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Health Scope
Article DOI: https://doi.org/10.5812/healthscope-172444
Published in: Health Scope: 15(3) ; e172444

Peer Review Report for "Entrepreneurial Intention, Awareness, Facilitators, and Barriers Among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study"

Author(s): Mohammed Alnuhait, Tariq Alqahtani, Refal Fagieha, Rahaf Yousef Ali, Naif Aljehani, Nada Alsuhebany, Mohammed Abdulelah Alotaibi, Abdulmalik Alotaibi, Abdulfattah Alhazmi

Review Timeline:

Submit Date:	31 May 2026
Revised Date:	12 Jul 2026
Accepted Date:	13 Jul 2026

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

Zahra Arab Borzu : Reviewer

7 Jun 2026

Abstract:

1- The method only states the type of study and the number of samples, but the following are not clear: How was the sampling? Was the measurement instrument validated? What was the statistical analysis (e.g., t-test, ANOVA, regression)? Was the study only descriptive or also analytical?

2- As a result, the following sentence needs a little rewriting from an English and academic perspective: "Higher willingness was observed among females and differed significantly by profession..."

3- Conclusions should be based on the findings and not expressed in too general a manner.

Introduction:

1- Introduction: The article needs structural editing and compression.

2- The importance and necessity of the issue should be clearer.

Material and methods:

1- It is very important to mention how the sampling was done (e.g., convenience sampling, snowball sampling?). It is not enough to just say "it was online." If it was distributed via social media or email, be sure to mention it.

2- Is the questionnaire "researcher-developed" or adapted from standard questionnaires? If it is researcher-developed, has its reliability been tested (e.g., with Cronbach's alpha)? If it is adapted, where is the reference?

3- Sample size estimation: Why 435 people? Was a statistical calculation (power analysis) performed to determine the sample size? Mentioning this point adds to the credibility of your article. It is mandatory to mention the sample size formula.

4- What is the reason for using nonparametric tests? Your sample size is large. Why didn't you use a parametric test such as an independent sample t-test or analysis of variance?

5- The criteria for inclusion and exclusion of individuals from the study should be stated.

Results:

1- Is the response rate known for these 435 people? Or have incomplete responses been removed?

2- Is this sample composition (e.g., 46.7% physicians) consistent with the overall composition of healthcare providers in Saudi Arabia?

3- Regarding nurses: Why was the sample size of nurses small? Didn't you consider a specific quota for the groups when distributing the questionnaire link? (Have the answer to this question ready in the Limitations section of the article.)

4- You mentioned variables such as nationality and region in the text. It would be better to explicitly write at the end of this paragraph that "Other demographic variables such as nationality, region, and education level did not show significant differences in the propensity to be an entrepreneur."

Discussion:

1- Mention the limitations of the study before concluding.

Eshagh Barfar : Reviewer

16 Jun 2026

Dear Associate Editor,

The manuscript needs major revisions as follows:

Title

1. The title is descriptive but not entirely precise. The phrase "Perceived Barriers" appears in the title, yet the paper also extensively addresses facilitators, motivators, and willingness to engage in entrepreneurship. The title may therefore misrepresent the full scope of the study.

Abstract

1. There is no mention of the sampling strategy (convenience sampling) in the abstract, which is a critical piece of methodological information. Additionally, the instrument's origin and validation are not described.
2. The conclusions are generic and do not add meaningfully beyond what any study in this field might conclude.

Introduction

1. The transition from global entrepreneurship trends to the Saudi context is too rapid. The reader is not adequately introduced to the specific challenges of the Saudi healthcare system, the degree of privatization underway, or the actual policy landscape of Vision 2030 in healthcare.
2. The stated gap ("limited consensus on the role and impact of entrepreneurship in healthcare practice") is loosely defined. The authors should articulate clearly what is specifically unknown in Saudi Arabia and why this study fills that gap better than existing literature.

Materials and Methods

1. The questionnaire is described as developed "based on a review of relevant literature and expert input," but only two references (10, 11) are cited, neither of which appears to be a validated instrument for measuring entrepreneurial intention in healthcare.
2. The authors claimed a sample size of 384 based on a 50% awareness assumption, yet they recruited 435 — without adjusting the calculation or justifying the additional participants.
3. The population denominator (831,976) is from 2022 Ministry of Health data, which should be cited directly (it is currently Reference 12, which is inconsistent).

4. There is no description of how participants were recruited: which platforms, networks, or institutions were used.
5. This statement regarding the limitation of convenience sampling should be moved to the Limitations subsection of the Discussion.
6. The description of internal consistency assessment using Cronbach's alpha is repetitive and appears in two different subsections of the Methods. Please remove the redundancy.

Results

1. The severe underrepresentation of nurses (n = 2, 0.5%) is a critical sampling flaw that undermines generalizability to the full "healthcare provider" population. Nurses constitute the largest segment of the healthcare workforce globally and in Saudi Arabia.
2. The reported willingness score (78.81% ± 14.48%) is difficult to interpret.
3. The Results section contains interpretive statements that are more suitable for the Discussion section. Please restrict the Results section to the presentation of findings and move interpretations (e.g., implications of the findings and cautions regarding small subgroup sample sizes) to the Discussion.

Discussion

1. The findings are described and compared to other studies, but never interpreted through any theoretical lens. For example, why do female healthcare providers show higher entrepreneurial willingness?
2. The finding that 82.8% are interested in entrepreneurship but only 6.2% have started a business is the most important finding of the study. Yet the Discussion does not systematically explore the theoretical and practical reasons for this gap.

Conclusions

1. The recommendations (integrate entrepreneurship into curricula, establish mentorship, improve funding access) are correct but could apply to any country. The Discussion should tailor these specifically to the Saudi healthcare and regulatory environment.

Best Regards,

Fatemeh Setoodehzadeh : Reviewer

24 Jun 2026

Dear Editor,

The comments for this manuscript are as follows:

1. This research is not sufficiently novel, and the study period is old.
2. The number of keywords is too high and should be reduced.
3. Not enough details are explained about how to determine the sample size.

4. Further explanation should be given about the questionnaire used.
5. What platform was used to design and distribute the questionnaire?
6. The results of the study should be compared with further studies in the discussion section.
7. The conclusion section should contain more specific suggestions, taking into account the conditions of Saudi Arabia.

Best regards,

Fatemeh Setoodehzadeh : Associate Editor

24 Jun 2026

Dear Editor,

The first round of review for this manuscript is finished. According to the reviewers' comments, it needs "Major revision." Also, because the research is old, it can be published as a short communication after going through the review process.

Best regards,

Ramazan Mirzaei : EIC

26 Jun 2026

Dear Authors,

The manuscript entitled "Entrepreneurial Intention and Perceived Barriers Among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study" requires major revision.

Best,

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to the Editor and Reviewers

Manuscript Title: Entrepreneurial Intention, Awareness, Facilitators, and Barriers Among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study

Dear Editor-in-Chief, Associate Editor, and Reviewers,

We would like to sincerely thank the Editor-in-Chief, Associate Editor, and reviewers for their careful assessment of our manuscript and for the constructive comments provided. We appreciate the time and effort invested in reviewing our work. The comments were very helpful in improving the clarity, structure, methodological reporting, discussion, and overall contribution of the manuscript. We have revised the manuscript thoroughly in response to the comments. Major changes include revising the title to better reflect the full scope of the study, strengthening the abstract, clarifying the sampling and recruitment methods, expanding the questionnaire development and validation description, adding the sample size formula, explaining the inability to calculate a response rate, strengthening the Saudi healthcare transformation context, adding a theoretical interpretation using the Theory of Planned Behavior, expanding the limitations, improving the Saudi-specific recommendations, and revising the references.

Please find below our point-by-point responses.

Response to Reviewer 1

Comment 1. The title is descriptive but not entirely precise. The phrase "Perceived Barriers" appears in the title, yet the paper also extensively addresses facilitators, motivators, and willingness to engage in entrepreneurship. The title may therefore misrepresent the full scope of the study.

Response: Thank you for this important comment. We agree that the previous title did not fully reflect the scope of the study. We revised the title to include entrepreneurial intention, awareness, facilitators, and barriers.

Comment 2. There is no mention of the sampling strategy (convenience sampling) in the abstract, which is a critical piece of methodological information. Additionally, the instrument's origin and validation are not described.

Response: Thank you. We revised the Methods section of the abstract to include the sampling strategy, questionnaire origin, pilot testing, face validity assessment, and reliability testing.

Comment 3. The conclusions are generic and do not add meaningfully beyond what any study in this field might conclude.

Response: We agree and revised the conclusion in both the abstract and main manuscript to make it more specific to the main finding and to the Saudi healthcare context.

Comment 4. The transition from global entrepreneurship trends to the Saudi context is too rapid. The reader is not adequately introduced to the specific challenges of the Saudi healthcare system, the degree of privatization underway, or the actual policy landscape of Vision 2030 in healthcare.

Response: Thank you for highlighting this. We revised the Introduction to better contextualize healthcare entrepreneurship within Saudi Vision 2030, the Health Sector Transformation Program, private-sector participation, public-private partnerships, digital health, preventive care, and patient experience.

Comment 5. The stated gap ("limited consensus on the role and impact of entrepreneurship in healthcare practice") is loosely defined. The authors should articulate clearly what is specifically unknown in Saudi Arabia and why this study fills that gap better than existing literature.

Response: We agree that the gap needed to be more clearly defined. We revised the Introduction to specify what remains unknown in Saudi Arabia, particularly regarding healthcare providers' familiarity with entrepreneurship concepts, willingness to engage in entrepreneurship, perceived facilitators and barriers, and the educational and institutional factors associated with willingness.

Comment 6. The questionnaire is described as developed "based on a review of relevant literature and expert input," but only two references (10, 11) are cited, neither of which appears to be a validated instrument for measuring entrepreneurial intention in healthcare.

Response: Thank you. We revised the questionnaire description to clarify that the questionnaire was researcher-developed and was not adapted from a single previously validated instrument. We also added more appropriate references supporting the literature-informed development of the questionnaire.

Comment 7. The authors claimed a sample size of 384 based on a 50% awareness assumption, yet they recruited 435 — without adjusting the calculation or justifying the additional participants.

Response: We agree that this needed clarification. We added the sample size formula and explained why 435 complete responses were included.

Comment 8. The population denominator (831,976) is from 2022 Ministry of Health data, which should be cited directly (it is currently Reference 12, which is inconsistent).

Response: Thank you for identifying this inconsistency. To avoid unnecessary confusion, we removed the population denominator because the sample size calculation used the standard single-proportion formula and did not require a finite population correction.

Comment 9. There is no description of how participants were recruited: which platforms, networks, or institutions were used.

Response: We agree. We added a clear description of the recruitment strategy and platforms used.

Comment 10. This statement regarding the limitation of convenience sampling should be moved to the Limitations subsection of the Discussion.

Response: Thank you. We moved the interpretation regarding limited generalizability from the Methods section to the Limitations subsection.

Comment 11. The description of internal consistency assessment using Cronbach's alpha is repetitive and appears in two different subsections of the Methods. Please remove the redundancy.

Response: We agree and removed the repetition.

Comment 12. The severe underrepresentation of nurses (n = 2, 0.5%) is a critical sampling flaw that undermines generalizability to the full "healthcare provider" population. Nurses constitute the largest segment of the healthcare workforce globally and in Saudi Arabia.

Response: We agree and addressed this issue more directly. We added nurse underrepresentation in the Results and discussed it in detail in the Discussion and Limitations.

Comment 13. The reported willingness score (78.81% ± 14.48%) is difficult to interpret.

Response: We agree. To improve interpretability, we removed the percentage score and retained the 5-point mean score.

Comment 14. The Results section contains interpretive statements that are more suitable for the Discussion section. Please restrict the Results section to the presentation of findings and move interpretations to the Discussion.

Response: Thank you. We revised the Results section to focus on descriptive and statistical findings only. Interpretive statements were moved to the Discussion.

Comment 15. The findings are described and compared to other studies, but never interpreted through any theoretical lens. For example, why do female healthcare providers show higher entrepreneurial willingness?

Response: We agree and added a theoretical interpretation using the Theory of Planned Behavior.

Comment 16. The finding that 82.8% are interested in entrepreneurship but only 6.2% have started a business is the most important finding of the study. Yet the Discussion does not systematically explore the theoretical and practical reasons for this gap.

Response: Thank you. We made this finding the central focus of the Discussion.

Comment 17. The recommendations are correct but could apply to any country. The Discussion should tailor these specifically to the Saudi healthcare and regulatory environment.

Response: We agree and revised the recommendations to be more specific to Saudi Arabia.

Response to Reviewer 2

Abstract Comment 1. The method only states the type of study and the number of samples, but the following are not clear: How was the sampling? Was the measurement instrument validated? What was the statistical analysis? Was the study only descriptive or also analytical?

Response: Thank you. We revised the abstract Methods section to address these points.

Abstract Comment 2. The following sentence needs a little rewriting from an English and academic perspective: "Higher willingness was observed among females and differed significantly by profession…"

Response: Thank you. We revised this sentence for clarity and academic tone.

Abstract Comment 3. Conclusions should be based on the findings and not expressed in too general a manner.

Response: We agree. The abstract conclusion was revised to be directly based on the main findings.

Introduction Comment 1. Introduction: The article needs structural editing and compression.

Response: Thank you. We revised the Introduction to improve structure and flow. We removed broad and repetitive content and focused on healthcare entrepreneurship, Saudi healthcare transformation, and the specific research gap.

Introduction Comment 2. The importance and necessity of the issue should be clearer.

Response: We agree. We strengthened the rationale for the study by linking healthcare entrepreneurship to Saudi healthcare transformation, innovation, digital health, private-sector participation, and the need for healthcare providers to translate clinical ideas into scalable services.

Methods Comment 1. It is very important to mention how the sampling was done (e.g., convenience sampling, snowball sampling?). It is not enough to just say "it was online." If it was distributed via social media or email, be sure to mention it.

Response: Thank you. We clarified the sampling and recruitment approach.

Methods Comment 2. Is the questionnaire "researcher-developed" or adapted from standard questionnaires? If it is researcher-developed, has its reliability been tested (e.g., with Cronbach's alpha)? If it is adapted, where is the reference?

Response: We agree that this needed clarification. The questionnaire was researcher-developed and was not adapted from a single standard instrument.

Methods Comment 3. Sample size estimation: Why 435 people? Was a statistical calculation performed to determine the sample size? Mentioning this point adds to the credibility of your article. It is mandatory to mention the sample size formula.

Response: Thank you. We added the sample size formula and clarified why 435 responses were included.

Methods Comment 4. What is the reason for using nonparametric tests? Your sample size is large. Why didn't you use a parametric test such as an independent sample t-test or analysis of variance?

Response: Thank you. We clarified the rationale for using nonparametric tests.

Methods Comment 5. The criteria for inclusion and exclusion of individuals from the study should be stated.

Response: We agree and added clear inclusion and exclusion criteria.

Results Comment 1. Is the response rate known for these 435 people? Or have incomplete responses been removed?

Response: Thank you. We clarified this issue in both the Methods and Results sections.

Results Comment 2. Is this sample composition (e.g., 46.7% physicians) consistent with the overall composition of healthcare providers in Saudi Arabia?

Response: We agree that the sample composition should not be interpreted as representative of the national healthcare workforce. We addressed this in the Discussion and Limitations.

Results Comment 3. Regarding nurses: Why was the sample size of nurses small? Didn't you consider a specific quota for the groups when distributing the questionnaire link? (Have the answer to this question ready in the Limitations section of the article.)

Response: Thank you. We addressed this issue clearly in the Discussion and Limitations.

Results Comment 4. You mentioned variables such as nationality and region in the text. It would be better to explicitly write at the end of this paragraph that "Other demographic variables such as nationality, region, and education level did not show significant differences in the propensity to be an entrepreneur."

Response: Thank you. We added a sentence to clarify the non-significant variables.

Discussion Comment 1. Mention the limitations of the study before concluding.

Response: We agree. The Limitations section was expanded and placed before the Conclusion.

Response to Reviewer 3

Comment 1. This research is not sufficiently novel and the study period is old.

Response: Thank you for this comment. We acknowledge this concern. To strengthen the contribution of the manuscript, we revised the Introduction and Discussion to emphasize the intention–implementation gap, the Saudi health-sector transformation context, and the practical implications for healthcare entrepreneurship education, regulatory literacy, institutional innovation support, mentorship, and funding pathways. We also added the study period as a limitation.

Comment 2. The number of keywords is too high and should be reduced.

Response: Thank you. We reduced the number of keywords.

Comment 3. Not enough details are explained about how to determine the sample size.

Response: Thank you. We added the sample size formula and assumptions.

Comment 4. Further explanation should be given about the questionnaire used.

Response: We agree. We expanded the questionnaire description.

Comment 5. What platform was used to design and distribute the questionnaire?

Response: Thank you. We added this information.

Comment 6. The results of the study should be compared with further studies in the discussion section.

Response: We agree. We expanded the Discussion and updated the references.

Comment 7. The conclusion section should contain more specific suggestions, taking into account the conditions of Saudi Arabia.

Response: Thank you. We revised the Conclusion to provide Saudi-specific recommendations.

Suggested References

Associate Editor Comment

Comment: The first round of review for this manuscript is finished. According to reviewers' comments, it needs major revision. Also, because the research is old, it can be published as a short communication after going through the review process.

Response: We thank the Associate Editor for this helpful recommendation. We have revised the manuscript substantially in response to all reviewer comments. We also acknowledge the concern regarding the study period and added this point to the Limitations section. We would be happy to follow the journal's preferred format if the editorial office wishes to process the manuscript as a short communication.

We again thank the Editor-in-Chief, Associate Editor, and reviewers for their valuable comments and suggestions. We believe that the revised manuscript is substantially improved in clarity, methodological transparency, interpretation, and relevance to the Saudi healthcare context. We have submitted the revised manuscript along with this response letter and hope that the changes adequately address the reviewers' concerns.

Sincerely,

The Authors

OPEN PEER REVIEW

Revision (1)

Eshagh Barfar : Reviewer — 1 Jul 2026

Dear Associate Editor,

The authors have adequately addressed the comments, and the manuscript has been substantially improved. In my opinion, the revised version is suitable for publication in its current form.

Best regards,

Zahra Arab Borzu : Reviewer — 4 Jul 2026

Corrections have been made

Fatemeh Setoodehzadeh : Reviewer — 11 Jul 2026

Dear Authors,
This study is a cross-sectional and descriptive research. Therefore, to make the results more attractive, it is necessary to emphasize changing the tables and better displaying the results. The manuscript with this structure needs Major revision. Also, revise the manuscript based on the following comments:
-Move the sentence to method section in main text. In abstract briefly indicate to sample size, and how questionnaires were distributed in online platform.
-Abstract; write result section briefly. Indicate to main outcome. Also Indicate to analytical results.
-Methods: Write exact inclusion and exclusion criteria.
-Drawn Tables more attractive (especially table 1, and 4). Consult with statistical expert.
-Keywords should be from MeSh database.
-The manuscript must be reviewed by a language expert to improve the quality of the article.
-Again: Kindly cite the following related papers for improving the quality of manuscript:
• The Mediating Role of Entrepreneurship Behavior in the Relationship Between Social Capital and Job Performance: A study Among Faculty Members of a Medical University
• Role of Public-Private Partnerships in Primary Healthcare Services Worldwide: A Scoping Review
Best,

Fatemeh Setoodehzadeh : Associate Editor

11 Jul 2026

Dear Authors,
The first round of manuscript's revisions have been made, but this manuscript still requires essential edition.
Kindly revise the manuscript entitled" Entrepreneurial Intention, Awareness, Facilitators, and Barriers Among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study ' based on the reviewer's comments.

Ramazan Mirzaei : EIC

11 Jul 2026

Dear Authors,
The manuscript ID: 172444 requires Major revision.
Regards,

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to the Editor and Reviewers

Entrepreneurial Intention, Awareness, Facilitators, and Barriers among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study

Dear Editor-in-Chief, Associate Editor, and Reviewers,

We sincerely thank you for the careful evaluation of our manuscript and for the constructive comments and recommendations. We are grateful to Reviewer 1 for the detailed suggestions, to Reviewers 2 and 3 for confirming that the previous revisions had adequately addressed their concerns, and to the Associate Editor and Editor-in-Chief for the opportunity to further improve the manuscript. We have carefully revised the manuscript in response to all comments. The major changes include revising the abstract, clarifying the inclusion and exclusion criteria, improving the presentation of Tables 1 and 4, strengthening the reporting of the statistical analyses, revising the keywords using MeSH-compatible terms, improving the English language and academic style, and adding relevant suggested references. All changes have been incorporated into the revised manuscript and highlighted in the tracked-changes version.

A detailed point-by-point response is provided below.

Response to Reviewer 1

Reviewer comment	Authors' response	Changes made in the revised manuscript
This study is a cross-sectional and descriptive research. Therefore, to make the results	**Thank you for this important observation. We substantially revised the presentation of the results and**	**Tables 1, 4, and 5 were reformatted. Figure 1 was replaced with a clearer publication-quality figure. Notes were**

Reviewer comment	Authors' response	Changes made in the revised manuscript
more attractive, it is necessary to emphasize changing the tables and better displaying the results. The manuscript with this structure needs major revision.	reformatted the main tables to improve readability, clarity, and interpretation. Table 1 was redesigned as a concise sociodemographic and professional characteristics table. Table 4 was substantially condensed by combining "strongly disagree" with "disagree" and "agree" with "strongly agree," while retaining the original item-level means and standard deviations. Table 5 was also reformatted and clearly identified as presenting unadjusted analyses. Figure 1 was replaced with a higher-quality horizontal bar chart reporting both frequencies and percentages.	added to clarify multiple-response items and the interpretation of unadjusted analyses.
Move the sentence to the Methods section in the main text. In the abstract, briefly indicate the sample size and	Thank you. The Abstract Methods section was revised to state the final sample size and clarify how the questionnaire was distributed. The	The abstract now states that 435 healthcare providers were included and that the bilingual questionnaire was distributed electronically through

Reviewer comment	Authors' response	Changes made in the revised manuscript
how questionnaires were distributed using an online platform.	main Methods section now provides a more detailed description of the online recruitment and questionnaire administration.	professional networks and social media platforms, including LinkedIn and X/Twitter. The Methods section also specifies that Google Forms was used.
Abstract: Write the Results section briefly. Indicate the main outcome. Also indicate the analytical results.	Thank you. The Abstract Results section was shortened and revised to emphasize the principal findings, including the intention–implementation gap, the overall entrepreneurial readiness and willingness score, and the main analytical findings.	The revised abstract reports that 82.8% were interested in entrepreneurship, 72.2% had considered starting a healthcare-related business, and only 6.2% had started such a business. It also reports the overall score of 3.94 ± 0.72 and the significant differences by gender and profession, as well as significant associations with entrepreneurship education, institutional support, and previous business experience.
Methods: Write exact inclusion and exclusion criteria.	Thank you. A separate Eligibility Criteria subsection was added to clearly describe the inclusion and exclusion criteria.	The revised Methods section specifies that eligible participants were adults aged 18 years or older who were physicians, pharmacists, dentists,

Reviewer comment	Authors' response	Changes made in the revised manuscript
		nurses, allied healthcare professionals, or healthcare trainees working or undergoing professional training in Saudi Arabia, who could complete the questionnaire in Arabic or English and provided electronic informed consent. Exclusion criteria are also clearly stated.
Draw tables more attractively, especially Tables 1 and 4. Consult with a statistical expert.	**Thank you. Tables 1 and 4 were extensively revised to improve their visual presentation and interpretability. Table 1 was simplified and reorganized, while Table 4 was condensed into grouped response categories with item-level means and standard deviations. The statistical reporting was also reviewed and clarified throughout the manuscript.**	**Table 1 now presents participant characteristics in a compact three-column format. Table 4 now reports disagreement, neutral responses, agreement, and mean ± SD for each item. Table 5 identifies the tests used and states that the analyses were unadjusted. Notes were added regarding multiple comparisons and small subgroup sizes.**
Keywords should be from the MeSH database.	**Thank you. The keywords were revised using MeSH-compatible**	**The revised keywords are: Entrepreneurship; Health Personnel;**

Reviewer comment	Authors' response	Changes made in the revised manuscript
	terminology.	Intention; Education; Saudi Arabia; Cross-Sectional Studies.
The manuscript must be reviewed by a language expert to improve the quality of the article.	Thank you. The manuscript underwent comprehensive English-language editing to improve grammar, clarity, consistency, sentence structure, and academic style.	Language and style were revised throughout the abstract, Methods, Results, Discussion, table titles, table notes, ethical statements, and conclusion.

Response to Reviewer 2

Reviewer comment	Authors' response
The authors have adequately addressed the comments, and the manuscript has been substantially improved. In my opinion, the revised version is suitable for publication in its current form.	We sincerely thank the reviewer for the positive evaluation and for recognizing the improvements made to the manuscript. We greatly appreciate the reviewer's time, careful assessment, and supportive recommendation.

Response to Reviewer 3

Reviewer comment	Authors' response
Corrections have been made.	**We thank the reviewer for confirming that the requested corrections were adequately addressed. We appreciate the reviewer's time and constructive contribution to improving the manuscript.**

Response to the Associate Editor

Associate Editor comment	Authors' response	Changes made
The first round of manuscript revisions has been made, but this manuscript still requires essential editing. Kindly revise the manuscript based on the reviewer's comments.	**We sincerely thank the Associate Editor for the opportunity to further improve the manuscript. We carefully addressed all remaining comments from Reviewer 1 and performed additional revisions to the abstract, Methods, Results, Discussion, tables, figure, keywords, references, language, and statistical reporting.**	**The manuscript was comprehensively revised. Major changes include clearer eligibility criteria, improved statistical reporting, reformatted tables, a revised figure, MeSH-compatible keywords, additional relevant references, and comprehensive language editing.**

Response to the Editor-in-Chief

Editor-in-Chief decision	Authors' response
The manuscript	**We sincerely thank the Editor-in-Chief for providing us with the opportunity to revise**

Editor-in-Chief decision	Authors' response
requires major revision.	and strengthen the manuscript. We have carefully addressed all comments from the reviewers and the Associate Editor and believe that the revised manuscript is clearer, methodologically more transparent, and more suitable for publication.

We again thank the Editor-in-Chief, Associate Editor, and Reviewers for their thoughtful comments and constructive recommendations. Their feedback substantially improved the clarity, presentation, methodological transparency, and overall quality of the manuscript. We hope that the revised manuscript is now suitable for publication.

Sincerely,

OPEN PEER REVIEW

Revision (2)

Ramazan Mirzaei : EIC

12 Jul 2026

Dear Authors,

Editorials comments:

The previous round of corrections has been partially completed, however, there are still some remaining issues. The manuscript is now fully acceptable after the following corrections have been made.

1.Keywords: Remove “Cross Sectional Studies”

2.The inclusion and exclusion criteria for the study should be written carefully and correctly. Age over 18 is not an inclusion criterion. As a rule, every employee working in the system is over 18 years of age. Consult with a statistical expert.

3.Discussion: Connect paragraphs that are related to each other, for example, the first and second paragraphs.

4.Discussion: interpret more your result with other studies

5.Table 1 and 5. Be careful in designing the table. Merge cells that are related to a variable together. For example, gender has two cells, merge them together so that the variable is in one cell. Do the same for other variables in this table.

6.Again: The manuscript must be reviewed by a language expert to improve the quality of the article.

Best,

OPEN PEER REVIEW

Revision (3)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to the Editor

Entrepreneurial Intention, Awareness, Facilitators, and Barriers Among Healthcare Providers in Saudi Arabia: A Cross-Sectional Study

Dear Editor,

We sincerely thank you for your careful reassessment of our manuscript and for providing us with the opportunity to address the remaining issues. We appreciate your constructive comments and your indication that the manuscript will be acceptable after these corrections are completed. We have carefully revised the manuscript in accordance with all editorial comments. The keywords were revised, the inclusion and exclusion criteria were rewritten, related Discussion paragraphs were connected, the interpretation of the findings in relation to previous studies was expanded, Tables 1 and 5 were redesigned using merged cells, and the manuscript underwent comprehensive English-language editing.

A detailed point-by-point response is provided below.

Editorial comment	Authors' response	Changes made in the revised manuscript
1. Keywords: Remove "Cross Sectional Studies."	Thank you. "Cross-Sectional Studies" was removed from the keywords as requested.	The revised keywords are: Entrepreneurship; Health Personnel; Intention; Education; Saudi Arabia.
2. The inclusion and exclusion criteria for the study should be written carefully and correctly. Age over 18 is not an inclusion criterion. As a rule, every employee working in the system is over 18 years of age. Consult with a statistical expert.	Thank you for this important comment. The age criterion was removed because the study population consisted of healthcare providers and healthcare interns or trainees working or undertaking formal professional training in Saudi Arabia. The eligibility criteria were rewritten to focus on professional status, work or training status in Saudi Arabia, language ability, informed consent, and questionnaire completeness.	The Eligibility Criteria subsection was revised. Eligible participants now include physicians, pharmacists, dentists, nurses, allied healthcare professionals, and healthcare interns or trainees who were working or undertaking formal professional healthcare training in Saudi Arabia during the study period, were able to complete the questionnaire in Arabic or English, and provided electronic informed consent. Exclusion criteria were also clarified.
3. Discussion: Connect paragraphs that are related to each other, for example, the first and second paragraphs.	Thank you. Related paragraphs in the Discussion were connected to improve continuity, coherence, and logical flow. In particular, the first two paragraphs were	The opening Discussion paragraphs were combined into one integrated paragraph. Additional transitions were added between the discussion of educational and institutional factors, gender differences, professional

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	merged so that the intention–implementation gap is directly interpreted using the Theory of Planned Behavior and the study's associated findings.	differences, barriers, and practical implications.
4. Discussion: Interpret more your result with other studies.	Thank you. The Discussion was expanded to provide a more detailed interpretation of the findings in relation to previous studies. We clarified how the intention–implementation gap extends the existing literature, discussed possible explanations for differences by gender and profession, further interpreted the association with entrepreneurship education and institutional support, and explained how the identified barriers reflect individual, organizational, financial, and regulatory factors.	The revised Discussion now compares the findings with previous studies involving healthcare professionals and related populations. Additional interpretation was added regarding entrepreneurial self-efficacy, perceived feasibility, professional context, educational exposure, organizational support, mentorship, funding, and implementation pathways. References 1–20 were retained in their original sequence.
5. Table 1 and 5. Be careful in designing the table. Merge cells that are related to a variable together. For example, gender has two cells, merge them together so that the variable is in one cell. Do the same for other variables in this table.	Thank you. Tables 1 and 5 were redesigned as requested. Cells belonging to the same variable were vertically merged so that each variable name appears only once across its corresponding categories. In Table 5, the corresponding p-value cells were also merged across the relevant category rows.	In Table 1, cells were merged for age, gender, nationality, highest qualification/professional training status, work region, profession, type of institution, and healthcare experience. In Table 5, variable-name cells and p-value cells were merged across their relevant category rows.
6. Again: The manuscript must be reviewed by a language expert to improve the quality of the article.	Thank you. The entire manuscript underwent comprehensive English-language editing to improve grammar, sentence structure, paragraph flow, terminology, punctuation, clarity, and academic style. The abstract, main text, tables, figure caption, and institutional statements were carefully reviewed and revised.	Language and style were revised throughout the manuscript. Terminology was standardized, long sentences were refined, paragraph transitions were improved, cautious language was used for interpretation, and p-value and table formatting were standardized.

We again thank you for your valuable comments and careful guidance. We believe that the revised manuscript is now clearer, better structured, and improved in both scientific presentation and language quality. We hope that the revised version is now suitable for publication.

Sincerely,

On behalf of all authors

OPEN PEER REVIEW

Revision (3)

Ramazan Mirzaei : EIC

13 Jul 2026

Dear Authors,

The manuscript is revised based on the reviewer's comments. It could be published in Health Scope journal.

Best,