



Editorial

An Idea Whose Time Has Come: Nursing Entrepreneurialism

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ENTREPRENEURIALISM in nursing and in nursing education is an idea whose time has assuredly come. The concept of the 'nurse entrepreneur' is not, of course, new. In addition to Florence Nightingale herself, nursing has a tradition of great 'social entrepreneurs' who had a positive impact on health and society. For example, Lillian Wald was a public health innovator who founded the famous Henry Street Settlement, Clara Barton established the American Red Cross, and Florence Wald established the American Hospice Movement (Gilliss, 2011).

Numerous researchers and leaders have urged healthcare professionals to adopt more creative, innovative and entrepreneurial approaches to address emerging and potentially intractable 'wicked problems' (Burns, Hyde, & Killett, 2013; Bore & Wright, 2009; Stoppelenburg & Vermaak, 2008) of healthcare and service delivery are to be addressed. This call has been echoed in key international nursing reports and enquiries (Cook, 2008; Drennan et al., 2007; Liple, 2006; Thompson, 2007; Reed & Skinner, 2007; Roberts, Bridgwood, & Jester, 2009; McDonald, 2011). Calls for entrepreneurial approaches across business, health, education and nursing have also come from management leaders such as Peter Drucker and Clayton Christensen, through Christensen's 'disruptive innovation' (Christensen, 2012) ideas. For example, what healthcare analogies would be comparable to the

disruptive innovation that saw computing move from a gigantic, ultra-expensive, ultra-complex, exclusive mainframe to today's ubiquitous mobile device and smartphone? Wilson (2012) says that:

The time to act is now. There is tremendous movement on the entrepreneurship front in countries around the world. As evidenced by the numerous recent reports and initiatives focused on entrepreneurship education, there is also sufficient buy-in for action. ... With the current momentum, now is the time to take these efforts to the next level – to move from words to action as well as to address entrepreneurship education. (p. 2)

The major 'The Future of Nursing' report in the United States noted that: 'Nursing education programs and nursing associations should provide entrepreneurial professional development that will enable nurses to initiate programs and businesses that will contribute to improved health and health care' (Institute of Medicine, 2010).

In the United Kingdom, a similar top-level report into nursing, 'Front Line Care' recommended: 'Development of the entrepreneurial skills that nurses and midwives need to lead and respond to changing demands and innovative models of care must be included in pre- and post-registration education and training' (Prime



Minister's Commission, 2010, p. 103).

In South Australia where I am based, academic and public policy leader Geoff Mulgan reinforced these ideas in his vision for the state's future: 'South Australia should investigate the scope for more systematic innovation around long-term conditions through funding to allow GPs, nurses and other social entrepreneurs to demonstrate new models, with assessment to determine the impact on other parts of the system, including savings to the acute sector' (Mulgan, 2008, p. 34).

The worlds of health and education as we once knew them are shifting sands under our feet. The time for insipid or tokenistic attempts at collaboration or partnerships has long passed. A myriad of influential voices have placed calls for strong entrepreneurial approaches and initiatives in healthcare that take notions of partnership to a different level.

Despite growing calls in literature for a stronger entrepreneurial approach and ethos in nursing (Boore & Porter, 2011; McSherry, Pearce, Grimwood, & McSherry, 2012; Melnyk & Davidson, 2009; Rai, 2007; Wilson, Whitaker, & Whitford, 2012; Wilson, Averis, & Walsh, 2003), as well as a burgeoning interest in evolving the 'entrepreneurial university' (Barcan, 2011; Gibb, Haskins, & Robertson, 2009; Rae, Moon & Gee, 2010), there have been little or no innovative responses from the health or university nursing sectors worldwide. There are no 'Professor of Nursing Entrepreneurship' or 'Director of Nursing Entrepreneurialism' positions currently offered anywhere in the world, although some US universities have centres with an entrepreneurial remit. One Professor of Nursing Entrepreneurship role was created at Rochester, New York, in 2007, but as an Emeritus role. An extensive online search suggests that the role is no longer current. For many health and higher education bureaucracies and their staff, entrepreneurialism is a dirty word that is on a par with profiteering. As a result, life in healthcare continues to be inertia as usual or reorganisation disguised as change (Oxman, Sackett, Chalmers & Prescott, 2005).

THE IMPETUS FOR ENTREPRENEURIAL APPROACHES IN NURSING

A plethora of social, economic, political, managerial, demographic, professional, educational and technological drivers spur the need for greater entrepreneurialism in nursing. Health funding is in an almost perpetual crisis. Technology is moving too fast for many of our systems to adapt to it. The managerial decades have largely failed to deliver greater health outcomes. In many ways people have lost faith or trust in their health services and even in their health professionals. I do not know any serious thinkers in healthcare who think that 'more of the same' is going to help.

Gibb & Hannon's (2006) conceptualisation of entrepreneurialism from over a decade ago remains salient (see Figure 1).

It is clear that we require new approaches to thinking, creativity and problem-solving in nursing, nurse education and healthcare. Last decade's approach to the role, scope and potential of nursing will not address today's and tomorrow's health challenges.

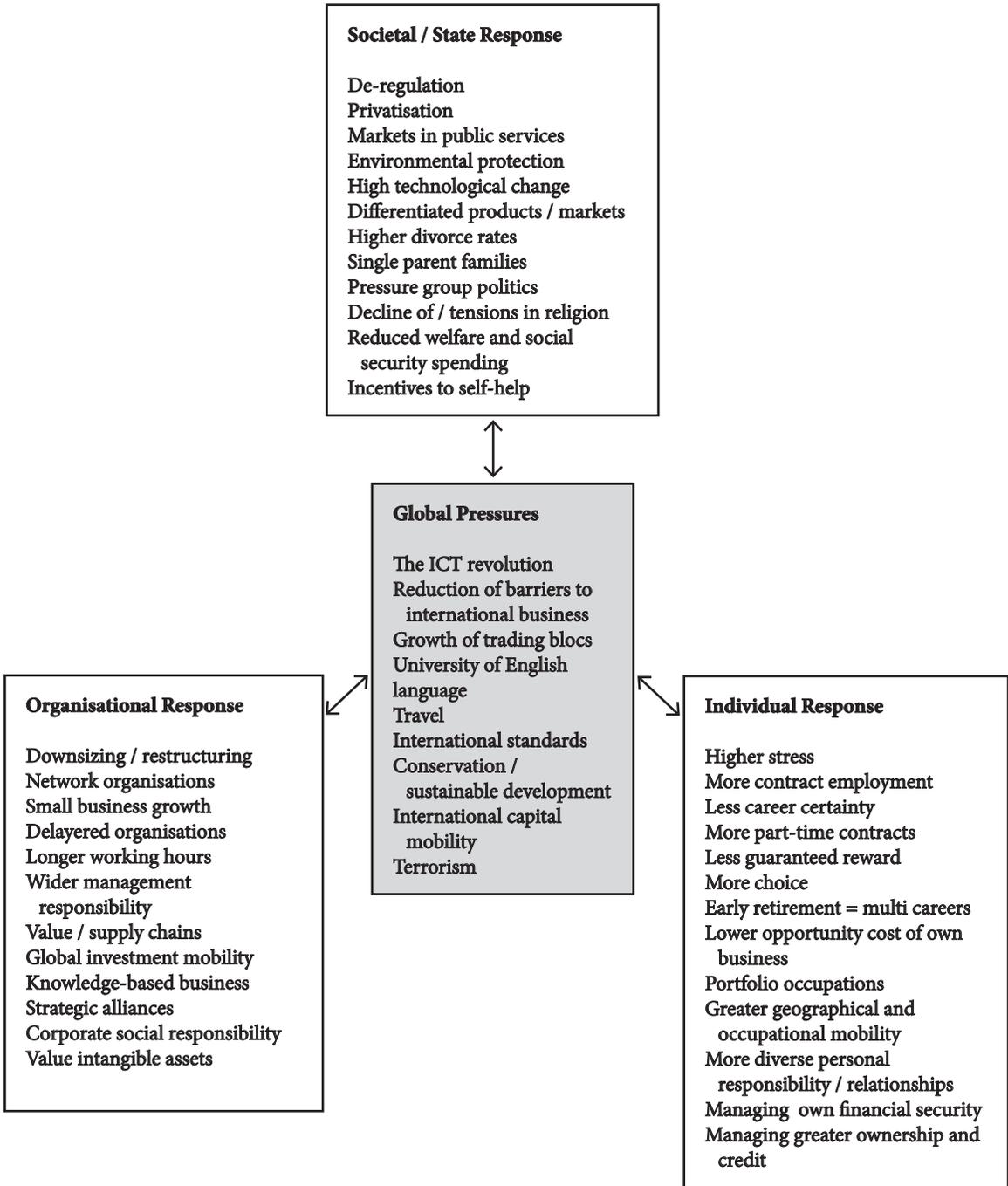
THE BENEFITS OF ENTREPRENEURIALISM

As Gibb, Haskins & Robertson (2009) note, the concept of 'the entrepreneurial university' has moved beyond the '... narrow focus upon commercialisation of intellectual property and the fears of "prostitution" of the "idea" of a university that results from this ... Entrepreneurship has been located as an individual and organisational behavioural and development response to uncertainty and complexity broadly relevant to citizens and organisations of all kinds, private, public and autonomous (p. 27).

WHERE IS OUR ENTREPRENEURIAL LEADERSHIP?

Any university or health service that prides itself on being innovative or entrepreneurial must ask itself what plans it has to create the first chair or director of nursing entrepreneurship. The creation of such an entrepreneurial leadership opportunity would help address Gibb et al.'s 'key challenge' to 'create entrepreneurial role models within departments and gradually to build a cul-

Figure 1. Pressure Moulding the 'Entrepreneurial Society'



Reproduced from Exhibit 1, Gibb, A., & Hannon, P. (2006). *Towards the Entrepreneurial University*. *International Journal of Entrepreneurship Education*, 4(1), 73–110. Retrieved from <http://irandaneh.febpc.com/FileEssay/karafarin-c-1386-10-30-m21.pdf>

ture of rewarding innovation' (2009, p. 23). This initiative would also demonstrate international leadership in nursing and health entrepreneurialism.

Such a person and position would:

- Influence and lead the development and growth of entrepreneurialism in nursing both nationally and internationally.
- Support and inspire nursing entrepreneurialism and its more public sector-associated 'intra-preneurialism' (Brandriet, 1992; Curran, 1993) within all health sectors.
- Attract the most dynamic, creative and passionate staff, students and faculty with entrepreneurial flair and talent, who are committed to creating new approaches to nursing and healthcare's many challenges.
- Develop a focal or 'magnet' point for nurses who are keen to explore social entrepreneurship approaches (Danna, 2008; Danna & Porche, 2008; Dawes, 2008; Tedmanson & Guerin, 2011) to nursing, health and community problems. Also support efforts to bring these ideas to fruition and to market.
- Encourage and support specific ideas with commercial potential via business links.
- Promote and disseminate the 'academic enterprise' and 'entrepreneurial academic culture' identified by Crow (2008, p. 1) as being so crucial to the 'creativity and innovation with intellectual capital' that are the 'primary asset of every college and university' (p. 1).
- Develop future teaching, research, collaboration, publishing and funding strategies as well as service innovations and other opportunities specifically linked to nursing and healthcare entrepreneurialism (Asoh, Rivers, McCleary, & Sarvela, 2005; Darbyshire, Downes, Collins, & Dyer, 2005).

Such a role would combine academic and service-development sensibilities with entrepreneurial flair. It would do so across nursing, healthcare and the commercial, non-government organisation and social enterprise sectors.

As an emphatically non-traditional role, and one with an entrepreneurship remit, flexibility

would be key (Gibb et al., 2009; Luke, Verreyne, & Kearins, 2010) to every aspect of the role's creation, operation and development.

The challenge for the health or education sectors is: 'Are you up to this?' Sadly, even recent history suggests that this will be an uphill struggle. Many health services, hospitals, universities and schools continue to be run as lumbering behemoths and glacially unresponsive bureaucracies that are, in the memorable phrase of the Keogh report (2013), 'trapped in mediocrity' (Keogh, p. 3).

This simply cannot continue and an engaged entrepreneurialism from nurses and their education and service leaders is needed. Healthcare and education are businesses: live with it. These are multibillion-dollar enterprises that have been hamstrung for decades by the mindset that everything necessary will be done by governments that will continually draw on a bottomless bucket of funding. There can be few who believe this any more. I do not want to hear another generation of nurses and health professionals describe how their ideas for change, inspired suggestions and enthusiasm for 'new ways' of doing things are so relentlessly beaten out of them by that thing called 'the system'. We can create a different and better system.

As I write this, I am watching one of the world's prominent business gurus – Gary Hamel – at the World Business Federation in Sydney describing how we are no longer in the 'knowledge economy' but in the 'creative economy'. I wonder if anyone has told healthcare? He throws out the challenge that every employee should be a 'business innovator', that every employee should have ready access to all of the information needed to create improvement and success. If it takes longer than a week for an employee with a potentially good idea to 'line up the permissions needed' to run a small experiment or 'trial' of the idea, then 'you are not serious about innovation' (Hamel, 2013).

The time to get serious about entrepreneurial thinking, practice and possibilities in nursing is now.

REFERENCES

- Asoh, D. A., Rivers, P. A., McCleary, K. J., & Sarvela, P. (2005). Entrepreneurial propensity in health care: Models and propositions for empirical research. *Health Care Management Review*, 30(3), 212–219.
- Barcan, A. (2011, February 19). The rise of the entrepreneurial university. *News Weekly*. Retrieved from <http://www.newsweekly.com.au/article.php?id=4480>
- Boore, J., & Porter, S. (2011). Education for entrepreneurship in nursing. *Nurse Education Today*, 31(2), 184–191.
- Bore, A., & Wright, N. (2009). The wicked and complex in education: Developing a trans-disciplinary perspective for policy formulation, implementation and professional practice. *Journal of Education for Teaching*, 35(3), 241–256.
- Brandriet, L. M. (1992). Intrapreneurial/entrepreneurial roles for nurses in long-term care: Seize the opportunity to be nontraditional. *Journal of Gerontological Nursing*, 18(12), 9–14.
- Burns, D., Hyde, P., & Killett, A. (2013). Wicked problems or wicked people? Reconceptualising institutional abuse. *Sociology of Health and Illness*, 35(4), 514–528.
- Christensen, C. (2012, March 30). *Disruptive innovation explained*. Retrieved from <https://www.youtube.com/watch?v=qDrMAzCHFUU>
- Cook, R. D. (2008). Nurses' entrepreneurial skills should be nurtured. *Nursing Standard*, 22(19), 33.
- Crow, M. M. (2008). *Building an Entrepreneurial University*. Paper presented at the Third Annual Kauffman Foundation – Max Planck Institute Entrepreneurship Research Conference, Munich. Retrieved from <http://economicseducation.us/dotAsset/693823.pdf>
- Curran, C. R. (1993). An interview with Marty Minniti: The rewards and challenges of entrepreneurial and intrapreneurial nursing. *Nursing Economic*, 11(4), 185–191.
- Danna, D. (2008). Establishing a nonprofit organization: A venture of social entrepreneurship. *The Journal for Nurse Practitioners*, 4(10), 751–752.
- Danna, D., & Porche, D. (2008). Business plan: An entrepreneurial proposal. *The Journal for Nurse Practitioners*, 4(3), 173–174.
- Darbyshire, P., Downes, M., Collins, C., & Dyer, S. (2005). Moving from institutional dependence to entrepreneurialism. Creating and funding a collaborative research and practice development position. *Journal of Clinical Nursing*, 14(8), 926–934.
- Dawes, D. D. (2008). How nurses can use social enterprise to improve services in health care. *Nursing Times*, 105(1), 22–25.
- Drennan, V., Davis, K., Goodman, C., Humphrey, C., Locke, R., Mark, A., . . . Traynor, M. (2007). Entrepreneurial nurses and midwives in the United Kingdom: An integrative review. *Journal of Advanced Nursing*, 60(5), 459–469.
- Gibb, A., & Hannon, P. (2006). Towards the Entrepreneurial University. *International Journal of Entrepreneurship Education*, 4(1), 73–110. Retrieved from <http://irandanesh.febpco.com/FileEssay/karafarin-c-1386-10-30-m21.pdf>
- Gibb, A., Haskins, G., & Robertson, I. (2009). Leading the entrepreneurial university: Meeting the entrepreneurial development needs of higher education institutions. In A. Altman & B. Ebersberger (Eds.), *Universities of change: Managing higher education*, (pp. 9–45). Retrieved from http://www.ncee.org.uk/publication/leading_the_entrepreneurial_university.pdf
- Gilliss, C. L. (2011). The nurse as social entrepreneur: Revisiting our roots and raising our voices. *Nursing Outlook*, 59(5), 256–257.
- Hamel, G. (2013, August 20). *World business forum Sydney*. Retrieved from <https://www.youtube.com/watch?v=CFpaH9sANSU>
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press. Retrieved from <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>
- Keogh, B. (2013, July 16). *Review into the quality of care and treatment provided by 14 hospital trusts in England: Overview report*. Retrieved from <http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>
- Lipley, N. (2006). Nurses 'need business and entrepreneurial skills'. *Nursing Management UK*, 13(6), 4.
- Luke, B., Verreynne, M.-L., & Kearins, K. (2010). Innovative and entrepreneurial activity in the public sector: The changing face of public sector institutions. *Innovation: Management Policy and Practice*, 12(2), 138–153.
- McDonald, D. (2011). Nurse to know: An entrepreneurial spirit soars. *Canadian Nurse*, 107(1), 30–31.
- McSherry, R., Pearce, P., Grimwood, K., & McSherry, W. (2012). The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care. *Journal of Nursing Management*, 20(1), 7–19.
- Melnyk, B. M., & Davidson, S. (2009). Creating a culture of innovation in nursing education through shared vision, leadership, interdiscip-

- linery partnerships, and positive deviance. *Nursing Administration Quarterly*, 33(4), 288.
- Mulgan, G. (2008). *Innovation in 360 degrees: Promoting social innovation in South Australia*. Adelaide, Australia: Department of Premier and Cabinet.
- Oxman, A. D., Sackett, D. L., Chalmers, I., & Prescott, T. E. (2005). A surrealist mega-analysis of reorganization theories. *Journal of the Royal Society of Medicine*, 98(12), 563–568.
- Prime Minister's Commission (2010). *Front line care: The future of nursing and midwifery in England* [Print]. Author: England.
- Rae, D., Moon, R., & Gee, S. (2009). Creating an enterprise culture in a university: The role of an entrepreneurial learning team. *Industry and Higher Education*, 23(3), 183–197.
- Rai, S. D. (2007). Social entrepreneurship in nursing: A tool for learning, advocacy and income generation. *Singapore Nursing Journal*, 34(3), 7–13.
- Reed, M., & Skinner, M. (2007). Entrepreneurship in nursing. *Critical Care Nurse*, 27(2), 103.
- Roberts, P., Bridgwood, B., & Jester, R. (2009). Development of entrepreneurial activity in nurse education. *Nursing Standard*, 23(28), 35–41.
- Stoppelenburg, A., & Vermaak, H. (2008). A response to "Reflections on wicked problems in organizations". *Journal of Management Inquiry*, 18(1), 60–62.
- Tedman, D., & Guerin, P. (2011). Enterprising social wellbeing: Social entrepreneurial and strengths based approaches to mental health and wellbeing in 'remote' Indigenous community contexts. *Australasian Psychiatry*, 19(S1), 33.
- Thompson, D. R. (2007). Moving from institutional dependence to entrepreneurialism. Creating and funding a collaborative research and practice development position. *Journal of Clinical Nursing*, 14, 926–934.
- Wilson, A., Whitaker, N., & Whitford, D. (2012). Rising to the challenge of health care reform with entrepreneurial and intrapreneurial nursing initiatives. *Online Journal of Issues in Nursing*, 17(2), 1. doi:10.3912/OJIN.Vol17No02Man05
- Wilson, A., Averis, A., & Walsh, K. (2003). The influences on and experiences of becoming nurse entrepreneurs: A Delphi study. *International Journal of Nursing Practice*, 9(4), 236–245.
- Wilson, K. (2012). Educating the next wave of entrepreneurs: World economic forum global initiative executive summary. In H. Thomas & D. Kelley (Eds.), *Entrepreneurship education in Asia* (pp. 1–40). Cheltenham: Edward Elgar Publishing.

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