In 2008, a major initiative began with the intention to assess and transform the nursing profession as the United States health care system underwent major changes. A two-year project was launched by the Robert Wood Johnson Foundation (RWJF) with the Institute of Medicine with the intent to release a report that would make recommendations for an action-oriented plan for the future of nursing (Institute of Medicine, 2010).

The Future of Nursing report identified that nurses, working at the forefront of patient care, can play a vital role in helping to realize objectives to make health care accessible, acceptable, and affordable. Before this can occur, barriers to prevent nurses from responding effectively to rapidly changing health care settings and an evolving health care system need to be addressed. Then nurses will be even better positioned to lead change and advance health (Institute of Medicine, 2010). Barriers include nurses' inability to practice to their full extent, lack of access to an education system that allows for seamless progression to higher levels, and lack of opportunity for full partnership with other healthcare professionals. Other needs are improved research, better data collection, and information infrastructure on health care workforce requirements.

Historically, innovation and entrepreneurship in nurse education have been avoided because dominant values are acceptance, standardization, and prescription (Robinson, 2008). Directed recruitment and education strategies are needed to prepare nurses for entre/intra-preneurial roles to provide leadership, co-ordinate care, and establish multi-disciplinary pathways. This is true not just in the United States, where the FON report was generated, but worldwide. There are risks and barriers in being innovative and a leader. But, for nurses to gain an equal place both in the workplace (and around the policy table), they need to be encouraged to be confident in their skills (Liu & D'Aunno, 2011).

### Progress to Date

A collaborative environment to capitalize on entrepreneurial skills of advanced practice and specialist nurses is required for health planners and nurses to realize their vision (Luker, & Roland, 2006). Some progress has been made to date, but not without continued challenges.

In the United States, nurse practitioners (NPs) have directed nurse-managed health centers (NMHC) in locations that are medically underserved to provide a safety net for Medicaid recipients and uninsured citizens (Hansen-Turton, Bailey, Torres, & Ritter, 2010). In these centers, NPs provide high quality and cost effective care which has been found to encourage higher rates of generic medication fills and lower rates of hospitalization (Hansen-Turton, Line, O'Connell, Rothman, & Lauby, 2004). These services have high patient satisfaction scores, as is common for many NP-managed primary health services.

However, it can be difficult for this type of nurse-led service to attain financial sustainability as they rely on Medicaid and Medicare reimbursement, private grants, and government funding. Most of the NMHC are operated by nursing schools and some receive funding from their parent organizations. This can limit the level of funding the centers receive from the federal government. In addition to this difficulty, 48% of managed care insurers do not reimburse NPs providing primary care (an illegal practice); however, this law continues to go unenforced (Hansen-Turton et al., 2010). The final hurdle faced by these NP-led primary healthcare services is primary care physicians' associations working to define sole primary care providers as physicians only. Resistance from medical associations to nurse-led services is not

uncommon and needs to be addressed for effective health reform that features nurses in full scope, innovative roles, such as the entrepreneurial NMHCs above, to succeed.

## A Social Entrepreneurship Approach for Nursing

Social entrepreneurship is one approach that is well-suited to nurse entrepreneurs and may increase such opportunities within the profession. While most entrepreneurship enterprises are commonly viewed as business ventures intended to achieve financial gain, in nursing, entrepreneurship could be viewed as seeking to achieve good health outcomes for the most number of people. As such, these initiatives represent examples of nurses doing good for the larger society. Social entrepreneurship is an approach that involves the design and implementation of innovative ideas and practical models for achieving a social good (Cheater, 2010; Gilliss, 2011).

In contrast to the traditional business approach of entrepreneurs, a social entrepreneur focuses on creating social returns. Thus, the main aim of social entrepreneurship is to further social and environmental goals. Although social entrepreneurs are most commonly associated with the voluntary and not-for-profit sectors, it need not exclude making a profit (Thompson, 2002). Taking the social entrepreneurship approach in health reform places nurses on a common platform with people who have noticed a need and developed a way of remedying that issue.

If nursing is to build sustainable, nurse-directed, social health models of care that address gaps in health care today, we will be required to demonstrate high impact and effect, which are the data sought by health funders at state and federal levels. Approaching entrepreneurship in nursing from a social heath perspective may enable the innovation and creativity needed for such an impact to be more acceptable within the profession. Furthermore, visibility and articulation of the work of nurse entrepreneurs will hopefully help society begin to understand how long-standing problems and ineffective and/or inefficient models might be addressed in new ways. For example, the United Kingdom *High Quality for All* review indicated that it was the responsibility of health professionals to lead service improvement initiatives at the local level (Coddington, Sands, Edwards, Kirkpatrick, & Chen, 2011). As a result of this report, primary care trust boards are now required to consider proposals from National Health Service (NHS) staff on how to improve services locally through the creation of social enterprises.

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## Settings for Nurse

Three paradigms encompass the health care services provided across the continuum of care. These are generally referred to *primary, secondary, and tertiary care.* An arrangement of preventive public health services, primary care outpatient clinics, local general hospitals, and regional hospitals with intensive and specialty care units is embedded in the array of services. Within each of these health care sectors, there are a range of services available both internally and, to a lesser extent, externally to address community health and wellness needs.

Although many individuals access these services in one setting, there are few populations which benefit from care across the three settings in a short period of time. Older persons often suffer from co-morbid and chronic illnesses and therefore require access to services across this continuum of care. These services may often be initially delivered through home health agencies, followed by assisted living, and then care in a skilled nursing facility as the patient's health declines. Theoretically, consumers enter care at the lowest level capable of addressing

their problem(s) and then advance to higher levels only as their care becomes more complex. In practice, the services may overlap, especially primary and secondary care settings, and this patients may access care in a more circular fashion depending on need for services.

Due to factors such as financial, geographical, and cultural barriers to accessing care and lack of information to assist consumers to make healthcare choices, the continuum of care is a theoretical model rather than an actual system of care delivery. The model depicted in Figure 1 can be used to describe how a patient may theoretically move through the health care system or enter and exit the system at any given point. It is helpful to illustrate the many opportunities and variety of settings for entre/intrapreneurial roles. Intra/entrepreneurial nursing may occur at any point in partnership or separately. Below, we offer some examples of how nurse entrepreneurs and intrapreneurs are providing care across the continuum at each of the three levels of care.

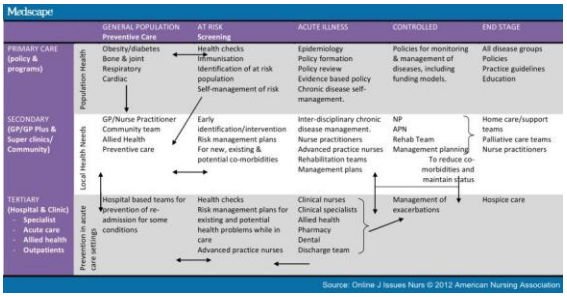


**Figure 1.**

The Continuum of Healthcare

### Primary Care

Nurses play a vital role throughout the continuum of care and work in both entrepreneurial and intrapreneurial roles to serve the primary care needs of the community. In the context of global population aging, with increasing numbers of older adults at greater risk of chronic, non-communicable diseases, rapidly increasing demand for primary care services is expected around the world. This is true in both developed and developing countries. The World Health Organization (2000) cites the provision of essential primary care as an integral component of an inclusive primary health care. New ways to address old problems are needed.

In primary care, intrapreneurial nurses work in the local community as a first point of consultation, providing routine health screening, preventive care, and health education to avoid the occurrence of disease. Nurses in this setting often also provide care for stable patients suffering from common chronic illnesses such as hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression and anxiety, back pain, arthritis, and thyroid dysfunction (Campbell, 2009). Primary care also includes many basic maternal and child health care services such as family planning services and immunisation. In primary care, nurses with advanced or specialist qualifications often provide care through nurse-led community health clinics.

Nurse intrapreneurs have been involved in producing more effective primary care through programs such as that developed by Mary Naylor and Karen Buhler-Wilkersen (University of

Pennsylvania School of Nursing) who developed an innovative program for improving elder care in their community. These intrapreneurs established a community-based practice employing advanced practice nurses to offer functional support and multidisciplinary services for older persons with co-morbidities. The program allows elderly people to remain in their homes rather than be forced to enter residential care facilities. Naylor and Buhler-Wilkerson (1999) said,

***…if we are successful in realizing our dreams through LIFE, we will have articulated a concept for community-based care for the new millennium that embraces the leadership of nurses in offering innovative and practical solutions to the complex needs of high-risk, vulnerable persons and their families (Naylor & Buhler-Wilkerson, 1999, p.127).

Indeed, recent literature indicates that this program has, and continues to be, a highly effective, cost efficient, sustainable, and essential enterprise (The University of Pennsylvania, 2008). The success of this program is indicative of the power that intra- and socially entrepreneurial nurses have in building and sustaining primary care services.

The effectiveness of intra/entrepreneurial nurses working in primary care has been demonstrated in studies which found that 93 to 100% of clients were completely or very satisfied with the quality of care provided (Coddington, et al., 2011; Morales-Asencio et al., 2008). For example, an entrepreneurial nurse-managed paediatric clinic enabled clients to develop therapeutic relationships with the nurse practitioners, removed barriers to care such as transportation by providing regional services, and improved healthcare access (Coddington, et al., 2011).

The introduction of entre- and intrapreneurial roles into the primary care setting is expected to result in even more timely access to services. This will thereby increase the efficency and economy of this first step in the health care system and subsequently reduce pressure on the system at higher leves of care. These outcomes will result from an expanded scope of nursing practice in this setting, so that entrepreneurs and intrapreneurs can take on duties previously in the domain of doctors only. It is also believed that nurses working in this way may remove the demarcation between professional groups, thus promoting equal partnerships among health providers from various disciplines (Traynor et al., 2008).

One way that health care reform efforts in multiple countries are moving toward this goal is through the introduction of nurse practitioners to expand the primary care workforce. These initiatives have been recognised as a feasible and effective solution to ease the shortage of primary care physicians in many countries. However, the productivity and cost-efficiency of NPs is dependent on several factors, including length of consultations and patient load (Browne & Tarlier, 2008). An additional consideration is that patients report more satisfaction with using primary care practice settings than secondary care services (e.g., accident and emergency) to treat non-life threatening conditions (Hutchison, 2003).

**Secondary Care**

Secondary care may be provided in the community or in a hospital and similar settings. The focus of this care is typically treatment for short-term acute illnesses, injury, or other health conditions in order to diagnose and treat disease in the early stages before it causes morbidity. Growth in the secondary care sector is noted due to the increased rate of presentation to emergency departments for patients who bypass primary care (often vulnerable populations

such as those without insurance coverage) and overload problems in tertiary care (Harris, Patel, & Bowen, 2011; Hull et al., 2000).

The effectiveness and feasibility of independent nurse practitioners in conducting clinics such as those for minor injuries in emergency departments is well documented (Wilson & Shifaza, 2008; Wilson, Zwart, Everett, & Kernick, 2009). A developing area of secondary care in Australia is the General Practice (GP) Plus and Super clinics which are located in large communities and provide both primary and secondary services with access to allied health teams, nurse practitioners, general practitioners medical specialists, imaging, and dental care.

Another innovation is the introduction of entrepreneurial 'Smart Clinics' or privately funded stand-alone nurse practitioner-led clinics in Australia (SmartClinics, 2010). These clinics offer an increased connection to everyday care by locating in easy to access locations and operating outside normal business hours. Every Smart Clinic NP holds a Masters of Nursing degree, nurse practitioner endorsement, and is registered with the Australian Health Practitioner Regulation Agency. The care patients receive at Smart Clinics is purportedly underpinned by current evidence-based clinical guidelines, all of which are defined by their Chief Medical Officer. The Smart Clinics advertise that they provide personalised, patient centred care (SmartClinics, 2010).

A private nurse-led community health clinic established in Melbourne, Australia accepts referrals from hospitals and allied health professionals and provides chronic disease management, preventive health care, risk identification, wound care, medication administration, carer support, and advice (Campbell, 2009). Positive feedback is received from GPs in the area; however, the nurses are limited by lack of Medicare item numbers and therefore are unable to bulk bill or charge rates similar to those charged by other health professionals.

#### Tertiary Care

Tertiary care is specialized consultative health care, usually for inpatients in a facility such as an acute hospital that has personnel and facilities for advanced medical investigation and treatment. Methods of care focus on reducing the negative impact of disease by restoring function and reducing related complications. Patients are frequently referred from a primary or secondary level health professional and may be discharged to them for follow-up care. Nurses in tertiary care generally do not have first contact with patients, and services may include cardiology clinics, urology, oncology, and burn treatment, and elder care facilities (Caffrey, 2005; Schadewaldt & Schultz, 2011).

A systematic review summarising the evidence of seven randomised controlled trials reported that, although there were no harmful effects identified in patients with coronary heart disease exposed to a nurse-led clinic, inconsistencies in the interventions used made comparison difficult (Schadewaldt & Schultz, 2011). The major intervention consisted of health education, counselling behaviour change, and promotion of a healthy lifestyle. Although a few risk factors were significantly reduced in the short term by attending nurse-led clinics, long-term changes were less apparent, possibly because the success of modifying behaviour such as smoking cessation and diet adherence was limited.

However, intrapreneurial nurse-led services may positively influence perceived quality of life and general health status for this population. In order to deliver the healthcare needed by consumers

with both complex and simple needs, it is essential to have healthcare professionals available to assist with transition between and across the levels of care. Nurses are working to meet this need through the development of innovative, entrepreneurial and intrapreneurial roles at all of these care levels. To provide services that meet individuals' needs, and are equitable and economical, both of these approaches are required (Hewison & Badger, 2006).

One issue for intrapreneurial nurses working within an organization where tertiary care is provided is dealing with a hierarchy in which doctors are over represented in policy formation and senior management positions. This often discourages nurses challenging physician practice and may deny them the ability to openly question decisions when they have a concern. (Churchman & Doherty, 2010). This culture prevents innovation because innovators' suggestions for change tend to be dismissed.

## Discussion

These examples of nurse entre- and intrapreneurs working in primary, secondary, and tertiary care demonstrate potential benefits to patients and the variety of settings for nurse entre/intrapreneurs. Patients value the problem solving approach and advocacy that nurses provide, while nurses feel support for their care and enjoy providing continuity of care (Caffrey, 2005). Our findings indicated that there was no greater risk of poorer outcomes in the nurse-led clinics, although the effectiveness of clinics might be dependent on the intensity of the nursing support. From the literature reviewed it is evident that the combination of counseling and regular assessment of risk factors and health status delivered at nurse-led clinics is supported by the available research. Given that outcomes were, in general, equivalent between nurse-led (i.e., nurse entre- or intrapreneurs) and other type clinics, it would be beneficial for further research to investigate the cost-effectiveness of the different models of care.

## Implications for Research and Practice

Health reform worldwide is needed due to the substantial aging population and increase in chronic diseases (e.g., diabetes, asthma). To meet future needs, we must enable nurses to practice to the full extent of their skills. Nurses can help to improve health services in a cost effective way, but to do so, they must be perceived as equal partners in health service provision.

Some nurses are already working in entre- and intrapreneurial roles which demonstrate the positive outcomes that can be achieved when nurses meet their full potential. These nurses are working across the continuum of care. It seems obvious that entrepreneurial nursing roles are forging the way for this type of partnership by examples of nurses conducting clinics in primary and secondary care and as specialists to manage exacerbations of chronic illness in tertiary care settings.

Nurse intrapreneurs are, to a lesser extent, also being recognised as partners. Research on nurse-led initiatives within hospitals in particular is limited. Research that confirms the importance of these roles to provide improved health outcomes and to inform how this may be achieved practically is required.

We recommend several actions or strategies to promote entre- and intrapreneurship in nursing. These may include:

Nurse education that includes placement with a nurse entrepreneur and/or a business course to ensure that graduating nurses learn skills to lead, challenge, and be innovative.

Interdisciplinary learning so that allied health and medical professionals are introduced to the concept of nurses as equal partners in health care.

Greater opportunities of shared inter-disciplinary collaboration in research, education, and practice to foster cohesion and role familiarity amongst health professionals.

Health reform is increasingly targeted towards strengthening and expanding primary health systems as care is shifted from hospitals to communities. The renewed emphasis on prevention and health promotion is intended to curb the tide of chronic disease and sustain effective chronic disease management, as well as address health inequities and increase affordable access to services. Given the full potential scope of nurses' practice, the success of health system reforms (such as those in the United States and Australia) depend on a nursing workforce that is appropriately educated and supported for innovative practice roles in multiple settings.

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