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**Guidelines
on the Nurse
Entre/
Intrapreneur
Providing
Nursing Service**



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INTRODUCTION

Looking for more professionally satisfying and personally fulfilling ways to contribute to health care provisional systems, a small but growing percentage of nurses is reclaiming their traditional right to independent clinical practice. They are expanding their roles and offering a range of services, with the focus primarily on health promotion, illness and accident prevention, rehabilitation and support services but including clinical specialty practices and management consultancies. These nurse entrepreneurs are providing research-confirmed quality and effective care and establishing a public image as patient advocates, carers, counsellors and educators in addition to efficient clinicians.

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 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 wellbeing.

The content of these guidelines focuses on nurse entrepreneurs providing nursing services. The ICN monograph *Entrepreneurial Practice: Nurses creating opportunities as entrepreneurs and intrapreneurs* provides information with regard to the complete range of business opportunities for nurse entrepreneurs as well as more detailed guidance on how nurse entrepreneurship ventures are developed.³⁴

PURPOSE

These guidelines aim to:

- Provide background knowledge on the development of nurse entrepreneurs providing nursing service.
- Establish the link between nurse entrepreneurs and intrapreneurs.
- Identify the roles and services of nurse entrepreneurs.
- Determine the basic profile of and requirements for becoming a nurse entrepreneur.
- Define the potential role(s) of national nurses' associations (NNAs) in the development and regulation of nurse entrepreneurs providing nursing service.

DEFINITIONS

Key terms in these guidelines are defined as follows:

Entrepreneur	An individual who assumes the total 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. ⁴⁰
Nurse entrepreneur	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. ²⁹
Nurse intrapreneur	A salaried nurse who develops, promotes and delivers an innovative health/nursing programme or project within a given health care setting. ²¹

The dominant theme among the many definitions of nurse entrepreneurs providing nursing service in the professional literature is: "**nurse control of practice and patient care.**"³²

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.

- **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.²¹

For decades nurses have developed intrapreneurship ventures (the introduction of projects facilitating the advancement of patient care within a traditional employment setting). It is only now with the focus on matrix or cluster organisations with their cross-cutting or horizontal teams that more resources are dedicated to their development.

The principles that underlie effective entrepreneurship and intrapreneurship ventures are very similar. These guidelines, while focusing on entrepreneurship, are also valid for intrapreneurs.

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

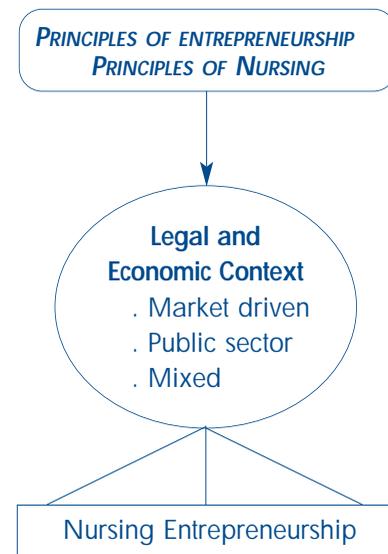
In these guidelines the focus is on the *nurse entrepreneur providing direct nursing services*, with the understanding that entrepreneurship must adapt to the legislative, financial and political realities and expectations of the country, province or locality.

Major factors 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 for many years been allowed to practice as independent entrepreneurs. And there is a growing trend of independent practice being in fact *purchased* by the public sector and funded by public monies, thus allowing the development of entrepreneurship in a public health system.

FIGURE 1: NURSING ENTREPRENEURSHIP AND ITS EVOLUTION



BACKGROUND

Nursing entrepreneurship dates back to the turn of the century. In fact, until World War II many nurses were in independent practice. For example, in 1930 over 60% of all registered nurses in Canada were involved in independent private-duty nursing.³³ Their active participation in the military service, public health nursing, private-duty and home nursing made them highly visible in society.

It was only after World War II that social and economic changes led to the predominant institutionalisation of nursing practice in many countries. As a consequence, the role and educational setting of the nursing student changed as well. These attempts to centralise and control nursing encouraged the employment of nurses by hospitals and community health centres and this pattern soon became the norm.

The return to nursing entrepreneurship in recent decades was brought about by important social and economic factors, such as:

- 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 in the workplace 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 which were not adequately being met by the health services: e.g.

elderly, AIDS patients, chronically ill, deinstitutionalised 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.
- Increasing number of mutual recognition agreements.

The health sector and its environment have seen many changes over several decades. The majority of these socio-economic factors support the development of innovative approaches to health care delivery, one of which is nurse entrepreneurship.²¹

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 usually uneven. Their presence is influenced by public demand, legal right to practise, direct third party reimbursement (i.e. health insurance) and access to support services.

Certain obvious exceptions exist however. Nurse midwives in many countries have had the possibility to practise independently since the beginning of the 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.

It goes without saying that statistical data on 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 authorized 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.

ROLES, SERVICES AND WORK SETTINGS

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.²⁷ 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.⁴³ 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.^{42, 26} 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?

Implementing and monitoring the business idea for viability is then followed by evaluation. Nurse entrepreneurs are increasingly using their expertise to develop entrepreneurship ventures that meet the needs of clients and are professionally and personally fulfilling.

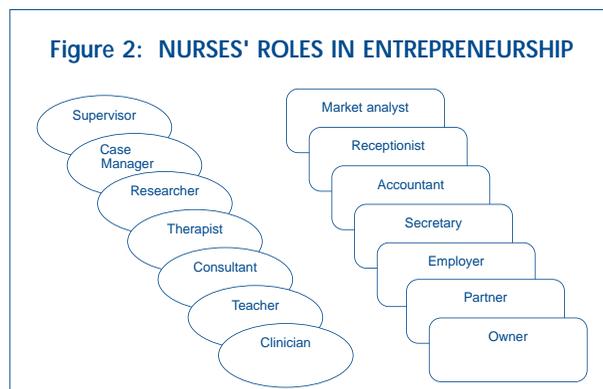
Roles and services

The nurse entrepreneur assumes a multitude of roles directly linked with the professional and business aspects of the practice (see Figure 2) and provides a wide range of services, such as:

Clinician	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
Teacher	Health promotion: stress reduction, nutrition Well-child consultations Prevention programmes: sex/child/drug abuse, juvenile delinquency, violence, accident, etc. Lactation counselling Continuing education programmes Community lecturer Family planning Women's health First aid
Consultant	Management consultancy Occupational health consultancy Human resources planning consultancy Counselling and support
Therapist	Psychotherapy Respiratory therapy
Researcher	Projects aimed at improving health services and/or the health status of a target population
Case manager	Coordination of services Patient advocacy
Supervisor	Management of personnel Personnel development

Owner	Provider of locale Facility/architectural/space planning
Partner	Responsibility sharing Reinforced creative approaches to health care
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
Marketing consultant	Market research Development of business presentation: logo, stationery, announcements, publicity, etc.

Figure 2: NURSES' ROLES IN ENTREPRENEURSHIP



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 industrialized countries focus solely on the treatment of medical ailments."³³

WORK SETTINGS

In keeping with the variety of services offered, there is a wide range of work settings used by nurse entrepreneurs. In certain countries, there is a legal obligation to have a proper locale or business office in order to register as an independent practising nurse but this is not generally the case. Settings include:

- nurse's office space;
- nurse's private home;
- nursing centre, clinic;
- client's home;
- employment setting (company office, factory, mine);
- teaching facility;
- community centre; and
- health service (hospital, ambulatory service, private clinic).

The flexibility in work setting allows nurse entrepreneurs to improve their clients' access to needed health services. The relationship between nurse and client can be strengthened only when exchanges occur within the context of everyday realities. Moreover, the development of, and ongoing commitment to a reasonable care or action plan is facilitated.

THE ISSUES

The introduction of a new approach or expansion of a former work method needs serious professional review as the advantages and disadvantages are progressively discovered in practice. Not to be neglected is the ultimate goal – improving the health status of the popula-

tion – which must always represent the profession's key indicator of value in ongoing evaluations.

The many issues linked with the practice of nursing entrepreneurship provide background information for further discussions within the nursing community and with other interested individuals or groups. 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 practise the skills and apply the knowledge that will promote excellence in nursing care and provide job satisfaction;
- **Society** is demanding safe and more cost-benefit health services; and
- **The NNA** is lobbying for competent practitioners within an environment that will facilitate the provision of quality care, recognizing and rewarding nurses for their crucial contributions to the well-being of the population.

THERAPEUTIC

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

The emphasis on health promotion, illness/accident prevention, rehabilitation and support services is in keeping with the *Declaration of Alma Ata (1978)*, which revolutionized health policy but has had difficulty in being financed and fully implemented at the local level. This philosophy of care (reconfirmed by the Riga Reaffirmation)¹⁶ receives wide recognition as

being one of the crucial strategies to improve the health status of peoples and therefore its implementation can only be supported.

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 interlinkages 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 between nurse entrepreneurs themselves and between nurse entrepreneurs and other nurse professionals.

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.

LEGAL

There may be significant legal specifications which will restrict or enhance entrepreneurial behaviour. These will

usually depend upon the national/provincial law and conditions. Governments worldwide however are increasingly promoting international trade in services. There are four types of trade that influence nurses' work opportunities internationally:

1. **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. tele-health);
2. **Consumption abroad** (where patients travel from one country to another to obtain treatment);
3. **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);
4. **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.¹⁷

Nursing entrepreneurship 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 practise?*

National/state legislation may need to be introduced that will clearly 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: e.g. the Nurses' Act but also 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 criteria. 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 (NNA)-operated.

- *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.

- *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 ensure the nurse's interest in the event of death or discharge. However, 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).

- *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.⁴³

ECONOMIC

Studies to demonstrate the most cost-effective health services possible have often in the past not sufficiently applied quality indicators (i.e. health outcomes) but have focused primarily on quantitative factors (e.g. throughput). 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) has been confirmed.^{1, 25}

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 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. 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 important to note that fee for service lists continue to 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.

Nurse entrepreneurs, especially at the start of their independent practice, face an uncertain future with a fluctuating income and lack of job security. It has been estimated that entrepreneurship, as many small businesses, may require up to three years of careful planning and two years of practice before covering expenses. Many nurses choose to work part-time until their practice becomes completely self-sufficient. In some cases however the nurse may opt to work a full-time salaried job as well as begin their entrepreneurial practice in order to ensure a minimum regular income. Working part – or full-time in a salaried position may limit the nurse's availability for entrepreneurship activities. The inevitable stress of coping with a new practice and perhaps multiple employment must not be permitted to negatively affect the quality of service provided.

The need for different types of insurance should 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.

As an owner of a small business, marketing techniques will be required to ensure the viability of the practice. Nurse entrepreneurs cannot ignore the power of proper marketing. When starting a new business or com-

peting with other business, marketing expertise may make the difference between success and failure. Marketing when applied ethically can no longer be considered vulgar commercialism. It is in fact one of the necessary building stones and development tools for the future development of nursing ventures in a competitive environment.²¹ Marketing has been said to provide nurses a way to develop the profession, turning good ideas into nursing practice.¹⁹

Expertise will be required 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;
- furnish the workplace appropriately;
- locate financial support;
- develop a brochure and business card; and
- draft announcements/advertisements, if and when appropriate.

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 devel-

opment 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.

Monitoring mechanisms should focus on quality and not quantity indicators. Unfortunately, monitoring often lacks the qualitative perspective so urgently needed. For example, in an attempt said to promote quality care, the **number** of services submitted for monthly reimbursement in one country was arbitrarily limited to 18,000 task units per month; all services provided above this limit were not paid. The argument was that time does not permit quality service above this limit, yet no effort was made to monitor the quality of services provided within the 18,000 ceiling.²³

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.

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.²⁴

The calculation of fees need not be interpreted as a profit-seeking measure. It is important to recognize 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?

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 employer needs to be reexamined in the light of present labour relations policies.

PROFILE OF A NURSE ENTREPRENEUR

A review of the nursing literature provides a list of the general characteristics of nurse entrepreneurs. The most frequent include:

Personal qualities

- strong self-image and self-confidence, need for achievement;
- a risk taker;
- creative, shows initiative;
- visionary;
- self-disciplined;
- independent, goal oriented;
- able to deal with failure, ambiguity and uncertainty;
- displays integrity, reliability, patience, enthusiasm;
- good organiser, planner;
- proactive.

Professional qualifications

- work experience in nursing (3 - 15 years);
- post-basic education;
- competent in communication, negotiation, marketing, time management, public relations and accounting skills;
- knowledgeable in legal, insurance, grants and tax matters.

ICN's monograph *Entrepreneurial Practice: Nurses creating opportunities as entrepreneurs and intrapreneurs* provides helpful background to assist nurses launch their entrepreneurship initiatives.

Career planning is part of the decision-making process nurses undertake when considering entrepreneurship as an option.²⁸ 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 utilize 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 and development

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 realizable outcomes. The career planning and development process helps answer the following four questions:

- Where have I been?
- Where am I now?
- Where would I like to go? and
- 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 - It's Your Career: Take Charge* are useful resource and reference materials to support nurses in their career choices.⁹

ROLE OF NATIONAL NURSE' ASSOCIATIONS

The social, legal, cultural and economic context of a country will determine the relevance and prevalence of nurse entrepreneurs providing nursing service. As mentioned, a comprehensive public health system does not exclude the existence of nurse entrepreneurs and,

in fact, the introduction of government/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.

The NNA speaking for nurses and nursing will need to take into consideration the rights and obligations of:

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

There are various areas in which NNAs may become active, namely:

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.³⁹

Legal legitimacy

Once the *ability to practise* is determined according to professional competencies as stated above, legislation or regulations must settle the *right to practise*. 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.⁴⁶

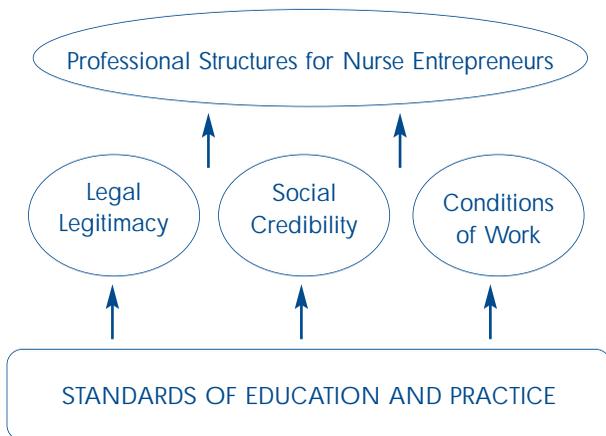
Social credibility

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. Recent research has demonstrated the cost-benefit, long-term effectiveness and quality follow-up care offered by nurse entrepreneurs.¹⁰ This data needs to be widely disseminated, the presentation of which 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 likely 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. 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.

FIGURE 3: ROLE OF NATIONAL NURSES' ASSOCIATIONS



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.

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. These 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; and educational programmes focusing on the business aspects of their work (areas not necessarily included in past curricula).

CONCLUSION

A small but growing percentage of nurses are reclaiming their traditional right to independent clinical practice and becoming nurse entrepreneurs providing nursing services. They are expanding their roles and offering a range of services with the focus primarily on health promotion, illness and accident prevention, rehabilitation and support services but including clinical specialty practices and management consultancies. These nurse entrepreneurs provide research-confirmed

quality and effective care and establish a positive public image as patient advocates, carers, counsellors and educators in addition to efficient clinicians.

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.

Entrepreneurship must conform to the legislative, financial and political realities and expectations of the country, province or locality. The development, scope of practice and regulation of nurse entrepreneurs will therefore largely depend on the economic infrastructure and policies implemented at the international, regional and/or local levels.

A complex web of social and economic factors has stimulated the development of nurse entrepreneurship in recent decades, including the increasing involvement of women in commerce and the labour market. It is estimated that there are 12 million nurses worldwide and 1% of these working nurses are nurse entrepreneurs.

The nurse entrepreneur assumes a multitude of roles directly linked with the professional and business aspects of the practice and provides a wide range of services. In keeping with the variety of services offered, there is a wide range of work settings used by nurse entrepreneurs.

The four major stakeholders involved in nurse 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. The key issues linked with the practice of nursing entrepreneurship may be categorised in the following areas:

- Therapeutic,
- Social/professional,
- Legal,
- Economic,
- Ethical.

These issues need to be carefully studied and widely discussed by nurses and their partners in order to develop a comprehensive, coherent and practical framework within which nurse entrepreneurs can provide services.

The profile of nurse entrepreneurs includes common personal qualities and professional qualifications. These personal and professional characteristics may be developed with the help of the NNA in order to advance the nursing profession. Career planning is a process undertaken by the individual nurse where entrepreneurship is a possible option and career choice.

When addressing nurse entrepreneurship and considering the public good as well as interests of members, five NNA programme areas emerge:

- Standards of education and practice,
- Legal legitimacy,
- Social credibility,
- Work conditions,
- Professional support structures.

There is growing recognition of the important contributions made by nurse entrepreneurs within health systems and an acknowledgement that nurse entrepreneurship promises future advancement in health care. NNAs have a role to play in ensuring the quality of nursing services provided and supporting nurses in their professional career choices and development.

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