

Social impact creation with GenAI in small- and medium enterprises in healthcare

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Abstract

Purpose – This research aims to develop a framework enabling small- and medium-sized enterprises (SMEs) in healthcare as resource-constrained organizations to create social impact with the integration of generative artificial intelligence (GenAI) in their service ecosystem.

Design/methodology/approach – For developing the GenAI social impact framework, this research relies upon a systematic review of academic articles and business and policy publications and collaboration with healthcare SME experts.

Findings – As integrating GenAI-enabled services in the healthcare ecosystem comes with well-being opportunities and risks for different stakeholders, SMEs benefit from (1) identifying their resource constraints in relation to social impact creation, (2) exploring in what areas GenAI applications can alleviate these resource constraints to create social impact, and (3) implementing GenAI applications for social impact creation at the level of the service ecosystem.

Originality/value – With this study's GenAI social impact framework, the authors strive to foster responsible use of GenAI in SMEs in the healthcare sector.

Keywords Healthcare services, Resource-constrained organization, Low-resource setting, GenAI, Social impact, SMEs, Resource-based view, Value co-creation theory

Paper type Research paper



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1. Introduction

Generative artificial intelligence (GenAI) – which is defined as a type of artificial intelligence (AI) that can create new content, such as text and images – is omnipresent with ChatGPT, Google Gemini and Microsoft Copilot as popular GenAI tools (Nield, 2025). Across sectors and industries, individuals and organizations increasingly rely upon GenAI tools for the delivery of services (Sigala *et al.*, 2024), with professional service providers reporting adoption rates of around 80% across functions (Statista, 2025). The growing diffusion of GenAI in services has sparked optimism regarding its potential to enhance organizational well-being through improved performance and efficiency of the service delivery processes (e.g. Grigsby *et al.*, 2025; Huang and Rust, 2024), as well as to contribute to the well-being of stakeholders and broader service ecosystems (e.g. Alkire *et al.*, 2024; Sidaoui *et al.*, 2024).

At the same time, integrating GenAI into service delivery systems is associated with substantial technical, financial, regulatory and ethical issues (e.g. Belanche *et al.*, 2024; Gupta and Rathore, 2024; Kronblad *et al.*, 2024; Sigala *et al.*, 2024). In other words, the GenAI literature presents a contradiction: on the one hand, GenAI is portrayed as a driver of efficiency and well-being in service organizations; on the other hand, its implementation has been framed as a source of risk and complexity. These opposing perspectives point to an unresolved tension that requires reconciliation among service organizations considering the implementation of GenAI, particularly healthcare organizations and small and medium-sized enterprises (SMEs) delivering services under resource constraints (Dolmans *et al.*, 2014; Van Zyl *et al.*, 2021).

When service organizations operate in low-resource settings – i.e. contexts with systemic, multidimensional resource limitations (Van Zyl *et al.*, 2021), we argue that the stakes of integrating GenAI are amplified. Such organizations stand to benefit the most from the efficiency and well-being gains that GenAI promises, yet they simultaneously have fewer resources to manage the associated risks (Dolmans *et al.*, 2014; Van Zyl *et al.*, 2021). Meanwhile, extant research suggests that innovations – such as the integration of GenAI in organizations – are both enabled and constrained by organizational resource limitations (Dolmans *et al.*, 2014; Kraaijenbrink *et al.*, 2010). Given these inconsistencies in the literature, it remains unclear how resource-constrained service organizations – i.e. service organizations facing resource limitations along multiple dimensions (e.g. financial, technological, capability, etcetera) – can effectively deal with GenAI.

To resolve the inconsistencies linked to integrating GenAI in resource-constrained service organizations, the present research investigates how integrating GenAI in these service organizations affects their well-being and that of their stakeholders – which is how social impact has been defined (Ebrahim and Rangan, 2014; Lindgreen *et al.*, 2021; OECD, 2015). To gain insight into social impact creation with GenAI tools for service organizations with resource limitations, we focus on the healthcare sector as a prototypical low-resource setting and SMEs as resource-constrained organizations within this setting (Van Zyl *et al.*, 2021). Indeed, healthcare SMEs aim to generate social impact (Akinola and Obokoh, 2024) but can – due to their sector and size – face specific challenges when implementing new technologies (Nguyen, 2009) like GenAI (Carayannis *et al.*, 2024).

When it relates to integrating GenAI in the delivery of healthcare services, prior scholarly work has – as shown in Table 1 – focused on the current state of (Gen)AI research and its benefits and risks from an individual, organizational and sectoral/systemic perspective. Yet, none of these studies have specifically examined GenAI in the specific context of healthcare SMEs (rather than other types of organizations). Healthcare SMEs, which aim to enhance individual and societal well-being, are ubiquitous in the healthcare sector (Akinola and Obokoh, 2024). In fact, these organizations have the ambition to create social impact, that is,

Table 1. Selected papers on AI-enabled healthcare services

Perspective	Author and year	Focus and context	Method
Customer	Huang <i>et al.</i> (2023)	Acceptance of AI in medical context	Experimental
	Kumar <i>et al.</i> (2024)	Current state of research on AI in healthcare	Mixed methods
Employee	Longoni <i>et al.</i> (2019)	Risks of AI in medical context	Experimental
	Pasca and Arcese (2024)	Benefits of AI in healthcare and beyond	Qualitative
	Alwali and Alwali (2025)	Benefits and risks of AI in healthcare	Survey
	Gonzalez-Garcia <i>et al.</i> (2024)	Benefits and risks of AI in nursing	Review
	Irgang <i>et al.</i> (2025)	Current state of research on AI in healthcare	Quantitative
	Tursunbayeva and Renkema (2023)	Benefits and risks of AI in healthcare	Review / conceptual
	Afjal (2024)	Benefits of GenAI in healthcare and beyond	Review / conceptual
Organization	Aldwean and Tenney (2024)	Benefits and risks of AI in healthcare	Review
	Bastone <i>et al.</i> (2024)	Benefits of AI in healthcare	Focus groups / exploratory
	Dicuozzo <i>et al.</i> (2023)	Benefits of AI for healthcare system	Case study
	Kannelønning (2024)	Benefits of AI in healthcare	Case study / conceptual
	Kulkov (2023)	Research on AI and risks in healthcare start-ups	Case study / conceptual
	Pham <i>et al.</i> (2024)	Benefits of AI in hospitals	Quantitative exploratory
	Wubineh <i>et al.</i> (2024)	Benefits and risks of AI in healthcare	Review
	Curiello <i>et al.</i> (2025)	Benefits and risks of AI in healthcare ecosystem	Review
	Bekbolatova <i>et al.</i> (2024)	Benefits and risks of AI in healthcare	Review
	Canavale <i>et al.</i> (2022)	Benefits and risks of AI in healthcare networks	Review / conceptual
Sector/system	Meyer <i>et al.</i> (2024)	Current state of research on AI in acute care	Review (conceptual)
	Shah <i>et al.</i> (2024)	Current state of research on AI in healthcare	Review
	<i>The present study</i>	<i>Social impact potential of GenAI in healthcare SMEs</i>	<i>Co-creative approach (including review)</i>
	Source(s): Authors' own work		

fostering not only their own well-being but also that of their stakeholders (Alkire *et al.*, 2025; Parkinson and Naidu, 2024). Meanwhile, healthcare SMEs operate in low-resource settings, thereby turning them into resource-constrained service organizations (Nguyen, 2009; Van Zyl *et al.*, 2021). The most common resource constraints for organizations are – according to Dolmans *et al.* (2014) – financial, capacity and capability constraints. These resource constraints are – as shown in Table 2 – also relevant for healthcare SMEs. A key question, however, revolves around how these resource constraints affect the integration of GenAI in healthcare SMEs.

Based on the resource-based view (Barney, 1991), access to valuable, rare, inimitable and non-substitutable resources – as well as complementary skills and capabilities – is necessary for implementing innovations like GenAI-enabled services (Kraaijenbrink *et al.*, 2010) and cocreating value with them in service ecosystems (Crumbly *et al.*, 2024; Vargo and Lusch, 2016). Among all resources, financial resources are often seen as the most critical ones as it allows organizations to invest in technology and human beings that boost the development of capabilities (Thokala *et al.*, 2025; Cecere *et al.*, 2020; Van Zyl *et al.*, 2021) and hence contribute to the innovative capacity of organizations (Woschke *et al.*, 2017). In other words, organizations can – as also suggested by service-dominant logic (Vargo and Lusch, 2016) – leverage these resources to develop skills and capabilities and apply them to integrate innovations. However, when resources are constrained, innovation such as the integration of GenAI-enabled services is – consistent with this evidence – less likely to occur.

Paradoxically, while the resource-based view predicts that resource constraints reduce the likelihood of innovation (Kraaijenbrink *et al.*, 2010), resource constraints are – according to Dolmans *et al.* (2014) – not necessarily insurmountable and may even stimulate innovative solutions. Some researchers and practitioners contend that certain innovations – such as GenAI-enabled services – can also help organizations to overcome resource limitations by augmenting human capabilities, improving efficiency, and enabling new service delivery models and thereby potentially foster their well-being and that of their stakeholders (De Blick *et al.*, 2024; Eurofound and Cedefop, 2025; Lee *et al.*, 1999; Wirtz and Stock-Homburg, 2025), provided they are designed and deployed responsibly (see also Table 3 for an overview of calls for responsible GenAI integration in service organizations).

Table 2. Type of resource constraints in healthcare SMEs

Type	Description	Examples
Financial constraints	Insufficient cash or other financial means to create social impact	<ul style="list-style-type: none"> • Financial hardship • Funding challenges
Capacity constraints	Shortage of operational means to create social impact	<ul style="list-style-type: none"> • Inadequate infrastructure • Equipment scarcity • Technological constraints • Throughput limits • Limited research capacity
Capability constraints	Lack of human resources to create social impact	<ul style="list-style-type: none"> • Knowledge gaps • Lack of competences/skills • Lack of trained professionals • Staff shortages

Note(s): This overview builds upon research on resource constraints in healthcare (e.g. Thokala *et al.*, 2025; Van Zyl *et al.*, 2021) and SMEs (e.g. Cecere *et al.*, 2020; De Blick *et al.*, 2024; Lee *et al.*, 1999)

Source(s): Authors' own work

Table 3. Calls for responsibly integrating GenAI in service organizations

Author and year	Key insights
Alkire et al. (2024)	GenAI-enabled services can only contribute to sustainability development in case of <i>responsible integration</i> by (1) embracing AI to serve the greater social good rather than only commercial purposes, (2) designing and deploying it in responsible ways, and (3) collaborating with different stakeholders – such as service providers, AI developers, policymakers, customers, and researchers – to implement responsible AI
Ferraro et al. (2024)	GenAI-enabled services can only benefit customers when <i>brand response strategies</i> bridge paradoxes between (1) connection versus isolation, (2) lower cost versus higher price, (3) higher quality versus less empathy, (4) satisfaction versus frustration, (5) personalization versus intrusion, and (6) empowering versus disabling
Grigsby et al. (2025)	GenAI-enabled advertisement services can only lead to positive attitudes and trust among customers when there is <i>selective usage</i> (here, usage for tangible but not for intangible attributes in service ad design)
Huang and Rust (2024)	GenAI can only advance customer care in emotionally charged interactions when <i>engineers tackle technical challenges</i> by accurately recognizing, understanding, and managing customer emotions – ultimately building emotional connections
Sidaoui et al. (2024)	Conversational agents as GenAI-enabled service require <i>robust digital governance mechanisms</i> to prioritise customer and societal well-being and ensure ethical, transparent, and inclusive use of AI technologies
Sigala et al. (2024)	Service organizations can benefit from leveraging GenAI applications like ChatGPT when addressing the <i>corporate digital responsibility</i> challenges that come along with them
Wirtz and Stock-Homburg (2025)	GenAI alters the benefits and risks of service robots for service organizations and their customers and employees, thereby urging leaders to <i>start imaging what social impact they may create</i> with GenAI-powered service robots

Source(s): Authors' own work

Considering these paradoxical perspectives on the role of resource constraints, we conclude that they may both inhibit and possibly benefit innovations like the integration of GenAI in service delivery processes. Yet, responsible integration of GenAI-enabled services in resource-constrained organizations requires a comprehensive understanding of its well-being implications. In other words, the well-being opportunities and risks associated with GenAI integration in resource-constrained environments warrant careful examination – particularly when these organizations aim to create social impact, as is the case for healthcare-related SMEs.

To better understand the social impact that GenAI can create for healthcare SMEs as resource-constrained service organizations, we therefore ask the following research question: how can resource-constrained service organizations, particularly healthcare SMEs, effectively integrate GenAI to maximize social impact while managing the risks inherent to its adoption? To investigate how GenAI shifts, amplifies or complicates this paradox, we conduct a systematic review of academic literature alongside business and government publications to examine the well-being opportunities and risks associated with integrating (Gen)AI into healthcare service delivery across multiple ecosystem actors. In line with the guidelines for responsible GenAI integration in service ecosystems ([Scott and Mende, 2022](#); [Alkire et al., 2024](#)), we subsequently collaborate with healthcare SME experts to formulate the GenAI social impact framework, a carefully designed roadmap for practitioners to rigorously assess the social impact of integrating GenAI in resource-constrained organizations and maximize their potential to create meaningful social impact.

By doing so, we do not only create – as acknowledged by [Aiello et al. \(2021\)](#) and [Alkire et al. \(2025\)](#) – social impact through our collaboration with SME experts in the healthcare sector (cf. low-resource setting) but also contribute to a better understanding of the social impact of GenAI integration in healthcare SMEs (cf. resource-constrained organizations). Social impact research typically assumes deliberate resource investment as its starting point ([Ebrahim and Rangan, 2014](#)), whereas resource-constrained organizations pursue well-being goals under conditions of scarcity ([Nguyen, 2009](#); [Van Zyl et al., 2021](#)). GenAI both sharpens and potentially reshapes this dynamic. This study, therefore, clarifies how healthcare SMEs can generate meaningful social impact through GenAI adoption under such constraints, thereby advancing a more precise understanding of social impact in settings where scarcity is the rule rather than the exception.

2. Methodology

To gain insights into the creation of social impact through GenAI in resource-constrained organizations operating in low-resource settings (here, healthcare SMEs), we conducted a two-way systematic literature review including results up to December 2025 (see [Figure 1](#)). At the beginning of this process, the five researchers divided themselves into two teams of two and the fifth researcher acted as a liaison between the two teams.

The first team focused on peer-reviewed academic papers and systematically searched the Web of Science (WOS) database for this purpose. The literature search excluded proceeding paper, editorial material, meeting abstracts or news items and was limited to WOS categories in management or business. The results are based on keywords such as “generative AI,” “GenAI,” “ChatGPT,” “Artificial Intelligence” in connection with “healthcare” or “service” or “SME,” “small compan*,” “midsized compan*.” Due to the rapid and fundamental development of the topic GenAI over the past few years, only recent articles from 2022

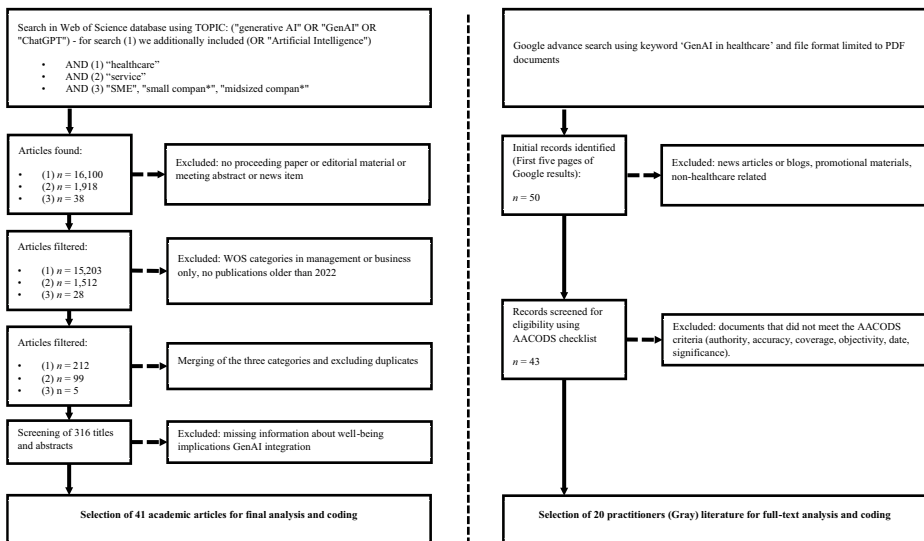


Figure 1. Flow process chart of two-way literature research methodology

Source: Authors' own work

onwards have been considered. After reviewing the abstracts of 316 papers, 41 articles were identified to be relevant for this research (see [Figure 1](#) for more details) [1].

At the same time, the second team engaged in selecting prominent business and governmental publications. A systematic search was conducted using the terms like “GenAI in healthcare report” or “GenAI in healthcare” in Google. The review focused on reports selected based on the credibility of their institutional sources (e.g. government agencies, leading consulting firms and reputable nonprofit organizations). Thus, 20 publications have been selected (see [Figure 1](#) for more details) [2].

As part of a multi-stage coding process, both sets of publications were initially coded separately by the teams. After identifying several categories of well-being opportunities and risks linked to the use of GenAI within the delivery of healthcare services, both teams decided – in agreement with the fifth researcher – to group these categories in more abstract categories. To integrate the insights from both teams, the fifth researcher focused on the similarities and differences between the two sets of well-being opportunities and risks, discussing the merging of both coding trees. In the third step, the merged coding tree was validated and redefined again by teams of two in mixed combinations, thereby realizing data and researcher triangulation.

In a final step, the research team purposively sampled practitioners with different roles, positions and expertise in relation to healthcare SMEs (maximal variation sampling), namely, (1) a caregiver delivering ambulant healthcare services as part of an SME, (2) a manager of a residential healthcare SME and (3) a consultant offering services to SMEs in healthcare [3]. After presenting the insights from our two-way systematic literature review to these healthcare SME experts with different perspectives, we engaged in in-depth conversations with them. Specifically, we discussed the well-being opportunities and risks associated with GenAI, the conditions under which these arise, and how healthcare SMEs can address them in pursuit of enhanced social impact. By collaborating with these healthcare SME experts – which is another form of data and researcher triangulation that enhances the credibility of our research – we were able to develop a comprehensive framework to rigorously assess the social impact of integrating GenAI in resource-constrained service organizations.

3. Findings

3.1 Insights on well-being opportunities and risks of generative artificial intelligence in healthcare services

When striving for responsible GenAI integration, it is important to assess both well-being opportunities and risks that may arise from integrating GenAI in the delivery of healthcare services across different service ecosystem actors.

When considering the *well-being opportunities*, we distinguish – as shown in [Table 4](#) – between patients, professionals and organizations. For each of these service ecosystem actors, well-being opportunities relate to generating *enhanced healthcare performance* (e.g. improved diagnostics and outcomes for patients, less burnout for professionals, and enhanced treatment quality for the organization), *improved accessibility and efficiency* (e.g. reduced waiting times for patients, improved teamwork among professionals, and better care planning for the organization), and their contribution to *optimized support systems* (e.g. virtual assistance along patient journey, improved clinical decision-making for professionals, and enhanced knowledge management in organizations). When multiple service ecosystem actors experience these well-being opportunities, GenAI bears the potential to deliver well-being at the system level and hence create social impact (e.g. improved national health outcomes, reallocation of freed-up resources, development of health intelligence).

Table 4. GenAI Social impact framework: well-being opportunities

Well-being opportunities	Patient	Professional	Organization
Enhanced healthcare performance	<p><i>Improved diagnostics and outcomes</i> = GenAI can provide more accurate diagnostics leading to better patient outcomes (A: Longoni et al., 2019; P: Nomura Research Institute, 2024)</p> <p><i>More personalized advice and treatment</i> = GenAI can offer tailored personalized advice, which enables better coordination and more personalized treatments (A: Afjal, 2024; P: McKinsey and Company, 2023)</p>	<p><i>Less burnouts</i> = GenAI reduces physician burnout from administrative tasks and improves teamwork and decision-making among healthcare professionals (A: Pham et al., 2024; P: World Economic Forum, 2024)</p> <p><i>Insight in conditions for improving care</i> = GenAI leads to an enhanced understanding of conditions to safer and better care (A: Dicuonzo et al., 2023; P: American Medical Association; 2025)</p>	<p><i>Enhanced treatment quality</i> = GenAI can contribute to earlier disease diagnosis, particularly for chronic illnesses, enhances treatment quality and can identify health issues before they are reported (A: Meyer et al., 2024; P: Persistent Systems, 2025)</p> <p><i>Better operational and financial performance</i> = GenAI can enhance operational and financial performance, leading to increased revenue and productivity, and contributing to cost reduction in healthcare organizations (A: Bastone et al., 2024; P: Nomura Research Institute, 2024)</p> <p><i>Optimized allocation of resources</i> = GenAI can optimize resource allocation and logistical planning in healthcare organizations (A: Canavale et al., 2022; P: Bain and Company, 2025)</p>
Improved accessibility and efficiency	<p><i>24 / 7 guidance</i> = GenAI-powered virtual assistants and chatbots are available 24 / 7 for health guidance and patient education (A: Wubineh et al., 2024; P: World Economic Forum, 2024)</p> <p><i>More accessible healthcare</i> = GenAI improves accessibility of healthcare by reducing waiting times for patients and translating complex medical reports into easy-to-understand language (A: Pham et al., 2024; P: Brillio, 2024)</p>	<p><i>Faster diagnoses</i> = GenAI allows for faster and more accurate disease diagnosis (radiology, pathology, medical imaging) particularly for chronic illnesses (A: Afjal, 2024; P: European Parliament, 2022)</p> <p><i>Improved teamwork and collaboration</i> = GenAI improves teamwork and decision-making among healthcare professionals (A: Wubineh et al., 2024)</p> <p><i>Automating (repetitive) tasks</i> = GenAI has the potential to automate (repetitive) tasks, thereby improving time resources and healthcare performance (A: Gonzalez-Garcia et al., 2024; P: LTIIndtree, 2023)</p>	<p><i>Better assessment of care needs</i> = GenAI helps in improving the assessment of care needs in daily operation (A: Longoni et al., 2019; P: American Medical Association, 2025)</p>

(continued)

Table 4. Continued

Well-being opportunities	Patient	Professional	Organization
Optimized support system	<p><i>Virtual assistance along journey</i> = GenAI can function as a virtual assistant for patients along the whole healthcare journey contributing to patient orientation (A: Wubineh <i>et al.</i>, 2024; P: Nomura Research Institute, 2024)</p>	<p><i>Improved clinical decision support</i> = GenAI supports clinicians by enhancing decision support and clinical decision-making (A: Bekbolatova <i>et al.</i>, 2024; P: American Medical Association, 2025)</p>	<p><i>Enhanced knowledge management</i> = GenAI democratizes knowledge access and content creation and reduces information asymmetry (A: Kulkov, 2023; P: LTTMindtree, 2023) <i>More efficient workflows</i> = GenAI streamlines workflows and processes, improves efficiency in health services and inventory management, and transforms business processes (A: Afjal, 2024; P: McKinsey and Company, 2023)</p>

Note(s): A = illustrative references to academic articles; P = illustrative references to practitioner publications from business or governments
Source(s): Authors' own work

Table 5. GenAI Social impact framework: well-being risks

Well-being risks	Patient	Professional	Organization
Ethical and legal concerns	<p><i>Privacy concerns</i> = patients may experience concerns about privacy and the need for greater protection of personal data (A: Sidaoui et al., 2024; P: Cappemini, 2024)</p>	<p><i>Concerns about professional liability</i> = ethical risks include the potential for misuse of GenAI and concerns about professional liability for healthcare providers and other legal and ethical considerations (A: Wubineh et al., 2024; P: Deloitte, 2024)</p>	<p><i>Data privacy and bias concerns</i> = ethical concerns arise from data privacy issues, the potential for bias in GenAI algorithms (A: Aldwean and Tenney, 2024; P: European Parliament, 2022) <i>Accountability and transparency concerns</i> = concerns arise regarding ensuring accountability and transparency in GenAI decision-making processes (A: Belanche et al., 2024; P: VSP Global Innovation Center, 2024)</p>
Reluctance and stress	<p><i>Resistance to AI-enabled care</i> = patients may experience a perceived risk using GenAI in medicine and demonstrate resistance to GenAI-based healthcare services (A: Longoni et al., 2019; P: Brillio, 2024)</p>	<p><i>Questions about accuracy of AI-enabled advices</i> = the reliability of information provided by GenAI may be questionable, raising concerns about the accuracy of AI-generated advice and recommendations (A: Pasca and Arcese, 2024; P: EXL, 2024) <i>Discomfort about AI-enabled diagnoses</i> = GenAI could cause discomfort in relying on GenAI for diagnoses and reduce trust in GenAI diagnostics (A: Belanche et al., 2024; P: GAO, 2024) <i>Mental strains</i> = GenAI may contribute to increased stress and anxiety among healthcare workers (A: Irgang et al., 2025; Le and Cayrat, 2024)</p>	<p><i>Risk for AI-disfavoring culture</i> = cultural and personnel factors may hinder AI implementation (A: Huang and Rust, 2024; P: Deloitte, 2024) <i>Unpreparedness for introduction</i> = healthcare organizations may face financial barriers related to the cost of GenAI infrastructure and implementation, encounter high costs and risks associated with GenAI, and experience implementation barriers in realistic settings (A: Kulkov, 2023; P: EXL, 2024) <i>Integration and interoperability issues</i> = data integration and interoperability issues with existing systems (A: Shah et al., 2024; P: Deloitte, 2024) <i>Regulatory and policy barriers</i> = regulatory and political obstacles hinder the introduction of GenAI (A: Afjal, 2024; P: GAO, 2024)</p>

(continued)

Table 5. Continued

Well-being risks	Patient	Professional	Organization
Altering healthcare jobs	<i>Dehumanized care experience</i> = patients may experience a lack of empathy and human interaction when using GenAI (A: Belanche et al., 2024 ; P: Cappemini, 2024)	<i>Job insecurity</i> = GenAI may lead to job displacement and insecurity among healthcare professionals (A: Huang and Rust, 2018 ; P: Deloitte, 2024)	<i>Demand for new skills</i> = cultural and personnel factors may create a need for interdisciplinary skills, leadership in technology adoption, effective management of external expertise, and integration of processes and strategy (A: Pham et al., 2024 ; P: Bain and Company, 2025) <i>Lack of a critical approach</i> = healthcare organizations may face risks related to supplier opportunism, encounter fragmented GenAI research and application efforts, and lack essential infrastructure and capabilities for successful GenAI implementation (A: Meyer et al., 2024 ; P: Cappemini, 2024) <i>Standardization</i> = AI tools might standardize processes and protocols, resulting in a lack of possibilities to react to unforeseen events in the process (A: Grigsby et al., 2025 ; Tursunbayeva and Renkema, 2023)
Taking over decision-making	<i>Fear of overreliance on AI</i> = GenAI could lead to the deskilling of physicians, and result in overreliance on GenAI, diminishing independent thinking (A: Kannelønning, 2024 ; P: Nomura Research Institute, 2024)	<i>Restrained autonomy for professionals</i> = GenAI tools might limit healthcare professionals' ability to make independent decisions and exercise their judgment (A: Tursunbayeva and Renkema, 2023)	

Note(s): A = illustrative references to academic articles; P = illustrative references to practitioner publications from business or governments
Source(s): Authors' own work

As shown in Table 5, however, GenAI also brings well-being risks for patients, professionals and organizations. Each of these ecosystem actors was found to encounter *ethical and legal issues* (e.g. privacy concerns among patients, liability concerns among professionals, and accountability concerns for organizations) and *stress and reluctance* (e.g. resistance to AI-enabled care among patients, discomfort about AI-enabled diagnoses among professionals, and risk for AI-disfavouring culture within organizations). Next, (Gen)AI was linked to risks for different actors by *altering healthcare jobs* (e.g. dehumanized care experiences for patients, job insecurity for professionals, and demand for new skills within organizations) and *taking over decision-making* (e.g. fear of overreliance on AI among patients, restrained autonomy for professionals, and a lack of critical approaches within organizations). When these risks are scaled up from individual service ecosystem actors to service ecosystems as a whole, GenAI may bring well-being risks at the system level by compromising resource efficiency and institutional trust and hence diminish the potential to create social impact.

3.2 Toward a generative artificial intelligence social impact for small and medium-sized enterprises framework

Building upon the well-being opportunities and risks that shape social impact creation with GenAI in healthcare, our collaboration with healthcare SME experts led to developing a GenAI social impact framework that includes – in light of the resource constraints – three stages:

- (1) identifying social impact priority areas;
- (2) exploring the GenAI social impact potential; and
- (3) implementing GenAI for social impact creation (see Figure 2).

3.2.1 *To identify social impact priority areas.* (i.e. areas where the generation of well-being is at risk), healthcare SMEs can evaluate what service ecosystem actors are threatened in terms of their well-being (e.g. patients or healthcare professionals), what are the most important well-being risks they face (e.g. getting suboptimal care or experiencing high workload), and what resource constraints shape these well-being risks (financial, capacity, capability – see Table 2). The healthcare SME experts, for instance, refer to patients (cf.

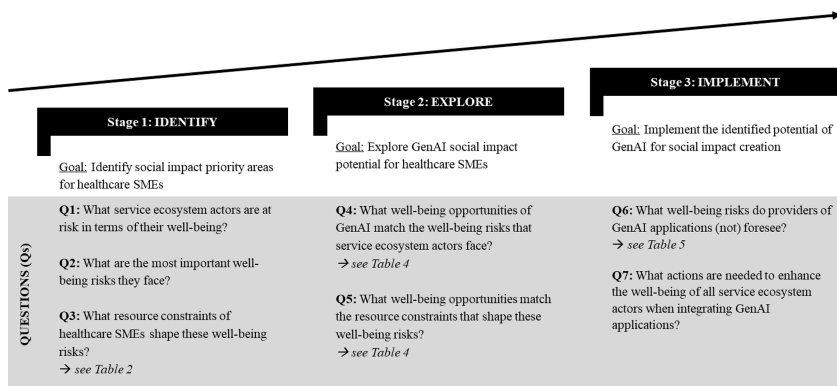


Figure 2. GenAI social impact for SMEs framework

Source: Authors' own work

service ecosystem actor) getting suboptimal care (cf. well-being risk) due to a lack of trained professionals (cf. capability constraints), which is thus a social impact priority area. The same goes for a lack of documentation systems (cf. capacity constraints) that generates a high workload (cf. well-being risk) for healthcare professionals (cf. service ecosystem actors), as exemplified by this quote from a healthcare SME expert: “the stress for caregivers, because the documentation workload keeps growing. The most important thing would be a support tool for documentation” (manager).

3.2.2 *To explore the generative artificial intelligence social impact potential.* (i.e. the well-being opportunities that GenAI can bring), healthcare SMEs can explore what well-being opportunities match the well-being risks that service ecosystem actors face while taking their resource constraints into consideration. With the help of [Table 4](#), healthcare SME experts explored in what areas GenAI applications can alleviate resource constraints to creating social impact. For patients getting suboptimal care due to a lack of trained professionals, there are well-being opportunities at the intersection of professionals and enhanced healthcare performance in [Table 4](#) (cf. GenAI applications that provide insight into conditions for improving care – “*If I haven’t done [some treatments] for five years, it would be practical to have the process explained to me again, so I can implement it better.*” – caregiver). The lack of a documentation system that creates stress for professionals, in turn, lead to well-being opportunities at the intersection of organization and enhanced healthcare performance in [Table 4](#) (cf. GenAI applications that contribute to better operational performance), as explained by one of the healthcare SME experts:

Like with anything else, GenAI will clean up the process – it will take care of the low-value tasks, the repetitive and automatable ones, and free up the process. So yes, it could bring back real value to the doctor’s role – in their ability to empathize, explain, and support. That’s when it becomes interesting [...] That’s when their value really comes into play. (consultant).

3.2.3 *To implement the identified potential of generative artificial intelligence for social impact creation.* The SME experts call for developing GenAI maturity (i.e. the organizational readiness and capability to integrate GenAI applications without inducing well-being risks). Here, it is important to bear in mind that many healthcare SMEs currently lack experience with GenAI technologies. As one expert mentioned, (“*artificial intelligence hasn’t really been implemented in their settings yet [here, hospitals] – or at least not in any way that’s visible to users outside of the IT department*” – consultant) and outsourcing its integration to third-party suppliers may not solve the issue:

We’re dealing with data that is extremely sensitive and therefore heavily protected, so before using it in any system, we need a whole series of guarantees regarding how that data will potentially be used. And that’s where we see the real challenge: patients have given their consent for their data to be used to improve their own care – but usually not for training a tool or populating a dataset for data generation purposes. (consultant).

With the help of [Table 5](#), healthcare SMEs can assess what well-being risks the providers of GenAI applications foresee (e.g. privacy concerns among patients) and which ones they do not anticipate (e.g. concerns about professional liability). This assessment enables healthcare SMEs to reflect upon action to ensure that GenAI applications enhance the well-being of all actors in their service ecosystem, as explained by one of the healthcare SME experts: “*some patients said, “No, I want to be treated by someone who can touch me, who can feel what’s going on, who can explain it to me.” And others said, “Oh no, actually I love this [GenAI-enabled service]. If I’m treated based on data, then I know I’m getting the best care.*” (consultant). Being involved in the development of GenAI applications might enable healthcare SMEs – as resource-constrained organizations – to establish GenAI maturity (e.g.

“If something is being developed, I’d hope that they would take small real-life providers like us and test those things with us. So, the prototypes would be tested in that environment” – manager). Taken together, healthcare SMEs can – as resource-constrained organizations operating in low-resource settings – only realize the social impact potential of GenAI by involving its providers and other service ecosystem actors that are affected by its integration to establish GenAI maturity.

4. Discussion

4.1 Theoretical implications

This research advances theorizing about social impact creation by investigating what role GenAI can play. Theoretically, social impact creation has long been framed as an outcome of deliberate investment (Crumbly *et al.*, 2024; Ebrahim and Rangan, 2014; Parkinson and Naidu, 2024), yet resource-constrained organizations – like healthcare SMEs – challenge this assumption by pursuing well-being goals under conditions of scarcity (Nguyen, 2009; Van Zyl *et al.*, 2021). Building upon the resource-based view, this research demonstrates that GenAI offers opportunities to enhance the well-being of healthcare SMEs and their stakeholders. In these contexts, GenAI can act as a potential resource substitute and capability amplifier, as it enables resource-constrained organizations – like healthcare SMEs – to enhance their social impact in multiple ways (see Table 4). Yet, this research also shows that the integration of GenAI in resource-constrained service ecosystems comes with various risks for social impact creation (see Table 5). Through our GenAI social impact framework – which emerged by collaborating with healthcare SME experts (see Figure 2) – we reveal that the social impact of GenAI is contingent upon the capability to identify social impact priority areas, explore the social impact potential of GenAI, and implement the identified potential for social impact creation. In doing so, the framework reconciles the tension between GenAI as a driver of well-being (e.g. Alkire *et al.*, 2024) and as a source of risk (e.g. Sigala *et al.*, 2024). Moreover, it addresses the paradox that resource constraints may both inhibit and potentially motivate innovation (e.g. Dolmans *et al.*, 2014; Kraaijenbrink *et al.*, 2010). These insights reflect key concerns around the development of complementary capabilities in the resource-based view and service-dominant logic but advance it by conceptualizing social impact potential and GenAI maturity as interrelated domains that explain how new technologies transform well-being across service ecosystem actors.

4.2 Practical implications

For practitioners, the GenAI social impact framework (see Figure 2) and the corresponding guidelines (see Table 6) offer a structured tool to evaluate where and how GenAI can enable healthcare SMEs to create social impact. In the IDENTIFY stage, GenAI enables resource-constrained organizations to map social impact priority areas by determining which service ecosystem actors are at risk (Q1), the most pressing well-being risks they face (Q2), and the resource constraints shaping these risks (Q3). Building on this, the EXPLORE stage helps SMEs identify where GenAI can best augment service delivery, by matching GenAI opportunities to the identified well-being risks (Q4) and resource constraints (Q5). Finally, the IMPLEMENT stage assists in assessing GenAI-connected risks that providers may (not) foresee (Q6) and in developing concrete actions to enhance the well-being of all ecosystem actors (Q7), thereby establishing GenAI maturity. As the resource-based view suggests, SMEs must selectively deploy their limited resources to build capabilities that align with high-impact areas to generate disproportionate returns on investment. Ultimately, the framework empowers healthcare SMEs to make more strategic and responsible decisions regarding GenAI adoption, despite limited means.

Table 6. Guidelines for healthcare SMEs integrating GenAI for social impact creation

Guidelines	Guiding questions	Potential answers	Recommended actions
1. Identify social impact priority area	<p>Q1: What service ecosystem actors are at risk in terms of their well-being?</p> <p>Q2: What are the most important well-being risks healthcare SMEs face?</p> <p>Q3: What resource constraints of healthcare SMEs shape these well-being risks?</p>	<ul style="list-style-type: none"> • Patients • Professionals • Organizations • Suboptimal care • Excessive workload • Funding challenges • Inadequate infrastructure • Staff shortages • Improved diagnostics and outcomes through GenAI • Improved teamwork and collaboration through GenAI • Enhanced knowledge management through GenAI • GenAI tools at affordable price • GenAI tools requiring limited infrastructure • GenAI tools with minimal training requirements 	<ul style="list-style-type: none"> • Map key actors in the service ecosystem and gather their feedback (short interviews, surveys, informal discussions) • Identify service ecosystem actors with the highest well-being risks • List where well-being is compromised • Identify 2–3 most critical problems to address first • Assess financial, capacity, and capability constraints • Identify most prominent resource constraints
2. Explore GenAI social impact potential	<p>Q4: What well-being opportunities of GenAI match the well-being risk that service ecosystem actors face?</p> <p>Q5: What well-being opportunities match the resource constraints that shape these well-being risks?</p>		<ul style="list-style-type: none"> • Explore GenAI tools for enhanced healthcare performance • Explore GenAI tools for improved accessibility and efficiency • Explore GenAI tools that optimize support system • Explore GenAI tools that fit financial constraints (e.g. low-cost or subscription-based GenAI tools) • Explore GenAI tools that fit with capacity and/or capability constraints (e.g. widespread GenAI solutions)

(continued)

Table 6. Continued

Guidelines	Guiding questions	Potential answers	Recommended actions
3. Implement the identified potential of GenAI for social impact creation	<p>Q6: What well-being risks do providers of GenAI applications (not) foresee?</p> <p>Q7: What actions are needed to enhance the well-being of all service ecosystem actors when integrating GenAI applications?</p>	<ul style="list-style-type: none"> Ethical and legal concerns Reluctance and stress Altering healthcare jobs Taking over decision-making Obtain patient consent for data usage by GenAI tools Manage caregiver resistance against GenAI integration Establish clear guidelines for GenAI use in organizational decision-making 	<ul style="list-style-type: none"> Check what measures providers of GenAI tools take to reduce well-being risks across service ecosystem actors Make a list of well-being risks that are not tackled by providers of GenAI tools Ensure compliance with ethical and legal standards when integrating GenAI Start with pilot testing GenAI tools in small units before large-scale implementation to establish GenAI maturity Gather multi-actor feedback about social impact creation with GenAI tools and involve GenAI providers and other service ecosystem actors in tackling any issues

Note(s): Q = question

Source(s): Authors' own work

4.3 Limitations and directions for future research

Our research integrates existing knowledge from academic literature, practitioner and policy publications and SME expert insights. While this triangulation strengthens the framework's relevance, three limitations merit attention. First, as our research focuses on SMEs in the healthcare sector, it is advisable to compare these findings with other types of resource-constrained organizations from other sectors or industries to identify specific differences. Second, although the framework introduces GenAI maturity as an important objective, specific action to achieve it remain underdeveloped. Future work could build instruments to measure and benchmark GenAI maturity across resource-constrained contexts and investigate how it is established. Third, our framework is based on conceptual and qualitative data, making it exploratory in nature. Future research should empirically test its applicability through case studies, ethnographic fieldwork or action research in resource-constrained organizations integrating GenAI applications for social impact creation.

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Notes

- [1.] Full list of academic articles is available upon request.
- [2.] Full list of practitioner publications is available upon request.
- [3.] Each of these experts gave their informed consent for participating in this research.

References

- Afjal, M. (2024), "Evolving trends, limitations, and ethical considerations in AI-driven conversational interfaces: assessing ChatGPT's impact on healthcare, financial services, and educational sectors", *Technology Analysis and Strategic Management*, Vol. 37 No. 13, pp. 1-20, doi: [10.1080/09537325.2024.2420617](https://doi.org/10.1080/09537325.2024.2420617).
- Aiello, E., Donovan, C., Duque, E., Fabrizio, S., Flecha, R., Holm, P., Molina, S., Oliver, E. and Reale, E. (2021), "Effective strategies that enhance the social impact of social sciences and humanities research", *Evidence and Policy*, Vol. 17 No. 1, pp. 131-146, doi: [10.1332/174426420X15834126054137](https://doi.org/10.1332/174426420X15834126054137).
- Akinola, S. and Obokoh, L. (2024), "Opportunities and challenges of empowering SMEs for sustainable healthcare delivery", *Journal of Infrastructure Policy and Development*, Vol. 8 No. 2, p. 2579, doi: [10.24294/jipd.v8i2.2579](https://doi.org/10.24294/jipd.v8i2.2579).
- Aldwean, A. and Tenney, D. (2024), "Artificial intelligence in healthcare sector: a literature review of the adoption challenges", *Open Journal of Business and Management*, Vol. 12 No. 1, pp. 129-147, doi: [10.4236/ojbm.2024.121009](https://doi.org/10.4236/ojbm.2024.121009).
- Alkire, L., Bilgihan, A., Bui, M., Buoye, A.J., Dogan, S. and Kim, S. (2024), "RAISE: leveraging responsible AI for service excellence", *Journal of Service Management*, Vol. 35 No. 4, pp. 490-511, doi: [10.1108/JOSM-11-2023-0448](https://doi.org/10.1108/JOSM-11-2023-0448).

- Alkire, L., Hesse, L., Raki, A., Boenigk, S., Kabadayi, S., Fisk, R.P. and Mora, A. (2025), "From theory to practice: a collaborative approach to social impact measurement and communication", *European Journal of Marketing*, Vol. 59 No. 6, doi: [10.1108/EJM-04-2024-0321](https://doi.org/10.1108/EJM-04-2024-0321).
- Alwali, J. and Alwali, W. (2025), "Linking AI-driven HRM and emotional intelligence to leadership effectiveness and employee performance", *Leadership and Organization Development Journal*, Vol. 47 No. 3, doi: [10.1108/LODJ-05-2025-0358](https://doi.org/10.1108/LODJ-05-2025-0358).
- American Medical Association (2025), "Augmented intelligence in medicine, American medical association", available at: www.ama-assn.org/practice-management/digital-health/augmented-intelligence-medicine (accessed 14 January 2026).
- Bain and Company (2025), "Global healthcare private equity report 2025", available at: www.bain.com/globalassets/noindex/2025/bain_report_global_healthcare_private_equity_2025.pdf (accessed 11 March 2025).
- Barney, J.B. (1991), "Firm resources and sustained competitive advantage", *Journal of Management*, Vol. 17 No. 1, pp. 99-120.
- Bastone, A., Nevi, G., Schiavone, F., Bernhard, F. and Dezi, L. (2024), "Making artificial intelligence sustainable for healthcare", *Journal of Innovation Economics and Management*, Vol. 44 No. 2, pp. 87-117, doi: [10.3917/jie.pr1.0157](https://doi.org/10.3917/jie.pr1.0157).
- Bekbolatova, M., Mayer, J., Ong, C.W. and Toma, M. (2024), "Transformative potential of AI in healthcare: definitions, applications, and navigating the ethical landscape and public perspectives", *Healthcare*, Vol. 12 No. 2, doi: [10.3390/healthcare12020125](https://doi.org/10.3390/healthcare12020125).
- Belanche, D., Belk, R.W., Casalo, L.V. and Flavián, C. (2024), "The dark side of artificial intelligence in services", *The Service Industries Journal*, Vol. 44 Nos 3-4, pp. 149-172, doi: [10.1080/02642069.2024.2305451](https://doi.org/10.1080/02642069.2024.2305451).
- Brillio (2024), "Generative AI for healthcare", available at: www.brillio.com/wp-content/uploads/2024/04/Gen-AI-for-Healthcare-ebook.pdf (access 26 April 2025).
- Canavale, C., Tammaro, A.E., Leone, D. and Schiavone, F. (2022), "Innovation adoption in inter-organizational healthcare networks – the role of artificial intelligence", *European Journal of Innovation Management*, Vol. 25 No. 6, pp. 758-774, doi: [10.1108/EJIM-08-2021-0378](https://doi.org/10.1108/EJIM-08-2021-0378).
- Capgemini (2024), "Supercharge healthcare through GenAI, capgemini report", available at: www.capgemini.com/fr-fr/wp-content/uploads/sites/6/2024/02/2024-FR-PoV-GenAI4Care.pdf (accessed 11 March 2025).
- Carayannis, E.G., Dumitrescu, R., Falkowski, T. and Zota, N.-R. (2024), "Empowering SMEs "harnessing the potential of gen AI for resilience and competitiveness", *IEEE Transactions on Engineering Management*, Vol. 71, pp. 14754-14774, doi: [10.1109/TEM.2024.3456820](https://doi.org/10.1109/TEM.2024.3456820).
- Cecere, G., Corrocher, N. and Mancusi, M.L. (2020), "Financial constraints and public funding of eco-innovation: Empirical evidence from european SMEs", *Small Business Economics*, Vol. 54 No. 1, pp. 285-302, doi: [10.1007/s11187-018-0090-9](https://doi.org/10.1007/s11187-018-0090-9).
- Crumbly, J., Pal, R. and Altay, N. (2024), "A classification framework for generative artificial intelligence for social good", *Technovation*, Vol. 139, p. 103129, doi: [10.1016/j.technovation.2024.103129](https://doi.org/10.1016/j.technovation.2024.103129).
- Curiello, S., Iannuzzi, E., Meissner, D. and Nigro, C. (2025), "Mind the gap: unveiling the advantages and challenges of artificial intelligence in the healthcare ecosystem", *European Journal of Innovation Management*, Vol. 28 No. 5, pp. 1790-1833, doi: [10.1108/EJIM-01-2024-0078](https://doi.org/10.1108/EJIM-01-2024-0078).
- De Blick, T., Paeleman, I. and Laveren, E. (2024), "Financing constraints and SME growth: the suppression effect of cost-saving management innovations", *Small Business Economics*, Vol. 62 No. 3, pp. 961-986, doi: [10.1007/s11187-023-00797-9](https://doi.org/10.1007/s11187-023-00797-9).
- Deloitte (2024), "From code to cure, how generative AI can reshape the health frontier: Unlocking new levels of efficiency, effectiveness, and innovation, deloitte report", available at: www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-from-code-to-cure-1.pdf (accessed 11 March 2025).

- Dicuonzo, G., Donofrio, F., Fusco, A. and Shini, M. (2023), "Healthcare system: moving forward with artificial intelligence", *Technovation*, Vol. 120, p. 102510, doi: [10.1016/j.technovation.2022.102510](https://doi.org/10.1016/j.technovation.2022.102510).
- Dolmans, S.A., van Burg, E., Reymen, I.M. and Romme, A.G.L. (2014), "Dynamics of resource slack and constraints: resource positions in action", *Organization Studies*, Vol. 35 No. 4, pp. 511-549, doi: [10.1177/0170840613517598](https://doi.org/10.1177/0170840613517598).
- Ebrahim, A. and Rangan, V.K. (2014), "What impact? A framework for measuring the scale and scope of social performance", *California Management Review*, Vol. 56 No. 3, pp. 118-141, doi: [10.1525/cm.2014.56.3.118](https://doi.org/10.1525/cm.2014.56.3.118).
- Eurofound and Cedefop (2025), "SME digitalisation in the EU: trends, policies and impacts", *Publications Office of the European Union*, Luxembourg.
- European Parliament (2022), Artificial intelligence in healthcare, report PE 729.512, European Parliament, doi: [10.2861/568473](https://doi.org/10.2861/568473) (accessed 11 March 2025).
- EXL (2024), "Generative AI in healthcare: the importance of data management", available at: https://info1.exlservice.com/hubfs/Asset-library/white-paper/EXL_WP_Generative_AI-in-Healthcare-The-Importance-of-Data-Management.pdf (accessed 26 April 2025)
- Ferraro, C., Demsar, V., Sands, S., Restrepo, M. and Campbell, C. (2024), "The paradoxes of generative AI-enabled customer service: a guide for managers", *Business Horizons*, Vol. 67 No. 5, pp. 549-559, doi:[10.1016/j.bushor.2024.04.013](https://doi.org/10.1016/j.bushor.2024.04.013).
- GAO (2024), "Generative AI in health care, science, technology assessment, and analytics, science and tech spotlight", available at: www.gao.gov/assets/880/871171.pdf (accessed 11 March 2025).
- Gonzalez-Garcia, A., Pérez-González, S., Benavides, C., Pinto-Carral, A., Quiroga-Sánchez, E. and Marqués-Sánchez, P. (2024), "Impact of artificial intelligence-based technology on nurse management: a systematic review", *Journal of Nursing Management*, Vol. 2024 No. 1, p. 3537964, doi: [10.1155/2024/3537964](https://doi.org/10.1155/2024/3537964).
- Grigsby, J.L., Michelsen, M. and Zamudio, C. (2025), "Service ads in the era of generative AI: Disclosures, trust, and intangibility", *Journal of Retailing and Consumer Services*, 84104231, Vol. 84, doi: [10.1016/j.jretconser.2025.104231](https://doi.org/10.1016/j.jretconser.2025.104231).
- Gupta, R. and Rathore, B. (2024), "Exploring the generative AI adoption in service industry: a mixed-method analysis", *Journal of Retailing and Consumer Services*, 81103997, Vol. 81, doi: [10.1016/j.jretconser.2024.103997](https://doi.org/10.1016/j.jretconser.2024.103997).
- Huang, M.-H. and Rust, R.T. (2018), "Artificial intelligence in service", *Journal of Service Research*, Vol. 21 No. 2, pp. 155-172, doi: [10.1177/1094670517752459](https://doi.org/10.1177/1094670517752459).
- Huang, M.-H. and Rust, R.T. (2024), "The caring machine: feeling AI for customer care", *Journal of Marketing*, Vol. 88 No. 5, pp. 1-23, doi: [10.1177/00222429231224748](https://doi.org/10.1177/00222429231224748).
- Huang, X., Wu, X., Cao, X. and Wu, J. (2023), "The effect of medical artificial intelligence innovation locus on consumer adoption of new products", *Technological Forecasting and Social Change*, Vol. 197, p. 122902, doi: [10.1016/j.techfore.2023.122902](https://doi.org/10.1016/j.techfore.2023.122902).
- Irgang, L., Sestino, A., Barth, H. and Holmén, M. (2025), "Healthcare workers' adoption of and satisfaction with artificial intelligence: the counterintuitive forces of paradoxical tensions and paradoxical mindset", *Technological Forecasting and Social Change*, Vol. 212, p. 123967, doi: [10.1016/j.techfore.2024.123967](https://doi.org/10.1016/j.techfore.2024.123967).
- Kannelønning, M.S. (2024), "Contesting futures of artificial intelligence (AI) in healthcare: formal expectations meet informal anticipations", *Technology Analysis and Strategic Management*, Vol. 36 No. 11, pp. 3845-3856, doi: [10.1080/09537325.2023.2226243](https://doi.org/10.1080/09537325.2023.2226243).
- Kraaijenbrink, J., Spender, J.C. and Groen, A.J. (2010), "The resource-based view: a review and assessment of its critiques", *Journal of Management*, Vol. 36 No. 1, pp. 349-372, doi: [10.1177/0149206309350775](https://doi.org/10.1177/0149206309350775).
- Kronblad, C., Jonsson, A. and Perner, F. (2024), "Generative AI beyond the hype—new technologies in the face of organizing and organizations", *The Journal of Applied Behavioral Science, Ahead-of-Print*, Vol. 60 No. 4, doi: [10.1177/00218863241285454](https://doi.org/10.1177/00218863241285454).

- Kulkov, I. (2023), "Next-generation business models for artificial intelligence start-ups in the healthcare industry", *International Journal of Entrepreneurial Behavior and Research*, Vol. 29 No. 4, pp. 860-885, doi: [10.1108/IJEBR-04-2021-0304](https://doi.org/10.1108/IJEBR-04-2021-0304).
- Kumar, P., Vrontis, D. and Pallonetto, F. (2024), "Cognitive engagement with AI-enabled technologies and value creation in healthcare", *Journal of Consumer Behaviour*, Vol. 23 No. 2, pp. 389-404, doi: [10.1002/cb.2196](https://doi.org/10.1002/cb.2196).
- Le, K.B.Q. and Cayrat, C. (2024), "Howdy, Robo-Partner: exploring artificial companionship and its stress-alleviating potential for service employees", *Journal of Service Management, Ahead-of-Print*, Vol. 36 No. 4, doi: [10.1108/josm-09-2023-0408](https://doi.org/10.1108/josm-09-2023-0408).
- Lee, K.S., Lim, G.H. and Tan, S.J. (1999), "Dealing with resource disadvantage: generic strategies for SMEs", *Small Business Economics*, Vol. 12 No. 4, pp. 299-311.
- Lindgreen, A., Di Benedetto, C.A., Clarke, A.H., Evald, M.R., Bjørn-Andersen, N. and Lambert, D.M. (2021), "How to define, identify, and measure societal value", *Industrial Marketing Management*, Vol. 97, pp. A1-A13.
- Longoni, C., Bonezzi, A. and Morewedge, C.K. (2019), "Resistance to medical artificial intelligence", *Journal of Consumer Research*, Vol. 46 No. 4, pp. 629-650, doi: [10.1093/jcr/ucz013](https://doi.org/10.1093/jcr/ucz013).
- LTImindtree (2023), "Emergence of generative AI in the healthcare industry", available at: www.ltimindtree.com/wp-content/uploads/2024/01/Emergence-of-GenAI-in-the-Healthcare-Industry-POV.pdf (accessed 26 April 2025).
- McKinsey and Company (2023), "Tackling healthcare's biggest burdens with generative AI", available at: www.mckinsey.com/industries/healthcare/our-insights/tackling-healthcares-biggest-burdens-with-generative-ai (accessed 11 March 2025).
- Meyer, L.M., Stead, S., Salge, T.O. and Antons, D. (2024), "Artificial intelligence in acute care: a systematic review, conceptual synthesis, and research agenda", *Technological Forecasting and Social Change*, Vol. 206, p. 123568, doi: [10.1016/j.techfore.2024.123568](https://doi.org/10.1016/j.techfore.2024.123568).
- Nguyen, T.H. (2009), "Information technology adoption in SMEs: an integrated framework", *International Journal of Entrepreneurial Behavior and Research*, Vol. 15 No. 2, pp. 162-186, doi: [10.1108/13552550910944566](https://doi.org/10.1108/13552550910944566).
- Nield, D. (2025), "These are the 12 most popular AI tools right now, according to a new survey – and rivals are catching ChatGPT", TechRadar, available at: www.techradar.com/computing/artificial-intelligence/these-are-the-12-most-popular-ai-tools-right-now-according-to-a-new-survey-and-rivals-are-catching-chatgpt (accessed 29 November 2025).
- Nomura Research Institute (2024), "Dream up the future - Integrated report 2024", available at: https://ir.nri.com/en/ir/library/report/main/015/teaserItems1/03/link/ar2024_e_print.pdf (accessed 14 January 2026).
- OECD (2015), "Social entrepreneurship social impact measurement for social enterprises, OECD employment policy paper", Report. OECD, available at: www.oecd.org/content/dam/oecd/en/publications/reports/2015/07/social-entrepreneurship-social-impact-measurement-for-social-enterprises_g17a26f0/5jrtpbx7tw37-en.pdf (accessed 20 March 2025).
- Parkinson, J. and Naidu, J. (2024), "Driving and evaluating social impact in health marketing", *Health Marketing Quarterly*, Vol. 41 No. 2, pp. 113-129, doi: [10.1080/07359683.2024.2363568](https://doi.org/10.1080/07359683.2024.2363568).
- Pasca, M.G. and Arcese, G. (2024), "ChatGPT between opportunities and challenges: an empirical study in Italy", *The TQM Journal*, Vol. 37 No. 3, doi: [10.1108/TQM-08-2023-0268](https://doi.org/10.1108/TQM-08-2023-0268).
- Persistent Systems (2025), "Generative AI in precision Medicine - Revolutionizing healthcare", available at: www.persistent.com/insights/whitepapers/generative-ai-in-precision-medicine-revolutionizing-healthcare/ (accessed 26 April 2025).
- Pham, P., Zhang, H., Gao, W. and Zhu, X. (2024), "Determinants and performance outcomes of artificial intelligence adoption: evidence from US hospitals", *Journal of Business Research*, Vol. 172, p. 114402, doi: [10.1016/j.jbusres.2023.114402](https://doi.org/10.1016/j.jbusres.2023.114402).

- Scott, M.L. and Mende, M. (2022), "Impact for good: a journey toward impact through marketing scholarship", *European Journal of Marketing*, Vol. 56 No. 9, pp. 2573-2585, doi: [10.1108/ejm-03-2022-0153](https://doi.org/10.1108/ejm-03-2022-0153).
- Shah, W.S., Elkhwesky, Z., Jasim, K.M., Elkhwesky, E.F.Y. and Elkhwesky, F.F.Y. (2024), "Artificial intelligence in healthcare services: past, present and future research directions", *Review of Managerial Science*, Vol. 18 No. 3, pp. 941-963, doi: [10.1007/s11846-023-00699-w](https://doi.org/10.1007/s11846-023-00699-w).
- Sidaoui, K., Mahr, D. and Odekerken-Schröder, G. (2024), "Generative AI in responsible conversational agent integration: Guidelines for service managers", *Organizational Dynamics*, Vol. 53 No. 2, p. 101045, doi: [10.1016/j.orgdyn.2024.101045](https://doi.org/10.1016/j.orgdyn.2024.101045).
- Sigala, M., Ooi, K.-B., Tan, G.W.-H., Aw, E.C.-X., Cham, T.-H., Dwivedi, Y.K., Kunz, W.H., Letheren, K., Mishra, A., Russell-Bennett, R. and Wirtz, J. (2024), "ChatGPT and service: opportunities, challenges, and research directions", *Journal of Service Theory and Practice*, Vol. 34 No. 5, pp. 726-737, doi: [10.1108/JSTP-11-2023-0292](https://doi.org/10.1108/JSTP-11-2023-0292).
- Statista (2025), "Adoption of generative AI across industries and functions worldwide 2024", available at: www.statista.com/statistics/1607179/genai-adoption-across-industries-and-functions/ (accessed 26 April 2025).
- Thokala, P., Duarte, H., Wright, S., Husereau, D., Durand-Zaleski, I., Lindgren, P., Postema, R., Machnicki, G. and Garrison, L. (2025), "Incorporating resource constraints in health economic evaluations: overview and methodological considerations", *PharmacoEconomics – Open*, Vol. 9 No. 2, pp. 161-178, doi: [10.1007/s41669-024-00537-z](https://doi.org/10.1007/s41669-024-00537-z).
- Tursunbayeva, A. and Renkema, M. (2023), "Artificial intelligence in health-care: implications for the job design of healthcare professionals", *Asia Pacific Journal of Human Resources*, Vol. 61 No. 4, doi: [10.1111/1744-7941.12325](https://doi.org/10.1111/1744-7941.12325).
- Van Zyl, C., Badenhorst, M., Hanekom, S. and Heine, M. (2021), "Unravelling 'low-resource settings': a systematic scoping review with qualitative content analysis", *BMJ Global Health*, Vol. 6 No. 6, pp. 1-14, doi: [10.1136/bmjgh-2021-005190](https://doi.org/10.1136/bmjgh-2021-005190).
- Vargo, S.L. and Lusch, R.F. (2016), "Institutions and axioms: an extension and update of service-dominant logic", *Journal of the Academy of Marketing Science*, Vol. 44 No. 1, pp. 5-23, doi: [10.1007/s11747-015-0456-3](https://doi.org/10.1007/s11747-015-0456-3).
- VSP Global Innovation Center (2024), "Introducing the future of generative AI", available at: [www.vspvvision.com/dam/jcr:a1969a94-892a-4c31-8462-815255bdde43/Future%20of%20Generative%20AI%20in%20Healthcare_1%20\(1\).pdf](https://www.vspvvision.com/dam/jcr:a1969a94-892a-4c31-8462-815255bdde43/Future%20of%20Generative%20AI%20in%20Healthcare_1%20(1).pdf) (accessed 26 April 2025).
- Wirtz, J. and Stock-Homburg, R. (2025), "Generative AI meets service robots", *Journal of Service Research*, Vol. 28 No. 4, pp. 527-543, doi: [10.1177/10946705251340487](https://doi.org/10.1177/10946705251340487).
- World Economic Forum (2024), "Patient-First health with generative AI: reshaping the care experience", available at: www3.weforum.org/docs/WEF_Patient_First_Health_with_Generative_AI_2024.pdf (accessed 26 April 2025).
- Woschke, T., Haase, H. and Kratzer, J. (2017), "Resource scarcity in SMEs: effects on incremental and radical innovations", *Management Research Review*, Vol. 40 No. 2, pp. 195-217, doi: [10.1108/MRR-10-2015-0239](https://doi.org/10.1108/MRR-10-2015-0239).
- Wubineh, B.Z., Deriba, F.G. and Woldeyohannis, M.M. (2024), "Exploring the opportunities and challenges of implementing artificial intelligence in healthcare: a systematic literature review", *Urologic Oncology: Seminars and Original Investigations*, Vol. 42 No. 3, pp. 48-56, doi: [10.1016/j.urolonc.2023.11.019](https://doi.org/10.1016/j.urolonc.2023.11.019).

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