

# **Handbook on Entrepreneurial Practice**

## **Nurses creating opportunities as entrepreneurs and intrapreneurs**

developed by

Ellen M. Sanders and Mireille Kingma

for the International Council of Nurses



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# Chapter 1: Taking charge of nursing practice

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## Introduction

Looking for more professionally satisfying and personally fulfilling ways to contribute to health care provision systems, nurses are reclaiming their traditional right to independent practice in small but growing numbers. They are expanding their clinical roles and offering a range of innovative services, with the focus primarily on health promotion, illness and accident prevention, chronic and palliative care, rehabilitation and support services, clinical speciality practice and management consultancy. Efficient clinicians, these nurses are also providing quality and effective services and creating a positive public image as patient advocates, caregivers, counsellors and educators. This independent-minded group of nurses include both entrepreneurs and intrapreneurs.

As with any systemic or organisational change, the reintroduction of nurse entrepreneurs requires careful preparation of the practitioners and the field while at the same time creating the necessary legal, socio-economic, professional and personal support structures. National nurses associations (NNAs) have an important role to play in the ongoing evolution of nurse entrepreneurship and a major responsibility to monitor and evaluate the results in terms of patient outcomes and nurses' sense of professional well-being.

## Entrepreneurship and intrapreneurship defined

An **entrepreneur** (from the French word "*entreprendre*", which means "to undertake") is a person who assumes the responsibility and risk for discovering or creating unique opportunities to use personal talents, skills and energy, and who employs a strategic planning process to transfer that opportunity into a marketable service or product (Vogel & Doleys 1988). Assuming risk is a fundamental aspect of entrepreneurship.

The term entrepreneur is also used as a general description for people who start their own business and are self-employed. However, the term is not limited to employment status. For example, Whitehead (2003) describes entrepreneurship as having to do with the spirit of imagination and creativity and courage to develop new ideas.

A **nurse entrepreneur** providing nursing service is: "A proprietor of a business that offers nursing services of a direct care, educational, research, administrative or consultative nature. The self-employed nurse is directly accountable to the client, to whom, or on behalf of whom, nursing services are provided" (RNABC 1990a). The clinical services of the self-employed nurse may be provided by direct arrangements with clients or through sub-contracts administered by another official or private sector organisation.

*Since the majority of nurses are female, in this monograph the pronouns "she" and "her" will be used, but it should be understood that male nurses are included throughout. While many of the examples used in this monograph are taken from the United States, they highlight key issues and trends occurring worldwide.*

Traynor et al.(2006), in a comprehensive study, notes that the international literature on nurse entrepreneurs uses the term 'entrepreneurial' interchangeably with 'enterprise' in

some countries or uses completely different terms to describe self-employed nurses and midwives or business owners.

One seminal definition of an entrepreneur is 'one who shifts economic resources out of an area of lower and into an area of higher productivity and greater yield' (Traynor et al. 2006, p9). The term 'social entrepreneur' has developed to describe those individuals who apply the same enterprise and imagination to social problems that commercial entrepreneurs apply to wealth creation.

Pinchot (1985) originated the term "intrapreneurs" to describe people who use their creativity to make changes **within** an organisation, while remaining employees. A **nurse intrapreneur** is a salaried nurse who develops, promotes and delivers an innovative health/nursing programme or project within a given health care setting (Kingma 1998).

According to Pinchot (1985), being an intrapreneur is actually a state of mind. He believes that this state of mind can be developed at any time in one's life, and is often the result of life experiences and opportunity. In our current global community with extensive technological advances, innovation is highly valued. Such an atmosphere is encouraging to the creative, proactive nurse wishing to explore new territory and promote much-needed solutions to a health care system or institution.

The dominant theme among the many definitions of nurse entrepreneurs providing nursing service in nursing literature is: "**nurse control of practice and patient care**" (Riesch 1992).

The dynamic steps that comprise the nursing process are the same as those that characterise successful innovation – assessment, planning, intervention and evaluation. This is the process a nurse entrepreneur undertakes to determine her objectives, decide whether to advocate for a new position or start a business, and then implement her plan (Sanders 1997). Some would say that nursing education and experience enable nurses to be more effective than most people in entre/intrapreneurial roles.

Forecasting and responding to health care needs and gaps in services have been the motivating forces driving the scientific advances and professionalisation of nursing. The health sector environment has increasingly encouraged competition between providers, which in turn has facilitated the development of entrepreneurship as well as intrapreneurship ventures.

- **Entrepreneurship ventures**, e.g. independent nurse practices; nurse-owned nursing homes and consultancy agencies.
- **Intrapreneurship ventures**, e.g. a nurse-led rehabilitation unit, emergency service, clinic or telephone consultation service (Kingma 1998).

Nurse entrepreneurs are also involved in the buying and selling of products. However, this handbook will describe the characteristics and qualities primarily of nurses who discover and apply innovative mechanisms to deliver services to patients or clients, whether the nurse is self employed or employed by a health service. The essential concept is that entrepreneurship and intrapreneurship are actions that translate ideas into products or services. "Entrepreneurship is neither a science nor an art, but rather a practice. It has a



knowledge base, which is a means to an end, the end being the creation of something new – an innovation" (Manion 1990).

The principles of entrepreneurship are equally valid for intrapreneurship, and can be easily adapted to the different economic contexts within which they are practised. For the purposes of this handbook, the term entrepreneur will be used with the understanding that intrapreneurs are also addressed.

The introduction of a new approach or expansion of a former work method needs to be monitored with care as the advantages and disadvantages are progressively discovered in practice. The ultimate goal – improving the health status of the population – must always represent the profession's key indicator of value in ongoing evaluations.

The four major stakeholders involved in nursing entrepreneurship – the nurse, the consumer, the profession (represented by the NNA) and society – each influence the evolution of nursing entrepreneurship with a given range of rights, responsibilities and expectations:

- **Consumers** are demanding more individualised and effective care;
- **Nurses** are demanding opportunities to practice the skills and apply the knowledge that will promote excellence in nursing care and provide job satisfaction;
- **Society** is demanding safe and more cost-effective health services; and
- **The NNA** is lobbying for competent practitioners within an environment that will facilitate the provision of quality care, recognising and rewarding nurses for their crucial contributions to the well-being of the population.

### **Distinguishing between entrepreneurship and advanced practice**

A 'nurse who practises independently' is terminology that has several meanings, and those meanings may differ from country to country and region to region. From the definitions of nursing established by Florence Nightingale in 1859 to Virginia Henderson a century later, the nature and scope of nursing practice is separate from the medical practice of physicians. According to the International Council of Nurses (ICN: [www.icn.ch](http://www.icn.ch)), "nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings". In the 1980 Social Policy Statement, the American Nurses Association defines nursing as "diagnosing and treating human responses to actual or potential health problems". This seemingly simple statement encompasses nursing's essential role of dealing with the human response to illness or disease, health, wellness or death.

Philosophically, we might agree that all nurses exercise independent professional judgement in the delivery of nursing care, regardless of work status. Nurses constantly draw from a body of knowledge and skills unique to nursing as they function in any work environment. The term 'independent practice' is sometimes used interchangeably with the term 'private practice' to describe the model or framework through which services are provided.

This handbook will focus primarily on discovering what it takes to become a successful nurse entrepreneur or intrapreneur. A later chapter will describe the kind of independent

practice exercised by advanced practice nurses who have undertaken additional speciality education. The advanced practice group includes nurse practitioners, nurse midwives, clinical nurse specialists and nurse anaesthetists. This distinction is essential since nurse entrepreneurs are not necessarily advanced practice nurses, and the majority of advanced practice nurses are not nurse entrepreneurs.

### **Historical roots of change and innovation in nursing**

- Florence Nightingale was an innovative thinker, risk taker and pioneer. Her impact on nursing as a distinct profession, with a body of knowledge that could be taught, cannot be underestimated. In addition, she was an early advocate of public health nursing and the collection of data for research purposes.
- Examples of early nursing centres include the Henry Street Settlement in the USA, established by nurse Lillian Wald in 1893, and the Frontier Nursing Service established by nurse Mary Breckinridge in 1925 (ANA 1987). Wald and Breckinridge were examples of nurse innovators who created opportunities for nurses to practise independently within an organised nurse-managed setting.
- During the 1800s and early 1900s most nursing care was delivered by nurses to individual patients. Private duty practice was once the primary source of nursing employment (Flanagan 1993).
- After World War II, progress made in bio-medical science facilitated the transition of hospitals into institutions where patients were treated, instead of where they went to die. With this evolution of hospitals as treatment facilities, nurses were needed to provide patient care, and the majority of nurses became employees. Other societal factors also played a role in this shift: the changing educational system for nursing, the development of national health systems and private health insurance, employer-provided private health insurance, and the advancement of medical technology.

## Chapter 2: Changing environments

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From the 1940s to the 1970s the vast majority of nurses were employed by institutions, usually acute care hospitals. However, many nurses became disenchanted with the restrictions of institutional work, dissatisfied with workplace conditions, and disillusioned with the lack of autonomy given to the profession. They began to actively seek other ways to exert control over their work life.

Some used employment agencies or job placement services to find employment opportunities in different hospitals, with the nurse deciding where and when she would work. By the 1980s, some nurses became the owners of agencies that served nurses in this way, using their professional aspirations in order to create a social enterprise that benefited nurses and their patients.

Some of the disenchantment of this period could be found among nurses who became increasingly concerned about underserved and disadvantaged patient populations. Most health care systems were simply focusing on the patient as someone with a disease process that needed to be treated and released, failing to see the patient as a person with a family in a given social environment. In response to these types of unmet patient needs, nurse entrepreneurs set up mental health counselling centres, clinics in rural areas, adult day care centres for Alzheimer's patients, occupational health programmes for mineworkers, and free clinics for the homeless.

### **The time is now!**

In a world of global economic and technological change, interdependent national interests and trade agreements, the situation in which nurses live and work has changed dramatically. As governments struggle with escalating health care costs, cutbacks have been made and seem likely to continue. As health care consultants and powerful international financial institutions spread the message to privatise and become competitive, national health systems are in a state of transformation.

At present, women have many career choices, many of which can be more remunerative than nursing. For the profession to attract and retain the best and the brightest people, it must provide economically attractive and satisfying positions. Nurse entrepreneurs can help generate those positions, and promote the establishment of flexible, autonomous workplaces where nurses can be satisfactorily compensated. The socio-economic welfare of nurses is an essential component of a fair workplace, a truth long recognised by ICN as crucial to the betterment of nursing and health.

The European Commission has taken the position that entrepreneurship is a driver for economic growth, competitiveness and job creation. In addition, entrepreneurship is seen as a vehicle for personal development and a means to resolve social issues, among which is the preoccupying escalation of health care costs (EC 2003). The Organization for Economic Cooperation and Development (OECD) publishes a "SME (Small and Medium Enterprise) and Entrepreneurship Outlook" on a regular basis (OECD 2006).

The Women's Entrepreneurship Development and Gender Equality (WEDGE) spearheads the work of International Labour Organization's InFocus Programme on Boosting Employment Through Small Enterprise Development (SEED) in the field of female enterprise. The SEED network is an online resource for women setting up their own businesses ([www.ilo.org](http://www.ilo.org)).

And in the UK, the Department of Trade and Industry Small Business Service published "Strategic Framework for Women's Enterprise: Sharing the vision of a collaborative approach to increasing female entrepreneurship (DTI 2006).

Nurses are in a pivotal position to address health care cost issues through nurse-led clinics for diseases such as diabetes mellitus and other chronic illness, geriatric care and community case management for patients discharged early from hospitals.

According to White and Begun (1998), some of the forces that provided the impetus for innovative roles include:

- The rise of the 'knowledge worker';
- Patient populations poorly served by the existing system;
- Greater emphasis on health status of communities;
- Increased use of 'outsourced' services by organisations;
- Transformation of licensure laws and professional scopes of practice;
- Workforce redesign and the displacement of nurses;
- Changing attitudes about the nursing profession;
- Dissatisfaction of nurses with changes imposed by employers;
- Direct reimbursement for some nursing services;
- Significant strides in positioning nurses as providers of health services;
- Increasing percentage of woman-owned businesses; and
- New technologies facilitating small, home-based businesses.

Kingma (1998) pointed out that the majority of the socio-economic factors that have brought about changes in the health sector and its environment have also supported the development of innovative approaches to health care delivery, one of which is nurse entrepreneurship. Of particular importance among these social and economic factors are:

- An economic crisis that favoured decentralisation and implementation of innovative cost-effective approaches, including entrepreneurship;
- World focus on privatisation;
- Liberalisation of trade in services, including international (e.g. regional trade blocs, international trade agreements);
- Facilities for entrepreneurial projects, i.e. information networks, legislation, public expectations, credit access (especially for women);
- Changes in societal perceptions of authority;
- Higher level of basic education and easier access to further education;
- Increased consumer awareness and changing demands, including in health matters;

- Women's new assertiveness in all parts of society;
- Greater diversity in women's roles;
- Chronic dissatisfaction of nurses due to poor public image, unsatisfactory working conditions, inadequate decision-making authority, inability to put into practice the knowledge and competencies acquired;
- Growing unemployment, underemployment and casualisation of nurses;
- Movement of patients with high acuity needs to non-traditional settings;
- Changing health needs of populations that were not adequately being met by the health services: e.g. elderly, AIDS patients, chronically ill, de-institutionalised mental patients;
- Greater emphasis on health promotion, illness and accident prevention, rehabilitation and support services;
- Significant advances in nursing knowledge;
- Wider prescriptive referral rights;
- Direct laboratory access; and
- Increasing number of mutual recognition agreements.

In this context, innovative nurses will find abundant opportunities and a wide range of options to apply their experience and skills and become successful entrepreneurs. The time is indeed now!

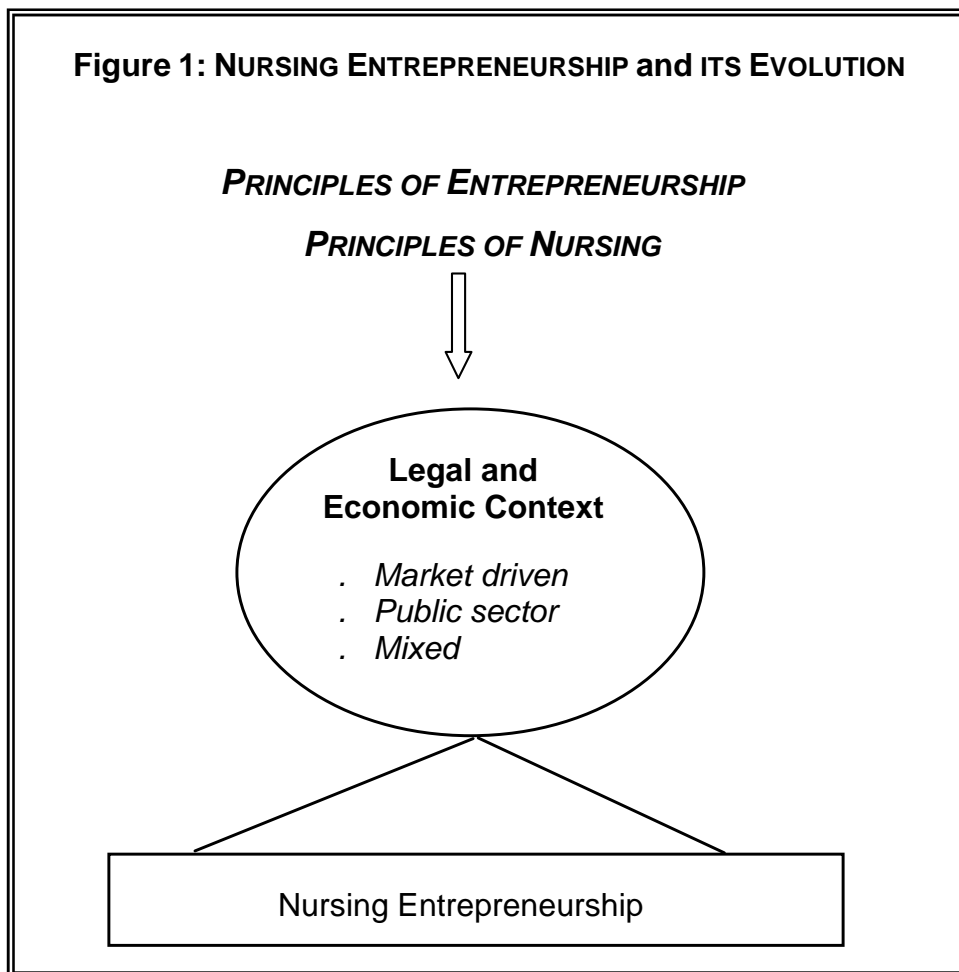
### **Scope of entrepreneurial practice**

The broad scope of today's health sector allows for a wide range of activities in which nurses may potentially become professionally self-employed and expert. Basically, nursing entrepreneurship involves nurses owning and selling, for example, the following products and/or services:

- nursing services;
- development, assessment and sale of health care products and devices;
- legal services;
- health care/policy consultation; and
- health care/policy publications.

In this handbook, the focus is on the ***nurse entrepreneur providing direct nursing services***, with the understanding that entrepreneurship must adapt to the legislative, financial and political realities and expectations of the country, province or locality.

Major factors that influence the emergence of nurse entrepreneurship are the health sector's specific professional regulation and financial policies, and whether health care is a public or a private service or a combined public ***and*** private service. The development, scope of practice and regulation of nurse entrepreneurs will therefore largely depend on the economic infrastructure and policies implemented at the national, regional and/or local levels (see Figure 1). The variations of nurse entrepreneur practice, reimbursement systems and regulation are as numerous as the different contexts within which they evolve.



Nurse entrepreneurs are found in all three economic systems: market driven, mixed and even the public sector. For example, nurse midwives within the public health systems have been allowed to practise as independent entrepreneurs for many decades already. And there is a growing trend of independent practice being *purchased* by the public sector and funded by public monies, thus promoting the development of entrepreneurship in a public health system.

### **Prevalence**

Statistical data on nurse entrepreneurs is difficult to obtain and compare, as different definitions are used. In some cases, private duty nurses are included, in others they are not. In certain countries, nurses owning businesses and employing staff are no longer considered nurses and cannot be identified as such in the statistical data. In general, however, it appears that 0.5% - 1% of working nurses are nurse entrepreneurs. The geographic distribution of nurse entrepreneurs is also uneven. Their presence is influenced by public demand, the legal right to practice, provisions for direct third party reimbursement (i.e. health insurance), and access to support services.

Certain obvious exceptions exist, however. Nurse midwives have had the possibility to practise independently in many countries since the beginning of the last century, and their legal status has never been challenged. Their long experience with independent practice has encouraged and supported many experienced graduates to become entrepreneurs.

The historical legal protection of the French *infirmière libérale* (independent nurse who provides clinical nursing care, usually in the home) has made it possible for some 15% of working registered nurses to practise independently. This figure is misleading, however, as French legislation does not regard the operation of nurse businesses (e.g. nurse-owned agencies, nursing homes, management consultancies) as being within nursing practice. In other words, when using the term *nurse entrepreneur* as defined above, the French percentage would be even higher.

Statistical data on the prevalence of nurse entrepreneurs are available only in countries or regions that register their nursing personnel in a consistent manner. In countries with no record of how many nurses are employed or in active practice, there will be no way of determining the percentage of entrepreneurs. Unfortunately, in many of these same countries, there is no Nurses' Act that protects the use of the title *Nurse* and no monitoring mechanism introduced. Many practising "independent nurses" therefore may not have even basic or first-entry educational qualifications.

In some countries with no authorised nursing council, independent or self-employed nurses must register with the Ministry of Health, a practice that provides planners with an estimate of the supply and distribution of nurse entrepreneurs.

## **Gender**

The fact that nursing is still predominately a female profession is one of the reasons that barriers to entrepreneurial practice are so pervasive. Just as nurses experience barriers to upgrading nursing education to institutions of higher learning, nursing also struggles to achieve equal pay for work of comparable value. The International Labour Organization research indicates that the relative value and degree of remuneration attributed to a certain occupation still seems to be influenced by the predominance of women in that occupation. In fact, comparable worth studies have shown that, on average, female dominated jobs are paid 15% less than male jobs which require comparable levels of skills, effort and responsibility (ILO 1992). Another example involves the Swiss nurses who had to go to court in the fight for equal pay. "The court ruled that the wages of nurses and nurse teachers, amongst others, were discriminatory on the ground of gender" (Weyermann 2003).

As more women undertake professional roles previously limited to men, attitudes are beginning to change. Legislators and policy makers are more accepting of nurse lobbying for inclusion in the national health reimbursement system, and probably not only because of the growing number of women legislators. Bankers are more willing to lend money to nurse entrepreneurs, including the growing number of women bankers. The national and international organisations of women business owners are an established support network for nurse entrepreneurs.





## Chapter 3: Issues

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In considering the establishment of an entrepreneurial venture, the preparatory steps are often very crucial. Good preparation should carefully explore a wide range of issues that will help to ensure success and avoid unexpected setbacks.

### **Therapeutic**

The basic question is: Will nursing entrepreneurship provide target populations a better quality and quantity of health care?

In 2000, 189 United Nations member states endorsed the Millennium Development Goals. This unprecedented agreement by the development community focuses energy and resources on the attainment of eight goals, 18 targets, and 48 performance indicators relating to poverty reduction by 2015. As health is central to poverty reduction, some goals focus directly on health, covering maternal mortality, infant mortality, HIV/AIDS, malaria and tuberculosis. The emphasis on health promotion, illness prevention, rehabilitation and support services has always been a fundamental tenet of nursing practice.

Nursing entrepreneurship facilitates access to health services, as the options are increased and situated more closely within the consumer's direct environment. Further, the consumer participates in the choice of health care provider as well as the development of an appropriate care plan, both of which increase commitment and chances of success.

### **Social / professional**

Independent nursing practice must not neglect the crucial inter-linkages with other parts of the health system and services. It must operate as an integral part of the existing system with referral and feedback mechanisms to reinforce past efforts while meeting evolving needs.

To avoid personal and professional isolation, nurse entrepreneurs should develop support structures that allow discussion of personal and professional challenges encountered and facilitate the exchange of data, experiences and creative ideas. Often such structures are created within the NNA, promoting contacts among nurse entrepreneurs themselves and between nurse entrepreneurs and other nurse professionals. Numerous internet sites now facilitate the interaction of nurse entrepreneurs, and networking opportunities abound.

As maintaining quality professional practice is a major responsibility, the nurse entrepreneur should be actively involved in the development of health policy and standards. Another responsibility is to keep the consumer well informed of all options and their consequences, which can be fulfilled by participating in consumer education campaigns.

## International agreements

Governments worldwide are increasingly promoting international trade in services. There are four types of trade that influence nurses' work opportunities internationally:

- a. **Cross-border supply:** where the supplier of a health service in one country makes the service available to the population living in another country, e.g. telehealth;
- b. **Consumption abroad:** where patients travel from one country to another to obtain treatment;
- c. **Commercial presence** or "establishment trade": the provision of health services on a for-profit basis by foreign-owned health care providers or health transnational corporations;
- d. **Provision of health services by foreign people:** the delivery of health services in a given country by foreign individuals or the movement and migration of health workers, e.g. physicians, nurses.

International trade agreements are a reality. The influence of international as well as national economic policies and agreements on health sector consumers and providers is significant and increasing. Their development, negotiation, implementation and revision should incorporate nurses' expertise in the area of health, social and labour policy (ICN 2009a).

A related issue is medical or health tourism. According to the UN, Southeast Asian countries have seen a rapid growth in medical tourism, with about two million international patients a year seeking bargains or higher quality care. The World Health Organization (WHO) is concerned that some highly skilled specialists, as well as other medical staff, are leaving public health facilities for private ones. The US-based trade group Medical Tourism Association estimates the value of global medical tourism will increase to \$100 billion in 2012 (IRIN Asia 2011). This situation might provide opportunities for nurses in some areas, but cause shortages in others.

In another example, growth in inbound and outbound medical tourism is increasing in Saudi Arabia and projections are for continued expansion. Germany is believed to have received 68,000 travellers for medical treatment in 2008, mainly from Arab countries and Russia. Patients can receive sophisticated medical treatment in Germany as well as utilise their rehabilitation centres ([www.biomedme.com](http://www.biomedme.com) 2011). Entrepreneurial nurses might find new possibilities for business ventures in this environment.

## Legal

There may be other significant legal specifications that will restrict or enhance entrepreneurial behaviour, depending on national/provincial law and conditions. Nursing entrepreneurship, in all regions, raises several critical legal questions:

- **What authority will define the scope of practice of the nurse entrepreneur?** It will be important for the NNA to be involved in this definition process and to urge government adoption if consistent terms of reference are to apply to the entire country or state/province.

- **What body will determine the right to practice?** National/state legislation may need to be introduced that will delegate the authority necessary to develop appropriate criteria. The NNA sometimes takes the initiative in this domain, developing professional standards when no relevant legislation exists. It is important to note that nurse entrepreneurs may fall under more than one legal category. It may be the Nurses' Act, but it may also be under legislation that applies to small businesses.
- **What criteria will be applied?** In most cases, criteria will focus primarily on experience, education and expertise, the weighting of each depending on field realities. In some countries, professional education (e.g. bachelor's degree, one year post-basic education) is considered the most important criterion. Other countries require a minimum number of years of work experience and yet others demand a credentialing process that verifies expertise. Combinations of all three also exist.
- **What regulatory mechanisms will be introduced?** Nurse entrepreneurs should be registered in order to have a permanent record for data collection and future research/evaluation. Mechanisms must also be developed to monitor the quality of care, process complaints of malpractice and provide grievance machinery. These may be government-run, government-delegated or professionally-operated (e.g. by the NNA).
- **Is professional indemnity required?** Independent practice implies personal responsibility for any professional error, highlighting the importance of adequate coverage for the nurse and employees, if any. The increasing need for professional indemnity has encouraged NNAs to offer collective insurance schemes at lower premiums as a service for members.
- **What other insurance is recommended?** To guard against potential risk factors, nurse entrepreneurs must consider taking insurance on commercial casualty (property, liability), workman's compensation, life insurance, health insurance, retirement insurance, etc.

A private practice providing patient care may be subject to regulations from: the Ministry of Health; the Health Department; the agency that governs the dispensing of medications; the registration boards for other health care professionals or non-professionals that might be employed; the organisation that accredits health care facilities; the state insurance department; the agency governing the use of medical devices and equipment; and the health and safety administration. In addition, professional liability insurance would most likely be required.

- **Are work contracts required?** Contracts are legal documents that protect both parties from misunderstandings, give a professional image, prevent a project from being extended without renegotiation of fee and insure the nurse's interest in the event of death or discharge. However, negotiating contracts may be time-consuming, expensive if handled by a lawyer and often make the client uncomfortable. It is generally acceptable for a major assignment (e.g. health education programme over an extended period) to rely on a *Letter of Intent* signed by the nurse entrepreneur and the client. This provides a general description of the service, the amount to be paid, time frame and waivers (process by which either of the parties may terminate the service with notice). For more on negotiating contracts, see pages 42-43.
- **What about security?** Confidentiality of records must be maintained. Note that the record is the property of the practice but the information is the property of the client.

- **What records need to be kept?** In documenting services, refer to relevant legislation and standards or guidelines for documentation prepared by nursing regulatory bodies. Networking with other entrepreneurs already in practice in nursing or other professions may be helpful. Plans will need to consider:
  - The charting system for nursing assessment, plans, intervention and client response;
  - Security of confidential information;
  - Consent for release of information; and,
  - Storage, retention and destruction of records (CNA 1996).

Electronic medical records add another element to documentation. This technology may improve communication and the transmission of information, but patient's privacy must be carefully protected.

## Economic

In the past, studies to demonstrate the most cost-effective health services possible have not sufficiently applied quality indicators (i.e. health outcomes) but have focused mainly on quantitative factors (e.g. throughput, or process indicators). It is the responsibility of nurses to ensure that the quality of care is equally examined before arriving at conclusions that will influence policy and practice. Such research has been encouraged with the promotion of evidence-based practice and nurses' cost-effectiveness (including both standard and advanced practice settings) (Aiken et al. 2002; Needleman et al. 2002). Studies have now clearly demonstrated the cost-effectiveness and quality of professional nursing practice ([www.nejm.org](http://www.nejm.org) 2011).

The costing of care was not previously considered a priority. Traditionally, hospital nursing care has been included in "hotel" costs and never isolated for particular attention. This resulted in two major deficits: the lack of relevant data and the lack of expertise among nurses in this area. Nurses' resistance to tackle the question of costing nursing services has serious implications for future institutional and health sector budget cuts, and financing of nurses in the community.

For nurse entrepreneurs to financially survive, they must abandon the notion that costing services is unprofessional and instead actively participate in the development of equitable fees for service. In many countries where independent nurse practitioners are reimbursed by a national health insurance or a conglomerate of private health insurances, fees are negotiated with a delegated government body, the health insurance company or the Parliament.

It is important to note that fee for service lists generally focus primarily on clinical tasks while health prevention and promotion activities are often absent from the scales. A basic change in policy is required if prevention and promotion are to be given their deserved legitimacy and place in health sector management.

In systems with a set fee for service – where the client pays a percentage directly to the nurse while the rest is paid by the insurance company – a reliable invoice mechanism should be developed to avoid abuse of the system. In cases where the client pays the nurse directly, proper invoicing is also recommended to support accurate financial accounting and transparency.

The need for different types of insurance should also be determined. Personal insurance (e.g. health, accident) but also professional insurance (e.g. liability) may be needed. Insurance to provide income protection may also be an asset, especially in the beginning of a practice.

## **Ethical**

Many points of serious concern need to be raised under this item. For nurse entrepreneurs to be professionally credible, they must be competent and accountable. While fundamental responsibility lies with the individual nurse entrepreneur, the profession (NNA) must clearly promote these essential attributes as well. Among the supportive texts and structures required are:

- a clear scope of practice of nurse entrepreneurs;
- standards of education and practice;
- relevant continuing education programmes; and
- functioning regulatory bodies, e.g. council, accrediting body.

It is important that continuing education be an integral part of nurse entrepreneurs' practice and career development strategy. Rapid scientific and professional advances coupled with a potential isolation from the nursing community demand that exposure to professional literature and technical educational programmes be maintained.

Where insurance companies or governments do not systematically reimburse nursing fees, there is a danger that direct access to independent nursing services will be available only to those who can afford to pay, thus creating a two-tiered system. This risk must be recognised and lobbying efforts undertaken so that insurance or government reimbursement policies are in place at all levels of society. On the other hand, it is not unethical, per se, for nurses to develop a business that requires the patient to pay directly for the service.

The calculation of fees need not be interpreted as a profit-seeking measure. It is important to recognise and reward nursing services at their just value. If nurses are not able to determine the true cost and monetary value of their service, how can they expect others to do so?

It is also important to note existing monopolies where only a few health professionals have access to public or private insurance funding. Abuses are possible and measures to curtail rising health care costs are further limited. Providing a mechanism for all health care professionals to bill directly for services would guarantee equal access and consumer choice at an equitable cost (Slauenwhite et al. 1991).

In certain countries, it is considered unethical for nurses to employ other nurses for fear that exploitation of peers would occur. In these cases, legislation obliges nurses working together to create partnerships, cooperatives, etc. – structures where each nurse has an equal say. However, if a nurse becomes the proprietor and manager of a business (e.g. nursing home for the elderly), nursing personnel including nurses are then employed by the institution or society. The role of the nurse as an employer needs to be developed according to local realities and ethical guidelines.

Some NNAs continue to function as employment agencies for nurses, sometimes contracted to supply the entire nursing staff of a particular health institution. The function of the employer needs to be re-examined in the light of present labour relations policies.

\* \* \*

It is worth noting that none of the current issues surrounding entrepreneurship exist in isolation from the others. It is necessary to examine the broad perspective in order to strategise effectively. The position of women and the stature of nursing in society are elements, as are the existence and acceptance of advanced practice nursing roles. When negotiating policy issues, it is essential to take a long-term perspective, and to consider the possible positive and negative outcomes of different scenarios well into the future.

All of these challenges offer opportunities to innovate that can be seized. But what will it take to be up for the task? What characteristics, personal qualities and skills of the nurse entrepreneur are needed to meet the challenge?

## Chapter 4: Nurse entrepreneurs: attitudes and characteristics

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The motivation to start a business or be self-employed requires vision, a creative idea for solving a problem, and a strong desire for success. Success will more often be achieved if the reason for seeking change is positive and not just a reaction to negative work issues.

Nurses contemplating a new venture will begin by conducting a thorough assessment of their motives and their capacity to handle the demands of the enterprise they have in mind. For a nurse entrepreneur who wants to start her own business or private practice, the advantages and disadvantages of owning a business should be carefully considered. 'Being your own boss' is liberating, exciting, rewarding, motivating and empowering. It may also be difficult and lonely, and it requires taking risks. It may be necessary to work long hours, assume multiple roles, risk uncertain income, and negotiate continually with others as providers or receivers of services. According to Traynor et al. (2006) 'agency' and 'risk taking' are often said to be defining characteristics of entrepreneurial activity.

Entrepreneurs need to be motivated and disciplined as well as very organised. Most have a good measure of self-confidence, a strong self-image and a need for achievement. According to the American Institute of Small Business, a successful entrepreneur has "desire, diligence, details, discipline and determination" (Papp 2000, p. 137). In the often-difficult world of business, it is important for the nurse entrepreneur to display integrity, reliability, patience and enthusiasm to earn the respect of business and professional colleagues, as well as that of financial partners and the target clientele.

In this context, Schulmeister (1999) recommends that nurses examine their goals and resources and answer several important questions:

- Why does starting a business interest me?
- What are my clinical strengths?
- What are my personal strengths and weaknesses?
- How well do I cope with uncertainty?
- How essential is a steady income?
- Do I have necessary financial, emotional and physical reserves?
- Do I have the support of those closest to me?
- Do I have the time and energy required to get the business started?
- What sacrifices am I willing to make to pursue this activity?

This type of honest self-examination will provide a clearer understanding of one's motives and determination, as well as the demands that starting a business will make on the nurse and her resources.

Beneficial attributes for entrepreneurs include the ability

- to make decisions independently;
- to take risks in order to achieve a clear set of goals;
- to plan ahead;

- to be flexible and adaptable to unexpected changes and opportunities, ready to deal with failure, ambiguity and uncertainty;
- to get things done on time;
- to take advice from others;
- to be persistent;
- to communicate well; and
- to know when and when not to compromise.

Experienced nurses with these attributes may be found in all countries, and in all sectors of the health care system. It is also true that many nurses prefer being employees, and have no entrepreneurial tendencies. One nurse who started a business was surprised by the difficulty in attracting nurses to buy the travel health franchise she had created (Williams 2005). Fran Lessans, founder and CEO of Passport Health USA, believed that nurses should own the business since they were doing all the work, but found fewer nurse entrepreneurs than she expected.

### **Career planning**

The International Council of Nurses firmly believes that career development is a major contributing factor in the advancement of health systems and the nursing profession worldwide, and is directly linked to the maintenance of high quality care delivery ([www.icn.ch](http://www.icn.ch)). Career planning is a continuous process of self-assessment and goal setting that can be a key influence on a nurse's ability to thrive on the opportunities created and grow with change rather than merely resist. The skills required to engage in career planning are those same skills nurses already use in their daily practice as part of problem solving and the nursing process. Just as they assess, plan, develop and evaluate care plans with and for their patients, so too must they learn to assess, plan, develop and evaluate career plans for themselves. The skills they rely on are the same, but the focus or target is different. Thus, career planning is not a one-time event, but rather a process that over time becomes part of a nurse's repertoire of skills and experiences. It enables the nurse to develop as a professional and achieve set objectives.

Career planning and development assists nurses to develop and utilise the knowledge, skills, and attitudes necessary for them to create a work content and environment that is meaningful, productive and satisfying. Inherent in the career planning process is the opportunity to identify and affirm the value of both personal and professional strengths and the potential to reinforce one's sense of self-efficacy with regard to career and job-related activities. Equipped with a sense of efficacy, nurses are better able to take control of their career and work choices.

Attending to one's professional development is a time-intensive process that requires reflection as well as planning. Career planning and development gives nurses a way of relating their ideas and vision with the practical realities of their life in order to achieve useful and realisable outcomes. The career planning and development process helps answer the following four questions:

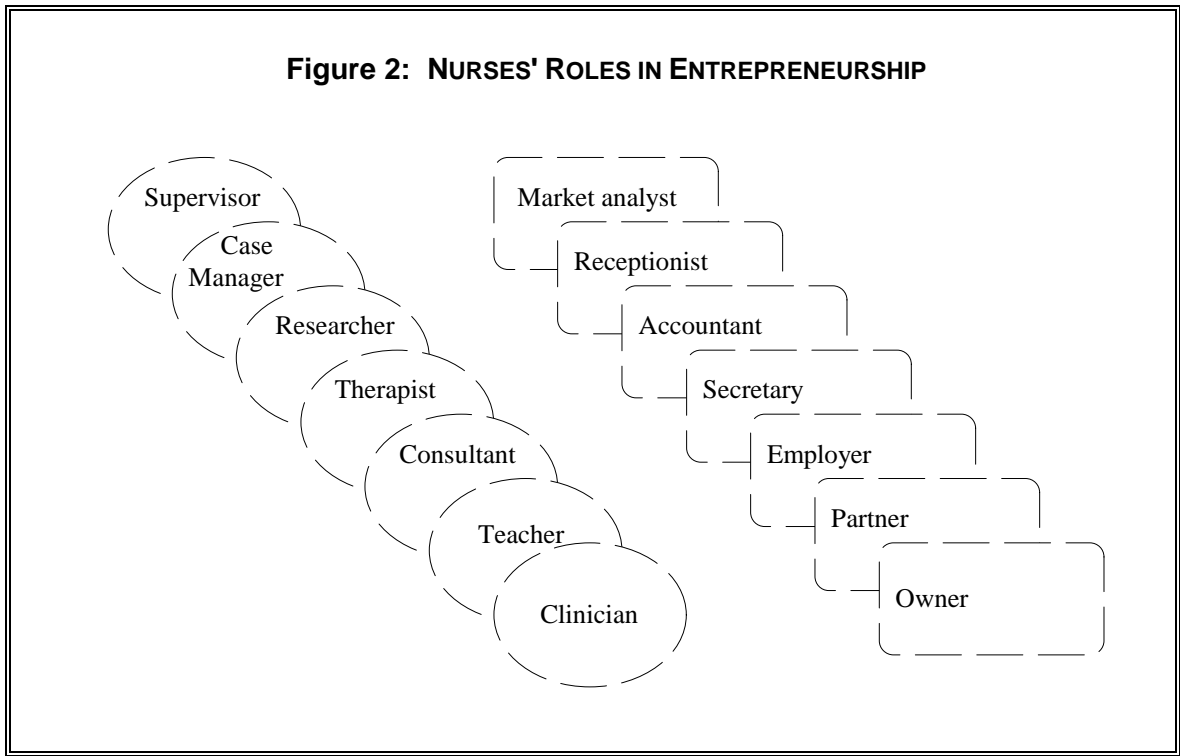


1. *Where have I been?*
2. *Where am I now?*
3. *Where would I like to go? and*
4. *How will I get there?*

The career planning and development process is really about the development of a life skill; one that nurses can apply not only in their workplace, but in their personal life as well. Entrepreneurship is an option that is worth considering when exploring the wide range of career opportunities accessible to nurses. The ICN Guidelines and Training Module *Career Planning and Development Programme - It's Your Career: Take Charge* are useful resource and reference materials to support nurses in their career choices (ICN 2010).

### **Roles and services**

The nurse entrepreneur can assume a multitude of roles directly linked with the professional and business aspects of a practice (see Figure 2 below).



In these many roles, nurse entrepreneurs can provide a wide range of services, such as:

Clinician	<p>Health assessments  Direct nursing care  Health maintenance  Hospice care  Care of the chronically ill  Specialist care: midwifery, stoma, diabetes, dialysis, palliative, etc.  Occupational health  School health  Referral service</p>
Teacher	<p>Health promotion: stress reduction, nutrition  Prevention programmes: sex/child/drug abuse, juvenile delinquency, violence, accident, etc.  Women's health  Lactation counselling  Family planning  Well-child conferences  Continuing education programmes  Community lecturer  First aid</p>
Consultant	<p>Management consultancy  Occupational health consultancy  Human resources planning consultancy  Counselling and support  Infection control  Evidence-based practice and quality outcomes</p>
Therapist	<p>Psychotherapy  Respiratory therapy</p>
Researcher	<p>Projects aimed at improving health services and/or the health status of a target population</p>
Case manager	<p>Coordination of services  Patient advocacy  Geriatric care issues</p>
Supervisor	<p>Management of personnel  Personnel development</p>
Owner	<p>Provider of locale  Facility / architectural / space planning</p>
Partner	<p>Responsibility sharing  Reinforced creative approaches to health care</p>

Employer	Provider of health services Quality assurance monitoring Distribution of supplies and/or equipment Development of health products/techniques/ procedures Resources planning, management and development Management of the work environment Strategic planning
Secretary	Correspondence Record keeping
Accountant	Bookkeeping Tariff/fee development Financial accountability: tax, legal, benefits (pension, insurance), personnel, etc.
Receptionist	Preliminary and ongoing contacts with potential and actual clients Triage
Market analyst	Market research Development of business presentation: logo, stationery, announcements, publicity, etc.

It should be noted that although nurse entrepreneurs originally devoted the majority of their time to basic nursing skills delivered in the home or hospital setting, "few of the new independent practices in the industrialised countries focus solely on the treatment of medical ailments" (Robson 1993).

### **Consultancy services – an option for the self-employed entrepreneur**

Nurses have a tremendous wealth of information about many practice areas including clinical treatment methods, patient needs, models of care delivery, health promotion and disease prevention, and how best to recruit and retain nurses in a health care system.

The major consultation models described by Berragan (1998) are:

1. Purchase of expertise - where the client recognises the need for specific expertise and will pay to obtain it;
2. Doctor (provider) /client - where the consultant is brought in to diagnose a problem and prescribe treatment for it; and
3. Process consultation - where the consultant teaches the client diagnostic or problem solving skills, or evaluates an organisational situation.

Nurses deliver most community-based and home-based care. Nurses know which products and services are most effective for patients. As the largest group of health care professionals, nurses are more involved in the details of care delivery and education than any other health care group. Therefore, they have an extensive body of knowledge. Any part of

this knowledge can be used in a consultancy position. The type of consultancy established by a nurse innovator is limited only by her expertise and willingness to be creative.

Nurses have many opportunities to establish consultancies within the health system or as an outside consultant. Nurse entrepreneurs could establish consultancy businesses focusing on:

- **Care** – for example, managing the geriatric patient in the community; chronic disease management; provision of gynaecological services; home-based programmes for paediatric patients with chronic diseases; community-based care for post-operative orthopaedic patients; community day care centres for children, or for patients with Alzheimer's disease; management of pre-natal care for high-risk maternity patients; medical travel services.
- **Research** – for example, data gathering for establishing the link between improved patient outcomes and nurse staffing levels.
- **Programmes to develop the skills and knowledge of other nurses/health care workers** – for example, use of high tech equipment for critically ill patients; comprehensive wound management educational programmes; promulgation of specific, effective models of patient care delivery; continuing nursing education; health policy for health care professionals; planning for disaster care.
- **Teaching patients/clients and their families** – for example, self-management of diabetes; maintaining nutrition in HIV/AIDS patients; wellness programmes for groups of workers in any industry; obesity reduction programmes; lactation and new mother classes; CPR training.
- **Programme management** – for example, techniques for effectively managing a multicultural staff; methodologies for improving nurse retention in the workplace; organisational assessments of health system departments and institutions; political action to promote changes in the health care system; development of mechanisms to recruit more people into nursing; implementation of occupational health and safety regulations; integration of nursing education programmes into university systems.

The services of a self-employed consultant may be contracted by other nurses, chief nursing officers, other health care professionals, patients and their families, community based organisations, educators, ministries of health, or the national health trusts. In the many countries that have a private sector in addition to a public health care system, opportunities may be found in countless areas.

It is also possible to establish such consultancies *within* the national health system. Especially with patient-focused or nurse-led programmes, nurses could become 'intrapreneurs' and negotiate a new position within a public health sector or private sector facility to provide the services needed. In the UK National Health Trusts, nurses set up a heart failure and cardiac rehabilitation clinic, a cystoscopy and follow-up telephone counselling service for patients with prostate and bladder cancer, and community mental health services for people with anxiety, depression or life difficulties. And Professor Elizabeth Anionwu established the first nurse-led sickle cell counselling service in the UK (Traynor et al. 2006).

## Chapter 5: Building a business

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Nurse entrepreneurs have used the liberty of independent practice to explore innovative approaches to health care delivery, applying promotion and prevention techniques as well as treatment skills to different degrees (RCN 1997). In most countries, self-employed nurses are legally permitted to offer any service that falls within the practice of nursing and does not infringe on the legislated responsibility or the exclusive practice of another health discipline. (CNA 1996). Their roles, services and work settings vary with public demands.

Applying the nursing process often facilitates translating nursing education, expertise and experience into a business (Papp 2000). First an assessment of personality, nursing experience and health care needs is required to determine what business options are possible. Then a plan must be developed providing a step-by-step procedure for how the business will be established, taking into account:

- Who are the customers?
- Who are the competitors?
- What will customers require from the business?
- What are the start-up costs?
- What business structures are needed?
- When will the services/products be required?
- What advantages will this business have over the competitors?

### Getting started

Nurse entrepreneurs who are committed to opening a private practice or starting their own business should educate themselves about business principles. Reading books and journals about health care policy, legislation, service matters, reimbursement issues and budgeting and financial reporting is a way to start. Part of the planning process includes acquiring an understanding of business terminology, especially as it relates to a nursing venture.

In the United States, and possibly in other countries, some universities have created advanced degree programmes specifically for nurse entrepreneurs. In 2006, two US nursing colleges launched the first degree programmes focusing on innovation, and intra/entrepreneurship. The programmes are built on the premise that health care today is undergoing unprecedented change, and this requires practitioners to add value in distinctive and pioneering ways (Shirey 2007).

In Australia, Swinburne University of Technology has established a Master of Entrepreneurship and Innovation degree. The programme focuses on the specific needs of entrepreneurs and innovators who want to successfully commercialise their innovation. It is tailored for those who want to bring visionary attitudes and possibilities to existing business ventures or non-business ventures ([www.swinburne.edu.au](http://www.swinburne.edu.au) 2011).

For entrepreneurs, a major undertaking involves the preparation of a 'Business Plan' that sets forth the description of the business and demonstrates an understanding of the issues

that must be addressed in order to be successful. Flanagan (1993) identifies the components of a business plan as:

- Executive summary – a concise description of key elements of plan;
- Overview of industry involved, including current trends and issues;
- Details of target markets, pricing structure, promotion and advertising;
- Comprehensive description of the product or service, uses and features;
- Identified competition and comparison with proposed product or service;
- Description of operations, facilities needed, equipment and personnel;
- Description of management skills and resources available to the business;
- Identification of potential risks and how they might be managed;
- Time frame for implementation of various stages of business; and
- Financial plan including how much money is needed and a repayment schedule for money that may have been borrowed.

Such a plan helps the entrepreneur focus on what is necessary to be accomplished in starting the business, and it acts as a blueprint in monitoring progress on activities. The detailed information that results from researching the above subjects identifies issues, answers questions, and prepares the entrepreneur for the scope of establishing and running a business. Moreover, a business plan is usually required by banks, financial institutions and private investors in order for them to provide financial support. It demonstrates to them that the entrepreneur knows what is essential to start a business and has done the preparation and planning required. A number of Internet sites contain detailed information on preparing business plans. The procedures of researching and preparing a plan would compare to the Nursing Process elements of Assessment and Planning, and the Evaluation element would consist of the review of accomplishments or problems after implementation.

### **Financing the start-up of business**

Depending on the nurse's knowledge base and the type of business, the preparation of a realistic plan to raise money might take weeks or months. On the other hand, nurses have started businesses using their own savings or borrowed money without such a plan. If a business has been started without a large investment and has been operating successfully, a lender might be satisfied with the financial statements of the business to provide additional funds. In some countries, having a personal relationship with a banker is more important than a written business plan. It is also possible that a lending institution may be intrigued with the nurse's idea and assist in preparing necessary documents to secure funding.

There are basically two ways to finance a business using funds from external sources. One is **debt**, and the other is **equity**. **Debt** involves borrowing money (capital, or the loan "principal"), usually with an identified interest rate, both of which must be paid back in full by a certain date. In this situation, the lender does not necessarily own any part of the business.

**Equity** involves selling part of the business in exchange for a financial investment. When individuals offer those investments, the business may be established in the form of a partnership with the investors. Partners might have equal shares in the business, or their

partnership level could be based on the amount of funding they invest. Partnership or shareholder agreements should detail the rights and responsibilities of the investors.

“When the corporate form of organisation is used, ownership is evidenced by shares of stock, and the owners’ equity is frequently referred to as stockholders’ equity or shareholders’ equity” (Davidson et al. 1982 p. 6). It is also possible to have a combination of debt and equity financing. For example, an investor, with a partial ownership in the business, might also lend the business money, and that loan would operate like any other loan.

The new entrepreneur should be aware that outside investors or lenders often have a relatively short timeframe in mind for repayment. Typically, investors expect to have an opportunity to recoup their money plus a profit within five years. Lenders are likely to expect repayment, including interest, within three to seven years (Galkin 2003).

The decision to bring in partners may involve more than money. Sometimes partners can supply needed expertise for the practice, or they may fill specific roles on the management team. For example, a nurse might invite an accountant, a physician or a physical therapist to join a clinical practice treating orthopaedic patients. A nurse entrepreneur establishing a business providing education to employees of manufacturing firms might invite a marketing expert to be a partner, so that the educational service could be effectively marketed to the relevant industry. When people have equity, or ownership, in a business they are often more committed to its success. In addition, outside funders such as banks or venture capital firms may require the new venture to have proven business expertise as part of executive management. “You need to attract talents, disciplines, and personalities which complement...not duplicate...each other” (White 1977 p. 75).

The decision on whether to raise money from friends or strangers will be based on personal options available and the needs of the business. Some entrepreneurs advise never borrowing money from family or friends, because of the complications that can ensue. However, borrowing from financial institutions can be more complicated, especially if revenues from the business or practice do not sufficiently exceed expenses to repay the debt as scheduled. In either case, written loan agreements are necessary and timeframes for paying back the loan must be followed.

It is important that the nurse identify advisors who have expertise in business planning. Various Internet sites have models of business plans that can be used for reference. Nurse entrepreneur internet networks are growing and contain multiple resources.

### **Sponsorship for intrapreneurs**

For intrapreneurs, Pinchot (1985) strongly recommends finding a sponsor within the organisation or firm. He defines a sponsor as an experienced person who can be trusted to ensure that the project gets the required resources within the organisation, and who can moderate the concerns of those who feel threatened by the innovation.

“The sponsor is involved with technical problems, marketing options, ways to help you present an idea to management, and behind-the-scenes intervention to keep the venture alive...Good sponsors help detect and head off political attacks. Their support deters those who would attack, and their position allows them to

defend 'intraprises' at levels where the intrapreneurs can't speak for themselves" (Pinchot 1985 pp.143-146).

This sound advice resonates with anyone familiar with a national health system. Since the nurse intrapreneur would probably not be present at the levels of hierarchy that decide whether to create a new position, a sponsor who is present at those levels might be essential.

### **Marketing: public relations and advertising**

Defining the service or product to be sold is an essential element of business success. Potential patients or clients need to have a clear understanding of what is being offered. However, some nurses have been slow to accept marketing as an appropriate mechanism to support health care delivery. According to Kingma (1998 p. 45), "marketing can no longer be considered vulgar commercialism. Ethically applied, marketing is in fact one of the necessary building stones and development tools for the future development of nursing". Once nurses accept the appropriate place for marketing in a competitive environment, their ability to negotiate the system will improve.

Marketing has been said to provide nurses a way to develop the profession, turning good ideas into nursing practice (Jowett & Vaughan 1997). Effective marketing calls for the expertise to:

- adapt acquired knowledge and skills to the needs of potential clients;
- estimate the number of potential clients;
- develop a business strategic plan, including budget;
- choose a work setting and furnish the workplace appropriately;
- locate financial support;
- develop a brochure and business card; and
- draft announcements/advertisements, if and when appropriate.

An essential step for assuring success in any business venture involves a clear **identification of the target market** – the users of the service or product – and whether that market will be able to sustain the business in the long run. The target market might be other nurses, physicians, non-nurse managers, patients with a specific disease process, employers in a certain industry, or the general public.

Some characteristics you might want to consider in defining your target market are as follows: their age, education level, sex, geographic location, income, social standing, most challenging problems, beliefs, needs, concerns, and how your product or service solves a specific problem for them (Keyes 2010).

Who and what this market is will also determine the most effective methods for marketing and advertising. The legal context (rights, responsibilities and constraints) for health professionals advertising their services needs to be carefully examined before developing the marketing strategy. Once the framework is well understood, a comprehensive marketing plan can be developed.



There are many ways to advertise a business or practice that need not be expensive. Business cards are always a good idea to identify name, credentials, contact numbers and email address and possibly a brief description, such as "Geriatric Case Manager". These cards are not expensive, are easy to distribute, and can be left with consultation notes or reports and attached to brochures or newsletters. If the nurse's business is home-based, it is not necessary for that fact to be identified on a business card.

Word of mouth advertising can be very effective, especially within an institution or among a group of professionals. If a nurse teaches an excellent programme on diabetes management to other nurses and they all tell their colleagues how much they learned, the nurse's teaching consultancy will grow. Satisfied patients or clients may spread the word about their positive experiences. Testimonials from these satisfied clients can be used in promotional materials. Chief Nurses who meet regularly may share information about consultants who helped them with a particular problem (Manthey 1999).

Networking is important whatever the practice or service. Within nursing associations, speciality organisations and alumnae associations, nurses have opportunities to meet with peers and explain what they are doing. Conferences focusing on health care issues or management issues are an occasion for the nurse to introduce herself to others and distribute business cards or brochures. Attending conventions of the groups the nurse wants to reach, e.g. paediatricians, social workers or nurse educators, will provide an opportunity for targeted marketing.

Making presentations about the nurse's speciality to seminars or conferences is often an effective mechanism for marketing. It is a chance to demonstrate expertise, highlight the scope of services available, and plant ideas in the minds of the audience. A nurse can offer to teach educational programmes in hospitals or long-term care facilities. The point is to convince others that the nurse has something, some knowledge that they need. Even without compensation, presenting a workshop can be a worthwhile activity.

Preparing brochures or flyers about the service or business can now be done, easily and inexpensively, on a computer at home or at an Internet café. Choose terminology that will be understood by the projected audience, type size that is easy to read, professional looking graphics, and language that clearly explains the service or business. These brochures and flyers can then be used as handouts at seminars or conferences, distributed to hospital units or support groups, tacked up on grocery store bulletin boards, or mailed to prospective clients. Professionally prepared brochures or other marketing materials may be quite expensive and hence not cost-effective in relation to the amount of business they attract.

Using all of the above mechanisms in advertising her business, a nurse in Canada built a successful service assisting people to cope with physical limitations and maximise their independence (Gourlay 2011).

Web sites have phenomenal potential for marketing if your target audience has computers and internet access. The Nurse Entrepreneur internet sites have information and e-books on how to use social networks to increase your business.

Listing the new business in the local or regional telephone directories can be another cost effective way to market your services. A larger or darker type printing brings attention to the listing. It is often inexpensive to arrange for a small “advertisement” with the kind of information taken from the business card to be inserted in the telephone directory. Some local TV stations or public radio stations have ‘community listings’ of events or services at a minimal cost. As with other business decisions, the nurse entrepreneur needs to consider the cost of the item or action in relation to the benefit it will bring the business. This process of cost-benefit analysis is an important part of business decision-making.

## **Publicity**

Publicity can be realised in many creative ways. If the audience is other nurses, offer to write an article for the local nursing newsletter (electronic or hard copy) about the practice or business. Then use that article as the basis for a story in a publication with regional or wider circulation. If it is possible to tie in the service to some current issue before the public, the same strategy might be used with regular newspapers or online or print magazines. For example, if no medical doctor is available to serve patients in a rural area, and a nurse practitioner is interested in setting up a practice in that area, she could offer to give interviews to the local media and also get free publicity.

Some nurses have written e-books or print books about their clinical speciality, or management philosophy, or experiences with health care policy development. A book does not have to cover every possible aspect of a subject; it can be short and focused and be a very effective marketing tool. Writing a manual on patient record-keeping requirements would be a great service to other nurse entrepreneurs, as well as advertising for a nurse consultant specialising in that area. Some national nurses associations have publishing divisions that welcome nurse-written manuscripts.

Offering to speak to local TV and radio programmes can be invaluable, not only for the individual's service or business, but also to educate the public about nursing's scope of practice. Many people still do not have a clear understanding of nursing's independent role in patient care, and every opportunity should be taken to educate the general public. Although most nurses do not see themselves as media spokespeople, they are best equipped to explain nurses' essential role in the health care system (Gordon 1997). Resources are available to assist nurses in preparing for media interviews, and practising on one's friends and families is a good idea.

Technically, publicity is often free, while advertising is usually paid for. Depending on the business, paid advertising may not be necessary if the above mechanisms are utilised. The type of business will often determine the need for advertising. If a nurse has established a business to help nurses migrate from one country to another, paid advertising probably would be necessary. But using a newspaper story on the nursing shortage to get publicity for the business would be free. Recognising the opportunities for reaching out to new and different audiences is very helpful. Creativity and flexibility are key.

In certain countries, advertising for health care providers is illegal. Careful consultation on the legality of various marketing strategies must be considered before launching a public relations plan.

## **Insurance coverage, licenses and permits**

Laws and regulations will have much to say about the type of consultancy or business to be established as well as its location. Those laws will determine legal liabilities as well as the insurance coverage, licenses and permits needed. For a consulting business run out of a home, the town or municipality might have real estate zoning laws or regulations requiring a license or permit. Generally speaking, businesses providing direct care to patients will most likely have more regulatory requirements than an individual consulting business focused on human resource management. A business established as a corporation might have more complex requirements than a sole proprietorship.

A nurse entrepreneur setting up a business to teach training programmes should investigate whether she needs to develop original curricula, or whether published materials will be used. When using available information, the instructor needs to know if there are any fees or royalties due to the originating people/firms for published information. In addition, the nurse herself may require special training to teach the programme (Papp 2000).

## **Service issues**

The scope of legal authority to practise will determine what services nurses may provide. This does not mean that only such services as referenced in a law may be performed. Often legislative language is general so as not to limit changes in a profession or industry. Nurses should have information from the Nursing Council or Board of Nursing in their country regarding scope of practice issues – descriptions of services that may or may not be performed. In addition, nurses should be aware of the ICN Code for Nurses and any relevant standards of practice the national nurses' association has developed.

In some countries, legal restrictions limit and control entrepreneurship. For example, in Korea, nurses can operate certain institutions such as nursing homes, children's centres and postpartum care centres. However, they cannot operate elderly welfare centres or social reinstatement centres. Likewise, nurses in Hong Kong can operate nursing homes, but face restrictions in other areas.

The type of services provided will determine the location where the nurse works. If the nurse is providing primary care, health promotion and disease prevention services, she will most likely work at a clinic, health service, health care institution or physician practice. If she is licensed to practise with minimal or no physician involvement, she may be in private practice by herself. If the nurse is providing management consulting services to chief nursing officers, much of her work will be performed at the location of the client. If she is teaching programmes on critical care technology or wound management, she may rent space for the specific programme being provided.

As health systems and policy makers become more comfortable with the idea of nurses practising independently, the services nurses can provide will increase significantly. Demographic changes occurring worldwide (especially aging populations) have an impact on services needed by people. The current and looming shortage of nurses will also have an impact, as mechanisms are developed to assure that society's precious nursing resources are used appropriately.

## **Continuing education**

Keeping abreast of the latest developments in health care and keeping one's skills up-to-date in clinical practice issues are obviously essential for nurses providing direct patient care. By the same token, nurse entrepreneurs also have a significant need for continuing education. Some states require continuing education courses for nurses to re-register their licenses.

One of the popular businesses for nurse entrepreneurs is the establishment of an organisation that provides continuing education or staff development programmes for other nurses. For example, nurses in the Philippines own and manage study centres offering review classes for local and foreign examinations. The nurse owners assure quality educational programmes for their nurse clients.

Nurse entrepreneurs setting up their own business have a wide range of resources available to them that provide general and specialised continuing education that are appropriate for nurse entrepreneurs:

- University business school courses on starting or managing a business;
- University courses on marketing, accounting and finance;
- Nursing publications that describe "how to" or what nurses have done;
- National or local business organisations, e.g. Chamber of Commerce;
- Government agencies such as the Small Business Administration;
- Public libraries containing business books and publications;
- Home-based business associations;
- Organisations that focus on women-owned businesses;
- The National Nurses in Business Association;
- Organisations such as the Service Core of Retired Executives;
- Numerous Internet sites (see listing in the bibliography).

Programmes provided by many of these organisations meet the needs and specifications for the continuing education of nurse entrepreneurs.

## **Personal support systems**

Any nurse innovator will benefit greatly from support offered by their family and friends. First, family members and friends may act as a 'sounding board' as ideas and concepts are created. Knowing the nurse best, they may give her an honest appraisal of her strengths and weaknesses regarding the likelihood of succeeding in the project. They may tell her whether they think she has the characteristics to be a nurse entrepreneur, or not.

Second, they may assist her in developing plans as she gathers information. They can help to examine issues as she generates alternative scenarios to test the validity of the concept.

Third, they may indicate whether they will be supportive as the nurse pursues her goal. Taking on new and different responsibilities is the time when individuals most need the support of people closest to them.

Fourth, friends and family may be a source of funding for the business. Borrowing a few hundred or a few thousand dollars from 10 relatives may be all the nurse needs to get started. Whether to take money from family members is a personal decision based on options, values and relationships. It is nevertheless true that personal savings are often the main source of initial investment in a new business (Schulmeister 1999).

Since it may be necessary for the nurse entrepreneur to work as an employee until the business is successfully established, in effect she may have two full-time jobs. Often the ability of an innovator to maintain their energy, enthusiasm and perseverance is directly related to the support they receive on a personal level from friends and family.

### **Working from home**

There are a number of considerations in deciding whether to set up a home-based business or consultancy service. Working from home has the advantages of flexible work hours, no dress code, and greater independence – and it eliminates travel to and from work. But, working at home requires discipline to separate work life from home life. Distractions should be minimised to enhance productivity.

Obviously, other family members will be directly affected if the nurse entrepreneur is working from home. Friends and family will need to respect the business hours and the place within the home where she will work. The family needs to understand that during working hours she might have less time available for meeting their needs, and the nurse needs to know when to walk away from the 'office' and spend time with the family. The nurse may need the family's help in exercising discipline about focusing on work during business hours, which may involve not answering the home phone. A separate phone line is a good idea, as well as a separate hook-up for the computer and/or fax machine (Gardner 2008).

### **Credible timeframes**

The time it takes to establish a business or innovative role within a health system ranges from weeks to years. It depends, in part, on the amount of time the nurse can devote to research and planning, the availability of resource people, the timing of procedures to secure licenses, permits and insurance, the time required to process filings with governmental agencies, and the time required to raise the start-up financing of the business.

Timeframes for building or developing the practice also vary according to the specifics of the services provided. A nurse who has created a consultant's position within a health system may find that the demand is so great she cannot do all the work herself; or that it takes months simply to raise the staff's awareness of her availability. Creative marketing methods might be as necessary within a health system as they would be with an outside independent consultancy. A business in the community will often grow in relation to resources used for promotion. Some entrepreneurs want to start their business or practice on a small scale and have it grow slowly, in order to maintain control of all the details. Others take in partners and market aggressively if they are comfortable with expansion on a faster timetable.



## Chapter 6: Management and financial issues

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### How to determine service fees

Determining the fee schedule for a service or practice that is privately paid involves gathering data on fees charged for similar services by similar providers. If there are competitors, the nurse could decide to charge the same amount, more than, or less than the competition. Personal philosophy and the nurse's operating expenses will have an impact on this decision. The nurse needs to weigh the implications of charging the lowest fee, or of charging the highest fee the market will bear. The nurse entrepreneur can also try to determine what the client expects to pay. It is not unheard of to ask a client or group of patients what they would expect to pay for certain services.

Schulmeister (1999) describes a nurse who asked her clients in their first smoking-cessation clinic how they would value the service. The clients decided to pay her the amount of money they would have spent on cigarettes. This payment structure added up to more than the nurse had thought she could charge.

An initial issue is deciding on a fee structure based on time (daily, hourly) or on a per project basis. It is also possible to combine the two structures. For example, the nurse could charge hourly for discrete consultation services, daily for teaching an educational programme, and by project for performing an assessment of job descriptions for a nursing department. In all cases, the time spent preparing for the project or consultation should be included in calculating the fee structure.

Criteria used for calculating fees include:

- the complexity of the task;
- the professional responsibility implied;
- the level of expertise required;
- the time involved (including travel); and
- the equipment needed.

It is also possible to establish prices within a scale, but then make the final determination of which exact price to charge based on the characteristics of the patient/client. Another alternative is to establish an official price, and offer discounts to clients as needed. These discounts could be based on ability to pay, on non-profit versus for-profit organisational clients, or on the location of the client if that would facilitate an entrée into that location. Establishing discounts makes services available as widely as possible, without lowering the entire fee structure below that of other comparable professionals in the area (Sanders 1997).

If a nurse is deciding what to charge for teaching an educational programme to a group of nurses, she can research what other educational providers are charging in her community. An important consideration is that the fee should reflect the scope and complexity of the

service provided, and the qualifications of the provider. If the nurse has 15 years of clinical experience and five years as a hospital-based instructor, she should be able to charge a higher fee than a less qualified person teaching a similar programme (Manthey 1999).

### **Evaluating costs**

A significant consideration in fee setting is the cost of providing the service. The potential variation in this element is considerable. If a nurse is selling intellectual expertise as a consultant and providing services at the client's location, her costs might be limited to the expenses of setting up the business, plus publications, supplies and copying, travel and preparation of reports. If she is providing expert clinical services as a nurse midwife, her costs might include office space rental, building services such as water and garbage removal, taxes and licenses, insurance, record keeping expenses, liability protection, support staff employees, equipment and supplies, furniture, a billing clerk and bookkeeper.

The location of the business/practice has a significant impact on the cost of providing service, and should be given serious consideration. Many educational or consultative services can be provided out of one's home – from the garage, basement or spare bedroom. The nurse can use her home address on her materials without it being identified as her home, or a post-office box may be an option. If it is not necessary to have a site in which to see patients or clients, it may not be necessary to incur the costs of an office. Because those costs factor into the cost of providing the service, they have a direct impact on the fee charged.

Advisors, such as accountants and attorneys, may be helpful in making service fee determinations. They can provide information on what other entrepreneurs are charging for their services, and they may be relevant examples themselves. If the nurse's education and experience are equivalent to that of an accountant, she might establish a similar fee.

### **Tax issues**

The structure of the business and the tax laws of the country in which it is located will determine the tax issues faced by the nurse entrepreneur. In some countries, businesses can be structured as sole proprietorships, partnerships or corporations (Zuckerman 1990).

Each type of business structure has different tax consequences and different advantages and disadvantages. The tax laws might establish different tax rates for businesses, or might permit the owner of the business to claim the profit and loss on a personal tax return. An analysis of the individual's situation, the business being started, and the tax laws of the country must be conducted to understand the full implications in setting up a new business. Consultation with an attorney and tax expert is necessary to make specific decisions about the most appropriate structure.



As an example, a nurse entrepreneur in the United States might be required to pay some or all of the following taxes: corporate income tax, self employment tax, individual income tax, social security income tax withheld from employee wages, income tax withheld from employee wages, social security matching tax, federal unemployment or state unemployment tax, personal property tax, workers compensation and unemployment compensation (Carlson 1989).

It is important that the nurse entrepreneur obtains accurate tax information in setting up a business. Although large amounts of information are available via the Internet, it is worth the time and effort for the nurse to verify information with experts. Many books have been written to assist potential entrepreneurs in starting a business – these references can be helpful in checking the validity of information. It would be more cost-effective to hire experts and pay for reliable, correct information, than to make a costly mistake based on inaccurate information that was inexpensive or free.

### **Record keeping and documentation**

A book could be written on the importance of keeping accurate records, patient charts, financial accounts, and documentation required for government and regulatory agencies. When nurses establish a clinical practice to provide nursing care services, just as when physicians and other providers do, they must adhere to the country's requirements for patient records. Documentation elements include diagnosis and progress notes on the patient's condition, results from laboratory tests ordered, diagnostic test results, treatment methodologies, medications ordered and administered, consultations with other providers, procedures performed, recommended management and ongoing evaluation of the patient's condition. In many countries, electronic patient records have added another level of required expertise, and have raised new concerns about patient confidentiality issues. For example, the British Computer Society's Primary Healthcare Specialist Group has issued guidance on the use of patient data for secondary purposes, following concern that patient confidentiality and privacy is being threatened (Barr 2011).

Patient records management is part of every nurse's practice, including advanced practice nurses in independent practice or working for a health system. Nurses caring for patients in home care situations or nursing homes will have patient charts to maintain. Nurse consultants with a practice or business focusing on specific diseases will need to develop mechanisms to ensure compliance with established country and industry requirements. In addition, legal accountability for negligence or malpractice may require nurses to observe standards of risk management regarding documentation. Professional standards of nursing practice generally include data collection, documentation and retrieval (ANA 1991).

Financial records make it necessary to keep another type of documentation. Most countries have commissions or boards on accounting standards that establish principles for financial statements and audit reports. Any business should use standardised bookkeeping practices. This may not seem important in a start-up phase, but it is beneficial for a number of reasons. Good financial statements will help the owner to track the details of the business. In addition, if outside investors or lenders are required, these statements will be necessary. Third party reimbursement policies of governments or insurance companies may add other procedures. Compliance with local, regional and national tax laws adds

further accounting requirements. As a business becomes successful, adding employees to the enterprise means further documentation compliance issues (Zaumeier 2003).

## **Negotiating contracts**

Whether a nurse is consulting, undertaking a project, participating in a private practice or negotiating for financial support to start a business, it is a good custom, indeed necessary, to have a legal contract, or letter of agreement, or some form of a project document that specifies the work to be done.

A contract for a **consultancy** or **business project** might include:

1. A simple, self-explanatory and attractive title for the consultancy or business being established
2. Description of work to be performed and where the work will be done
3. Target clientele or beneficiaries
4. Time frame for the work to be started, and for completion of stages in the development process
5. Identification of the consultant and other people to be involved
6. Budget for the consultancy or project, including salary/staff costs and all project expenses
7. Schedule for the financial support to be repaid
8. Any limitations on time or money by the consultant or client
9. Description of outcome expected, final report &/or evaluation process
10. Provisions for changes in the project, early termination by any party, and modalities for negotiating disputes.
11. Depending on the nature of the business, a clause limiting liability (a 'hold harmless') may be in order.

The contract can be in the form of a letter of agreement, or it can be a more formal document. The nurse could have a sample contract drawn up and reviewed by an attorney, and then modified as necessary for similar clients or projects. Clarity of understanding between the consultant and the client is important because it helps to minimise problems. Some Internet sites contain sample contracts and forms for individuals and businesses.

Some elements listed above may be relevant when negotiating a **clinical practice** contract, but other points specific to a practice should be included:

1. Payment by hour, by day, by patient contact, or by monthly salary
2. Practice charges per patient visit and expected patient load
3. Calculations of the nurse's worth to the practice or clinic or institution
4. Revenues to the practice or nurse from hospital rounds or extra duty
5. Benefits to be paid such as vacation and sick days, health insurance and pension plan coverage, travel allowance, funds for continuing education and/or time off, and malpractice insurance
6. Determination that the scope of practice is consistent with the law

7. Legal liability
8. Registration
9. Membership in professional organisations and journal subscriptions (AANP 2000).

It is essential to pay attention to detail in negotiating any type of contract, because these clauses are important for the protection of all the parties. They set out the obligations and responsibilities of the employer or contractor. At the same time, they constitute the framework by which the activities accomplished and the performance of the nurse will be evaluated.



## Chapter 7: Reimbursement of the nurse entrepreneur

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### Reimbursement systems

The health systems of many industrialised countries cover their entire populations either through guaranteed entitlement or as an earned right. There are special provisions to cover the poor and disadvantaged and those outside the labour force. According to the Organization for Economic Cooperation and Development, these countries are willing to accept higher aggregate tax burdens. And they deal with pooling health risks in an equitable manner. Conversely, health care expenditures in the US are the largest in the world, but overall health system performance has been ranked 37<sup>th</sup> in the world, largely due to the lack of universal coverage and lack of fairness in financing (Hegyvary 2007).

Reimbursement of health care providers for services rendered is determined in a number of ways, depending on the health system. In classic 'fee for service' systems, a governmental agency establishes the fees to be paid for each procedure or service. This is a task-oriented reimbursement system based on a medical model of care. These payments may be based on the type of service provided, or based on the type of provider.

According to Pulcini and Hart (2007), just as important gains for advanced practice nurse reimbursement were made in the US, managed care began to replace fee-for-service models. Managed care organisations act as both providers and insurers, controlling both utilisation and payment. Now nurses and physicians must negotiate contracts with these organisations to be on their provider panels.

Another system combines the financing and delivery of health care in pre-paid health plans. In this model, called 'capitation' or a 'capitated' model, the provider accepts a flat fee per patient/client or per-capita. This fee does not change depending on the wellness or sickness of the patient. In effect, the health care practitioner is accepting risk in agreeing to the flat fee. The risk is that the services to the patient will cost more than the flat fee paid. The designers of this model intended to provide an alternative to fee-for-service medicine, and cut costs by creating competition (Morrison & Luft 1990).

In a capitated system, it is the characteristics of the patient population that decreases or increases the risk. In other words, if a provider organisation charges \$50/patient/month to provide services to 500 patients, the costs of taking care of the enrolled members that need services would be offset by the members who do not need services. Obviously, a healthier population makes capitated systems more attractive. Some early capitated systems went bankrupt due to miscalculations. Health systems that use capitated rates attempt to negotiate the lowest possible rates, thereby transferring the risk to the providers.

Health Maintenance Organization's, or HMOs, are "organisations that integrate financing and delivery of health services by offering comprehensive care from an established panel of providers to an enrolled population on a capitated, pre-paid basis" (Gold 1991 p.125). The declared intent of HMOs is to offer services that will keep the client healthy as one mechanism to control costs. However, the experience in the US indicates that HMOs often try to control costs by controlling the number of diagnostic tests done or the number of referrals to specialists, or by cost shifting to the providers, rather than by promoting

wellness activities. In addition, when patients object to the limitations on providers, or political considerations lead to modifications to the flat fee negotiated schedule, the benefits of a simple payment structure may be lost.

Countries have continued to experiment with various reimbursement systems, as costs rise and attempts are made to control expenses while providing quality care. Although opinions vary, globalisation and multinational corporations increasing their activity in the health care sector may not prove to be beneficial to health care consumers.

### **Reimbursement policies**

At present, direct third-party reimbursement for nurse entrepreneurs is not widespread, but nurses working in expanded roles are gradually being accepted as part of national health systems. The commitment of national nurses associations is essential in securing payment from health systems for independent practice nurses.

In the United States, the American Nurses Association (ANA) first identified direct third-party (i.e. health insurance) reimbursement for nursing services as a priority in 1948, but it was a long-range plan and, at that time, national health insurance systems did not yet exist. Medicare, the federal health programme for the elderly, and Medicaid, the federal health programme for the poor, did not become law until 1965.

Throughout the 1970s the ANA strongly lobbied for direct payment to nurses for their services. In 1980, Congress authorised payment to certified nurse midwives under Medicaid. In 1986, certified registered nurse anaesthetists were included for direct payment under Medicare, although they had achieved reimbursement by private plans previously. In 1989, paediatric and family nurse practitioners were included under Medicaid (Mittelstadt 1993). One can see that the process of recognition was lengthy and incremental, one speciality at a time, often with initial restrictions on geographic areas or patient populations.

The processes in a country for making changes to health system reimbursement policies must be understood and pursued. Every country has political systems that can be analysed to determine the most effective method to bring about change. These processes and political systems need to be addressed by the nurses association and individual practitioners to achieve success. In some countries it may be possible to secure changes in smaller private health insurance systems first, then use that experience to lobby for changes to the national health service.

### **Politics of payment**

Securing payment from a third party such as a government health system or insurance company is a continuing struggle for nurses in independent practice. In Canada, the government health system does not reimburse nurses through provincial or territorial health insurance plans; so most self-employed nurses are paid directly by their clients (CNA 1996). In the United States, advanced practice nurses are reimbursed by national health programmes for the elderly and the poor, and by federal employee benefit plans but not by all the private health plans. The new health reform law in the US increases reimbursement to APN's (ANA 2011). Some private insurance companies follow the payment patterns of the government, at least in calculating the worth of the service provided.

One of the threshold issues in achieving reimbursement involves the structure of the government reimbursement system and the timing of the nurses' lobbying effort. It is possible for nurses to spend years achieving incremental payment improvements in a 'fee-for-service' system, only to have the system convert to a 'capitated' payment system that does not apply. Being reimbursed by one system should make it easier to argue for reimbursement under a new system, but that cannot be assumed.

It is also true that even in systems that directly reimburse advanced practice nurses, it is seldom the fundamental elements of nursing practice such as caring, teaching and prevention that get reimbursed. Most reimbursement follows the medical model of clinical tasks and procedures. Given the increasing costs of health care, the political system should be on the verge of fully recognising and reimbursing other categories of proven, cost-effective nursing services, such as community nursing centres, adult day-care and geriatric case management.

Nurses who seek payment directly from the patient/client are often more successful in collecting compensation for their services. In this situation, nurses are able to be comfortable stating: "My fee is ...." Just as any other professional selling her services calculates an appropriate rate of pay and establishes a fee, nurses do the same. For many years, nurses functioning as private duty nurses cared for one patient at a time and received payment directly from the patient or his family.

The nurse may be caring for a patient full time in his home or teaching employees of a company how to perform basic cardio-pulmonary resuscitation, but the value of her time and expertise should be reflected in the fee charged. Research will provide information on what other nurses or similar providers are charging for similar services in different countries.

In situations where the national health system does not recognise particular services provided by a nurse as directly reimbursable, nurses should not assume that the public would not pay for such particular services. Nurses are often more aware of the needs and demands of a patient population and could act to meet those needs, long before the bureaucracy of a national health system determines to include the service. The issue of nurses' services being available only to those with the ability to pay raises ethical issues that would need to be addressed.

In Canada, nurses who worked in rural intensive care units were assigned to travel with critically ill patients in small planes to tertiary medical centres. One nurse decided to establish a flight transport company, with skilled professional staff, and was told by the national health service that the position she wanted did not exist. So she sold the idea to hospitals in the area. Now the company has many clients and is internationally successful ([www.angellofflightcanada.com](http://www.angellofflightcanada.com)).

Alternatively, nurses could petition the hospital or national health system to create a position or job that should exist in order to meet a patient need. For example, pain management is recognised as an important service independent of particular disease processes. A nurse who works in a hospice unit and is skilled in recognising and managing pain could propose a Nursing Pain Management position as a resource or consultant to nursing and hospital staff on other units. In the UK, consultant midwives worked to reduce caesarean section

rates by developing counselling services for women who requested caesareans without medical indications (Dunkley-Bent 2004).

Politics, economics, demographics, power and other forces define the dimensions of this debate. Preventive care and effective illness management, both of which are implemented through education and appropriate utilisation of services, are not widely reimbursable by national health systems. But these are exactly the services required to ultimately decrease the need for illness care. And these services are often what nurses do best. Studies have documented that nurses are the most effective providers in working with patients with chronic diseases (Katon 2010). A world of opportunity may be found at the intersection of health care needs and nurse providers. All nurses must help frame the issues and shape the debate to benefit quality patient care and nursing independence.



## **Chapter 8: Integration of nurse-led ventures with the wider health system**

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The integration of nurses practising in expanded and entrepreneurial roles into current health systems is a political process. Any national health system paid for with tax monies, run by government employees, altered by legislative acts, and responsive to elected officials is a system amenable to public pressure. The nurses and nurses association in a given country need to be firmly committed to see things through, and set forth a strategic plan that includes mobilising public opinion. If advanced practice nursing and nurse entrepreneurs are new concepts, achieving the goal of full integration into the health system might take years.

### **Overcoming traditional barriers**

As nurses experiment with expanded practice roles and develop new models of care delivery, the health systems within which they work may be slow in adapting to these changes. Every country has political systems that can be analysed to determine the most effective method to bring about change. These processes and political systems need to be addressed by the nurses association and individual practitioners to achieve success.

Three very traditional barriers to new or expanding roles for nurses in clinical practice or health system management are: (1) physician resistance to what they perceive to be incursions into the “medical” domain; (2) patient reluctance to shift their confidence to what they may see as a new category of health worker; and (3) legal limitations to the type of businesses or practices that may be run by nurses.

### **The “competition” issue**

The issue of competition with physicians has arisen and needs attention. Some physicians groups recognise the benefits of collaborative practice for both the physicians and their patients, while others perceive nurses in independent practice as a direct and competitive threat. In most countries, medical doctors control access to patients, to hospital admissions and to reimbursement, so power and “turf” issues are paramount in the debate. Disputes over jurisdiction, access and the rights to practice can be disabling to nurses and nursing.

As a means to bring about change, the Korea Nurses Association (KNA) began grouping various practice areas to provide more opportunity for nurses to independently operate nursing centres. The KNA requested authorisation to establish a research centre to study oriental medicinal nursing, hospice nursing, geriatric nursing and chronic illness nursing centres. Additionally, the KNA is involved in “Research for Enlarging Nurses’ Business Opportunities”, which includes close examination of other domains as possible business opportunities, and case studies from other countries that might have application in Korea (ICN Asia Workforce Forum – see [www.icn.ch](http://www.icn.ch)). This illustrates some creative ways to find entrepreneurial ventures likely to succeed.

The Royal College of Nursing produced the first UK guidance for nurse entrepreneurs in 1994, which is now in its third edition (RCN 2003). The publication provides detailed information on legal, insurance and financial issues as well as giving case examples.

In New Zealand, an act passed in 1990 permitting midwives to care for women without the involvement of an obstetrician or a GP has promoted the practice of independent midwifery. Furthermore, women in New Zealand have been able to choose their lead maternity caregiver and many are choosing independent midwives (Stimpson 1996).

The Royal College of Nursing Australia has studied the emerging roles of nurses as private practitioners, consultants and entrepreneurs to increase the understanding of these roles by the health system and by the public. They also published an Information Pack for nurses and midwives in private practice.

In Germany, introduction of long-term health insurance legislation in 1995 created the opportunity for nurses to become self-employed and provide home nursing care, to be purchased directly by the insured person (German Nurses Association 2005).

Improving health care access to underserved populations is one of the major reasons to promote integration of advanced practice nurses. Nurses can provide primary health care services to nursing home residents, low-income women and children, residents of inner city and rural areas, and people outside of or not covered by national health systems. Direct reimbursement of these nurses provides recognition and visibility, breaks down barriers to full utilisation, and allows them to play a more direct role in health care.

In the US, the prestigious Institute of Medicine released a comprehensive study calling for elimination of 'regulatory and institutional obstacles' including limits on nurses 'scope of practice' (IOM 2010). The report recommends that government insurance programs should reimburse advanced practice nurses the same as a physician for providing the same care, that nurses be allowed to admit patients to the hospital, and nurses should be full partners, with physicians and other health professionals, in redesigning health care in the US.

In the Netherlands, the organisation of the insurance system and the law regulating health care fees allow the government to control costs by specifying the rules of coverage, which has protected the economic interests of the private midwifery practitioner (De Vries 2005).

With changes that have recently been introduced in the Swedish health system, nurses are beginning to have independent practice opportunities. The Swedish Association of Health Professionals has developed a series of educational programmes to support nurses in these innovative ventures.

### **Basic framework for a nurse-led venture**

In any new nurse-led venture, the role of the nurse needs to be clearly defined, with rationale and documentation of the benefits to patients and the health system. The research and documentation from one country may be used in another, but probably will not be as effective as homegrown evidence. Formal recognition is not only an advantage for the nurse but also the public who is then guaranteed quality services by qualified health care providers.

In many countries, nurses work in the informal sector (e.g. giving injections) and protection issues might be neglected, such as who uses the title "nurse". The experiences of national nurses associations (NNAs) that have been through the process are an invaluable resource. One mechanism to access this information would be through ICN's Advanced Practice Network.

## **Nurse entrepreneurship and the economics debate**

Around the world, rising health care costs are an increasing concern of governments and private insurance systems. According to the Organisation for Economic Co-operation and Development, 'health spending continues to rise in OECD countries, and if current trends continue, governments will need to raise taxes, cut spending in other areas or make people pay more out of their own pockets in order to maintain their existing health care systems' (OECD 2006). In most OECD countries, the bulk of health care costs is financed through taxes. Ensuring sustainable financing of health systems is critical for governments, as health spending is projected to increase further due to costly new medical technologies and population ageing.

From the perspective of the national health system, leaders may feel caught in a conflicting situation. They want to be cost-effective, but may believe that adding new services or providers will increase costs or complexity. Some policy makers presume that if the number of providers is increased, the costs for health care will increase because of the greater number of services provided. Generally, the effort for change will require sustained pressure over time to convince decision-makers that it benefits everyone to have nurse entrepreneurs integrated into the health care system.



## **Chapter 9: An overview of advanced practice nurse practitioners / clinical nurse specialists**

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Entrepreneurial practice is frequently linked to nurses with additional speciality education as nurse practitioners (NPs), nurse midwives, clinical nurse specialists (CNSs) and nurse anaesthetists, often known as advanced practice nurses (APNs). According to ICN, "A nurse practitioner/advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practise" ([www.icn.ch](http://www.icn.ch)).

In countries that have established legal authority for APNs, people might assume that nurse entrepreneurs must be APNs who can practise independently of physicians. But anecdotal evidence would indicate that many nurse entrepreneurs are not APNs, and the majority of APNs are not nurse entrepreneurs.

APNs have a long history of innovative practice. Nurses were the first professional group to provide anaesthesia services in the US. Established in the late 1800s, nurse anaesthesia has since become recognised as one of the first clinical nursing specialities. The first formal educational programmes preparing nurse anaesthetists were established in 1909. In 1914, Dr George Crile and nurse anaesthetist Agatha Hodgins went to France to set up hospitals for the Allied Forces. While there, they taught both physicians and nurses from England and France how to administer anaesthesia (Thatcher 1953).

Nurse-midwives from England travelled to the US in the 1920s, at the request of the Frontier Nursing Service. The British nurse-midwives had established an excellent record of positive patient outcomes in maternal child health. These were the first nurse-midwives in the US and, in addition to providing quality maternity services to patients in rural areas, they assisted in creating the first schools of nurse-midwifery ([www.acnm.org](http://www.acnm.org)). Although some would argue that midwives were the first clinical speciality, in much of the world the midwife did not become a nurse-midwife until more recently. In some countries today, midwifery remains a separate profession from nursing.

### **Advanced practice nursing emerges**

Nurse practitioners and clinical nurse specialists are titles and roles that were created in the 1960s and 1970s as a response to physician shortages and complex health care patient needs in the US. According to the National Sample Survey of Registered Nurses (HRSA 2008), in 2008 there were approximately 158,350 nurse practitioners, 59,242 clinical nurse specialists, 34,821 nurse anaesthetists, and 18,492 nurse midwives out of a total nurse population of over 3 million.

Working in clinics, nursing homes, hospitals, community centres or their own offices, nurse practitioners are qualified to handle a wide range of basic health problems. Most have a speciality, such as adult, family or paediatric health care.

Clinical Nurse Specialists are experts in a specialised area of clinical practice such as mental health, gerontology, cardiac or cancer care. Besides delivering direct patient care,

Clinical Nurse Specialists work in consultation, research, education and administration (ANA 1997).

According to a 2008 ICN study responded to by 31 countries, 20 countries have specialised educational programs for advanced practice nurses and the majority require a master's degree (APN Network). Formal recognition was granted to NP/APNs in 23 of the countries, and specific requirements were in place for licensure renewal. Support for the NP/APN role came primarily from domestic nursing organisations and the government, while opposition came mainly from individual physicians and domestic physician organisations.

## **Legislation**

In a country with a single national nurse practice act, an amendment to that act would probably be needed to authorise the practice of advanced practice nurses. There is also the subsidiary debate whether to secure that authorisation in separate legislation, or as an amendment to current legislation. In the United States, it was necessary to pass legislation in each state, because each state regulates the professions practising in that state.

As ICN has recommended, the elements of the country's specific regulatory mechanisms include such issues as:

- The right to diagnose
- The authority to prescribe medications
- The authority to prescribe treatments
- The authority to admit patients to hospitals
- The right to make referrals to other providers
- Legislation to confer and protect the title "Nurse Practitioner/Advanced Practice Nurse"
- Legislation or some other form of regulatory mechanism specific to advanced practice nurses
- Officially recognised titles for nurses working in advanced practice roles.

APNs in the US have authority to prescribe medication in all 50 states, and only two states do not grant the authority to prescribe controlled substances. In several states, a variety of restrictions on controlled substances prescribing remains. The co-signature of a collaborating physician is not required in any state on any prescription that an NP is authorised to write ([www.medscape.com](http://www.medscape.com))

## **Qualifications**

Advanced practice nurses graduate from an accredited basic nursing education programme and then complete post-registration or post-graduate study. The overwhelming trend is to educate APNs at the master's level, but some shorter certificate programmes exist. Graduate level education is certainly useful in light of the increasing complexity of health care and the intricacies of patient care needs. However, the standards of practice and training capacities in each country will help to determine the educational requirements for independent practice.

## **Work contracts**

APNs working within a physician practice or who practise independently within a national health system may have a contractual relationship. APNs might be partners with physicians or function more as employees. In a partnership situation, a formal partnership agreement may be drawn up detailing profit participation, protection in the case of disability, opportunities for advancement, and conditions regarding selling all or part of the practice. The elements of a given work contract would be similar to those required for nurse entrepreneurs.

Organised medicine in many countries has often been opposed to APNs receiving direct reimbursement because it would allow nurses to practise independently. This opposition usually takes the form of questions raised about the quality of services provided. The American Medical Association has taken positions supporting NPs in limited roles, usually under the supervision of physicians, even though registered nurses in the USA are licensed as independent professionals (AMA 1995a). The UK Royal College of Physicians has raised concerns regarding consultant practitioners' roles and functions (RCP 2002). At one time, the Spanish Medical Association threatened to expel any physician who worked with NPs (in spite of the fact that NPs were State certified). These ongoing interdisciplinary differences need to be addressed for the sake of quality patient care.

## **Cost-effectiveness – The economics issue**

The United States has the longest tradition of nurse entrepreneurs in advanced practice, and 30 years of experience with the provision of high quality, cost-effective care. Initially most of the evidence was anecdotal, and nursing's inability to show cost savings was a barrier to obtaining direct reimbursement. The need for "proof" of equivalent, cost-effective care by APNs was necessary to be accepted by public and private reimbursement systems. Therefore, research was conducted around quality issues, outcomes, and cost-effectiveness. Some of the findings will be summarised here.

An important review of advanced practice nursing by Safreit (1992) found that nurse practitioners are a proven response to the evolving trend toward wellness and preventive health care driven by consumer demand, federal and state regulation, and private payers. Health promotion services increase the effectiveness of recovery and reduce the number of repeat episodes of illness.

Another study demonstrated that nurse practitioners are cost-effective providers of health services when productivity measures, salaries and costs of medical education are controlled. Research shows that nurse practitioners can manage 80-90% of what primary care physicians can do, without the need for consultation or referral (Mundinger 1994).

In the "Meta-Analysis of Nurse Practitioners and Nurse Midwives in Primary Care" (Brown & Grimes 1995 p. 332) which included 53 studies and 33 outcomes, an evaluation was conducted of primary care patient outcomes of nurse practitioners (NPs) and nurse midwives (NMs) compared with those of physicians. "In studies that employed randomisation to provider, greater patient compliance with treatment recommendations was shown with NP's than with physicians. In studies that controlled for patient risk in ways other than randomisation, patient satisfaction and resolution of pathological conditions were greater for NP patients. NP's were equivalent to MD's on most other variables in controlled studies. In studies that controlled for patient risk, NM's used less technology and analgesia than did physicians in intrapartum care of obstetric patients. NM's achieved neonatal outcomes equivalent to those of physicians".

A study published in the British Medical Journal found that patients were more satisfied with care by a Nurse Practitioner than a physician, and no difference in health status was found. Quality of care was in some ways better for NP consultants (Horrock, 2002).

A landmark study by Munding (2000) published in the Journal of the American Medical Association, indicates that NP quality of care is equal to that of physicians. The randomised trial study showed that patients in an ambulatory care setting who received care from both physicians and nurse practitioners reported the same level of satisfaction with both physicians and NPs, and had the same health outcomes. This study is unique in that it examined NP outcomes in a practice run autonomously by NPs who had the same authority, responsibility and patient population as physicians in comparable practice settings.

Munding's research, significant also because the author is a nurse, was published in a highly respected medical journal that is widely read. Even the choice of journal in which to publish is political. Further study seems unnecessary, yet insurance companies and national health systems are moving very slowly into independent practitioner or team-based approaches to health care.

Again in 2010, Safreit published another report on Advanced Practice Nurses, noting that 'by professional training as well as by regulatory and financial necessity, they have emphasised coordinated and cost-effective care, and they have tended more than other providers to establish practices in traditionally underserved areas' (ancpweb.org)

It is evident that advanced practice nurses are providers of cost-effective quality health care. The acknowledgement of this reality, or the refusal to recognise it, may be related to the relative newness of advanced practice nursing, or to discrimination of a predominately female profession, or to disagreements over control of practice. When research shows that patients are just as satisfied with care provided by a Nurse Practitioner as with an MD, one wonders why NPs are not providing the majority of primary care worldwide. Nurses and nursing organisations have learned that it is not enough to 'be right'. It is necessary to document the elements of nursing practice, the quality patient outcomes, and the cost-effectiveness of professional nursing practice.



## Chapter 10: The role of national nurses associations

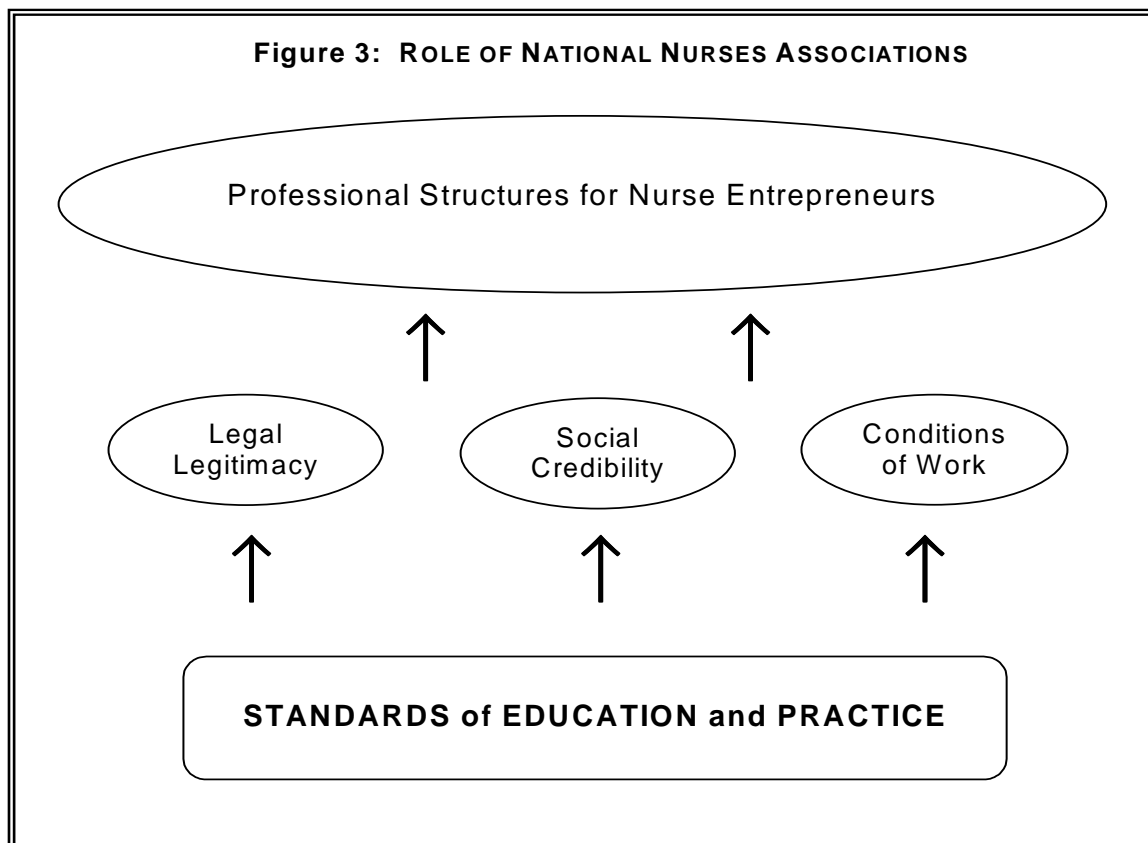
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The social, legal, cultural and economic context of a country will be very determinative of the relevance and prevalence of nurse entrepreneurs providing nursing service. It should be remembered that a comprehensive public health system does not exclude the existence of nurse entrepreneurs. In fact, the introduction of government and/or insurance reimbursement policies for nursing service could encourage the growth of entrepreneurship and facilitate consumers' access to such care models.

Nursing entrepreneurship manifests itself in various ways and does not inevitably lead to the privatisation of the health system. Recognition of this fact will assist NNAs in analysing the relevance of nursing entrepreneurship in their health system, developing their position on nursing entrepreneurship and determining the related professional services, if any, they should provide for the community and nurse membership in this regard.

When it is speaking for nurses and nursing, the NNA will need to take into consideration the rights and obligations of:

- members who are nurse entrepreneurs;
- members who are nurse intrapreneurs;
- members who are nurses employed by nurse entrepreneurs; and
- consumers of health services (i.e. public good).



## Areas for NNA action

- **Standards of education and practice** – The scope of practice of nurses in general and nurse entrepreneurs in particular is a critical text in the development of nursing. On the basis of this definition, standards of education and practice evolve and a list of fundamental competencies may be created. Standards of education and practice however are useful only if the competent authorities adopt them and the necessary power is delegated to a known entity to ensure compliance. The NNAs need to be present and actively involved in the definition process as well as the creation of a regulatory agency. Moreover, NNA participation in this body is considered crucial if the profession's interests are to be well represented (Styles 1985).
- **Legal legitimacy** – Once the *ability to practice* is determined according to professional competencies as stated above, legislation or regulations must settle the *right to practice*. In other words, the competent authorities will provide legal legitimacy to individual nurse entrepreneurs as well as the regulatory body that will monitor their professional activities. This legislation could possibly expand the role of the traditional nurse and confer the right to prescribe certain diagnostic tests, treatments or medications. In certain cases, legislation will be required to legitimise relations between nurse entrepreneurs and various categories of health personnel (e.g. physicians, pharmacists, physiotherapists). The content of legislation will depend on the national/state context and the power of the diverse lobbying groups involved. The NNA has a responsibility to protect the public and defend nurses in this crucial negotiation keeping in mind that international agreements facilitating the mobility of natural persons will increasingly play a more important role in professional regulation (UNCTAD 2003).
- **Social credibility** – Surveys show that many consumers continue to regard nurses as dependent employees, usually within a hospital environment. Expectations are changing however and the NNA must further develop information campaigns that will project the true role of the nurse in society and reveal the many facets of the nursing profession. The viability of nurse entrepreneurs will depend on consumers appreciating the full range of nurses' responses to health needs in the community at all levels of health care. Research on the cost effectiveness of nurse providers needs to be widely disseminated, and the presentation has to be adapted to the interests and comprehension level of the various target audiences.
- **Work conditions** – While the actual work environment may be said to rely primarily on the wishes and constraints of the nurse entrepreneur, payment for services rendered may depend on case-by-case negotiations with the client. To allow nursing entrepreneurship to reach its full potential however, some system of third party reimbursement will be required. This will call for negotiations with local, state or national government, a national health insurance and/or a conglomerate of private health insurance companies. The development of a Policy Agenda is important for the NNA to focus its activities on issue identification, policy formulation and program implementation (Hanley & Falk 2007). This forms the foundation for developing a strategy to educate the public. If and when such a fee scale is developed, the NNA will then have to provide supportive evidence of the value of nurses' work and reliable cost data. Furthermore, the NNA must ensure that fees are included for health promotion and illness/accident prevention activities so that these fundamental aspects are not neglected.

The nurse entrepreneur who employs nurses may need assistance in developing appropriate job descriptions, safe work environments, satisfying work conditions and just salary scales. NNAs have been known to provide training in these areas. In such cases, however, the NNA may eventually be led to negotiate collective agreements with the nurse entrepreneur on behalf of nurse employees. A conflict of interest needs to be avoided by setting up clear policies as to the roles of all involved.

NNAs that run employment agencies for nurses will need to develop and implement sound labour policies, so as not to be seen as exploiting their own members.

- **Educating policy makers** – The NNA needs a strategy for furthering the understanding of these issues by the public and by policy makers. Building on the experience of NNAs in countries that have integrated advanced practice and entrepreneurial nurses into their health systems, the association needs to consider a marketing plan in order to achieve their goals.

Possible NNA strategies for educating policy makers;

- Testimony at public hearings;
- Meetings with Ministry of Health officials;
- Articles in the local press about local advanced practice nurses and nurse-led businesses;
- Educational meetings with community organisations;
- Interviews with media about the benefits to patients and the system;
- Informational sessions with citizens groups;
- Meetings with physicians' organisations to obtain support;
- Guidance for legislators likely to be sympathetic;
- Drafting of desired regulations or legislative language;
- Position statements by the NNA can be very useful. They can address issues such as the delivery of primary care services and the role of the nurse practitioner or nurse entrepreneur; or perhaps nursing's focus on the health promotion and disease prevention elements of health care.

The political standing of the nurses association will have some relevance in this approach to the policy makers. If the organisation has significant political experience, they will know where and how to apply pressure to get the job done. If they have not been politically active, they will need to determine the resources they are willing to spend on this effort and perhaps establish strategic alliances with supportive stakeholders groups.

According to Leavitt et al (2007) there is usually 'more than one solution to an identified problem, and each option differs with regard to cost, practicality and duration. These are *policy* options. The *political* analysis revolves around what is politically feasible. What support or opposition...can be mobilised to create more power than that of the competition?'

A policy issue that should be addressed early is the distinction between achieving initial partial legal recognition for independent practice, versus getting everything written into a

law that would allow nurses to have absolute 'plenary' authority for fully independent practice. Achieving that initial partial legal recognition may look good as a first step in reaching the desired status, only to find that changing events make partial recognition look regressive. Based on experience, some believe that if nurses succeed only in securing partial recognition, it will be a much longer timeframe before they achieve full legal authority, if at all. The nurses in each country would need to evaluate how to proceed.

- **Professional structures for nurse entrepreneurs** – The NNA has a responsibility to guard against personal and professional isolation by providing mechanisms to ensure ongoing contact with peers and role models. This kind of backing need not be a costly venture, but assisting nurses with common interests to confer with each other is a natural membership service and a recruiting tool for the organisation. Much of this can be web-based, and could include:
  - forums where ethical issues are discussed;
  - programmes that help maintain competency levels in acquired skills while exposing nurse entrepreneurs to advances being made in scientific knowledge, technology and skills;
  - educational programmes focusing on the business aspects of their work (areas not necessarily included in past curricula); and
  - specialty groups for APNs and nurse entrepreneurs.
  
- **Addressing unmet needs** – The NNA could also conduct an analysis of unmet health care needs, followed by descriptions of services needed by the public. This provides the foundation for:
  - Assisting nurses to negotiate new roles in the healthcare system;
  - Legislative action to authorise advanced practice/independent practice;
  - Lobbying policymakers regarding nursing legislation;
  - Promoting research to support nursing's expanded roles;
  - Providing continuing education;
  - Collecting data regarding alternative practice arrangements.
  
- **Other areas for action:** The NNA could work with specialty nursing organisations, involving the broader nursing community to build partnerships and coalitions. Keys to success include being prepared; sending a clear, consistent message; and making the issue visible to those in a position to create policy change (Underwood 2008).
  - Development of publications that cater to the communication needs of speciality groups and nurse entrepreneurs (web-based or not);
  - Educational programmes on innovative practice options;
  - Seminars on intrapreneurship for specific groups of nurses;
  - Speakers from business organisations or business schools;
  - Articles in organisational publications regarding nurse innovators;
  - Development of guidelines for independent practice;
  - Compilation and distribution of directories of self-employed nurses;

- Establishing awards to acknowledge accomplishments of nurse innovators;
- Business and marketing courses for nurse entrepreneurs.

Initiatives by NNAs can be crucial for the nurse entrepreneur, and there are examples in all regions of very dynamic results when the association gets behind its membership in supportive ways. In some cases where resources are strained, it would be helpful to steer potential nurse entrepreneurs to organisations established to aid women in business. There are numerous examples in the Reference and Bibliography in addition to the following:

- The Royal College of Nursing (UK) established the RCN Practitioner Association to support nurse practitioners.
- The Nurses Association of Macau advocates advanced practice nursing as a mechanism to improve the health status of the people of Macau. With specialisation of healthcare, the demand for nurses practising in advanced roles with greater autonomy is increasing. The Association promotes the position that sophisticated technical and decision-making aspects of care necessitate advanced nursing degrees at post graduate level.
- The Korean Nurses Association has encouraged nurses' involvement in operating children's centres, postpartum care centres, nursing homes, mental rehabilitation centres and manpower training institutes.

Some countries have national organisations of women business owners or governmental agencies that provide information and materials.

\* \* \*

ICN has published reference materials on nurse entrepreneurship and career planning. In addition, it has established a network for Advanced Practice Nurses. Information on independent practice options is available from National Nurses Associations that have established advanced practice roles. Speciality nursing organisations such as the American College of Nurse Practitioners provide a range of materials and resources. Another resource is the World Association of Women Entrepreneurs.

Innovators and aspiring nurse entrepreneurs will find that the NNA is a key resource to strengthen their bid to launch out into a business or expanded role in nursing. By the same token, the NNAs will be strengthened by a membership that is creative and enriching the profession, generating opportunities as entrepreneurs and intrapreneurs. Working together, nurses will continue to reclaim their traditional right to independent practice.



## Chapter 11: Future implications

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Nurses are facing a world in which global changes are affecting our industry and profession. There are opportunities for innovation that did not previously exist. There are opportunities for independent practice, private practice, joint ventures with physicians or other health professionals, consultancies, staffing businesses or invention of a new piece of equipment for patient care. Most of all, there are opportunities for personal and professional growth.

Nurses have the skills and expertise to deliver their services directly to the public, but many nurses have not yet fully understood their potential. Most nurses around the world are employed by national health systems, and many are comfortable in that setting. There is nothing wrong with wanting to be an employee. Nurses should, however, not close their eyes to other opportunities. Nurses who choose to be employees can still support the nurses who decide to be self-employed, and vice versa. Nurse employees can still develop innovative practice ideas and become intrapreneurs within their workplace setting.

Nurse innovators have the opportunity to change the public perception of nursing. Although nurses have the respect of the public and are often rated at the top of the list in public opinion polls, most people perceive the nurse in a dependent role. Changing that public perception paves the way for changing the perception of policy makers. This new look on nurses would be positive for the entire profession and the public.

The nursing profession has always been concerned with unmet needs of patient populations. Whether it is delivering pre-natal care to high-risk mothers, getting clean water and nutrition for children, providing medical care to HIV/AIDS patients, responding to disasters, or confronting the SARS epidemic, nursing has been at the forefront in raising ethical and moral issues regarding access to health care. Innovative entrepreneurial practice provides opportunities for the profession to address such issues.

Forecasting and responding to health care needs and gaps in services have been the motivating force driving the scientific advances and professionalisation of nursing. The health sector environment has increasingly encouraged competition between providers which in turn has facilitated the development of entrepreneurship as well as intrapreneurship ventures. The principles that provide the framework for effective entrepreneurs and intrapreneurs are very similar and can be adapted to fit the needs of both.

A main focus of nursing is health promotion and disease prevention, while medical practice in general has a focus on the treatment of pathology. Nurse-owned businesses delivering wellness services can be a mechanism to educate the public about nursing's unique contributions to health care while improving their health status.

The challenges of achieving direct third party reimbursement for nursing services have been an issue for nursing and nursing organisations for decades. If more policy makers knew of examples of nurses in independent practice, it would be easier to convince them of the need for direct reimbursement to nurses for their services. If patients are willing to pay nurses directly for their services, the national health systems should be prepared to do the same.

Nursing organisations need to educate the public and legislators and Ministries of Health regarding the appropriateness of nurses pursuing independent practice arrangements and private businesses. Planning strategies to propose legislative changes to nurse practice acts is the province of professional associations and nursing speciality organisations working together. Nursing organisations can be the source of information and data regarding nurses in innovative roles.

As the demand for cost-effective, high-quality health care services increases, the career opportunities and employment options available to nurses continue to expand. The profession's challenge is to recognise and seize these opportunities and to continue to create new and vital roles for nurses within the health care industry while maintaining high quality caring functions that are at the heart of nursing.



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[www.franchisesolutions.com/seniorshelpingseniors](http://www.franchisesolutions.com/seniorshelpingseniors)  
[www.nursesfornewborns.com](http://www.nursesfornewborns.com)  
[www.nursezone.com](http://www.nursezone.com)  
[www.info@dcardillo.com](mailto:www.info@dcardillo.com)  
[www.snistaffing.com](http://www.snistaffing.com)  
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[www.nursingentrepreneurs.com](http://www.nursingentrepreneurs.com)  
[www.fcem.org](http://www.fcem.org) – World Association of Women Entrepreneurs  
[www.bawe-uk.org](http://www.bawe-uk.org) – British Association of Women Entrepreneurs  
[www.prowess.org.uk](http://www.prowess.org.uk) – supporting women starting businesses  
[www.everywoman.co.uk](http://www.everywoman.co.uk) – provider of services to women in business  
[www.dti.gov.uk](http://www.dti.gov.uk) – promoting female entrepreneurship  
[www.chamberonline.co.uk](http://www.chamberonline.co.uk) – women’s enterprise steering group  
[www.networkingwomen.co.uk](http://www.networkingwomen.co.uk)  
[www.scottishbusinesswomen.com](http://www.scottishbusinesswomen.com)  
[www.drexel.com](http://www.drexel.com) – masters in entrepreneurial nursing  
[www.workingnurse.com](http://www.workingnurse.com)  
[www.smallbusinessnurse.com](http://www.smallbusinessnurse.com)  
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[www.allbusiness.com](http://www.allbusiness.com)  
[www.morebusiness.com](http://www.morebusiness.com)  
[www.onlinewbc.gov](http://www.onlinewbc.gov) – on-line women’s business centre  
[www.sba.gov](http://www.sba.gov) – Small Business Administration  
[www.enursescribe.com](http://www.enursescribe.com)  
[www.cna-nurses.ca](http://www.cna-nurses.ca) – Canadian Nurses Association  
[www.rcna.org.au](http://www.rcna.org.au) – Royal College of Nursing Australia  
[www.rcn.org.uk](http://www.rcn.org.uk) – Royal College of Nursing United Kingdom  
[www.nzno.org.nz](http://www.nzno.org.nz) – New Zealand Nurses Organization  
[www.nursepractitioner.org.uk](http://www.nursepractitioner.org.uk)  
[www.nnba.net](http://www.nnba.net) – National Nurses in Business Association  
[www.inmo.ie](http://www.inmo.ie) – Irish Nurses and Midwives Organisation  
[www.nawbo.com](http://www.nawbo.com) – National Association of Women Business Owners  
[www.aana.org](http://www.aana.org) – American Academy of Nurse Anaesthetists  
[www.acnm.org](http://www.acnm.org) – American College of Nurse Midwives  
[www.acnpweb.org](http://www.acnpweb.org) – American College of Nurse Practitioners  
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