

SOCIAL ENTREPRENEURSHIP EDUCATION WITHIN POST-SECONDARY INSTITUTIONS

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Promoting health and wellness is a focus of social entrepreneurs within the health care professions. With the educational offerings of social entrepreneurship expanding within the health care programs of post-secondary institutions, assessing its current knowledge state is essential. Decisions about how and what to teach should be grounded in the best available evidence. The purpose of this preliminary scoping review was to provide an overview of best practices in curriculum content and methods of teaching social entrepreneurship for students in the health care professions.

Globally entrepreneurship education is developing within academic institutions (Sirelkhatim & Gangi, 2015; Taatila, 2010). Commonly used teaching methods include case studies, classroom conversations, stakeholder conversations, and simulation (Bodea, Mogos, Dascalu, & Purnus, 2015). Although initially the primary goal of such education was encouraging students to create new business ventures, there has been the recent introduction of *social* entrepreneurship content into academic programs, including those for the preparation of health care (HC) professionals. Finding new and creative solutions for addressing poor health is one important focus of social entrepreneurs (Dacin, Dacin, & Matear, 2010) and those in the health care professions can play a primary role in these endeavours. However, curricular content on social entrepreneurship education is not as well developed as it is in academic programs for students in management or public policy.

BACKGROUND

Entrepreneurship is the creation and implementation of new opportunities in an environment marked by a high degree of complexity and uncertainty (Neck & Greene, 2011), or what Ducker (1985) described as an innovative act that creates a new ability to produce wealth. The term *social entrepreneurship* “is the field in which entrepreneurs tailor their activities to be directly tied with the ultimate goal of creating social value” (Abu-Saifan, 2012, p. 22). It was introduced to characterize the many health care professionals introducing change to enhance care within the Canadian health care (HC) system.

Gilmartin (2013) described social entrepreneurship as providing self-employment opportunities and allowing for the pursuit of one’s personal passion to improve health outcomes using innovative approaches. It implies self-employment, an independent contractor, and a health care professional who is a proprietor of a business that offers direct health care service, educational, research, or consultative nature (Arnaert, Mills, Bruno, & Ponzini, 2018; Exton, 2008; ICN, 2004). Lewis, Hunt, and Carson (2006) wrote “Social Enterprises are businesses that deliver goods and services but in pursuit of primarily social objectives” (p. 1). It is doing business for a social cause (Dees, 1998; Rawhouser, Cummings, & Newbert, 2019).

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In Canada, opportunities exist for health care professionals to become social entrepreneurs. Today's HC system and its organizations differ in jurisdictional legislation, ownership, roles, staffing structures, activities, and size. With increased competition for government funding and private grants, innovation, and effective HC delivery, social entrepreneurs in independent practice are emerging across the nation.

However, barriers to self-employment for social entrepreneurs exist. These include the absence of recognition of its emergence and importance (Arnaert et al., 2018; Boore & Porter, 2011); the lack of cultural self-identity (Kovalainen & Osterberg-Hogstedt, 2013; Miller & Ashcroft, 2016); and resistance or hostility from colleagues (Phillips & Garman, 2006; Wilson, Whitaker, & Whitford, 2003). Hoogendoorn, van der Zwan, and Thurik (2011) noted social entrepreneurs "underperform in terms of surviving the early levels of entrepreneurial engagement" (p. 3) and perceive more financial and informational start-up barriers, and are more afraid of personal failure and bankruptcy than commercial entrepreneurs.

By extension, social entrepreneurship education seeks to provide students with the attitudes, knowledge, skills, and motivation to demonstrate entrepreneurial success in a variety of settings. However, Nabi and colleagues (2017), in a systematic review of entrepreneurship higher education, reported that the pedagogies being used are under-described, while terms are lacking clear conceptualization and definition. Evidence based teaching requires that we, as educators, be intentional and focused. Decisions about how and what to teach must be grounded in the best available evidence to ensure quality educational outcomes.

To date, in social entrepreneurship education important pedagogical questions remain unanswered. Illustrative examples of such questions include: What do we know about social entrepreneurship academic content within health care education? What are the social entrepreneurship curriculum concepts that need to be introduced to HC students? What do we know about the appropriateness and the effectiveness of our classroom strategies in social entrepreneurship education? To help find answers to these questions, a modified scoping review was conducted.

Mays, Roberts, and Popay (2001), who first described scoping reviews, wrote that it aims "to map rapidly the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before" (p. 194). The answering of these questions within the context of post-secondary institutions could help to further the design of academic programs that are able to contribute to the challenge of structuring social entrepreneurial content and skills into a teachable curriculum. Through quality education, both the real and perceived barriers experienced by social entrepreneurs could be reduced, and quality HC solutions delivered to Canadians.

METHOD

A preliminary scoping review was conducted. This consisted of two steps: (1) an overarching literature review was conducted using SCOPUS, EMBASE, CINAHL, and PubMed in accordance with PRISMA guidelines. No study type restrictions were applied but a date restriction of 10 years and the use of English were imposed. (2) In addition, a range of primarily HC programs (nursing, social work, occupational and physical therapy) programs in North American post-secondary institutions were surveyed via the World Wide Web (WWW). Key search terms included: social entrepreneurship, entrepreneurial thinking, health care professions (with inclusion of nursing, social work, occupational and physical therapy, health

educators), undergraduate, graduate, education, university, college, and post-secondary. Certificate programs, workshops, and continuing education activities were excluded.

FINDINGS

In describing findings, we sought to answer two key questions specific to social entrepreneurship education.

What do we know about social entrepreneurship academic content within health care education?

While the twelve HC programs reviewed all identified that leadership was a component of their curriculums, none specifically used the term entrepreneurship in located program or course descriptions. Students enrolled in health care programs need a range of generic skills most of which HC educators endeavour to instill in graduates of their programs. One example is leadership skills, which as previously identified is a common concept identified in undergraduate course and program descriptions. Critical thinking is another commonly cited example by authors, including Boore and Porter (2011), Salminen, Lindberg, Gustafsson, Heinonen, and Leino-Kilpi (2014), and Wilson, Whitaker, and Whitford (2012). There are other skills that are provider specific and are influenced by the area of practice; mental health, physical health, or community activism interventions to name a few.

There are additional knowledge and skills, which need to be incorporated into a curriculum to meet the HC social entrepreneurship agenda. Nadan, London, and Bent-Goodley (2015) noted examples such as financial responsibility, economic sustainability, risk management, and the balance between social and economic agendas. For social entrepreneurship to be developed seriously in health care education, educators must ensure that students are provided with opportunities to develop and refine the requisite knowledge and skills.

Yet, the few authors who have published on the topic cite the lack of business-related content in HC programs (Boore & Porter, 2011; Martin, Mazzeo, & Lemon, 2014; Salminen et al., 2014). Drawing from the literature reviewed, the following business content is needed: how to develop a business plan (Hong, 2004), marketing strategies (Kuratko, 2005; Wong, 2015), financial management (Elango & Pattnaik, 2007; Hong, 2017; Kuratko, 2005; Wall, 2015), small business management (Lafevers, Ward-Smith, & Wright, 2015; Shirey, 2007; Solomon, 2007; Wall, 2013), management of change (Boore & Porter, 2011), and knowledge of customer needs (Nadan, London, & Bent-Goodley, 2015). In addition, managing the unique ethical considerations within social entrepreneurship, such as balancing the financial expectations of clients versus stakeholders was noted by Germak and Singh (2010).

What do we know about the appropriateness and the effectiveness of our classroom strategies in entrepreneurship education?

HC education is still based on traditional forms of teaching (Heinonen & Poikkijoki, 2006; Salminen et al., 2014), where in content is delivered was through recitation and memorization techniques. Gibb (2002) emphasized the need to move from a conventional point of view on entrepreneurship education (focused on what needs to be trained and new investment management, business plan, and growth and innovation) towards entrepreneurial learning, which addresses the following domains: organization of the environment for "teaching", how to adequately provide knowledge frameworks, and a deep understanding of the way of life and learning how to become entrepreneurs.

But how is social entrepreneurship content to be delivered? The located literature identified a variety of implementation practices in terms of content and teaching strategies. These options include traditional lectures, class discussions, case studies, and preceptored clinical experiences with HC social entrepreneurs. However, the effectiveness of strategies has been largely ignored in the HC literature.

Table 1

Commentary on Teaching Strategies within HC curricula

<u>Citation</u>	<u>Article format</u>	<u>Teaching Strategy</u>	<u>Commentary</u>
Becker, E. R. B., Chahine, T., & Shegog, R. (2019). Public health entrepreneurship: A novel path for training future public health professionals. <i>Frontiers in Public Health</i> , 7, 89.	Research / focus groups graduate public health students	Course specific lectures entrepreneurship	Focused on skill-based criteria of content
Boore, J., & Porter, S. (2011). Education for entrepreneurship in nursing. <i>Nurse Education Today</i> , 31, 184-191.	Descriptive / Theoretical / undergraduate	Discussion with students	The strategy for development of entrepreneurship education and its integration into a pre-registration nursing program within one region of the United Kingdom is discussed.
Gilmartin, M. J. (2013). Principles and practices of social entrepreneurship for nursing. <i>Journal of Nursing Education</i> , 52, 641-644.	Descriptive / undergraduate elective course	Seminar format	Course learning objectives achieved
Martin, W. M., Mazzeo, J., & Lemon, B. (2016). Teaching public health professionals entrepreneurship: An integrated approach. <i>Journal of Enterprising Culture</i> , 24, 193-207.	Descriptive / graduate students in public health	Extra-curricular activities / Workshop / Integrated curriculum	9 month practicum with an organization Workshop presentation of business opportunity to classmates

<p>Pitt-Catsouphe, M., & Cosner Berzin, S. (2015). Teaching note- Incorporating social innovation content into macro social work education. <i>Journal of Social Work Education, 51</i>, 407-416.</p>	<p>Descriptive</p>	<p>Social innovation program</p>	<p>Suggestion of content needs</p>
<p>Rubino, L., & Freshman, B. (2005). Developing entrepreneurial competencies in the healthcare management undergraduate classroom. <i>The Journal of Health Administration Education, Fall</i>, 399-415.</p>	<p>Literature review / student survey / instructor journal</p>	<p>Three step process: introduce importance, demonstrate skills & importance; provide practice opportunities</p>	<p>Qualitative, link teaching strategy to competency required</p>
<p>Salminen, L., Lindberg, E., Gustafsson, M. L., Heinonen, J., & Leino-Kilpi, H. (2014). Entrepreneurship education in health care education. <i>Education Research International</i>, http://dx.doi.org/10.1155/2014/312810</p>	<p>Research / email survey / with open ended questions</p>	<p>Most popular methods were company visits & case studies, lecturing, project work</p>	<p>No discussion of effectiveness of strategies</p>
<p>Smith, I. H., & Woodworth, W. P. (2012). Developing social entrepreneurs and social innovators: A social identity and self-efficacy approach. <i>Academy of Management Learning & Education, 11</i>, 390-407.</p>	<p>Descriptive</p>	<p>Use of mentor</p>	<p>No evaluation</p>
<p>Tracey, P., & Phillips, N. (2007). The distinctive challenge of educating social entrepreneurs: A postscript and rejoinder to the special issue on entrepreneurship education. <i>Academy of Management Learning & Education, 6</i>, 264-271.</p>	<p>Descriptive</p>	<p>Not specified</p>	<p>Students develop teaching cases based on real social enterprises is effective</p>

DISCUSSION OF FINDINGS

The two key questions asked remain primarily unanswered. However we have moved forward in understanding social entrepreneurship education and needed content. Within social entrepreneurship education, specific attention is required to address both the barriers to success and need for specific skills. Yet this appears to be neglected within our current educational systems. Perhaps gender bias is a possible cause of this neglect. Dean and Ford (2017), using interview data from female business owners, described a dominant hegemonic masculine entrepreneurial leadership model that influenced their endeavours. HC professions, such as nursing and social work, have been predominately female. Teaching business content is relevant to any area of entrepreneurial education, how it is taught and practiced is influenced by the context of health care practice.

The critical content of innovation in social entrepreneurship is relevant to post-secondary healthcare educators. The importance of innovation is shown by coming up with new approaches to health promotion. As Boore and Porter (2011) wrote “creativity and innovation will be essential to maintain and enhance healthcare within a period of economic restraint and increasing health care needs as demographic change leads to a larger elderly population” (p. 190). A social entrepreneur can expand one’s business with another type of service to fulfill the changing needs of clients. In addition, Cogliser and Brigham (2004) reinforced the distinction between leadership and entrepreneurship. The intersection between these two important concepts can inform social entrepreneurship and possibly support informed teaching practices.

Based upon our preliminary work, a neglected content area identified for social entrepreneurs relates to legal and regulatory structures. Social entrepreneurs within the HC professions are required to operate within such regulatory structures.

The second question was specific to teaching strategies and effectiveness. The educator has a critical role in promoting student learning. Decisions about which teaching method to use is based upon consideration of a number of factors, including: location, course objectives, learner outcomes, educator’s expertise and background, instructional setting, and resources e.g. available technology.

There is no one perfect method for teaching social entrepreneurship within post-secondary institutions. Whichever method is selected, it will be most effective if used in combination with other instructional strategies to optimize learning. A combination of online technology and on-line campus experiences has the potential to take traditional post-secondary education to new levels, allowing them not only to respond to disruptive competition but also to serve many more students with their existing resources. Mentoring is often a component of entrepreneurial success. HC students who participate in preceptorships with experienced social entrepreneurs may help prepare students for this role. Yet, in brief the effectiveness of teaching strategies is not evident in the literature reviewed, perhaps because of the relatively recent and limited introduction of entrepreneurship concepts and skills into HC curriculum.

GOING FORWARD

One of the problems in comparing research on social entrepreneurship education is the heterogeneity in the methods used, making it difficult to compare findings. This comparison is further limited by the scarcity of research on the topic. Questions remain: What skills do faculty need to have to provide effective instruction to students? Entrepreneurs need to have certain characteristics which are common amongst health care professionals and are the type of

characteristics we look for in selecting students to enter nursing programs. And researchers need to ask: What is the inter-play of social entrepreneurship and critical thinking? And, what is actually being taught? And how?

A number of barriers currently exist to the effective implementation of social entrepreneurship education including the lack of faculty with the knowledge and skills in such education (Buring, Bhushan, Brazeau, Conway, Hansen, & Westberg, 2009; Hytti & O’Gorman, 2004). We recommend an invitational summit on how to teach social entrepreneurship to HC students. It may be sponsored by any one of a number of provincial, national, or international health education focused associations. One example is the Canadian Association of Schools of Nursing, other examples include the Nursing Education Program Approval Board in Alberta and the Association of Retirement Organizations in Higher Education (AROHE). These associations help to guide and approve the content provided in health care professional post-secondary institutions.

LIMITATIONS

In this paper, we provided an overview of social entrepreneurship education identified in the gray and published literature, and available from the WWW. Our search aimed to be comprehensive but needed to balance practicality and available resources. The large number and diversity of post-secondary institutions is one example of where this previous statement applies. It was not within the domain of this scoping review to assess the methodological quality of obtained research articles. It is noted that this review was a preliminary one intended to provide direction for further curriculum development for HC professionals.

CONCLUSION

Social entrepreneurship education in the health care professions will create critical thinkers who are motivated to succeed. As Elizabeth Cannon, the former president of the University of Calgary wrote “Expressing your views, pushing the limits of your discipline, being provocative within your discipline — all those things are entrepreneurial ... Entrepreneurial thinking is about unleashing potential.” (University of Calgary, 2018, p. 7).

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