



Developing Pharmaceutical Supply Chain Resilient Capabilities: The Role of Industry 4.0 Technologies

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Abstract

Purpose: Building resilience in pharmaceutical supply chains (PSCs) has become imperative in the wake of COVID-19 and other global disruptions. This study advances understanding of how PSCs can be re-imagined, re-designed, and strengthened by leveraging Industry 4.0 (I4.0) technologies.

Design/methodology/approach: We adopted a qualitative approach using thematic analysis and the Gioia method on a corpus of data from 114 articles published in 84 peer-reviewed academic journals. We conducted a problematising review to critically analyse the contributions of I4.0 technologies to PSCs and demonstrate the distinctiveness of PSC resilience.

Findings: The thematic analysis revealed the advantages and barriers to I4.0 implementation in PSCs, emphasising on how these technologies support sensing, seizing, and reconfiguring capabilities. Drawing on Dynamic Capability Theory (DCT), we propose the Pharmaceutical Supply Chain Resilient Capabilities (PSCRC) model, which conceptualises the capability building required to withstand and adapt to disruption.

Originality/Value: We argue that the PSCRC model provides i) a theoretical contribution by clarifying the micro foundations of resilience, and ii) a practical roadmap for supply chain leaders seeking to deploy I4.0 technologies to coordinate processes, secure materials, and build sustainable and adaptive PSCs. The paper also outlines future research avenues to advance scholarly and managerial understanding of PSC resilience.

Keywords: Industry 4.0 technology, Pharmaceutical Supply Chain, Disruption, Resilience, Systematic literature review

Paper type: Research paper

1. Introduction

The necessity of a digital future, amplified by the COVID-19 disruption and more recently by the “black swan” crisis (Enz *et al.*, 2024), has spurred the implementation of Industry 4.0 technologies (I4.0) (Frederico *et al.*, 2023; Kumar *et al.*, 2021). Manufacturing and service

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3 organisations adopt digital technologies to reshape entire business models, create value,
4 facilitate real-time informed decision-making, save time and money (Cranmer *et al.*, 2022).
5 I4.0 technologies, such as big data analytics (BDA), internet of things (IoT), artificial
6 intelligence (AI) and blockchain enhance sensing capabilities by improving real-time visibility;
7 seizing capabilities by enabling data-driven decision-making; and transforming capabilities by
8 facilitating agile reconfiguration of supply chains in response to disruptions. These capabilities
9 are valuable assets that support organisations and supply chains in responding quickly and
10 efficiently to a crisis (Cadden *et al.*, 2022).
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12 In the healthcare sector, the adoption of technologies to analyse large amounts of data to extract
13 pertinent knowledge and valuable insights has also increased. The healthcare data analytics
14 market was valued at \$43.1 billion in 2023 and is expected to grow by 21.1% from 2024 to
15 2030 (Grand View Research, 2023). Implementing technologies in the healthcare sector
16 contributes toward more accurate medical diagnoses, precise prescriptions, drug and vaccine
17 development (Chen *et al.*, 2023) as well as great advances in managing pharmaceutical supply
18 chains (PSCs). However, PSCs must deal with financial, communication, waste, and
19 complexity challenges (Papalexi *et al.*, 2020; Papalexi *et al.*, 2022). Recent global events, such
20 as the pandemic, wars, and natural disasters have highlighted the severity of these pre-existing
21 challenges.
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23 Although scholarly articles have highlighted the positive impact of deploying I4.0 technologies
24 on optimising organisational performance (Alharthi *et al.*, 2020; Ali *et al.*, 2022; Cadden *et al.*,
25 2022; Kandasamy *et al.*, 2025), there remains a gap in understanding how these technologies
26 collectively foster resilience by shaping dynamic capabilities (Bapatla *et al.*, 2023).
27 Additionally, Yaroson *et al.* (2021) highlighted that although resilience has been extensively
28 discussed in supply chain literature, there is a limited focus on resilience strategies in PSCs. In
29 the healthcare sector and PSCs, the resilience and sustainability agendas driven by CEOs and
30 senior managers have accelerated the pace of I4.0 technology adoptions (Raj *et al.*, 2022),
31 which supports the rationale and significance of this study. Successful development of a
32 resilient supply chain system requires orchestrating resources and developing integrated trusted
33 systems to enable increased data sharing and enhanced communication (Aslam *et al.*, 2023;
34 Babu *et al.*, 2022). This is a more complex process than might have been assumed but
35 developing supply chain capabilities by combining tangible (e.g., investing in I4.0
36 technologies), intangible (e.g., organisational learning and cultural capability development),
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and human resources (e.g., management capability development) could potentially ease this complexity and create robust PSCs (Cadden *et al.*, 2022).

Therefore, this research investigates the role of I4.0 technologies in shaping the dynamic capabilities that underpin Pharmaceutical Supply Chain Resilient Capabilities (PSCRC), enabling PSCs to anticipate, adapt to, and transform in response to future disruptions. Specifically, in this study, we define pharmaceutical supply chain resilience as the capability of PSCs to anticipate, withstand, and recover from disruptions such as active pharmaceutical ingredient (API) shortages, regulatory interventions, counterfeit drug infiltration, and cold chain failures, while safeguarding patient safety and maintaining trust. To achieve the study's objectives, we adopt dynamic capability theory (DCT) as a lens to conceptualise how PSCs sense, seize, and reconfigure resources to develop resilient capabilities. DCT provides a structured framework to investigate how PSCs can leverage I4.0 technologies for long-term adaptability and resilience (Malakar *et al.*, 2025). Although DCT has been widely adopted across supply chain studies, its operationalisation has often remained abstract, with limited attempts to specify how sensing, seizing, and reconfiguring happen in practice (Roh *et al.*, 2022; Mikalef *et al.*, 2020). This is observed in the pharmaceutical sector, where resilience involves unique dynamics as previously mentioned. By explicitly mapping I4.0 technologies onto Teece's (2007) micro foundations (the distinct skills, processes, procedures, organisational structures, decision rules, and disciplines, which undergird enterprise-level sensing, seizing, and reconfiguring capacities), our study offers a sector-specific operationalisation of DCT, moving beyond the traditional primary data analysis that can be found in the literature (Yarosan *et al.*, 2023; 2024).

Therefore, we have developed the following research question to structure the study:

RQ. How do Industry 4.0 technologies shape the development of sensing, seizing, and reconfiguring capabilities that enhance pharmaceutical supply chain resilience?

Existing research on Industry 4.0 in PSCs reveals relevant aspects. First, many studies adopt a fragmented, single-technology perspective (e.g., blockchain for traceability), overlooking interoperability across I4.0 systems (Wu *et al.*, 2023; Nguyen *et al.*, 2022; Uddin *et al.*, 2021). Moreover, resilience and sustainability are frequently treated as separate goals, despite evidence that I4.0 technologies can simultaneously enhance recovery and reduce waste (Jraisat *et al.*, 2023; Ma *et al.*, 2023). These issues highlight the need for a holistic framework that

integrates I4.0 technologies, operationalises DCT micro foundations, and addresses the unique vulnerabilities of PSCs in a post-pandemic context.

The proposed PSCRC conceptual model (Figure 1) can be used to guide researchers and practitioners in assessing PSC resilience capabilities. The outputs of the structured literature review (SLR) and inductive qualitative research approach helped us develop the PSCRC model. It represents the contribution of I4.0 technologies to the PSC dynamic capability-building process that allows resilient PSC creation while extending the dynamic capability view. The conceptualisation of the model is discussed throughout the paper and specifically in the findings section.

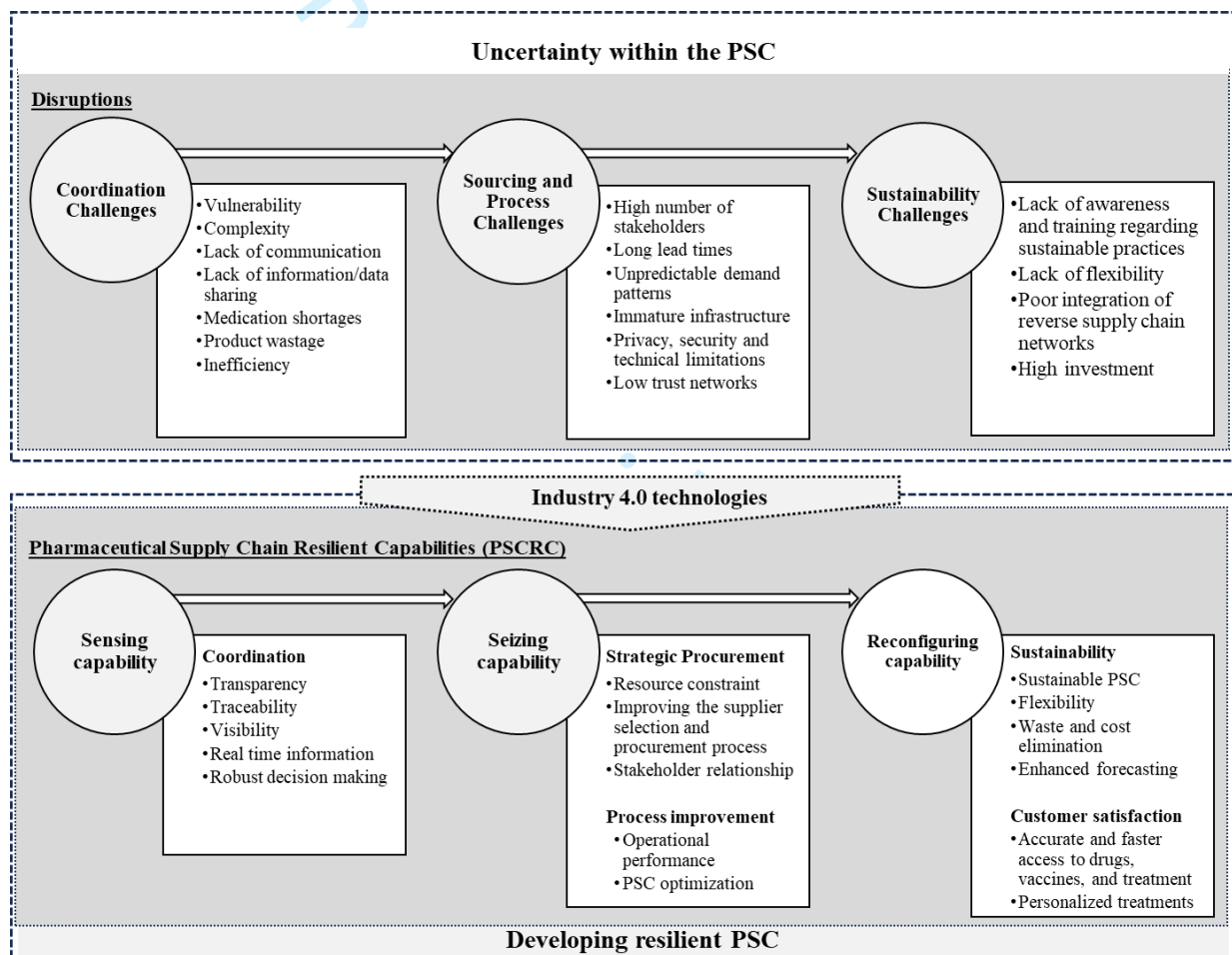


Figure 1: The pharmaceutical supply chain resilient capabilities (PSCRC) model

The contributions of this study are threefold:

1. Our review is the first to holistically assess the contribution of I4.0 technologies within the PSC to achieve resilience and critically evaluates, conceptualises, and problematises existing knowledge by thematically analysing the selected articles. This approach aims

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3 to generate new ways of understanding a given area of concern (Gruner and Minunno,
4 2024 Breslin and Gatrell, 2020). A handful of previous studies on the implementation
5 of I4.0 technologies within the PSC (Chen *et al.*, 2023; Khan *et al.*, 2023b) took a
6 narrow view of single I4.0 technology adoption (e.g., the adoption of AI) to achieve the
7 overall performance (Cadden *et al.*, 2022).
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12 2. This study adopts a DCT lens to review the PSC literature to explore the effect of
13 applying I4.0 technologies within it, particularly the contribution of those technologies
14 to develop a resilient PSC capable of dealing with future challenges. This is achieved
15 through juxta-positioning of the literature referring to the adoption of I4.0 within the
16 PSC. Our review is among the first to operationalise Teece's (2007) DCs micro
17 foundations within the PSC by developing the PSCRC model. This provides clarity
18 regarding the construct of capabilities, which is an element that is missing in the DCT
19 literature (Bruyaka *et al.*, 2024 Pitelis, 2022).
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- 22 3. The emergent PSCRC model and the discussed future research avenues provide
23 potential constructs for laying the groundwork for case studies and empirical research,
24 resulting in future theoretical developments. DCT literature highlights that quantitative
25 studies that operationalise and measure organisational capabilities are underdeveloped
26 (Cronin and George, 2023; Schilke *et al.*, 2018).
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35 The remainder of this paper is organised as follows. The next section outlines the background
36 and motivation for this study. Section 3 discusses the methodology of the research, with details
37 about how the data are collected and analysed in the exploratory study. In Section 4, the results
38 and thematic map are discussed by theorising the literature related to PSCs and the use of
39 technology within it. This section provides insights into the existing relevant knowledge and
40 presents the PSCRC model. Section 5 discusses the results, and Section 6 concludes the paper
41 by presenting a research agenda and key avenues for future research.
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50 **2. Literature review: background and motivation**

51 **2.1. PSCs within an uncertain context**

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54 According to Pettit *et al.* (2019), resilience is often defined as the ability to recover in a timely
55 and cost-effective manner and return to its initial state after a crisis. However, recently,
56 resilience has been associated with the capacity to bounce back further by adapting and
57 growing as a result. Flexibility, visibility and collaborative practices contribute towards
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resilience (Kamalahmadi *et al.*, 2022; Yaroson *et al.*, 2024). The COVID-19 pandemic has exposed vulnerabilities in global PSCs, causing disruptions that affect access to critical medicines and lead to shortages of drugs, active pharmaceutical ingredients (APIs), and medical supplies (Khan *et al.*, 2023a). In fact, from the perspective of the collective society, the pandemic has more significantly highlighted the need for building resilience capabilities (Paul *et al.*, 2023).

Developing resilience capabilities may be challenging for the PSC due to its unique nature, characterised by high complexity, lack of transparency, inefficiencies in the production process, long lead times, cost intensity, limited suppliers and difficulties in tracking and tracing products, as Papalexi *et al.* (2020) and Yaroson *et al.*, (2023) explained. Additionally, the industry needs to adhere to strict regulations and compliance and manage the risks of counterfeit drugs (Bapatla *et al.*, 2023). PSCs are also vulnerable to geopolitical events and natural disasters (Enz *et al.*, 2024). Therefore, in this uncertain global context, rethinking and redesigning PSC has become a key priority. Multiple strategies have been adopted to achieve supply chain resilience, including inventory and capacity buffers (Wong *et al.*, 2020); multi-sourcing strategies; and near-shoring approaches (Kano and Oh, 2020). Naz *et al.* (2022) explained that PSCs can build resilience capabilities by managing risk proactively, enhancing their level of preparedness, diversifying sourcing for raw materials and APIs, reshoring manufacturing plants, and investing in digital technologies. Indeed, Yaroson *et al.* (2023) categorised the capabilities required to build PSC resilience into two types: proactive capabilities, which anticipate disruptions, and reactive capabilities, which are employed after disruptions occur (Kamalahmadi *et al.*, 2022). Key enablers of resilience within the PSC include flexibility, visibility, and collaboration (Yaroson *et al.*, 2021; Ozdemir *et al.*, 2022). However, as highlighted by Yaroson *et al.* (2021; 2023; 2024) the development of resilience within PSCs remains limited and fragmented. Table 1 presents a summary of PSC related studies that have adopted I4.0 technologies, along with the specific resilience capabilities they targeted.

2.2. Digital transformation and I4.0 technologies within the pharmaceutical supply chain

Technologies such as AI, BDA, IoT, blockchain, robotics, and virtual and augmented reality offer huge benefits to the healthcare and pharmaceutical sectors to achieve more accurate and faster diagnoses and treatments, development of new drugs and vaccines, as well as enhanced access to clinicians and medicines (Trenfield *et al.*, 2022). Moreover, the adoption of I4.0

technologies has emerged as a solution for enhancing PSC traceability, visibility, flexibility, responsiveness, and adaptability within these complex and global networks (Chen *et al.*, 2023). In the literature, we observe different levels of adoption and advancement. Some companies invest in blockchain and the Internet of Things (IoT) to improve product visibility and traceability across the supply chain in real time, whereas others use smart sensors and AI to predict equipment failures, optimise maintenance, and improve inventory management and demand forecasting during disruptive events (Nguyen *et al.*, 2022). Qader *et al.* (2022) examined the impact of I4.0 technologies on supply chain performance and collected data from food, beverage, and pharmaceutical companies, and Saha *et al.* (2022) empirically studied how emerging technologies impact PSCs. Benazzouz and Auhmani (2023) developed a digitalisation maturity model to help PSC partners assess their adoption levels in terms of digitalisation.

Yarosan *et al.* (2024), Jraisat *et al.* (2023), Alharthi *et al.* (2020) and Thakuriya *et al.* (2023) proposed conceptual models for the adoption of blockchain technology to enhance sustainability and effectiveness within the PSC. However, these studies tend to focus on siloed applications, such as hospital operations (Alharthi *et al.*, 2020), counterfeit drugs management (Thakuriya *et al.*, 2023), sustainability initiatives (Jraisat *et al.*, 2023) and addressing medicine shortages (Yarosan *et al.*, 2024). Table 1 provides a summary of key studies that examine the adoption of I4.0 technologies to enhance resilience. As evidenced by the table, the adoption of I4.0 technologies in the PSC literature remains fragmented, with a predominantly static focus on DCT. Therefore, a holistic I4.0 implementation across the entire PSC is needed to support the development of resilient capabilities; an objective that this research aims to address. The uptake of I4.0 technologies is inevitable, and this phenomenon must be studied academically (Chen *et al.*, 2023; Khan *et al.*, 2023b).

I4.0 implementation (Corpus references)	PSC studies focus	Resilience capabilities building
Blockchain technology (1,3, 4, 5, 6, 7, 9, 12, 29, 34, 33, 35, 40, 46, 48, 49, 50, 51, 54, 55, 56, 57, 58, 59, 60, 61, 62, 66, 74, 77, 81, 83, 86, 92, 93, 99, 105, 106, 107, 109, 112 104)	Information Flow Redesign trusted process Interoperability sustainability and effectiveness Handling complexity Poor-quality pharmaceuticals prevention Prevent counterfeit, stolen, or contaminated drugs	Transparency Visibility Traceability Collaboration and Coordination Flexibility and agility Accessibility Robustness Sustainability Supply base optimisation Privacy and security

Big data analytics Artificial Intelligence Machine learning (4,10, 13, 17, 18, 21, 32, 35, 39, 41, 43, 49, 57, 58, 61, 63, 82, 87, 95, 100, 107, 111)	Organisational performance Prediction of disease outbreaks Demand forecasts during disruptive events	Sustainability Transparency Traceability Visibility Collaboration Optimising decision making
Internet-of-things Digital Twin (DT) (7, 47, 73, 99, 106)	Increase automation Information Data scarcity	Transparency Collaboration and Coordination Flexibility Accessibility
Additive manufacturing (AM) technologies (52, 94)	Personalised medical devices or drug delivery systems Optimisation Quality improvement	Flexibility Sustainability Transparency Personalisation
Drone (36, 99)	Medicine delivery Quality of medicines	Supply base optimisation Accessibility

Table 1: A summary of key studies examining the adoption of I4.0 technologies to enhance resilience

2.3 Dynamic capability theory (DCT) and potential links with I4.0 in PSC

The supply chain literature suggests that the DCT has been adopted to examine the effect of dynamic capabilities on organisational performance in uncertain environments (El Baz and Ruel, 2021). According to Teece (2007), the skills and competencies of sensing, seizing, and reconfiguring are considered **the micro foundations** that are fundamental determinants of firm performance. These organisational capabilities assist firms in responding to potential risks quickly by identifying changes in the environment (sensing), interpreting the required resources and actions to overcome uncertainties, enacting flexible operations (seizing), and rearranging resources to recover and regain the continuation of operations (reconfiguring). This theory enables the analysis of companies and their SC's ability to reshape structures and systems in response to changes in uncertain business environments and create opportunities (Bruyaka *et al.*, 2024).

The disruptions generated by COVID-19 and their impact on PSCs and, most importantly, the difficulties in responding to this crisis, highlight the importance of utilising supply chain capabilities to rethink existing PSC resilience capabilities and develop new ones (Mikalef *et al.*, 2020). We believe that the pandemic coupled with the rise of digital technologies marked the beginning of a paradigm shift in the management of supply chains and added to our

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3 motivation to study the future of resilience capabilities. By adopting a DCT lens, we can shed
4 light on how PSCs can deploy I4.0 technologies to reconfigure their resources to develop
5 resilience capabilities. We expect the adoption of I4.0 technologies to enable the development
6 of integrative capabilities by enhancing the communication and coordination of PSCs.
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10 Specifically, I4.0 technologies operationalise the micro foundations of DCT: the distinct skills,
11 processes, procedures, organisational structures, decision rules, and disciplines, which
12 undergird enterprise-level sensing, seizing, and reconfiguring capacities, by enabling data-
13 driven, agile, and collaborative responses to disruption. First, I4.0 technologies extend and
14 accelerate sensing capabilities by transforming vast volumes of data into actionable insights, a
15 critical requirement for PSCs where patient safety and regulatory compliance are non-
16 negotiable (Uddin *et al.*, 2021; Musamih *et al.*, 2021). For example, big data analytics (BDA),
17 artificial intelligence (AI), and Internet of Things (IoT) sensors enhance visibility across supply
18 networks, enabling early detection of issues, shortages, and other risks (Bag *et al.*, 2023;
19 Bassiouni *et al.*, 2023). Second, the technologies enhance decision-making speed, trust, and
20 precision, strengthening the seizing capability. For example, blockchain platforms and smart
21 contracts can provide secure, real-time information flows that improve trust among PSC
22 partners, while digital twins and AI-based decision can support systems allow scenario testing
23 and rapid mobilisation of resources during crises (Aloini *et al.*, 2023; Joseph Jerome *et al.*,
24 2022). Finally, I4.0 technologies enable PSCs to rapidly reconfigure its manufacturing and
25 logistics networks. Additive manufacturing facilitates localised production of critical
26 medicines, robotics and automation enable rapid capacity adjustments, and cloud-based
27 collaboration platforms support flexible supplier switching and process redesign. Collectively,
28 these linkages clarify how I4.0 technologies enact dynamic capabilities in PSCs, bridging the
29 gap between abstract theoretical constructs and actionable resilience-building mechanisms.
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45 Research has underlined the importance of building dynamic capabilities by adopting
46 innovative approaches to respond to risks generated in volatile environments (Cadden *et al.*,
47 2022), but there is limited information regarding this process within the PSC in the current
48 literature. Although Yaroson *et al.* (2024) adopted the DCT to build resilience within the PSC
49 by enhancing decision-making capabilities to manage medicine shortages, they emphasise the
50 need to move beyond a static application of the DCT and explore its holistic adoption—an
51 approach this research addresses. Additionally, our study addresses the call for further research
52 by Roh *et al.* (2022) and Cadden *et al.* (2022) regarding the limited focus on the role of
53 intangible capabilities in creating resilience. Therefore, we have developed a PSCRC model
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(Figure 1) inspired by the dynamic capability view to explore how I4.0 can support the PSC in employing its capabilities to mitigate future disruptions.

3. Materials and methods

This study adopted an evidence-informed SLR approach to collate the required data for qualitative thematic analysis, following the guidelines suggested by Denyer and Tranfield (2009). The systematic review employed five refinement stages and was conducted in August 2023. A PRISMA-style flow diagram is presented to document the screening process as shown in Figure 2. The screening process is documented in a PRISMA-style flow diagram, which details the identification, screening, eligibility, and inclusion stages, ensuring a transparent and replicable process.

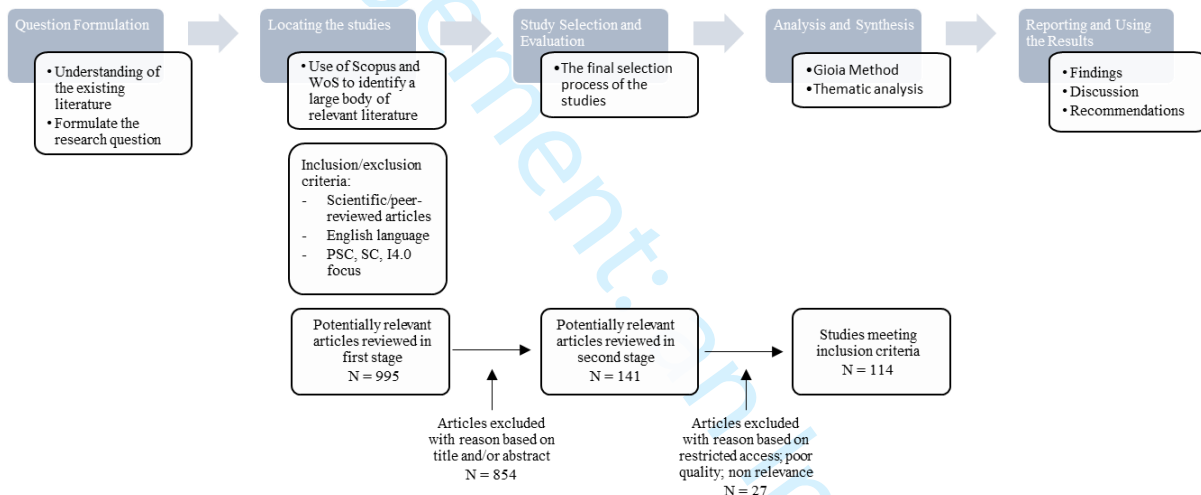


Figure 2: PRISMA flow diagram illustrating the SLR process; including identification (1,829 articles from Scopus and WoS) screening (995 articles; removal of duplicates and non-coherent abstracts), eligibility (review of 141 articles), and inclusion (114 articles for thematic and Gioia analyses).

First, the SLR aims to identify relevant literature that leads to the formation of a data corpus for further thematic analysis (Wang *et al.*, 2024). Second, a keyword search was conducted using Scopus and Web of Science (WoS), two common databases that provide broad access to a multitude of peer-reviewed studies (Heinis *et al.*, 2022). The search string used for Scopus is as follows:

(({Logistics 4.0} OR {Industry 4.0} OR {Supply Chain 4.0} OR {I4.0} OR {ArtificialIntelligence} OR {AI} OR blockchain OR iot OR {InternetofThi

ngs} OR cloud OR {CloudComputing} OR {Robots} OR {cobots} OR drones OR {AdditiveM
 anufacturing} OR am OR 3d OR {3Dprinting} OR {CyberPhysicalSystems} OR cps OR bda
 OR {BigData} OR {Machine
 Learning} OR ml OR vr OR ar OR {VirtualReality} OR {AugmentedReality} OR {Autonomo
 usVehicles} OR sensors) AND (pharma* OR psc OR drugs OR medicines) AND ({supplych
 ain} OR sc OR scm OR logistics)) AND (LIMITTO (DOCTYPE, "ar")) AND (LIMITTO (L
 ANGUAGE, "English")) AND (EXCLUDE (SUBJAREA, "MEDI") OR EXCLUDE (SUBJA
 REA, "BIOC") OR EXCLUDE (SUBJAREA, "PHAR")
 OR EXCLUDE (SUBJAREA, "IMMU")).

The search string utilised for the WoS is as follows:

(("Logistics 4.0" OR "Industry 4.0" OR "Supply Chain 4.0" OR "I4.0" OR "Artificial Intelligence"
 OR "AI" OR blockchain OR iot OR "Internet of Things" OR cloud OR "Cloud Computing" OR
 "Robots" OR "cobots" OR drones OR "Additive Manufacturing" OR am OR 3d OR "3D printing"
 OR "Cyber Physical Systems" OR cps OR bda OR "Big Data" OR "Machine Learning" OR ml
 OR vr OR ar OR "Virtual Reality" OR "Augmented Reality" OR "Autonomous Vehicles" OR
 sensors) AND (pharma* OR PSC OR drugs OR medicines) AND
 ("supply chain" OR SC OR SCM OR logistics)).

Furthermore, the inclusion and exclusion search criteria were specified as follows: academic
 scientific/peer-reviewed articles that focus on PSCs and I4.0 technologies were targeted, and
 only articles written in English were considered. A total of 1,324 and 505 contributions were
 identified from Scopus and WoS, respectively. The inclusion/exclusion criteria were gradually
 applied and studies with noncoherent abstracts and duplicates were removed, leaving 995
 unique sources in the dataset. To achieve an acceptable level of accuracy when applying the
 selection criteria, we conducted an additional round of reviews that reduced the total number
 to 141. Finally, the study selection process was conducted. The authors reviewed the titles and
 abstracts of the 141 articles identified in the previous stage and used colour coding to categorise
 the articles into three groups: "accepted," "borderline," and "rejected" (Heinis *et al.*, 2022).
 Based on this process, 27 articles were excluded because of non-relevance (e.g., focus on
 healthcare and not PSCs), poor quality, or restricted access. Finally, 114 articles were included
 in the SLR (Table I).

Table I. Sources for thematic analysis identified through SLR

No.	References	No.	References

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|----|----------------------------------------|----|-----------------------------------------|
| 1 | Panda and Satapathy (2024) | 62 | Saha <i>et al.</i> (2022) |
| 2 | Abdallah and Nizamuddin (2023) | 63 | Sahoo <i>et al.</i> (2022) |
| 3 | Al-Khatib (2023a) | 64 | Abideen and Mohamad (2021) |
| 4 | Al-Khatib (2023b) | 65 | Alkhoori <i>et al.</i> (2021) |
| 5 | Aloini <i>et al.</i> (2023) | 66 | Erol <i>et al.</i> (2021) |
| 6 | Amoozad Mahdiraji <i>et al.</i> (2023) | 67 | Ghelichi <i>et al.</i> (2021) |
| 7 | Aslam <i>et al.</i> (2023) | 68 | He and Shi (2021) |
| 8 | Bag <i>et al.</i> (2023) | 69 | Hosseini Bamakan <i>et al.</i> (2021) |
| 9 | Bandhu <i>et al.</i> (2023) | 70 | Konovalenko and Ludwig (2021) |
| 10 | Banik <i>et al.</i> (2023) | 71 | Konovalenko <i>et al.</i> (2021) |
| 11 | Bankuoru Egala <i>et al.</i> (2023) | 72 | Koshta <i>et al.</i> (2021) |
| 12 | Bapatla <i>et al.</i> (2023) | 73 | Li <i>et al.</i> (2021) |
| 13 | Bassiouni <i>et al.</i> (2023) | 74 | Liu <i>et al.</i> (2021) |
| 14 | Benazzouz and Auhmani (2023) | 75 | Musamih <i>et al.</i> (2021) |
| 15 | Benevento <i>et al.</i> (2023) | 76 | Niu <i>et al.</i> (2021) |
| 16 | Chen <i>et al.</i> (2023) | 77 | Pandey and Litoriya (2021) |
| 17 | Debnath <i>et al.</i> (2023) | 78 | Quintanilla García <i>et al.</i> (2021) |
| 18 | Emmanuel <i>et al.</i> (2023) | 79 | Sabbagh <i>et al.</i> (2021) |
| 19 | Erol <i>et al.</i> (2023) | 80 | Singh and Chaddah (2021) |
| 20 | Faheem and Dutta (2023) | 81 | Uddin <i>et al.</i> (2021) |
| 21 | Fasterholdt <i>et al.</i> (2023) | 82 | Zhan <i>et al.</i> (2021) |
| 22 | Gerrans <i>et al.</i> (2023) | 83 | Zhu <i>et al.</i> (2021) |

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90 Dwivedi *et al.* (2020)
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93 Hastig and Sodhi (2020)
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95 Paul and Venkateswaran (2020)
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97 Safkhani *et al.* (2020)
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99 Singh *et al.* (2020)
100 Djunaedi (2019)
101 Hii *et al.* (2019)
102 Jamil *et al.* (2019)
103 Shafique *et al.* (2019a)
104 Shafique *et al.* (2019b)
105 Srivastava *et al.* (2019)

45	Tsolakis <i>et al.</i> (2023)	106	Alvarez Lopez <i>et al.</i> (2018)
46	Turki <i>et al.</i> (2023)	107	Ding (2018)
47	Wu <i>et al.</i> (2023)	108	Festa <i>et al.</i> (2018)
48	Yadav <i>et al.</i> (2023)	109	Gonul Kochan <i>et al.</i> (2018)
49	Yang <i>et al.</i> (2023)	110	Sylim <i>et al.</i> (2018)
50	Yani and Aamer (2023)	111	Wu and Mao (2017)
51	Yazdinejad <i>et al.</i> (2023)	112	Papert <i>et al.</i> (2016)
52	Zhang <i>et al.</i> (2023)	113	Wu <i>et al.</i> (2015)
53	Ziaee <i>et al.</i> (2023)	114	Hendrik Haan <i>et al.</i> (2013)
54	Babu <i>et al.</i> (2022)		
55	Chiacchio <i>et al.</i> (2022)		
56	Humayun <i>et al.</i> (2022)		
57	Joseph Jerome <i>et al.</i> (2022)		
58	Mahdiraji <i>et al.</i> (2022)		
59	Mariappan <i>et al.</i> (2022)		
60	Nanda and Nanda (2022)		
61	Nguyen <i>et al.</i> (2022)		

Fourth, the 114 articles were analysed. The analysis consisted of two parts: thematic analysis (Sodhi *et al.*, 2022) and the Gioia method (Williams and Shepherd, 2017) for conceptual development and proposing an emergent model. The thematic analysis aimed to examine articles to identify enablers and challenges in implementing I4.0 technologies in PSCs. We adopted the six steps suggested by Sodhi and Tang (2018) to conduct the thematic analysis: We (1) familiarised ourselves with the corpus of “data”; (2) generated initial codes; (3) searched for themes; (4) reviewed these themes; (5) defined and named these themes, and (6)

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3 produced the report. To ensure the reliability of the thematic analysis, we adopted a multi-step
4 approach to enhance rigor. This approach consists of the following three steps: (1) inter-coder
5 reliability: two researchers independently coded a subset of articles to generate initial codes.
6 Disagreements were resolved through discussion and consensus among the research team. (2)
7 peer debriefing: a third researcher, not involved in the initial coding, reviewed the coding
8 framework and emergent themes to ensure consistency and reduce bias. (3) iterative theme
9 refinement: themes were iteratively refined during team meetings, where all authors discussed
10 and validated the themes against the data corpus to ensure thematic saturation. The next part
11 of the analysis involved applying the Gioia method to develop an emergent model. Building
12 on grounded theory principles, the Gioia method employs a central research question to direct
13 qualitative data collection and the subsequent theory development. Applying inductive data
14 structuring methods, such as the Gioia method, enables researchers to uncover the dimensions
15 and their interactions for further empirical and quantitative studies (Williams and Shepherd,
16 2017).

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28 The Gioia method, traditionally used for primary qualitative data, was adapted to analyze
29 secondary data from 114 peer-reviewed articles following its usage for secondary data has been
30 effectively evidenced in domains such as Social Network Analysis (SNA) (Williams and
31 Shepherd, 2017) and tourism (Jiménez-Partearroyo *et al.*, 2024). Unlike interview-based
32 applications, we coded textual data from article findings to identify first-order concepts,
33 second-order themes, and aggregate dimensions. To mitigate bias, we used a structured coding
34 protocol, and triangulated findings across multiple sources to address potential biases during
35 team discussions.

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42 Finally, the SLR outputs were reported. The findings constitute the following: (1) thematic
43 analysis discovers enablers and challenges for implementing I4.0 within PSCs (Section 5.1)
44 and (2) the Gioia method enabled to develop the PSCRC model and identifies the dimensions
45 of implementing I4.0 within PSCs to guide future research agendas.

4. Findings: Conceptualisation of the PSCRC model

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A thematic analysis was carried out to establish a thematic map aiming to provide information on the implementation of I4.0 within the PSC and its contribution to restructuring its resilient strategy. The Gioia Method was then applied to structure the data inductively. The identified

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3 data structure and results of the thematic analysis were consolidated to produce a model to
4 develop an overarching framework to inform and guide future research (Figure 3). We present
5 the data structure by emphasising second-order themes and overarching dimensions (see
6 Appendix A). The supporting data and codes for the data structure in the Gioia method is
7 presented in Appendix A. The data structure was developed through iterative coding, where
8 first-order concepts (e.g., personalisation, traceability) were extracted from the article findings
9 and grouped into second-order themes based on conceptual similarity. For example,
10 personalisation identified in Ding (2018) (reference #107), enhances customer satisfaction by
11 enabling tailored treatments, contributing to reconfiguring capabilities. Traceability as noted
12 in Nanda *et al.* (2023) (reference #34), supports coordination capabilities by improving
13 supply chain transparency, contributing to sensing capabilities. To further clarify how the
14 themes were inductively derived and how conflicting interpretations (e.g. whether AI
15 enhances or complicates decision-making) were resolved, we provide detailed discussion
16 in section 4.1, 4.2 and 4.3. For instance, we argue that I4.0 technologies, including AI,
17 blockchain, and data analytics can facilitate the development of a transparent PSC system.
18 These technologies enhance data, information, and knowledge sharing, thereby
19 contributing to more robust decision-making. However, challenges related to security and
20 safety must still be addressed. Mapping of the process by which I4.0 tools translated into
21 resilience (for example, how real-time visibility (IoT) → proactive risk sensing → faster
22 disruption recovery) can be understood via the PSCRC framework and the rich description
23 provided, ensuring a clear chain of evidence from data to model.
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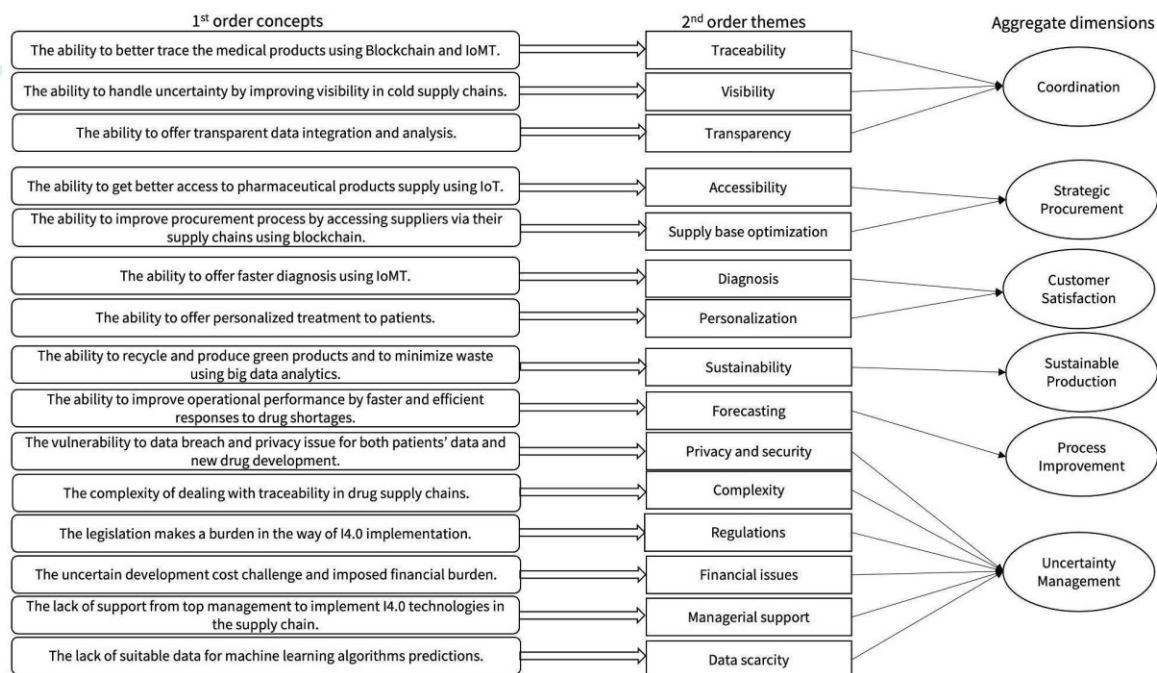


Figure 3: Data structure

The aggregate dimensions presented in Figure 3 are related to the I4.0-enabled capabilities for developing sensing, seizing, and reconfiguring capabilities, which will eventually lead to resilient PSCs. The thematic analysis suggests that the implementation of I4.0 technologies can contribute to developing coordination capabilities, which can be considered as sensing capabilities according to DCT. I4.0 technologies support the development of a transparent supply chain system where the availability of rich data sources and the power of data analytics enhances information/knowledge sharing and communication (Musamih *et al.*, 2021). The collection and analysis of insightful data builds the coordination capability that can simplify and foster PSC robustness, improve decision-making, and lead to a timely and efficient response to disruptions. Bag *et al.* (2023) studied absorptive capacity in healthcare organisations, which inherently rely on coordination, by implementing BDA and an AI collaborative platform.

Subsequently, data collection and analysis achieved through the coordination of capabilities enabled the development of important strategic procurement and process improvement capabilities. These ensure upstream and downstream PSC optimisation by improving the supplier selection and procurement process, while simultaneously enhancing accessibility to healthcare services. Nevertheless, implementing I4.0 technologies within the PSC leverages

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3 these seizing capabilities as they enhance information sharing, visibility, and stakeholder
4 relationships, which are elements that contribute to the development of a resilient PSC.
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8 Finally, the findings indicate that I4.0-based PSCs can offer not only accurate and faster
9 diagnosis but also personalised treatments and, therefore, enable healthcare systems to
10 effectively deal with patients' needs. I4.0 technologies support the PSC to achieve more
11 sustainable production, which eliminates waste and cost, enhances forecasting, and increases
12 flexibility that supports quicker responses to changes. Consequently, this environment supports
13 PSCs to build reconfiguring capabilities, mainly supported by the dimensions of customer
14 satisfaction and sustainable production.
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21 The PSCRC model (Figure 1) conceptualises and presents the sensing, seizing, and
22 reconfiguring capabilities. The contribution of I4.0 technologies to the PSC dynamic
23 capability-building process that allows the development of resilient PSCs is discussed below.
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30 **4.1 Coordination (sensing) capability**

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32 Coordination is required across PSC networks to ease complex global supply chains and
33 develop resilient PSCs. Traceability, visibility, and transparency have emerged as crucial
34 elements that contribute to sensing capabilities and enabling proactive risk management within
35 a transparent supply chain environment. Joseph Jerome *et al.* (2022) and Erol *et al.* (2021)
36 highlighted the need to adopt innovative approaches (e.g., Procurement 4.0) to build
37 transparent PSCs. Table II presents the sub-themes related to this capability.
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44 **4.1.1 Complexity**

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46 To simplify highly complex PSCs, researchers have suggested the adoption of blockchain
47 technology to improve transparency and traceability by providing a secure and decentralised
48 platform for tracking the movement of pharmaceutical products from manufacturers to patients
49 (Alharthi *et al.*, 2020; Aloini *et al.*, 2023; Uddin *et al.*, 2021; Yazdinejad *et al.*, 2023). This
50 technology can also improve coordination among healthcare stakeholders by providing a
51 shared platform for data exchange and collaboration, which is one of the several challenges
52 facing PSCs (Alharthi *et al.*, 2020; Alles and Gray *et al.*, 2020). However, Benevento *et al.*
53 (2023) empirically identified seven barriers to supply chain integration (SCI) using
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3 technologies in 30 case studies of the healthcare sector in Italy. Lack of motivation,
4 unwillingness to change, and lack of support from healthcare authorities were among the
5 impediments, illustrating the low importance of financial resources in the studied cases.
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8 9 *4.1.2 Privacy, security, and technical limitations*

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11 Ding (2018) posits that I4.0 technologies in PSCs enhance coordination, efficiency, and
12 patient-centric flexibility. However, disparate IT systems among PSC stakeholders can hinder
13 interoperability, compatibility, and visibility, making PSCs vulnerable to data breaches and
14 impeding traceability and transparency (Ali *et al.*, 2022; Bapatla *et al.*, 2023; Hendrik Haan *et*
15 *al.*, 2013). Uddin *et al.* (2021) emphasised the lack of full interoperability in the current drug
16 traceability solutions such as bar codes, blockchain systems and radio frequency identification
17 (RFID) tags. Chatterjee (2020) and Singh *et al.* (2020) emphasized the need for data security
18 and integrity in digital supply chains, particularly PSCs, owing to privacy concerns in advanced
19 therapies. Regulatory compliance with patient security and privacy is a potential barrier to
20 innovation in PSCs (Bandhu *et al.*, 2023; Paul and Venkateswaran, 2020). Abdallah and
21 Nizamuddin (2023) proposed blockchain-based smart contracts to enhance stakeholder trust,
22 transparency, and data security.
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33 *4.1.3 Decision-making*

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35 Paul and Venkateswaran (2020) employed machine learning (ML) algorithms to identify
36 plausible crisis behaviors under deep uncertainty, aiding decision-making through improved
37 supply chain policies (e.g., Kumar Detwal *et al.*, 2023). Chatterjee (2020) promoted Pharma
38 4.0 for performance enhancement through data-driven decision-making. Specifically, IoT
39 generates integrated systems to gather data, and AI makes decisions based on these data, which
40 leads to faster early diagnosis and offers personalised treatment (Goodarzian *et al.*, 2023).
41 Nguyen *et al.* (2023) proposed AI for disruption-resilient demand forecasting, and Bassiouni
42 *et al.* (2023) suggested Deep Learning (DL) for shipment risk mitigation. Cloud-based
43 information sharing improves PSC visibility, and reduces costs and shortages (Gonul Kochan
44 *et al.*, 2018). Erokhin *et al.* (2020), Aloini *et al.* (2023), and Srivastava *et al.* (2019) also
45 focused on enhancing PSCs by analysing data to facilitate the decision-making process and
46 advocate blockchain implementation for transparent, secure, and efficient PSC transactions
47 (Abdallah and Nizamuddin, 2023; Chiacchio *et al.*, 2022; Havaeji *et al.*, 2023).
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58 Table II. Coordination capabilities
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Sub-theme	Underlying codes	Industry 4.0 tools	Corpus references
Complexity	Aiding in complex decision-making; Data gathering for medicinal products; Improving interoperability issue; Traceability; Data transparency; Integration; counterfeit medicines; Supply chain visibility; Resilience and flexibility	Procurement 4.0; AI; Blockchain; IoMT; Machine learning	1, 5, 6, 7, 8, 9, 15, 33, 37, 40, 43, 46, 48, 55, 56, 57, 59, 60, 62, 66, 68, 73, 74, 81, 84, 85, 86, 90, 92, 94, 95, 96, 97, 99, 100, 104, 105, 106, 107, 109, 112
Privacy, security, and technical limitations	Vulnerability; Transparency; Security and privacy; Storage capacity; Traceability; Complexity; Interoperability issue; Inventories optimization challenge; Visibility and coordination improvement challenge; Digitalization; Collaboration; Technological readiness; Privacy-preserving issue; Cyberattacks	Blockchain; AI; IoMT; Data analytics; IoE;	9, 12, 29, 33, 40, 49, 51, 54, 56, 57, 58, 61, 62, 67, 68, 69, 71, 73, 74, 75, 76, 79, 81, 85, 89, 91, 93, 94, 96, 99, 101, 107, 109, 112, 114
Decision-making	Aiding in complex decision-making; Improving stakeholder management; Improving traceability; Innovative procurement; Creating data transparency; Data analysis - integration	Procurement 4.0; ML-based solutions; BDA; Blockchain; AI	5, 10, 24, 27, 29, 32, 35, 50, 53, 54, 55, 56, 57, 59, 60, 62, 64, 65, 67, 70, 73, 81, 87, 89, 90, 92, 93, 95, 99, 104, 105, 106, 107, 109, 112

4.2 Strategic procurement and process improvement (seizing) capabilities

4.2.1 Operational performance

Erokhin *et al.* (2020) proposed distributed ledger technology as an innovative means of tracking pharmaceutical products throughout their life cycle, facilitating PSC management, and addressing trust and confidentiality concerns. Chatterjee (2020) recommended the development of zero-trust networks to mitigate risks related to data integrity and network security. Big data predictive analytics (BDPA) and RFID technologies can also be implemented to improve supply chain performance, as stated by Shafique *et al.* (2019 a, b), enabling real-time product tracking and reducing misplacements. Nguyen *et al.* (2023) discussed the benefits of using linear programming (LP) to leverage news data to enhance performance and, more crucially, mitigate the risk of visibility loss during disruptions.

4.2.2 Resource constraint

I4.0 implementation necessitates the convergence of relevant stakeholders through standardised and integrated systems, an arduous endeavour for PSCs (Alharthi *et al.*, 2020), which contributes to immature infrastructure and scalability challenges (Paul and Venkateswaran, 2020). Integrated systems advance demand forecasting, which is particularly crucial for PSCs, as pandemics, such as COVID-19, can precipitate a surge in demand for certain emergency services, including pharmaceuticals (Zhu *et al.*, 2021). However, the low adoption of innovation within PSCs could stem from an inability or unwillingness to support long-term investments (Uddin *et al.*, 2021); lack of senior leadership support, attributed to PSC professionals' lack of knowledge about I4.0 implementation, and reluctance toward new technology training or change, often impedes progress (Papalexi *et al.*, 2022).

Table III presents the sub-themes related to strategic procurement and process improvement capabilities.

Table III. Strategic procurement and process improvement capabilities

Sub-theme	Underlying codes	Industry 4.0 tools	Corpus references
Operational Performance	Time-sensitive medical supplies; Early diagnosis; Clinical and operational performance; Process efficiency; Traceability; Demand forecasting; Competitive advantage	IoMT; Pharma 4.0; Blockchain; IoT	3, 10, 18, 24, 29, 35, 50, 53, 57, 62, 64, 66, 67, 72, 73, 78, 89, 90, 92, 99, 100, 103, 106, 107, 108, 109, 111
Resource constraint	Development cost; Drug shortage; Capabilities; High and unclear investments; Technological readiness; Inaccurate information	Blockchain; Data analytics; Pharma 4.0	10, 12, 19, 49, 56, 57, 58, 59, 61, 62, 69, 73, 81, 83, 93, 95, 99, 101, 107, 109, 112

4.3 Sustainability and customer satisfaction (reconfiguring) capabilities

4.3.1 Sustainability

Alharthi *et al.* (2020) explored the sustainability and effectiveness of PSCs in Saudi Arabia, identifying product shortages, waste, lack of coordination among healthcare stakeholders, and inadequate medication demand information as key issues. Blockchain technology has been recommended as a solution, echoed by Liu *et al.* (2023), and Bankuoru Egala *et al.* (2023),

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3 who highlighted its potential to contribute to sustainability by improving transparency and
4 accountability, and reducing waste and inefficiencies that harm patients and the environment.
5 Indeed, Ding (2018) and Djunaedi (2019) found that Pharma Industry 4.0 can contribute to
6 sustainable PSCs by improving flexibility, enhancing communication, reducing
7 waste/pollution, and enabling autonomous decision-making. Al-Khatib (2023b) evaluated the
8 impact of the industrial IoT on sustainability in Jordan's pharmaceutical manufacturing sector
9 and identified a positive effect on sustainability performance and supply chain visibility.
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16 Additionally, blockchain facilitates the integration of reverse supply chain networks, thereby
17 increasing the PSC sustainability performance (Jraisat *et al.*, 2023). Gerrans *et al.* (2023)
18 proposed the adoption of a circular pharmaceutical supply chain (CPSC) model to facilitate
19 reverse logistics and reduce unnecessary medicine waste, with significant quantities wasted
20 globally, including an estimated £300 million annually by the UK National Health Service
21 (NHS) (Trueman *et al.*, 2010). Although Seddigh *et al.* (2023 a, b) revealed a strong
22 relationship between business intelligence and sustainability, developing a sustainable PSC
23 pathway is challenging because of obstacles such as lack of awareness and training on
24 sustainable practices, high investment and time-consuming processes, poor leadership support,
25 lack of regulations promoting sustainable development, and ineffective sustainable initiatives
26 (Debnath *et al.*, 2023; Ding, 2018).
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35 4.3.2 Customer satisfaction

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37 The advancements in genomic research have facilitated the manufacturing of personalised
38 pharmaceuticals. Patient-centered or personalised medicines are imperative as the elderly
39 population with chronic diseases increases and reducing data density can enhance productivity
40 and create added value by focusing on individualized medicine therapy rather than the "one-
41 size-fits-all" approach (Bankuoru Egala *et al.*, 2023; Li *et al.*, 2021). Furthermore, failing to
42 meet the two critical capabilities of PSCs, verifying authentic drugs and monitoring
43 temperature conditions, can adversely affect customer satisfaction (Erokhin *et al.*, 2020;
44 Faheem and Dutta, 2023). Although Trenfield *et al.* (2022) highlighted the significant benefits
45 of virtual digital health technologies for patient care, challenges persist, ranging from data
46 security to acceptance in the healthcare sector. Sharma *et al.* (2023) identified lack of customer
47 awareness and satisfaction as impediments to sustainable implementations through the
48 adoption of I4.0.
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Table IV, below, presents the sub-themes related to sustainability and customer satisfaction capabilities.

Table IV. Sustainability and customer satisfaction capabilities

Sub-theme	Underlying codes	Industry 4.0 tools	Corpus references
Sustainability	Green manufacturing; Waste management; Integrated reverse supply chain networks; Circular pharmaceutical supply chain	Big data; Blockchain; Pharma Industry 4.0; RFID; Smart Packaging System	4, 17, 21, 23, 39, 41, 63, 68, 81, 85, 95, 97, 98, 99, 100, 107
Customer satisfaction	Early diagnosis; Personalized treatment	IoT, Blockchain,	11, 20, 41, 56, 73, 92, 99, 107

5. Discussion

5.1. Theoretical Implications and Research Avenues to Build Resilience in PSCs

The COVID-19 pandemic and the more recent “black swan” crisis have precipitated significant uncertainty across supply chains (Ali *et al.*, 2022), severely impacting globalised and complex PSCs (Papalexli *et al.*, 2020). This disruption has induced a pre-paradigm shift in PSC research. The present study aimed to explore the implementation of I4.0 within the PSC to foster resilience and develop capabilities to mitigate future disruptive events. Ali *et al.* (2022) underscored the significance of cultivating organisational capabilities to address external risks and enhance performance during crises. Joseph Jerome *et al.* (2022) examined how I4.0 technologies could be integrated into supplier evaluation and procurement processes, emphasising mutual growth, supplier capacity, willingness to implement I4.0, and the importance of collaboration for long-term procurement success.

The supply chain literature illustrates a range of strategies used by firms to establish a resilient supply network (Chopra *et al.*, 2021): (1) tailored sourcing or having multiple channels on the sourcing side; (2) omni-channel retailing or having multiple channels on the sales side; (3) investing in flexible capacity and its applicability through enhanced information sharing; (4) investing in caution, and (5) investing in risk mitigation inventory or reserve capacity. We

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3 discuss how these resilience-building strategies map onto our proposed model in the PSC
4 through the lens of capabilities, and how I4.0 plays a role in each dimension of the theoretical
5 framework.
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10 In this context, Yaroson *et al.*'s (2021, 2023, 2024) decentralised blockchain-AI model
11 management framework offers a novel mechanism for enhancing resilience through secure,
12 distributed coordination and data governance. By integrating blockchain with federated AI
13 learning, the framework enables real-time traceability, privacy-preserving data sharing, and
14 immutable audit trails, features that are particularly valuable in pharmaceutical environments
15 where regulatory compliance and trust are paramount. The use of smart contracts and zero-
16 knowledge proofs further supports automated decision-making and secure collaboration across
17 stakeholders, aligning with the tailored sourcing and omni-channel strategies outlined
18 above. Moreover, the framework's decentralised architecture facilitates scalable and
19 transparent model training, which strengthens sensing and seizing capabilities by enabling
20 predictive analytics and adaptive planning without compromising data confidentiality.
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30 This integration of blockchain-AI technologies into I4.0 implementations represents a shift
31 from centralised control to distributed intelligence, empowering PSCs to respond proactively
32 to disruptions while maintaining operational integrity and patient safety. As such, Yaroson *et*
33 *al.*'s framework complements existing resilience strategies and provides a technological
34 foundation for dynamic capability development in the pharmaceutical sector.
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39 40 5.1.1 Coordination Capability

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43 This capability is associated with all resilience strategies, taking advantage of I4.0. As
44 emphasised in the literature, information sharing and coordination are pivotal for timely
45 decision-making in a volatile, uncertain, complex, and ambiguous (VUCA) business
46 environment. Cultivating coordination capabilities will enable the PSC to implement
47 standardised confidential data collection practices across networks and develop the currently
48 immature infrastructure to support suitable I4.0 implementations across the supply chain within
49 the pharmaceutical sector, such as integrated IT systems throughout. This will foster
50 transparent PSC systems capable of robust decision-making. Yaroson *et al.* extend this view
51 with their proposed decentralised Blockchain – AI model management framework that enables
52 secure, traceable, and privacy preserving coordination across distributed pharmaceutical nodes.
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60 We therefore present: Research Avenue (RA) 1: I4.0 technologies facilitate end-to-end

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3 coordination in pharmaceutical supply chains by enabling real-time traceability, systemwide
4 visibility, and secure data transparency – capabilities that reinforce the sensing capability and
5 empower proactive risk mitigation, regulatory adherence, and continuity of patient care.
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10 5.1.2 Strategic Procurement and Process Improvement Capability

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13 Strategic procurement capability can contribute to tailored sourcing and omni-channel retail
14 strategies to make PSCs resilient using I4.0. Similarly, the process improvement capabilities
15 enabled by I4.0 enhance operational performance, product traceability, trust, and
16 confidentiality in PSCs (Chatterjee, 2020; Erokhin *et al.*, 2020). Bag *et al.* (2023) explained
17 that the omni-channel healthcare business has been defined in the literature (Cordon *et al.*,
18 2016) as an extension of conventional healthcare supply chains in which patients can connect
19 with healthcare providers for consultations using virtual platforms such as telemedicine.
20 Yaroson *et al.*'s framework compliments the strategies by enabling decentralised model
21 training and secure stakeholder collaboration through smart contracts and zero knowledge
22 proofs. This allows pharmaceutical firms to evaluate supplier performance and process
23 improvements without compromising data privacy, while maintaining auditability and
24 compliance. Consequently, we propose: RA 2: I4.0 technologies enhance strategic
25 procurement efficiency in the pharmaceutical supply chain by enabling precision sourcing and
26 integrated digital healthcare channels, thereby strengthening supply chain resilience, regulatory
27 compliance, and patient-centric service delivery.
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42 5.1.3 Sustainability and Customer Satisfaction Capability

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45 I4.0 technologies and innovations contribute to sustainability by improving flexibility,
46 transparency, accountability, resource management, waste reduction, and reverse supply chain
47 integration (Alharthi *et al.*, 2020; Bankuoru Egala *et al.*, 2023; Ding, 2018; Jraisat *et al.*, 2023;
48 Liu *et al.*, 2023; Paul and Venkateswaran, 2020; Uddin *et al.*, 2021). Yaroson *et al.* (2023,
49 2024) further demonstrate how Blockchain – AI integration can support sustainable practices
50 by enabling transparent life-cycle tracking, incentivising responsible data sharing, and reducing
51 energy consumption through decentralized processing. Thus, we suggest:
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3 RA 3: I4.0 technologies enable pharmaceutical supply chains to implement sustainable
4 production that contributes to configuring capability by developing flexibility and enabling
5 them to proactively respond to external risks.
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11 Additionally, customer capabilities contribute to establishing an omni-channel retail strategy,
12 leading to customer satisfaction through resilience. The restricted distribution channel
13 previously seen during the COVID-19 period can be overcome using a wide variety of
14 technologies to open new sales channels, thereby improving resilience within PSCs and
15 contributing to customer satisfaction, particularly during disruptions. However, this approach
16 introduces greater complexity and sophistication into the supply chain (Chen *et al.*, 2023). One
17 proposition is to invest in the implementation of appropriate industry commons in PSCs
18 (Chopra *et al.*, 2021). Enabling standardised, interoperable data exchange across platforms to
19 reduce integration costs and enhance customer facing transparency is highlighted by Yaroson
20 *et al.*(2021, 2023, 2024). Accordingly, we offer:
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31 RA 4: The use of appropriate industry standards can lower the cost of using multiple channels
32 via I4.0 technologies, leading to customer satisfaction capability in pharmaceutical supply
33 chains.
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39 **5.2. Managerial Implications**

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42 Uncertainty and disruptions within the PSC can lead to Coordination Challenges, according to
43 the PSCRC model, including: Vulnerability and Complexity - I4.0 technologies, such as the
44 IoT and advanced analytics, improve coordination by providing real-time data and insights,
45 reducing vulnerability and complexity (Kandasamy *et al.*, 2025); Lack of Communication and
46 Information/Data Sharing – Enhanced communication tools and integrated IT systems foster
47 better information sharing, mitigating inefficiencies and medication shortages (Frederico *et al.*,
48 2023); Product Wastage and Inefficiency – Automation and predictive analytics support
49 inventory management optimisation, reducing product wastage and inefficiency (Singh *et al.*,
50 2024). By developing Sensing Capability regarding Coordination, managers can develop
51 strategies to manage this complexity effectively through I4.0 adoption, ensuring the seamless
52 coordination and integration of diverse systems and data sources. This includes integrating
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3 clinical, regulatory, and logistics data across global networks to support timely and compliant
4 decision-making. Establishing robust governance frameworks and cross-functional teams can
5 facilitate effective decision-making and streamline operations. Fostering a data-driven culture
6 and investing in analytical capabilities are essential for effective decision-making. Yaroson *et*
7 *al.* (2021, 2023, 2024) decentralised Blockchain–AI model management framework further
8 supports these efforts by enabling secure, traceable, and privacy preserving coordination across
9 distributed PSC notes, enhancing trust and transparency in real time decision-making.

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16 Additionally, there are Sourcing and Process Challenges regarding: High Number of
17 Stakeholders and Long Lead Times – I4.0 facilitates better stakeholder coordination and
18 reduces lead times through improved process visibility and automation (Kandasamy *et al.*,
19 2025); Unpredictable Demand Patterns – Advanced forecasting and demand planning tools
20 enable more accurate predictions, addressing unpredictable demand patterns (Frederico *et al.*,
21 2023), and Immature Infrastructure and Low Trust Networks – Implementing blockchain and
22 secure data-sharing platforms enhances trust and infrastructure maturity (Singh *et al.*, 2024).
23 Developing the Strategic procurement and process improvement (seizing) capabilities,
24 managers are able to evaluate resource constraints and develop comprehensive cost-benefit
25 analyses to prioritize investments and ensure a sustainable return on investment. They can
26 explore the adoption of advanced manufacturing techniques, such as additive manufacturing
27 (3D printing) and continuous manufacturing processes, to enhance efficiency, reduce costs, and
28 improve product quality. Additionally, leveraging predictive maintenance and real-time
29 monitoring can optimize asset utilization and minimize unplanned downtime. Yaroson *et al.*'s
30 framework (2021, 2023, 2024) provides a decentralised infrastructure for managing AI model
31 updates and data provenance, which is particularly valuable in multi-stakeholder
32 pharmaceutical environments where trust, auditability, and compliance are critical.

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46 Furthermore, the Sustainability Challenges concerning Lack of Awareness and Training
47 Regarding Sustainable Practices can be addressed by I4.0 technologies, which support training
48 and awareness programs through digital platforms, promoting sustainable practices
49 (Kandasamy *et al.*, 2025); Lack of Flexibility and Poor Integration of Reverse Supply Chain
50 Networks – Enhanced flexibility and integration of reverse logistics are achieved through IoT
51 and advanced analytics (Frederico *et al.*, 2023), and High Investment – While initial
52 investments are high, the long-term benefits of I4.0, such as cost savings and efficiency gains,
53 justify the expenditure (Singh *et al.*, 2024).
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3 By developing the Sustainability and Customer Satisfaction (Reconfiguring) Capabilities,
4 managers explore opportunities to reduce waste, optimize energy consumption, and minimize
5 environmental impacts through intelligent resource management and circular economic
6 principles. Additionally, leveraging digital twins and simulation tools can aid in sustainable
7 product design and process optimization. I4.0 supports sustainable supply chain practices by
8 improving flexibility, reducing waste, and enhancing forecasting (Kandasamy et al., 2025). In
9 the pharmaceutical context, this includes optimising cold chain logistics, reducing expired
10 product returns, and improving packaging sustainability. They can also focus on leveraging
11 advanced analytics and real-time data to anticipate customer needs, personalize offerings, and
12 provide transparent and timely information throughout a product's lifecycle. Yaroson *et al.*'s
13 model contributes to sustainability by enabling decentralised, transparent life-cycle tracking
14 and incentivising responsible data sharing, supporting circular economy principles and long-
15 term value creation in PSCs.
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28 6. Conclusion

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30 The uncertainty generated by disruptions underscores the importance of reimagining and
31 building resilient PSCs by leveraging the capabilities of I4.0 technologies, presented by the
32 PSCRC model (Figure 1). Consequently, this study advances the extant literature by
33 investigating how the vast opportunities and capabilities afforded by I4.0 can be implemented
34 to construct robust PSCs capable of reducing vulnerability to disruptions. The successful
35 implementation of I4.0 in PSCs necessitates a holistic approach that addresses various
36 management implications. By proactively managing complexity, ensuring data privacy and
37 security, fostering data-driven decision-making, optimising operational performance,
38 addressing resource constraints, promoting sustainability, and enhancing customer satisfaction,
39 organisations can effectively navigate the challenges and capitalise on the opportunities
40 presented in I4.0. We believe in the importance and timeliness of our research by emphasising
41 the need for developing innovative solutions to strengthen PSCs and highlighting the paucity
42 of research on I4.0 technologies' adoption in this context (Bapatla *et al.*, 2023; Yaroson *et*
43 *al.*, 2023; Raj *et al.*, 2022).
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55 The proposed PSCRC model elucidated the critical capabilities required to bolster the
56 resilience of PSCs in the face of unforeseen events and disturbances, which contributes to the
57 call for digital-sustainable business models identified by Palmié *et al.* (2024). By proposing
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the synergistic interplay between I4.0 technologies and DCT, the PSCRC model offers a comprehensive framework to augment the adaptability, responsiveness, and robustness of PSCs, thereby mitigating the adverse impacts of supply chain disruptions on pharmaceutical operations and ensuring a continuous and uninterrupted flow of essential medical supplies. This contributes to the lack of the operationalisation of the construct of capabilities reported by Bruyaka *et al.* (2022) and Yaroson *et al.* (2023). This research has a few limitations such as taking a holistic approach for I4.0 technologies in PSCs and using secondary data relying on limited published scholarly studies which can be overcome by adopting specific I4.0 technologies and empirically studying their implementation in PSCs. The limitations call for future research as are reflected on four overarching research directions based on a viewpoint that guides research agendas, which we believe will inspire scholars to contribute to this topical research area and help practitioners better manage future disruptions. The set of future avenues developed from these insights provide a basis for further empirical studies in this emerging research domain.

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Appendix A

Table A.I. Representative supporting data and codes for the data structure in the Gioia method

2 nd -order themes	Representative 1 st -order data	Representative codes	Corpus references
Traceability	The ability to better trace the medical products using Blockchain and IoMT.	Traceability; Collaboration; Governance of traceability efforts; Traceability in drug supply chains; Implementing traceability; Improving traceability	9, 34, 46, 48, 54, 57, 66, 74, 86, 93
Visibility	The ability to handle uncertainty by improving visibility in cold supply chains.	Visibility; Supply chain visibility; Coordination	3, 4, 99, 107, 109, 112
Transparency	The ability to offer transparent data integration and analysis.	Transparency; Data transparency; Improving transparency	1, 5, 6, 7, 55, 56, 59, 60, 81, 92, 104, 105, 106, 107, 109, 112
Accessibility	The ability to get better access to vaccines and medicines supply using IoT.	Vaccine offering	3, 4, 16, 24, 46, 48, 67, 68, 89, 97, 104, 112, 114
Supply base optimization	The ability to improve procurement processes by accessing suppliers via their supply chains using blockchain.	Procurement; Innovative procurement; Procurement 4.0	57, 73, 74, 90, 92
Diagnosis	The ability to offer faster diagnosis using IoMT.	Early diagnosis	7, 73
Personalization	The ability to offer personalized treatment to patients.	Personalized treatment	11, 20, 41, 56, 99, 107
Sustainability	The ability to recycle and produce green products and to minimize waste using big data analytics.	Sustainability; Green manufacturing; Improved sustainability	4, 17, 21, 23, 39, 41, 63, 68, 81, 85, 95, 97, 98, 99, 100, 107

Forecasting	The ability to improve operational performance by faster and efficient responses to drug shortages.	Demand forecasting	4, 29, 35, 50, 77, 83
Privacy and security	The vulnerability to data breach and privacy issue for both patients' data and new drug development.	Privacy; Privacy-preserving issue; Protecting privacy	9, 12, 29, 33, 40, 49, 51, 54, 56, 57, 58, 61, 62, 67, 68, 69, 71, 73, 74, 75, 76, 79, 81, 85, 89, 91, 93, 94, 96, 99, 101, 107, 109, 112, 114
Complexity	The complexity of dealing with traceability in drug supply chains.	Complexity; Handling complexity	1, 5, 6, 7, 8, 9, 15, 33, 37, 40, 43, 46, 48, 55, 56, 57, 59, 60, 62, 66, 68, 73, 74, 81, 84, 85, 86, 90, 92, 94, 95, 96, 97, 99, 100, 104, 105, 106, 107, 109, 112
Regulations	The legislation creates a burden for I4.0 implementation.	Legislation issues	81, 92, 99, 107, 109
Financial issues	The uncertain development cost challenge and imposed financial burden.	Financial issues; Development cost; Financial cost	62, 85, 86, 95
Managerial support	The lack of support from top management to implement I4.0 technologies in the supply chain.	Top management support; Collaboration; Management support	32, 57, 61
Data scarcity	The lack of suitable data for machine learning algorithms predictions.	Limited data access	18, 29, 32, 49, 50, 58