Nursing Entrepreneurship: Motivators, Strategies and Possibilities for Professional Advancement and Health System Change

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Abstract

In Canada, as well as internationally, efficiency-focused organizational restructuring in healthcare has resulted in stressful job change for nurses, although nurses continue to work in a system that values technology-based, physician-provided services. Employed nurses have had to participate in organizational activities that undermine their professional values and goals. Nursing entrepreneurship presents an opportunity to explore nursing's professional potential in nursing practice that is uniquely independent. In this study, a focused ethnographic approach was used to explore the experiences of self-employed nurses, who see themselves as leaders in advancing the profession of nursing and its contribution to healthcare. Key themes in the findings include the responses of self-employed nurses to health system change, expanded roles for nurses, the consequences of this non-traditional approach to nursing work and the possibilities for change that arise from nursing entrepreneurship. This research has implications for healthcare policy, professional advocacy and nursing education.

Introduction

In Canada, as well as internationally, efficiency-focused restructuring in healthcare has resulted in stressful job change for nurses, although nurses continue to work in a system that attaches importance to physician-provided illness care and undervalues nurses' knowledge and professional contribution. Within this context, some nurses have turned to self-employment (independent or private practice) as a way of reconnecting with nursing values and advancing the autonomous potential of nursing. This ethnographic study investigated the following questions: In what ways does self-employment alter nurses' work experiences and sense of contribution? How do self-employed nurses take a leadership role in redefining the potential of nursing? What consequences do they face for their actions? Internationally, the numbers of self-employed nurses are rising, yet this is a virtually unstudied area of nursing practice. The aim of this research into self-employed nursing practice is to illuminate important issues about nursing professionalism, nurses' work environments and nursing's contribution to healthcare delivery.

Background

In the 1990s, changing economic and political ideologies led to dramatic, efficiency-focused organizational restructuring in healthcare. Nurses experienced increased workloads, job uncertainty, disrupted professional relationships and significant work-related stress because of such changes as care standardization, workforce downsizing and skill-mix changes, reallocation of resources, increased management surveillance and a deterioration of practice environments (Aiken et al. 2001; Daiski 2004; Laschinger et al. 2001; Norrish and Rundall 2001; Shannon and French 2005; Wynne 2003). Despite unprecedented change, however, many traditional ideas about nursing work, nursing's professional status and the value of nursing knowledge have gone unchallenged (Armstrong and Armstrong 2003; Canam 2008). Although nurses play an immense and significant role in the healthcare system, they are seldom considered equal partners on healthcare teams, and their skills are often underutilized across healthcare settings (Wilson et al. 2012). Increasingly, nurses are required to participate in corporate activities that support the efficiency agenda rather than provide care that aligns with their own professional values (Austin 2011, 2012; Pauly et al. 2009; Rankin and Campbell 2006).

Fundamentally, however, the healthcare system has not shifted away from hospital- and physician-based illness care (Armstrong and Armstrong 2003). Most nurses still work as front-line employees, mainly in hospitals (CIHI 2010). Statistical data about the prevalence of entrepreneurial nursing is difficult to obtain because different jurisdictions use different definitions and follow different registration processes (Wilson et al. 2012). It appears that entrepreneurial nurses make up a very small proportion of registered nurses (probably less than 1%), although globally, their numbers have been rising exponentially, signalling

an important trend in professional nursing (CNA 1996; ICN 2004). Nurses who enter self-employment have made a dramatic shift from nurses' contemporary organizational circumstances. However, the nursing literature regarding independent nursing practice is anecdotal, editorial and motivational; there has been virtually no research on nursing self-employment, with the single exception of work done by Wilson and colleagues (2003), who documented the broad scope of independent nursing practice and identified some of the barriers to success in this field. There is considerable room to expand the knowledge base about nursing self-employment in order to understand the professional issues, regulatory and policy implications and educational requirements associated with this innovative form of practice.

Methods

Focused ethnography, as used in this research to explore nurses' experiences with self-employment, is uniquely suited to exploring a distinct problem in a fragmented and specialized context. Participants may not know one another, but the researcher focuses on their common behaviours and experiences, based on the assumption that participants share a cultural perspective (Knoblauch 2005; Morse and Richards 2002; Roper and Shapira 2000). Because entrepreneurial nursing has scarcely been considered using formal research methods, and because the goal of this study is to explicate "what is going on" among nurses in independent practice, ethnography is an ideal research method (Morse and Richards 2002). Fundamentally, ethnography is intended to "describe individuals and groups within a holistic perspective and aim to uncover cultural beliefs and practices that generate observed behavior" (Roper and Shapira 2000: 9). This research with self-employed nurses revealed rich themes about patterns of behaviour and activities, ideas, beliefs, knowledge, relationships and the socio-political organization of nursing self-employment.

This study was set in western Canada. At the time of the study, there were 241 independent practice nurses registered with the provincial regulatory association (J. Machtemes personal communication, November 2, 2007). Recruitment was undertaken through the private practice nurses' association. Nurses who had been self-employed for at least 18 months were invited, via mass email and through snowball sampling, to participate. Twenty nurses (19 female and one male) participated. All were experienced nurses who worked in a diverse range of clinical and administrative practices such as wound and foot care, health education, counselling, alternative and complementary therapies, laser hair removal, management consulting, project management and complaint investigations.

Data were collected mainly through interviews, lasting between 60 and 90 minutes, which were conducted during 2008. The interviews were audiotaped

and transcribed verbatim. Participants were asked about their motivations to become self-employed, the supports and barriers to independent practice, others' perceptions about their practices, regulation and policy relevant to independent practice in nursing, business success, business and professional ethics, the nursing knowledge and skills used in their practices and the level of autonomy that they experienced. I used an interview guide but also let the conversation move naturally, according to what each participant wished to express. This is an accepted interviewing technique in ethnographic research (Morse and Richards 2002). Ultimately, the nurses described similar issues and experiences, confirming data saturation. In qualitative research, data saturation is achieved when the investigator has a sense that there are no new directions to be explored, and sampling and data collection are thus complete (Mayan 2009; Morse and Richards 2002).

Time in the field was limited in this study because of an ethics requirement that I not be present during patient encounters and because of particular sensitivities for certain participants (e.g., the confidential nature of complaint investigations). Nevertheless, I attempted to maximize opportunities for participant observation. I was able to spend a day observing one nurse in her role as a project manager. I also attended six meetings of the private practice nurses' association, including their annual meetings in 2008 and 2010. These meetings gave me a chance to talk to self-employed nurses other than those I interviewed and hear more about pertinent issues. I was also able to discuss my preliminary findings directly with private practice nurses and receive assistance with and validation of the interpretations of the interview data. Relevant legislation and policy documents were also reviewed to shed light on the requirements and context of private practice.

The analysis followed an iterative process of coding, categorizing and abstracting (Mayan 2009; Morse and Richards 2002). Coding involves the identification of persistent words, phrases and concepts within the data (Mayan 2009). Codes are then sorted and collated to form categories, in which similar codes or excerpts of data are grouped and labelled (Mayan 2009). In ethnography, abstraction involves the creation of linkages among categories, the identification of themes and patterns, and the development of explanations about social and cultural situations in the context of the study (Morse and Richards 2002).

Ethics approval was obtained from my university research ethics board. Participant names used herein are pseudonyms.

Findings

The study findings show how self-employed nurses viewed their professional status and contribution, and envisioned and pursued a preferred future. These nurses discussed healthcare system change and its impact on nursing, and their

reasons for entering nursing self-employment. All identified strongly as nurses, yet explained how they sought to expand on traditional understandings about nurses' roles. They also discussed the consequences of their non-traditional approaches to nursing work and the potential inherent in entrepreneurial nursing.

Responding to system restructuring

"*I can't let them – the healthcare system – keep pushing me around*." (Gabby, foot care nurse)

These nurses described their prior hospital work environments as dysfunctional, abusive, demeaning and disrespectful towards nursing. Sylvia (management consultant) lamented, "I don't know what's wrong right now and why it's deteriorating and why nursing is so undervalued. Something is going very wrong in healthcare." Lindsay noted that innovative services, such as health promotion and education, were "easily dropped off the slate" in favour of maintaining acute care services. Steve joked that "you could tell where occupational health fit because we were right next to the morgue in the basement." Several nurses commented on how necessary patient care services (e.g., foot care, wound care) had been eliminated to reduce costs. A lack of care and compassion was also seen in the restructured system. Carla explained that "the care is falling off the table. That's the spirit of nursing. It's our care. We don't see our care." Lean operations and a focus on the medical model of care meant that "only a person's physical needs are attended to, not the whole person … families need sit-in, hold-your-hand support but nurses are just doing clinical tasks and can't do supportive care" (Nancy, alternative therapies).

As employed nurses, they felt limited in their "abilities to think outside the box, think for yourself, do something unique and make a difference" (Mary-Jane). Evelyn (wound care) explained that she was looking for a work environment where she would "be able to do what I wanted to do rather than what an employer wanted me to do." These nurses opted to leave their organizational employment and become nurse entrepreneurs in order to create a working environment conducive to their professional and personal goals. As Carla, a clinical and management consultant, said:

> Everything I believe I am – innovative, professional, problem-solver, empowered – all those things that I could not use, in my opinion, in the hospital. Those skills are not needed there. So here, I can still be a nurse, with all these unique attributes.

Going into business

"*… a business approach to nursing.*" (Denise, workplace wellness consultant)

Entrepreneurship positioned these nurses outside of the traditional healthcare system, giving them some latitude to operate according to their values. They used entrepreneurship strategically to effect change. Some nurses started their own businesses to fill the gaps left by service reductions. Gabby and Doris started their businesses to restore access to foot care. Evelyn started her wound care practice because she "had an area of expertise that other people needed and that I wanted to make available to them." In their small businesses, these nurses were in position to meet unfulfilled needs in the healthcare system and, thus, to enact leadership by engaging the system with a lost or disappearing set of nursing priorities and practices.

Self-employment positioned several of these nurses to exercise a broader vision of healthcare. Lindsay pursued a private practice in alternative therapies because she "knew I wouldn't be able to really bring it out in an employee status in a hospital. There's not an opening for that yet" in the culture of the current system. Denise used her mental health nursing background to develop a corporate wellness consulting business so she could "find a piece of the puzzle that we [nursing] fit into." Carla explained that she had used self-employment to go "over on this other side," away from "caring through the chemicals and the procedures" towards a focus on caring through the mind/body connection, exploring the "spirit of nursing" and non-traditional approaches to health and healing. In these ways, entrepreneurial nursing practice opened up the space they needed in order to exercise their knowledge and skills in a unique way.

Because of the combination of nursing and business, however, these nurses faced some difficulties. Several participants talked about having to learn new business and professional skills and establish a client base. Some of them observed that, while most other health professionals' services were covered by public or private health insurance plans, independent nursing services were not, which limited client access.

Expanding the scope of nursing practice

"*We're trying to expand our role and educate people about registered nurses*." (Steve)

Independent practice presented new opportunities for these nurses to shift away from roles associated with the medical model of care and demonstrate how nursing adds value across a range of services.

Nurses in administrative practices believed that nurses could offer more to healthcare planning and management than a business-trained non-nurse. Sophie (project manager) explained that "there are people who are not nurses who could do that kind of work as well, but I've always worked in the healthcare system, so it's help-

ful to have that." Diana, in a similar role, said, "The fact that I'm a nurse is extra value added." Sophie explained this added value by saying, "Dealing with patients [in planning and evaluation projects] – I don't think I could do that and not be a nurse. You've got to have some understanding of how things work. Otherwise, you can't identify the questions and can't determine users or methodology." Georgette advocated for a nursing background in project management because "you know where all the typical resources are … the face that meets with the medical team needs to have a medical background." Sylvia was shocked that the public and organized nursing had barely reacted to declining nursing representation in health-care administration and governance. She exclaimed that "if they hired you and me to build a bridge, people would be up in arms. What do they know? It's going to fall down – of course it will and it has." It was important to her to use "compassion, caring, empathy – the things that are inherent to nursing" to bring perspective to her administrative consulting.

Nurses doing direct patient care used their nursing businesses to reclaim lost jurisdiction and to expand nursing's scope. Gabby (foot care) believed that the "health-care system is such a mess" because of its reliance on lesser trained workers and non-health professionals. She wanted to reclaim foot care services for nursing, elevating the quality of care and making it available to those who need it. Doris, another foot care nurse, explained how she was able to assess a client's other health needs and provide health teaching while doing foot care, leaving a client feeling like they've "had a pedicure although it's from a nursing point of view." By reclaiming services that were once "theirs," these nurses defended nursing's jurisdiction within a system that eroded it.

These nurses also attempted to expand nursing's jurisdiction. For example, expanding nursing's jurisdiction meant not only reclaiming services but also moving outward into what is considered to be the territory of other practitioners. The foot care nurses saw how a nursing viewpoint could improve on a medically oriented worldview because of the time, attention, accessibility and quality that nurses offered, in contrast to the "podiatrist who had his office in the doctors' office building and he racks them in there one every seven minutes" (Gabby) or "see[s] five or six in the hour I'm talking to [one]" (Doris). Similarly, Allison worked in a field (laser hair removal) that was associated with aestheticians or dermatologists. Yet, she found her business doing well because it was based on nursing. She noted that "there's a huge difference between going to an aesthetician for a service and going to a nurse," particularly because of nurses' interpersonal skills. She was certain that "absolutely, this is nursing."

Steve, an occupational health nurse, explained that he had moved beyond the task orientation in contemporary nursing practice because he was "expanding the role

of nursing into different areas," such as teaching about healthy lifestyles and occupational hazards for various work groups. Denise used her mental health nursing background to work with families in crisis, brushing up against the boundaries of social work practice. Paula had professional designations in both nursing and psychology, the boundaries of which became blurred in her counselling practice. Yet, her practice offered an "incredible perspective" on "what nursing can do and what nursing is about." In short, many of these nurses had seen, through their practices, how an expanded role and scope of practice for nursing could allow nurses to influence healthcare delivery in new ways.

Dealing with the consequences

"*Nobody likes change. Change is hard. To be the first is hard.*" (Mary-Jane)

As a result of their entrepreneurship, these nurses faced some negative consequences, including resistance to their work from the public and other health professionals, as well as significant regulatory scrutiny.

In Denise's experience, the public could not see the connection between nursing and her current work in workplace wellness. She observed that "it's a very funny concept that society has of nursing. It's perhaps not as empowering as I would like." Carla was often asked questions about her nursing practice that reflected very traditional understandings about nursing roles. Other health professionals also responded negatively to entrepreneurial nursing. Paula, who had a counselling practice, was told by one psychologist, "I think you're just taking over." A podiatrist described Gabby's foot care practice as a "pretty nice racket for her." Nancy (alternative therapies) observed that "some physicians are on board, but there is still a lot of resistance and they feel threatened." Steve explained that "in acute care, it's very structured, very formal. This is the job of a nurse. When you move away from that and there are other professions involved, those boundaries are less clear," although, as Denise said, "we're not here to take your jobs away. We're so complementary to other disciplines."

Regulatory issues were among the most significant issues facing these private practice nurses. Self-employed nurses in Alberta must request approval of their practices using a lengthy, narrative-style form, in addition to the relatively streamlined annual renewal form submitted by all RNs. This approval recognizes their practices as nursing practices, allowing them to count their working hours towards their annual license renewal. Almost all these nurses had distressing experiences concerning regulation, including delays in obtaining approval, excessive surveillance and inconsistent interpretations about what constitutes nursing practice. Many participants waited for months or more than a year for a decision on their applications, which in some cases threatened their qualification to practise.

Several felt subject to excessive regulatory surveillance. Kelly (home care agency owner) asked, "Why do I have to justify myself when no other nurse does? I know a lot of nurses, and their practice isn't necessarily scrutinized like this is." As Evelyn expressed, "there [is] far more rigour in my independent practice than there [is] in my [concurrent] paid employment." Even though the nurses respected the regulatory association's responsibility for public safety, they felt unduly policed by their own profession.

They also felt disheartened by the narrow definition of nursing under which the regulatory association seemed to function. Many nurses had struggled to have their practices recognized. Steve, an occupational health nurse, had been unable to secure approval for his practice. He was told "that occupational health nursing was not in the scope of practice of a nurse," even though occupational health nursing is a recognized specialty of the Canadian Nurses Association. He said, "We're trying to expand our role and educate people about registered nurses. Here's a prime opportunity to show what a nurse can do, and yet we don't get support." In short, these nurses encountered many instances of resistance to their innovative efforts.

Making a difference

"*I'm in a unique position to make a difference.*" (Paula)

Despite resistance, these nurses had high job satisfaction and pride in the contribution they were making. Denise found that "nursing has made this business for me … because nursing is so respected. It's so well known. It's not threatening. It's always about helping, not taking." Allison saw how important the nursing perspective was to her laser hair removal practice because people want care and nurturing that aestheticians are not trained to provide. Paula explained that she "was in a unique position to make a difference," a perspective echoed by Sheila, who believed that "the work that I'm doing makes a difference to people in the world." Similarly, Evelyn, a wound care nurse, derived her satisfaction "from seeing the results with the clients. I see how appreciative the clients are that I'm able to improve their quality of life and improve their health status."

Many saw private nursing practice as a vehicle for health system renewal. Carla foresaw that the self-employed nurse would be "the nurse that can fill a niche where the heavily controlled, institutional [hospital] care can't meet the need for the client." Lindsay believed that nurses could "think about how we're failing from the traditional point of view [and] how we could add to it." Nancy saw an "important shift from the traditional perspective" coming, one that utilized holistic healing and viewed patients as partners in their own care. As Paula explained, nurses "have a capacity to see the whole picture and to understand what others are

doing in this whole picture." Self-employed nurses in various roles believed that their innovative entrepreneurial nursing practices contributed to better quality of care, access to necessary services, patient empowerment and a shift away from the illness care model.

Discussion and Implications for Healthcare

As previous hospital employees, these self-employed nurses experienced the impacts of ongoing health system restructuring at first hand. They described their prior hospital work environments as dysfunctional and professionally constraining, and they witnessed cuts to services that they believed were important. They responded to these system stressors in a non-traditional way by establishing independent practices, giving themselves the freedom to provide healthcare in a manner consistent with their values. Through their entrepreneurial practices, they were able to take a leadership role in expanding the boundaries and contribution of nursing practice. In these innovative roles, these nurses had to learn to balance business values with nursing professionalism and manage resistance to their work from the public, other health professionals and their regulatory association. All the nurses spoke, however, of the difference they were making to the health of individuals and groups, and to the healthcare system as a whole.

The results of this study have significance and broad implications for a range of stakeholders who seek to advance the status of nursing and promote innovation and quality in health services delivery. Entrepreneurial nursing occurs within a context that has not been entirely supportive, despite the nursing profession's calls for fundamental change in healthcare delivery (CNA 2006). In its important 2006 document, Toward 2020: Visions for Nursing, the Canadian Nurses Association envisioned nurses as primary healthcare providers, as well as expanded roles and scope of practice for nurses, work settings outside of hospitals for the majority of nurses and revolutionary changes to nursing education. Self-employed nurses could be a significant part of such a vision if supported professionally. Yet, this study reveals that there are many unresolved issues regarding the recognition, regulation and funding of independent nursing practice. Private nursing services should be brought into established reimbursement systems to ensure a fit between self-employed nursing and professional values with regard to financial accessibility to care (CNA 1996). As well, to assist in the resolution of regulatory issues, monitoring and accountability mechanisms and outcome measures must be developed to support the evaluation of independent nursing practice and its effectiveness (ICN 2004; Wright and Dorsey 1994).

Standard nursing education programs do not prepare nurses for self-employment in non-traditional fields. The CNA (1996) suggests that would-be nurse entre-

preneurs examine standard nursing curricula to determine whether their private practice will use nursing knowledge. Although the nurses in this study were certain that they built their practices on nursing knowledge, many of them had to seek additional training outside of nursing in order to prepare themselves for their entrepreneurial roles. Standards of education are needed for nurse entrepreneurs, and these standards would have to be adopted by educational and regulatory authorities (ICN 2004) to fill the gap between conventional nursing education and the knowledge needed for independent practice.

This research also raises policy-relevant issues. The effective use of nurses in private practice cannot occur without the overarching support of those who plan for and direct healthcare delivery. A plan is needed to support nursing self-employment and integrate it into the system (CNA 1996; ICN 2004). Nationally, there have been calls for innovation and change in the scopes of practice of healthcare providers to reflect changing societal health needs and values and to focus especially on primary care, health promotion, illness prevention and home care (Romanow 2002). Recent changes to legislation regulating the health professions across Canada have opened the door for expanded scopes of practice and the creative use of professional expertise, including that of nurses, to enhance access to health services. Entrepreneurial nurses could be well positioned, if recognized and supported, to contribute to these goals. As a growing subgroup of practising nurses, entrepreneurial nurses' experiences offer rare insights into elusive questions about nursing professionalism and leadership in the context of innovative health system reform.

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