In this study, by identifying social entrepreneurship competencies of managers in social entrepreneurship organizations in the healthcare sector, the researcher developed a competency model for social entrepreneurship training for this target group. This model

will lead to the improvement of the efficiency and effectiveness of social entrepreneurship organizations in this sector.

Literature review

Social entrepreneurship

There is no unique definition for social entrepreneurship among researchers; some of researches focused on innovativeness in solving social problems (Johnson 2000; Thompson, Alvy, and Lees 2000) while variety of researches paid attention to highlight the differences between private and non-profit organization which have dual mission. (Wallace 1999; Johnson 2000).

In this study we tried to benefit from what Mair and Marti (2006) explained about social entrepreneurship which is creative use of available resources to generate social value among with economic value.

Entrepreneurial competencies

Despite the differences among managers and entrepreneurs, these two groups have similar competencies (Panchev & Salopaju, 2011). Entrepreneurial competencies have a lot in common with managerial competencies (Azizi and Shafizade, 2013). In fact, managers and entrepreneurs need similar competencies and combining entrepreneurial and managerial qualities which lead to long-term success of organization (Panchev & Salopaju, 2011).

Particularly for managers, the term “competency” has been used as an expression to define an organization as a whole for its employees, its personality and managerial competencies (Abraham, 2011). Wou (2009) considers entrepreneurial competencies to be a collection of all the essential characteristics of entrepreneurs to succeed in entrepreneurship, including attitudes, values, beliefs, skills, abilities, knowledge, characteristics, experiences (social, technical and managerial) and psychological and behavioral tendencies. This enables the entrepreneur to create value from an idea and perform with high-level performance and maximum profit in managing a venture capital (Inyang & Enuoh, 2009).

Regarding the entrepreneurial competencies of managers in general, various models have been presented (Bird, 2002; Man et al., 2002; Izquierdo, Deschoolmeester, & Salazar, 2005; Ahmad, 2007; Brinkmann, 2007; Mitchelmore, & Rowley, (2010); Hui et al., 2011). Some of which will be highlighted in the following section.

Hui, Qiao-ping and Hui-Hua (2011) in a study in china by using behavioral events interview (BEI) examined entrepreneurial competencies of students who had started a new business. As a result of this study, seven dimensions of entrepreneurial competence were identified: Opportunity competencies, relationship competencies, resources integration competencies, innovation competency, entrepreneurial aspiration competency, entrepreneurial perseverance competencies and entrepreneurial learning competencies.

Mitchelmore and Rawley (2010) conducted a study aimed at reviewing literature and summarizing studies of researchers at various parts of the industry in different countries at different times in order to provide a comprehensive list of entrepreneurial competencies. The results of their studies consist of four main fields and 40 components: four main fields of competencies of this research are entrepreneurial competencies, business and

management competencies, human relations competencies and conceptual and relationship competencies.

In 2007, Brinkman in his research entitled “competency of senior managers and success of companies based on new technology” stated that the concept of entrepreneurial management which is defined for NTBFs, includes three basic dimensions of functional competencies, social and public competencies. Each of these main fields can be divided into sub-fields:

1. General entrepreneurial competency: including conceptual competency, innovation competency and executive competency
2. Social competencies: including teamwork competency, leadership competency and networking competency
3. Functional competencies: including technological management competencies, marketing management competencies and financial management competencies

Social entrepreneurial competency

Despite the recent increased attention paid to social entrepreneurship, few studies have been carried out on the entrepreneurial competencies of social business managers as well as entrepreneurial competencies of organization managers in the field of health.

Christina Guo (2009), in a research on the entrepreneurial competencies of managers in the health industry in the United States, has classified entrepreneurial competencies of managers in this area in three overlapping areas as follows:

- a. Competencies related to system and health environment: including two categories of competency “Knowledge of system, environment, communication and stakeholders” and “Development of risk taking, innovative strategies.”
- b. Competencies related to the organization including 6 categories of competency “innovative decision making”, “performance management”, “information management”, “financial management”, “risk management” and “quality management”.
- c. Competencies related to interpersonal communication including two categories “self-development” and “development of others” (communication, human resources and motivation) (Guo, 2009).

In the field of social entrepreneurship competency, Miller et al. (2011) identified required competencies in social entrepreneurship and prioritized them by collecting and analyzing the content of 77 social entrepreneurship courses at international universities, and interviewing students in this field as well as social entrepreneurship managers. The identified competencies in this study are as follows: strategy development management, financial capital management, capacity to measure consequences, innovation and creativity, identification, evaluation and exploitation of opportunities, interest and ability to create unique social impact, problem-solving ability, ability to develop joint communication, ability to identify social problems, creating/evaluating the possibility or launching a business plan, ability and interest in the development of an organization, ability to sell or market for an organization, ability to challenge traditional ways of thinking, creativity in

using the least resources, ability to lead and develop others, ability to make decisions based on relevant information, understanding moral obligations, ability to communicate with customers, suppliers and other stakeholders, paying more attention to social benefit than financial benefit, building effective teams, logistics and technology management, cultural awareness, willingness to accept risk, commitment to help the poor, employee management, providing support for society, empathy, positivism, interpersonal communication, commitment to a collective goal, believing in success in challenging tasks, conflict resolving skills, social skills, volunteer support development and executive tasks management.

In the present study with regard to the research conducted by Guo (2009) and Miller et al. (2011), we seek to provide a comprehensive framework to explain the social entrepreneurship competencies model for managers in the field of health. Managers are not necessarily the entrepreneurs themselves, but they work as top managers at a social entrepreneurship organizations.

Although many researchers studied entrepreneurship competencies, there is few studies on “social” entrepreneurship competencies. Social entrepreneurial organizations work on different field which one important field is healthcare. Because of the importance of healthcare sector as mentioned in “introduction”, we were trying to identify specific “social” entrepreneurship competencies of managers in this field that could lead up better healthcare system.

So, in this study we try to answer this question: What are the entrepreneurial competencies of managers in healthcare social entrepreneurship organizations?

Methods

This is a qualitative study conducted on eight managers in social entrepreneurial organizations. The participants were selected using purposive sampling from the population of managers of social entrepreneurship organizations in the field of treatment and prevention of specific diseases (such as cancer, MS, thalassemia, etc.), and also managers of social entrepreneurship organizations in the field of treatment and empowerment of the disabled in the city of Tehran, which have at least 3 years of experience in their organization.

Eight managers were interviewed; five of which were women. Six of the interviewees were between 30 and 50 years old, and two of them were older than 50. Four of them have bachelor’s degrees, one has a master’s degree and three of them are Ph.D. holders. The majority of them have between 3 to 10 years of experience in this field.

Data was collected using semi-structured interviews as the need in this study was to observe behavior, feelings, or how people interact with the world around them, as explained by Merriam and Merriam (2009). In total, thirty hours of interviews by eight managers were collected and sampling continued until theoretical saturation was obtained that no more interviews provide new data. Because in the qualitative study “the underlying search is not about the amount of data, but rather the richness of data; not the total counts, but the detailed descriptions” (Carey 2012: 492).

The data were analyzed using qualitative content analysis techniques of open, axial, and selective coding using ATLAS.ti software. All interviews were transcribed and the narratives were extracted. In the open coding process, the competencies presented by each interviewee were identified and categorized. These labels were then further classified into larger sections through axial coding. The competencies that were close to each

other were classified into more general categories and the core themes and key concepts were identified through selective coding.

In order to establishing the credibility of data gathering, data were collected from 8 separate cases over a period of 4 months. In this phase, purposeful sampling, disciplined subjectivity, and prolonged engagement were used in order to guarantee the validity of data.

Neuendorf (2002) stated that “given that a goal of content analysis is to identify and record relatively objective (or at least intersubjective) characteristics of messages, reliability is paramount. Without the establishment of reliability, content analysis measures are useless.” (p. 141), thus to determine the reliability of this research, we used crosscheck reliability method and by the help of an entrepreneurship expert three of interview was coded again and the coefficient of intercoder reliability was calculated by this formula (Table 1):

$$\text{I.C.R} = (\text{Number of similarities in codes}) / (\text{Number of all codes})$$

Results

All the categories from the open coding, axial coding, and selective coding processes were classified in the form of a codebook which is presented in Table 2. This table shows the relationship between the categories of the open, axial and selective coding of interviewees.

As shown in the Table 2, each interviewee has expressed various competencies required for managers of social entrepreneurship organizations.

According to results in above table, in total 42 competencies (including effective use of latest communication technologies, ability to create international communication, ability to interact with peer organizations, ability to create interpersonal communications, ability to negotiate with other institutions and organizations, perseverance and pursuit, self-development, changeability, collectivism, Internal locus of control, self-knowledge, strategic thinking, solving the problem, creativity, planning, organizing, monitoring & controlling, human resource management, leadership, team work, empowerment (develop others), strategic planning, project management, knowledge management, financial management, commitment to help the deprived, trust, empathy and sympathy, social concerns, social culture, developing social participation, ability to recognize social problems, being influenced by role model in the field of health, entrepreneurial intention in the field of health, benefit from others' experiences in the field of health, previous experience in the field of health, specific and technical knowledge and education in the field of health, ability to analyze health business environment, ability to identify opportunities in the field of health, ability for financing, ability to recognize target groups in the field of health, ability to recognize the requirements of target groups in the field of health) in 10 categories and 5 main dimensions including communication competencies, individual competencies,

Table 1 Present the average coefficient of reliability, 65%, as a good coefficient of reliability

Interview NO.	Number of all codes	Number of similarities in codes	Number of differences in codes	I.C.R
I ₁	38	26	12	68%
I ₂	22	14	8	63%
I ₃	26	16	10	62%
Total	86	56	30	65%

Table 2 Open, axial and selective coding for social entrepreneurship competencies

Coding			Interviewee code
Selective	Axial	Open	
Communication competencies	Networking	Effective use of latest communication technologies	I ₁ , I ₂ , I ₄
		Ability to create international communication	I ₄ , I ₅
		Ability to interact with peer organizations	I ₂ , I ₃ , I ₄
	Effective communication	Ability to create interpersonal communications	I ₂ , I ₈
		Ability to negotiate with other institutions and organizations	I ₁ , I ₄ , I ₆
Individual competencies	Personality	Perseverance and pursuit	I ₂ , I ₇
		Self-development	I ₁ , I ₂ , I ₃ , I ₄ , I ₈
		Changeability	I ₈
		Collectivism	I ₆ , I ₈
		Internal locus of control	I ₆ , I ₇
		Self-knowledge	I ₆
	Perceptual-Cognitive	Strategic thinking	I ₂
		Solving the problem	I ₃
		Creativity	I ₁
Managerial competencies	Managerial duties	Planning	I ₁ , I ₈
		Organizing	I ₁ , I ₂ , I ₈
		Monitoring & controlling	I ₄ , I ₅ , I ₆ , I ₈
		human resource management	I ₁ , I ₂ , I ₃ , I ₄ , I ₅ , I ₈
	Managerial abilities	Leadership	I ₇
		Team work	I ₁ , I ₃ , I ₄ , I ₅ , I ₈
		Empowerment(develop others)	I ₁ , I ₂ , I ₆ , I ₈
		Strategic planning	I ₁ , I ₄ , I ₅ , I ₆ , I ₈
		Project management	I ₅ , I ₈
		Knowledge management	I ₃
Social competencies	Internal	Commitment to help the deprived	I ₃ , I ₄
		Trust	I ₆ , I ₇ , I ₈
		Empathy and sympathy	I ₁ , I ₂ , I ₃
		Social concerns	I ₁ , I ₃ , I ₈
	Acquired	Social culture	I ₃ , I ₄ , I ₅ , I ₇
		Developing social participation	I ₆ , I ₇
		Ability to recognize social problems	I ₃ , I ₇
Health professional entrepreneurial competencies	Contextual	Being influenced by role model in the field of health	I ₁ , I ₃ , I ₈
		Entrepreneurial intention in the field of health	I ₁
		Benefit from others' experiences in the field of health	I ₆ , I ₈
		Previous experience in the field of health	I ₁ , I ₂ , I ₃ , I ₄ , I ₈
		Specific and technical knowledge and education in the field of health	I ₁ , I ₂ , I ₃ , I ₆ , I ₈
	Executive	Ability to analyze health business environment	I ₁ , I ₂ , I ₃ , I ₄ , I ₅ , I ₆ , I ₈
		Ability to identify opportunities in the field of health	I ₁ , I ₆

Table 2 Open, axial and selective coding for social entrepreneurship competencies (Continued)

Coding			Interviewee code
Selective	Axial	Open	
		Ability for financing	I ₁ , I ₂ , I ₃ , I ₄ , I ₅ , I ₆ , I ₇ , I ₈
		Ability to recognize target groups in the field of health	I ₁ , I ₂ , I ₅
		Ability to recognize the requirements of target groups in the field of health	I ₁

managerial competencies, social competencies and health professional entrepreneurial competencies were identified.

Discussion

In this section, in addition to presenting the results of research and describing the social entrepreneurship competencies of managers of social entrepreneurship organizations and comparing the results of the research with previous studies, we present the identified competencies as a schematic model in Fig. 1.

Entrepreneurial competencies include a set of implicit features such as general and specialized knowledge, motives, characteristics, self-perceptions, social roles, skills, attitudes, values, beliefs, abilities, personality, wisdom, expertise (social, technical, and management), mentality and behavioral tendencies that are emerged as a result of beginning, retention or growth of a risky activity (Bird, 1995). The identified entrepreneurial competencies through selective coding in this research include general competencies, social competencies, and health professional entrepreneurial competencies.

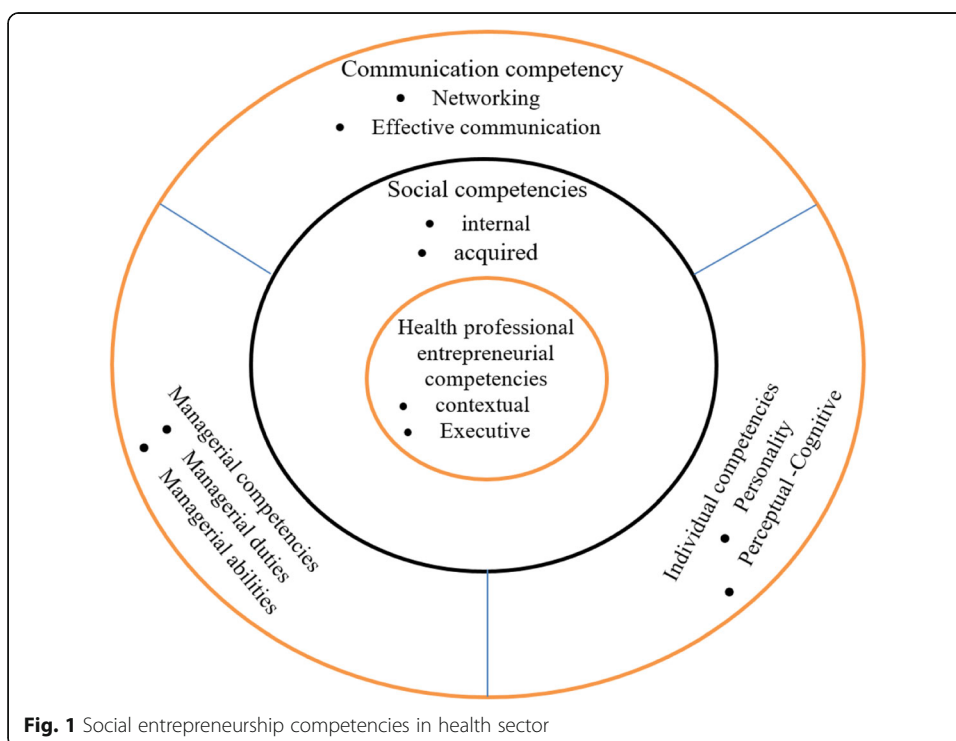


Fig. 1 Social entrepreneurship competencies in health sector

General competencies

General competencies refer to those competencies that all managers and entrepreneurs in different fields require. The identified general competencies in this research include communication, individual and managerial competencies.

Communication competencies

Communication competencies are defined as learned behaviors that individuals express in their interpersonal or organizational relationships in order to transfer and exchange information, meanings, concepts and feelings, and generally communicating.

Due to the social nature of businesses and the need for more communication with key stakeholders, especially target groups, communication competencies have great importance as one of the interviewees with 8 years of experience in making a better life for diabetic people mentioned:

"...we are working on our communication channels and we try to provide our service through them..."

These competencies provide the ability to create international communication, ability to interact with peer organizations, ability to create interpersonal communications and ability to negotiate with other institutions and organizations for the organizations under study by effective use of latest communication technologies. Also, since in these businesses paying attention to the human characteristics of the target groups has great significance, managers need to be able to have these abilities in order to interact effectively and communicate appropriately.

The obtained results in this section are in line with the results of studies of Man et al. (2002), Izquierdo et al. (2005); Mitchelmore and Rawley (2010) and Hui et al. (2011). In a way that Man et al. (2002) introduced communication competencies; Izquierdo (2005) introduced verbal communication ability, the creation of negotiating business teams in deals and transactions, the ability to do group works and the ability of written communications; Mitchelmore and Rawley (2010) introduced competencies of human relationships and conceptual and communication competencies and Hui et al. (2011) introduced relational competencies in this regard. The main difference in recent researches and our finding is that we are more focusing on communication in order to create network and negotiate with other institutions and organizations to share resources for solving the social problem which they are dealing with.

Individual competencies

Individual competencies consist of knowledge and potential skills, capacities (abilities) and qualifications of individuals that can help a person to deal with different occasions. This competency determines how much we know ourselves and can manage ourselves.

In the field of individual competencies, factors such as creativity and its use in solving the problem, perseverance and pursuit, development, changeability, collectivism, internal locus of control, self-knowledge, strategic thinking, problem-solving are expressed that managers of social organizations in the field of health need them to meet their needs. These features are important in businesses under study because these businesses are

active in a dynamic environment and in social, cultural, and economic context of the society. Managers need to have different individual abilities that help them achieve their business objectives.

The obtained results in this section are in line with studies of Bird (2002); Mitchelmore and Rawley (2010) and Hui et al. (2011). In a way that Bird (2002) introduced motives, characteristics, self-perception and social roles; Mitchelmore and Rawley (2010) introduced human relations competencies and communication competencies and Hui et al. (2011) introduced entrepreneurial perseverance in this regard. Like all the researchers, we presented individual competencies that lead to personal and business success, but in this model the ability to encounter with social problem and having creativity and strategic thinking to solve those problems are essential. For example, one of interviewees with 35 years old, married and with 5 years of experience in health sector said:

"...I always look for new solution to solve a problem in a different and easier way..."

Managerial competencies

It refers to the knowledge, skills, abilities related to management knowledge, which helps a person to realize organizational objectives.

Managerial competencies are another case that have mentioned in most of interviews, for example one interviewee that has PhD degree and is a strategic expert in health sector said:

"...we are different from traditional charities, our job descriptions are designed based on our organizational chart, and the organization chart was revised according to our strategies..."

There is a perception among owners, managers, employees, and other stakeholders of these businesses that they think these businesses cannot be structured and due to presence of volunteers, they must be guided as an unstructured organization. However, successful experience of some social businesses that have organizational structure, shows that this is a wrong perception. Because the groups that are working under the supervision of an integrated management by following all management principles such as planning, organizing, monitoring, controlling, human resources management, etc. have succeeded in achieving more organizational objectives.

The obtained results in this section are in line with studies of Man et al. (2002); Izquierdo (2005); Mitchelmore and Rawley (2010) and Brinkman (2007). In a way that Man et al. (2002) introduced mental competencies, strategic competencies and organizational competencies; Izquierdo (2005) introduced decision making ability, logical risk taking; Mitchelmore and Rawley (2010) introduced business and management competencies and Brinkman (2007) introduced functional competencies.

Social competencies

Social competencies include those competencies that are specific to managers of social entrepreneurship organizations. The identified social competencies in this research are internal competencies and acquired competencies.

These characteristics, which are specifically required by managers of social organizations, have been considered by all interviewees. One of the interviewees that had a great impact in handicapped lives during his 23 years of experience as a social worker, stated about the competency of "Empathy and sympathy" as follows:

"...the society doesn't think that handicapped people can work too and they have a negative perception about them, but we have to understand them, all their problems and abilities..."

These characteristics, which are directly related to the nature of social businesses, are inseparable parts of these businesses because people who do not have social concerns, commitment to help the deprived, empathy and sympathy, and other factors in this area, basically will not be able to run such businesses. So it can be said that these competencies are of great importance.

The obtained results in this section are in line with studies of Bird (2002) and Mitchelmore and Rawley (2010). In a way that introduced Bird (2002) introduced motives and characteristics and self-perception and social roles and Mitchelmore and Rawley (2010) introduced human relations competencies.

Health professional entrepreneurial competencies

Health professional entrepreneurial competencies include knowledge, skills and abilities related to the field of health in which help social entrepreneurship managers to establish an organization and implement technical and specialized tasks. The identified health professional entrepreneurial competencies in this study include executive and contextual competencies.

These competencies include being influenced by role model in the field of health, entrepreneurial intention in the field of health, benefit from others' experiences in the field of health, previous experience in the field of health, specific and technical knowledge and education, the ability to analyze health business environment, the ability to identify opportunities in the field of health, financing, the ability to recognize target groups in the field of health and the ability to recognize the requirements of target groups in the field of health, can be seen in the content provided by some interviewees, as one of them which himself is a doctor and has worked in social entrepreneurial organizations for more than 20 years mentioned:

"...it is necessary to have professional knowledge and awareness to start a business..."

This necessity is more important when it comes to the health of individuals. Therefore, it is necessary for the organizations managers to obtain these competencies.

The obtained results in this section is in line with the results of studies of Guo (2009); Man et al. (2002); Izquierdo (2005); Brinkman (2007); Mitchelmore and Rawley (2010) and Bird (2002). In a way that Guo (2009) introduced competencies related to health system and environment; Man et al. (2002) introduced opportunity competencies; Izquierdo (2005) introduced identification and evaluation of business opportunities; Mitchelmore and Rawley (2010) introduced previous experience and Bird (2002) introduced behavior, knowledge and skills in this field.

As shown in Fig. 1, the model is made of three circles inside each other. The outermost layer is related to general competencies which are needed for all managers including managers of social entrepreneurship organizations in field of health and are defined as communication competencies, individual competencies and managerial competencies. The middle layer is related to social competencies needed for all social entrepreneurship managers which are internal competencies and required competencies and central layer of model is related to professional competencies for managers in field of health sector which are executive and contextual competencies.

Conclusions & Implications for further research

In this section according to the obtained results of the study, some suggestions with regard to promoting social entrepreneurial competencies for managers of social entrepreneurship organizations in the field of health will be presented.

As one of the key competencies required by managers of social entrepreneurship organizations identified in this research is personality abilities and competencies and generally these abilities can be developed and the first step for development of these features is considering self-knowledge, it is suggested that managers of organizations under study participate in educational courses of strengthening individual abilities and increase this ability.

As strategic thinking is another key competency which is required by managers of social entrepreneurship organizations identified in this research, it is suggested that in order to deployment of strategic thinking in organization, a team consist of all managers be formed to develop strategies and their implementation.

Ability to organize is another key competency identified in this research, and most of the social entrepreneurship organizations are unstructured and formed on the basis of charitable intentions of people, many principles of organization and management are not followed in them and this will causes serious damage to the organization. Therefore it is suggested that at the time of recruiting managers, great attention be focused on the applicants who possess these competencies.

Because establish effective communications with colleagues and also with other institutions and organizations was a key competency in this research, it is suggested that by holding educational courses, communication abilities be increased and strengthened. Also by creating several communication channels and mechanisms for effective communications among managers, these organizations can help to promote their communication competencies.

Another competency which was identified in this research is networking and since the main factor of networking in social organizations is building trust and in order to do that functional and financial transparency is required, it is suggested that these organizations by using independent auditors, publish their financial and functional reports in their communication channels in each year.

Ability to manage human resources is a very important competency that many interviewees mentioned and was identified in this research, and also regarding to the fact that the nature of social entrepreneurship organizations is voluntary and volunteers are normally at a higher level of hierarchy of needs, paying special attention to their development and creating a condition for self-actualization (the highest level of needs) can be effective in the success of organization and recruitment of skillful volunteers.

Since one of the key competencies required by managers identified in this research is developing social participation, it is suggested that by forming social campaigns and projects in health sector, not only participation of target groups will be attracted, but also other people in the society will be aware about the health problems.

Because the results of this study indicated that the ability to recognize target groups and their needs is one of the competencies required by managers of social entrepreneurship organizations, it is suggested that in order to recognize target groups and their special needs, continuous meetings with target group and their families should be held so that apart from identifying their actual needs, it will be possible to provide an effective response to these needs.

Authors' contributions

Zahra Amini has collected data on the supervision of two other authors. All authors contributed to writing the manuscript. All authors read and approved the final manuscript.

Competing interests

The authors declare that they have no competing interests.

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