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A descriptive study of the steps and the obstacles encountered in becoming a nurse entrepreneur

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**A descriptive study of the steps and the obstacles encountered
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Guess, Kelly Jean, M.S.

San Jose State University, 1992

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A DESCRIPTIVE STUDY OF THE STEPS AND THE
OBSTACLES ENCOUNTERED IN BECOMING A NURSE ENTREPRENEUR

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements of the Degree
Master of Science

By

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December, 1992

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Abstract

A DESCRIPTIVE STUDY OF THE STEPS AND THE OBSTACLES ENCOUNTERED IN BECOMING A NURSE ENTREPRENEUR

by Kelly Guess

This study explored the entrepreneurial process of 5 nurses, some of the problems they encountered, and the strategies they used to overcome these problems. Utilizing open-ended questions during an interview, data were collected from entrepreneurs in business from 1 to 10 years. Thematic concept coding was used to name and categorize the phenomena. Six stages with subcategories were identified from the data. The six stages were: (a) formative, (b) special skills, (c) process movement and timing, (d) crystallization, (e) getting started, and (f) problems and strategies.

The results of this study indicated that while some participants vacillated between stages, the entrepreneurs followed a similar process to achieve success, even though they conveyed no formalized plans, their businesses were eclectic, and their individual actions were different. Special skills and life events also affected entrepreneurial actions.

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for his infinite
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Chapter 1

INTRODUCTION

The United States of America's shift from an industrialized society to a service and information oriented one has brought about changes in the health care delivery system (Abdnor, 1988). Although health care has always been considered a service industry, recent health related changes, such as rising medical costs, increased patient acuity, and the consumers' need to be more informed about their care, necessitate the need to make adaptations (Marszalek-Gaucher & Elsenhans, 1988). These changes and adaptations in the patient/health care delivery system are often identified initially by nurses in positions of management or at the forefront of patient care (Boyar & Martinson, 1990). As these nurses try to implement changes and new policies, they frequently encounter resistance in their work institutions. They often become disenchanted and impatient with the slow progress and development. As a result, some nurses have pursued their interests and ideas independently as entrepreneurs (Clark & Quinn, 1988).

Nurse entrepreneurs can be found in all types of businesses, ranging from consulting or private practice firms to developing health care products (Hammers, 1990). Current literature describes nurse entrepreneurs and their

businesses; yet no explanation is given of the process in which they engage while becoming entrepreneurs or the obstacles they encounter along the way. Even though many nurses are currently in entrepreneurial roles, Ives and Kerfoot (1989) believed more nurses would choose this career alternative if classes, literature, and supportive resources were more readily available.

In personal conversations with this researcher, several colleagues identified creative entrepreneurial ideas they would like to pursue, although few, if any, have acted upon them. One reason might be that little or no formal training or education for expanding nursing ideas into businesses is available in the nursing or the business literature (Hammers, 1990). Thus, most of the problems and issues of becoming a nurse entrepreneur have been handled through trial and error. Many nurses reported that "information sources were difficult to locate and widely dispersed" (Vogel & Doleys, 1988, p. iii). They also stated that there was "a lack of information essential for nurse entrepreneurs" (p. iii).

The lack of educational opportunities available to the potential nurse entrepreneur is also evident from the number of nurses entering Master of Business Administration (MBA) programs. Presently some nursing programs are trying to

diversify by offering a combined MBA/MSN degree (University of California, San Francisco, personal communication, February, 1991). However, MBA programs still provide more educational courses directed specifically to business ventures. Although most graduate nursing programs have an administration specialty, the entrepreneurial or business aspects are not completely developed. A master's program in Buffalo, New York at D'Youville College is the only nursing school that offers a Nursing Entrepreneurship Project in their Community Health Program (Batra, 1990). As more health care professionals begin to feel the impact of the most recent financial crunch, nursing education should take the lead and offer business and economic programs to enhance diverse career opportunities for nurses. This could potentially inspire and promote entrepreneurial activity in nursing.

Nurses work in all aspects of the health care system. Many nurses find that this diverse work exposure allows them to recognize needs in the health care market and capitalize on their creativity. As a result, several nurses have developed successful businesses based upon creative ideas and understanding of clients, peers, and health care organizations (Rice, 1990).

Purpose

The purpose of this study was to investigate the process by which nurses become entrepreneurs. This study also explored some of the problems they encountered and the strategies they used to overcome the problems.

Research Questions

This study addressed the following questions:

1. What is the process by which nurses become entrepreneurs?
2. What are the problems encountered and the strategies they used to overcome them?

Definition Of Terms

For the purpose of this study, the following definitions apply:

1. Nurse Entrepreneur is a licensed registered nurse who has started, maintained, and owned a business for at least 1 year but not more than 5 years. It is assumed that nurse entrepreneurs in business 5 years or less would have better recall of the process they followed in order to become successful.
2. Success is having a nursing related business for approximately one year and receiving one-half of one's income from the business.

3. Process are the steps a nurse entrepreneur used to develop a business.

4. Problems are the difficulties nurse entrepreneurs face in order to achieve success.

Assumptions

This study was based on the following assumptions:

(a) the subjects answered questions honestly, and (b) nurse entrepreneurs could articulate the process they experienced. This study also assumed that the process was common among nurse entrepreneurs.

Summary

Nursing can be seen as a relatively young profession that is expanding its horizons to careers outside the traditional hospital setting. As these new and important aspects of nursing emerge, educational development within the profession is being recognized as a means of fostering and cultivating these areas of opportunity. One such avenue accessible to nursing professionals is entrepreneurship. Currently, there are many nurse-owned businesses operating successfully, and more nursing professionals are starting to embark on entrepreneurship as a way of career advancement, diversity, and autonomy (National Nurses in Business Association, 1990).

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Chapter 2 contains an explanation of the conceptual framework and a compilation of the related literature on entrepreneurship. The framework was used as a guide for the organization of the literature, the data collection, the results interpretation, the conclusions, and the recommendations in this study.

The literature and educational resources available to nurse entrepreneurs are limited. Although many articles have been written on entrepreneurs in general, little scientific research has been done exploring the process and the problems. Popular articles and books on entrepreneurs are usually biographical, such as rags to riches stories that describe the flamboyance of the entrepreneur. These articles tend to generalize the overall process, elaborating little on the business initiation, its products and/or services. Research studies focus primarily on entrepreneurial characteristics, report demographics, growth, and survival rates of entrepreneurial ventures. Few research articles examine aspects of an entrepreneur's pathway to success in detail.

Since entrepreneurship is recognized as one division of a profession and nursing is a profession, the theories and

concepts of nursing entrepreneurship are probably connected and/or similar to that of other professions. Assuming that the nursing entrepreneurial concepts and theories are related to those of other professions, the business and nursing literature were concurrently reviewed to gain insight into the nursing entrepreneurial process. Burch's (1986) theoretical framework, found in the business literature, was used as the guiding perspective of this study (p. 13).

Conceptual Framework

The entrepreneurial model from Burch (1986, p. 13) was chosen as the organizing framework for this study. The framework consists of six components: aspiring entrepreneur, foundation, collaborative affiliation, venture incubator, new business, and returns. The components are interactive; together they create a synergistic effect. According to Burch (1986), the initial four components of the framework develop a new venture that generates economic growth, technological development, and investment opportunities (pp. 13-18).

Within the framework the aspiring entrepreneur is seen as a change agent who has the ability to recognize a source of innovation and be creative with it (Burch, 1986, p. 24). Burch notes that "entrepreneurs are always looking for

something unique to fill a need or want", and "they have the ability to see the economic potential of an invention" (p. 26). Although the entrepreneur is the key component in the model, the conceptual relationships between the aspiring entrepreneur, the foundation, the collaborative affiliation, and the venture incubator produce a synergistic effect.

The foundation represents the overall milieu that circumscribes and actuates the entrepreneurial process and activities. For example, government regulations, laws, and trade agreements are precepts with which entrepreneurs must comply in order to start a venture. Other adjacent elements of the foundation are financial bases, existing corporations, and infrastructures such as communication and information systems. Already in existence, these elements encourage the entrepreneurial movement through sponsorships, education and training, technological advancements, research, and equipment. All of these regulatory and promotional activities embody the foundation and help facilitate the entrepreneur in achieving goals.

Similar but distinct from the foundation in the entrepreneurial model is the collaborative affiliation. Whereas the foundation is a regulating body, the collaborative affiliation is an intellectual endeavor. This component consists of private groups, corporations,

universities, research facilities, and governments. The collaborative affiliation serves to guide the development of the venture. These agencies assist in defining the venture boundaries and monetary aspects of all associated with the venture. They provide a supportive and collaborative environment in which the plans for the venture can proceed.

The previous components combine their experiences and resources to establish the fourth component, the venture incubator. This is a tightly connected partnership in which the actual processes are solidified and initiated. Market analysis, business plans, production sites, equipment, and work forces are determined and selected through the venture incubator. The results of research, consultation, market analysis, regulations, and financing from the previous components yield the two concluding sections: (a) the new business itself, and (b) the returns to the members.

Familiarity with Burch's framework resulted in numerous directives for the study of nurse entrepreneurs. The framework focused the research process, and enhanced the development along a discerned path. The framework lent itself well to the organization of literature. It also provided perspectives for the development of an interview outline for data collection. Burch's framework simplified

the transition from the review of the literature to data collection and analysis.

Review of the Literature

Entrepreneurial Characteristics

Burch (1986) has profiled the characteristics of the aspiring entrepreneur. The entrepreneur is seen as one who has an intolerance for mediocrity and inefficiency (p. 28). These characteristics, with many others, lead to a propensity to be risk takers and acceptors. Burch also states that entrepreneurs are extremely organized and goal directed (p. 29). They are willing to accept responsibility, and they rely heavily on insight (p. 32). Burch further contends that monetary rewards are important to the entrepreneur, although success, whether it be in the form of recognition, respect, or money, is usually foremost (p. 36). The entrepreneur is typified as a workaholic (Burch, 1986, p. 37).

Although Burch typifies the entrepreneur, the actual study of entrepreneurial characteristics has been long and controversial. Past research has been inconclusive in determining specific characteristics which are inherent in the successful entrepreneur. In addition, researchers often reported conflicting views on whether entrepreneurial characteristics played a role in the success of a business

venture or whether success had influenced entrepreneurial characteristics (Hornaday, 1982, p. 31).

An early study by McClelland and Winter (1969) concluded that one characteristic distinguished entrepreneurs from people in general. The exact type of motivation or characteristic that distinguished an entrepreneur was the individual's need for achievement (p. 24). As research progressed, Garza (1975) identified ten characteristics common among entrepreneurs. These ten characteristics ranged from good health to sufficient emotional stability. Further adding to the controversy and complexity, the East-West Center Technology and Development Institute (1977) published research listing 42 characteristics of entrepreneurs. While this study identified more characteristics, it also found differences in entrepreneurs on a national level, although these differences were not specifically identified in the study (Hornaday, 1982, p. 25).

Even though there were a large variety of characteristics associated with entrepreneurs, most researchers acknowledged some commonalities. Brockhaus (1982, pp. 43-51); Burch (1986, pp. 33-38); Ronen (1983, pp. 137-165); Vogel and Doleys (1988, pp. 27-33) agreed that locus of control, risk-taking propensity,

personal values, and dissatisfaction with previous work experience are a few of the factors that can influence the likelihood of becoming an entrepreneur. Brockhaus (1982) further proposed that individuals with an internal locus of control and moderate to high risk-taking propensity tended to have more successful ventures (pp. 43-51).

The general lack of agreement concerning entrepreneurial characteristics not only leads one to question their importance in the study of the entrepreneurs, but whether they should be included at all (Hornaday, 1982, p. 25). Hill and Narayana (1989) contend that entrepreneurial characteristics are too diverse and complex to be generalized (p. 69). To get detailed profiles, each entrepreneur and his or her situation need to be analyzed individually and then comparatively. They suggest that political, economic, social, familial, psychological, cultural, and physical aspects, along with chance, be included in the future study of entrepreneurial characteristics (p. 69). Although in agreement with Hill and Narayana, Sexton (1988) contends that to study enough entrepreneurs to make generalizations would take years of research and still may yield different results.

In the past, studies typically involved entrepreneurs

of great wealth or millionaire proportion, usually in high technology ventures (Livesay, 1982, pp. 8-15). Most critics agree that the definition of entrepreneur has been used interchangeably with wealth or success and needs to be clarified in future studies. Greenberger and Sexton (1988) indicate that current research efforts need to be aimed at strategies and techniques of the small business owners. They conclude that a great deal of knowledge is to be gained from case studies involving this type of entrepreneur.

Foundation

Local, state, governmental laws and regulations, financial bases, taxes, and proprietorships are some of the factors entrepreneurs investigate when initiating a venture. Although many of these factors may be similar between businesses, differences also exist. The differences in laws, regulations, financial bases, taxes, and proprietorships are usually based on the type of venture chosen. For example, a nursing private practice venture must comply with state regulations and governing bodies that are different from those of the retail business. These factors can be either assets or limitations when initiating a business.

Recent reports from Birch (1987) state that small businesses comprised 60% of the new jobs created. However,

record number of these businesses are failing and the reasons for failure are multiple. Prevailing literature supports the assumption that current economic and political changes have impacted entrepreneurial activity, although opinions on whether these changes either support or oppress entrepreneurial activity is divided.

Abdnor (1988) contends that domestic environments are conducive to entrepreneurial activity. He bases these assumptions on the changing political milieus and trade agreements in foreign countries. Abdnor indicates that expanded trade agreements are open for exploitation for entrepreneurs interested in the export business. In contrast to Abdnor, Sexton (1988) and Peterson (1988) state that the lack of knowledge on trade agreements, government regulations, and contacts available to aspiring entrepreneurs significantly limits the growth potential in international markets. Peterson (1988) states that scarce information and lack of resources, plus the arduous process are thus self-limiting.

On a domestic level, other scholars maintain that government intervention is stifling and counter-productive to entrepreneurial activity. According to Burch (1986), deregulation, tax revision, and relaxed public policies would enhance this activity (p. 15). Currently, domestic

companies have to comply with a multitude of laws, regulations, labor costs, and taxes whereby their profit margins and overheads bring into question the viability of operating a business in U. S. markets. As a result, many businesses have moved their manufacturing sites to international markets in order to stay competitive, reduce overhead, and increase profitability (Birch, 1988).

One area particularly fraught with government intervention is the medical profession. Jones (1989) concludes that the medical profession has seen dramatic changes, not only in technology but in reimbursement patterns. Many areas of medical care and practice were previously limited to physician control. This was in part due to reimbursement regulations from the federal government. In 1988, judicial decisions recognized nurses as physician competitors and enacted laws to protect nurses from anticompetitive practices (Clark & Quinn, 1988).

Even today, the arena of reimbursement is changing. Technological advancements and rising costs have forced the U. S. government and health care institutions to continually re-evaluate reimbursement. New alternatives which reduce and contain costs are being explored (Haddon, 1989). Numerous institutions have decreased costs and expanded services through alternative care options. Jones (1989)

cites extended care facilities, outpatient services, and home management as examples. Several of these alternatives have proven favorable. Polich, Bayard, Jacobson, and Parker (1990) found that health care at a small nurse-operated extended care facility has been effective in reducing the number of hospital days for older patients. Another entrepreneur, Tricia J. West, owner of NephroCare Home Care Training Center, opened services for home dialysis. Clark and Quinn (1988) found that this company overcame the intimidation and perceived threats from physicians; patients also reported greater satisfaction, cost-savings, and freedom when compared to traditional chronic dialysis centers. Nurse entrepreneurs are expanding old services that were once extensions of the hospital, adding creative twists and becoming successful.

As health care costs increase and resources decrease, the market for diversity in economical health care will flourish. Steck (1989) states in an interview with Peter Drucker that there is great potential for entrepreneurs in the health care arena. New prospects for nurse-operated clinics, elder care, home health, outpatient, and rehabilitation services are expanding and will continue to expand (Brown & McCool, 1990; Frey, 1989; Ives & Kerfoot, 1989). Although these may be promising alternatives, start-

up capital for changing industries is risky and restrained; as a result, growth maybe slower and more limited in this area (Kuratko & Hodgetts, 1992, pp. 382-407; Rauen, Sperry, & Miller, 1988, p. 80).

Financing

Not only are laws and regulations difficult to understand and implement, financial backing for new ventures can be far more perplexing and cumbersome. Many funding options exist, although present economic conditions have curtailed availability. Scholars include possible funding sources for entrepreneurs as banks, venture capital agencies, major companies, private individuals, and government agencies.

Swift (1989) found that venture capital to young growing firms is not only difficult to obtain but often involves higher interest rates and service charges (p. 328). Swift also reports that banks and venture capital companies require more of the lendeer in ways of collateral in order to obtain financing (p. 328). A different study investigating start-up capital by Freear and Wetzel (1989) demonstrates that a majority of ventures are initially financed through private investors versus venture capital agencies and funds (p. 230). However, recent profiles of private investors show them to be more careful with investments in

economically difficult times and less willing to lend money in early start-up phases (Sapienza & Timmons, 1989, p. 246). Data from government agencies such as the U. S. Small Business Administration (SBA) (1985) require specific guidelines in order to obtain financing for new ventures. However, a branch of the SBA, the Office of Womens' Business Ownership (1990), reports loan availability of \$50,000 or less, specifically for women business owners. These trends are encouraging considering nursing is predominantly a female profession (Bangs, 1982, p. 31).

Financing any business is difficult and a health care venture is no exception. Few health care related businesses show profitability and the regulations which directly affect health care continue to change. Consequently, obtaining funding for these types of businesses may be very precarious. Evercare, an innovative approach to nursing home care and cost containment, reported a loss in their first 2 years of operation (Polich et al., 1990, p. 101). In 1988 their year-end loss totaled \$198,000. Polich et al. (1990) also revealed that initial funding for the business was sponsored by United HealthCare Corporation, a private institution. Although Evercare demonstrated profits in the third year of business, they suggest aggressive investigation of as many funding sources as possible.

Additional resources for funding are reported as Health Maintenance Organizations, third-party payers, self-insured businesses, Medicare, and Medicaid.

Clark and Quinn (1988) report that P. J. West of NephroCare Home Care Training Center spent 3 years analyzing the market and researching funding opportunities and third-party payment before initiation of the business. However, before the actual implementation, Medicare regulations changed. West had to re-evaluate the program and the financing options.

Most scholars conclude that an essential part of the investigation of a business interest includes inquiry into the types of regulations and laws, consideration of the social-political atmosphere, and exploration of the alternative sources of funding. Burch (1986) further expands these areas of inquiry to include education, training, communication, and mentorship with experienced personnel. These areas provide excellent avenues for guidance and information (p. 15). A combination of these factors and inquiries can facilitate the planning process and prevent potential problems for future business owners.

Collaborative Affiliation

As laws, regulations, and financing exemplify a portion of the foundation component, research centers, government

agencies, and corporate support are other tangential areas. Even though these areas are juxtaposed in the entrepreneurial milieu, the utilization of these aspects constitutes Burch's collaborative affiliation component. Specific examples might be expressed in open communication and/or mentorship programs for entrepreneurs with private corporations.

Education, training, sponsorship, and mentoring in entrepreneurial activities are currently acknowledged as a relevant part of our economic survival (Stevenson, 1985, pp. 25-47). Not only has this been a part of American history, European countries also discern that entrepreneurship is one way to create jobs and reduce the unemployment rate, thereby slowing economic recession (McDermott, 1987). As our technology has changed from individual labor to automation, fewer jobs are available as compared to years past (Birch, 1987). As thus, universities along with governments and private corporations have channeled resources to explore and facilitate this area.

Several universities now recognize studies in entrepreneurship and offer degree programs (Sexton & Upton, 1987; Batra, 1990). These courses guide students through the development of ideas via academic courses. In addition, they encourage role modeling with established entrepreneurs

(Batra, 1990). Research by Sexton and Upton (1987) set out to test the effectiveness of an innovative approach to teaching entrepreneurship. They concluded that entrepreneurship can be taught. However, the most effective method was still elusive.

Seeing that this process can be taught, government agencies and professional associations are extending their services to individuals. The U. S. Small Business Administration (1991) reported more than 119,000 women utilized counseling services for independent business problems and 193,000 women were trained in entrepreneurship in 1990. Other professional groups, like the National Nurses in Business Association (1990), and Nursing Horizons (1991), offer a wide array of classes on entrepreneurial educational, development, and sponsorships for current and potential nurse entrepreneurs. The Association of Collegiate Entrepreneurs (ACE), caters to students in formalized education programs (Scott & Twomey, 1988). This association also encourages and promotes entrepreneurial activity among students.

In addition to universities, governments, and professional associations, corporations also recognize the importance of developing entrepreneurs within the organizational environment. These types of entrepreneurs,

developed within a corporate environment, are called intrapreneurs. Corporate research suggests that intrapreneurial activity promotes a sense of belonging and loyalty to the institution thereby increasing productivity, cost containment, and enhancing creative thinking (Brown, 1991).

Brown (1991) also pinpoints employees as the ones to identify problems and deduce creative solutions. In the past this type of activity was not encouraged in a bureaucratic system. However, Brown suggests that this type of innovation in the workplace is one way to attract and retain astute employees.

Marszalek-Gaucher and Elsenhans (1988) conducted a pilot program in intrapreneurship at University of Michigan Hospital, Ann Arbor. This program allowed nursing employees to present proposals and ideas for possible implementation into the workplace. Prospective outcomes of the study anticipated an impact on employee retention, generation of new revenue, and enhanced communication skills with colleges and administration. The preliminary results revealed that employees had an enhanced perspective on what they could contribute to the institution; at 6 months, a program evaluation demonstrated enthusiasm and encouragement to

continue the program and expand it to other areas of the organization.

As research centers, universities, governments, and corporate environments acknowledge the importance of entrepreneurs, more support and education will emanate from these sources. The entrepreneurial literature has expanded in areas of theory development through case studies, and it will continue to expand (Sandberg, Gatewood, & Olm, 1989, p. 472). Sources of assistance are more widely publicized and available as compared to a decade ago (Smilor & Gill, 1986, p. 2). This integration and cooperation of research knowledge and centers, universities, government and corporate agencies represents Burch's collaborative affiliation component.

Venture Incubator

Whereas Burch's collaborative affiliation component is an adjunct to entrepreneurs for guidance, expertise, and research support, the venture incubator is where the process is instigated. Venture incubators are seen as a support system which can provide interaction between entrepreneurs, personnel, and the surrounding business community. Venture incubators have seen a steady growth over the past decade (Gatewood, Ogden, & Hay, 1985, p. 1). However, specific delineations and definitions of incubators are as varied as

their numbers and the services they provide (Spitzer & Ford, 1989, p. 437).

Smilor and Gill (1986) report profit and non-profit types of incubators. Profit enterprises ordinarily provide revenue to the owners of the facility or the operators of the incubator (p. 108). The non-profit entities usually aspire to improve the local economy through job creation, company starts, and tax base expansion (p. 6).

Spitzer and Ford (1989) conclude that whether the incubator is for-profit or non-profit, the specific goals and objectives of the incubator may not directly coincide with those of the tenants. One example is the development of an incubator to fill a vacant building and not because the need for such a facility exists (p. 443). Spitzer and Ford further clarify that most for-profit incubator objectives are concerned primarily with cash flow, equity, and profits (p. 443).

The function of an incubator is in part dependent upon the capabilities of the entrepreneur. Although most incubators are eclectic in nature, Burch (1986) indicates that they should provide a wide variety of services to animate entrepreneurial activity and thereby increase chances of success (p. 17). Some incubators require extensive concept development, pre-planning, and financial

support before engaging in their services. Merrifield (1987) reports that the dominant attribute of this type of incubator was the availability of space, infrastructures, and support personnel. Other facilities assist in concept development, marketing, and production (Elder & Olson, 1989, p. 459).

Additional advantages of incubators include support networks with entrepreneurs in similar situations, assistance from the incubator's management, and financial counseling or resources (Spitzer & Ford, 1989, p. 437). Since incubators are a conglomerate of offices, infrastructures, and support personnel, expenses are ordinarily shared among the residents. Lower start-up capital and overall operating cost may be benefits of all incubators (p. 438).

Spitzer and Ford (1989) compared the needs and goals of incubator tenants to the services provided by the incubator's management (p. 436). The outcomes suggest that managers and tenants had different perceptions of what the incubator actually was; as a result, the needs, services, and goals of both parties may not have been synonymous (p. 444). Spitzer and Ford also suggest careful consideration by the entrepreneur of the goals, objectives, and services offered by an incubator in order to

achieve maximum benefits of the relationship (p. 444).

Elder and Olson (1989) found that charitable foundations also act, in some part, as incubators. These charitable foundations provide suggestions and monies to educational institutions, governmental units, or other technical assistance providers (p. 448). These agencies in turn assist entrepreneurs in incubator type activities. Elder and Olson report assistance and support to all levels of entrepreneurial activity. They describe charitable foundation support of entrepreneurs with concept development as well as those in need of only financial assistance, and they clarify that economic development and diversity are the primary goals of foundation/incubator activity (p. 448).

As Burch recommends that incubators should provide a array of services to entrepreneurs, the review of the literature indicates that many different levels of incubators exist. Spitzer and Ford (1989) demonstrate that incubators do not always maintain the goals and objectives of the entrepreneur. They suggest thorough investigation into the quality, diversity, and depth of services incubators provide. They indicate that this responsibility lay with the individual entrepreneur (p. 444).

Returns

Returns in a new business venture can be measured in various ways. Burch (1986) describes returns in areas of job creation, economic growth, technological development, investment opportunities, image, standard of living, and profits (p. 13). Although most companies have a time lapse before showing profit margins, other areas of Burch's returns are actualized through the venture formation process.

One example of this actualization may be creative payment. Welles (1989) reports that some consultants will take investment opportunities in the company in lieu of cash payment. Although not always advised, this may result in an incremental interest in the company's welfare. This can be a benefit to growing companies to reduce out-going cash.

Another area realized in the process may be job creation. Case (1989) reports that after some businesses receive favorable market publicity, the demand for services can exceed the supply. At this point, many entrepreneurs need additional help to fulfill requests.

Irrespective of the returns in the initial phases of a venture, many companies reported two or more years before actual profits are realized. Several scholars discuss maintaining a regular job during the first 2 years of

operation. According to Collins (1989), a business usually could not afford to pay a salary in the first 2 years of operation. Brokaw (1989) reports that one company projected \$8,800 profit in the third year of business. In any case, no salaries were paid to the owners; monies were deferred back into the business.

Although owning a business may have many returns, monetary profits may have to be seen in the future tense. Scholars discuss creative payments and secondary jobs as possible solutions in the start-up phase. These suggestions may extend short cash flow and provide needed income to the entrepreneurs during initiation and expansion.

Summary

Several resources are used in the initiation of a business venture. Prior research into the entrepreneurial process is mainly limited to psychological profiles, business prosperity, and biographical stories of exceptionally successful entrepreneurs. Even less documentation relating to the entrepreneurial process is found in the nursing literature. As a result, an entrepreneurial framework from Burch was acquired via business literature.

Burch's framework provides an analytical approach to the entrepreneurial process. This analytical approach

generates multifaceted interaction in the different phases of venture initiation. The framework addresses the function and the characteristics of the entrepreneur, the basic entrepreneurial milieu, consulting resources, joint interaction/initiation phase, and returns.

Numerous non-research articles were found exemplifying entrepreneurs and their business beginnings. However, a limited number of research articles were found that explicitly explored the entrepreneurial milieu, the collaborative affiliation, and the incubator components. Scholars and researchers suggest additional exploration of small business developments to further articulate this process.

Chapter 3

METHOD

Polit and Hungler (1987) state that the purpose of qualitative research is to investigate an area when little information is known about the particular subject of interest (p. 350). More precisely, qualitative research provides in-depth information and perspectives on situations that quantitative research cannot. Presently, there is insufficient literature to support quantitative research. Since current research information has not explicitly identified and articulated the process towards entrepreneurial success, it is necessary to begin at this level. Therefore, the most appropriate method for inquiry and data collection into an area with little research support is qualitative in nature.

The Research Design

This study used a qualitative, exploratory research design to identify the process by which nurses achieved entrepreneurial success. Data were collected from open-ended questions during an interview process. The questions elicited responses surrounding the initiation of a business venture. Thematic concept coding was used to name and categorize the phenomena. The data were broken down into

parts and compared for similarities and differences (Strauss & Corbin, 1990, chap. 5).

The Research Instrument

The data collection guideline was developed by the researcher specifically for this study (Appendix A). It was composed mainly of one open-ended question which initiated the process. This question assumed that most nurse entrepreneurs would follow a chronological method of recall in the articulation of their business initiations, thus limiting the number of questions directed towards the respondent. However, other questions were prepared and used to guide the interview process when respondents did not address all the areas of study. Treece and Treece (1982) conclude that an interview guide is based on the researchers understanding and insight into a situation; it allows the interviewer freedom to pursue relevant topics in depth (p. 247). Polit and Hungler (1987) also concur that an unstructured approach aims at the elucidation of the respondents' process without imposing any of the researcher's views on the participants (p. 229). This interview format encouraged unobstructed verbalization through a chronological progression.

The content validity for the data collection guideline was supported by the conceptual framework, the literature

review, a faculty advisor, and input from a successful nurse entrepreneur. The basic guideline was aligned with the theoretical framework from Burch (1986) and mainly focused on the foundation, the collaborative affiliation, and the venture incubator components (p. 13). The guideline was then clarified with two nurse entrepreneurs who have been in business more than 5 years and received all of their income from their business.

The Research Sample

The sample population consisted of 5 nurse entrepreneurs in different types of businesses. The criteria for participation in the study were as follows: (a) registered nurses licensed in the State of California, (b) entrepreneurs who received at least one-half of their income from their business, and (c) business establishment of more than 1 and less than 5 years. The criterion regarding business establishment was not maintained. Upon initial contact with various nurse entrepreneurs, interest in the study was encouraging. However, upon later communication regarding participation in the study, telephone calls and letters were not returned. Several entrepreneurs contacted through personal references and professional associations also relayed a resistance and an unwillingness to discuss their process. It was assumed that

part of this ambivalence might be due to the initial workload involved with maintaining a fairly new venture. As a result, the criterion of business longevity of less than 5 years was expanded to 10 years.

All respondents selected were located in the northern California area for the convenience of the investigator. One nurse entrepreneur was obtained through networking at a professional conference sponsored by the National Nurses in Business Association. Four other entrepreneurs were contacted through personal references. The population represented 1 "co-independent" practicing nurse and 4 nurse consultants in different specialties. The "co-independent" nurse practiced under the auspices of a physician. The 4 consultants' specialties were: (a) continuing education, (b) productivity consulting, (c) group process consulting, and (d) case management consulting. Service or product oriented entrepreneurs were solicited, although without avail.

All entrepreneurs had acute care experience before initiating a venture. The minimum amount of acute care experience was 5 years and the maximum was 15 years. Three of the nurse entrepreneurs had a primary focus in critical care. The other 2 had predominantly hospital management experience prior to their venture initiation. After the

acute care setting, occupational experiences varied. They ranged from work with a physician to employment with an insurance company. One entrepreneur gained specialized skills via an outside company training in-house employees. Two entrepreneurs established businesses immediately after the acute care experience. All the entrepreneurs had a baccalaureate degree; 3 were currently enrolled in graduate programs in nursing. One entrepreneur was pursuing a doctoral degree.

Human Subjects Approval

Approval was obtained from the Institutional Review Board-Human Subjects at San Jose State University (Appendix B). Subjects were told their participation was strictly voluntary. They were also informed they could withdraw from the study at any time. Inclusive in the explanation was the declaration of anonymity. After such explanation, each subject was asked to sign a consent form and was given a copy.

Data Collection

This exploratory study used qualitative techniques for the collection and the analysis of the data. Twelve entrepreneurs were solicited by the researcher for participation in the study. These entrepreneurs were identified through personal contact and the National Nurses

in Business Association (NNBA). Upon receiving 5 verbal consents to participate, no further phone contacts were made. The specific dates, places, and times for the interviews were chosen by the respondents and varied from a personal residence to a public cafe. After scheduling the interview, information letters were mailed to the respondents. Consent forms (Appendix D), denoting participation, were mailed with the information letters (Appendix C).

The interviews were limited to approximately 1 to 1 1/2 hours in length. The 5 interviews began with an open-ended question to encourage verbalization. The participants were permitted to articulate their entire process without interruption. Specific questions outlined in Appendix A helped guide the interview process. The interviews were tape recorded with permission of the respondent. Upon concluding the process, additional open-ended questions were introduced by the researcher to extrapolate information not covered by the respondent.

At the conclusion of the data collection period, thank you notes were sent to all respondents, and the interviews were transcribed solely by the researcher. Each tape was given a code number, and any identifying information was removed to insure confidentiality. The tapes were destroyed

at the conclusion of the research. Data were analyzed by thematic concept coding.

Data Analysis

After the interviews were transcribed, all names and distinguishing information were removed from the data. The entrepreneurs were identified by the numerical order of the interview to protect their anonymity. Thematic concept coding was used to withdraw categories from the interviews.

Thematic Concept Coding

Each interview was analyzed individually, line by line, in the narrative form. Key words, phrases, and activities were extracted from the text and used as concept notes. The notes were then grouped according to the type of activity and the chronological progression through the entrepreneurial process. After the interviews were coded into concepts and arranged into categories, the categories were compared to the other interview data for consistencies and discrepancies in each category. Two of the entrepreneurs' interviews presented with one or two exclusive categories. In order to limit the number of categories, these areas were re-grouped or condensed into other major areas.

Three natural divisions in the entrepreneurial process occurred during the data analysis. The first division was

when the entrepreneurs realized they could be independent. The second division was when the entrepreneurs researched facts to become independent; and the third division was when they initiated concrete steps to open a business and actualize independence. These divisions established the formative stage, the crystallization stage, and the getting started stage. However, other categories that did not encompass these divisions did evolve.

These other categories or stages represented concepts that were articulated throughout the entire process or events that influenced entrepreneurial movement. These two categories were labeled as special skills and process movement and timing. Although not specifically related to the entrepreneurial process, these concepts and events probably contributed to the entrepreneurs' success. These categories illustrated unfortunate personal circumstances and unique qualities inherent in these particular entrepreneurs.

The last category delineated in the data represented the second research question. This category identified some of the problems encountered by the entrepreneurs, and the strategies they used to overcome these problems. A total of five different problems and strategies were discussed.

Once all of the data were categorized, and the consistencies and discrepancies were examined, the three main categories of the formative stage, the crystallization stage, and the getting started stage were re-analyzed for better definition and clarity. These main categories were divided into subcategories. Again, the subcategories were delineated by the type of activity and the chronological progression in the entrepreneurial process. At the completion of the sub-categorization, the interviews were compared to each other for congruency and variation. Most of the entrepreneurs did manifest all of the subcategories, however, vacillation did occur between these subcategories.

The overall process did exhibit similarities, but differences or extra stages also emerged when comparing the interviews. Part of these differences could be related to the acquisition of entrepreneurship. For example, 4 of the entrepreneurs had made a conscious effort in planning, and their goals were directed at achieving independence. One entrepreneur happened on to the process, and stayed dependent until circumstances prompted her to become independent. This one entrepreneur's progression was not a planned process. Although her steps in achieving this process were aligned with the other entrepreneurs interviewed, some differences were noted in her process.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

The principal objectives of this research were to identify the process and obstacles of becoming a nurse entrepreneur. The data were analyzed by thematic concept coding. The 5 interviews were examined individually. Themes were deducted from the data and then analyzed comparatively. Similarities and differences in process and techniques were noted.

The purpose of the fourth chapter is to describe the sample population and to present the results of the data analysis. The researcher was the sole data collector. All data were subjected to validating analysis by an expert in qualitative research. The interpretation of the data is presented in the following order: (a) the sample characteristics, and (b) the data analysis of the interview process.

Sample Characteristics

The total number of nurse entrepreneurs contacted for participation in the study was 12. However, upon obtaining 5 participants, no further initiations were made. Four of the respondents were female. One was male. Business life varied from 1 to 10 years of operation. The mean length of time in operation was 7 years.

Each business had a different focus in the medical-health care arena. The types of entrepreneurs were: co-independent practice entrepreneur, productivity consultant, hospital management systems consultant, case management consultant, and educational consultant. Specifics concerning the entrepreneurs and their businesses were withheld to maintain their confidentiality. Two of the entrepreneurs received reimbursement from third party payers. The other 3 entrepreneurs obtained compensation directly from the parties who solicited their services. All businesses were private for-profit enterprises. Three of the entrepreneurs' businesses required travel outside of their geographic area of residence. Four of the entrepreneurs' income was exclusively from their businesses.

Content Analysis

In response to the research question, "What is the process by which nurses become entrepreneurs?", analysis revealed five stages with subcategories. The stages that emerged were not necessarily linear, and some of the respondents vacillated between stages. The stages and

subcategories under them are described in detail and are listed as follows:

1. the formative stage
 - a. education component
 - b. discontentment
 - c. searching/exploring and narrowing ideas
2. special skills
3. process movement and timing
4. the crystallization stage
 - a. specialist
 - b. defining and solidifying the business
5. getting started stage
 - a. finding a niche
 - b. setting up
 - c. funding
6. problems and strategies

The Formative Stage

The formative stage encompassed the subcategories of: receiving an education, discontentment with present job, searching, and the exploration of different career options. All 5 of the nurse entrepreneurs interviewed manifested this stage. Although not consciously recognized by the nurses, this process usually started with an educational component.

Educational Component

The educational component provided the entrepreneurs with specialized skills, usually through on the job training or graduate studies. This specialized education enabled them to adapt, diversify, and utilize their talents to become future entrepreneurs. The educational component was cumulative and occurred over several months to sometimes years. One entrepreneur recounted her experiences with the educational component:

Most of what I learned, I learned through my job, a position that I held for approximately 5 to 6 years. Even though I learned an incredible amount, I didn't know it was really valuable. While I was in that position, I finally realized that people were coming to see me, and I had a lot of knowledge. Then, I started to get my ducks in a row (verbal confidential communication, October, 1991).

The entrepreneurs also reported that the formative education was obtained in a variety of settings and was connected with levels of discontent. Some of the settings where the entrepreneurs obtained their educational component were hospitals, doctor's offices, insurance companies, and graduate schools. It was noted that the educational component either resulted in discontentment which led to

independence; or the discontentment with present employment situations resulted in an educational component, usually via graduate school or different nursing careers. Again, although later, these entrepreneurs continued to feel discontent and pursued independence. One entrepreneur reported that "Although I wasn't happy, I really didn't know what I wanted to do. So, I started graduate school, and it helped me identify that I definitely wanted something different" (verbal confidential communication, August, 1991).

Discontentment

Several of the nurses stated that they "wanted something different", but foremost, the discontent in current situations prompted them into an active search for career alternatives. The specific reasons for discontentment were given as being "a powerless position", "family situations resulting from shift work", "a professional rut", "a personal tragedy", and "employee-employer conflict". Although discontentment appeared to be the primary impetus for the searching/exploration activity, the entrepreneurs who participated in this study remained in their present positions and continued to refine and define their skills.

Searching/Exploring, and Narrowing Ideas

The searching/exploration activity not only enriched their areas of expertise, but also educated them on adjacent ones. Here they began to narrow and solidify potential business ideas. They cited continuing education classes, business courses, expertise-affiliated associations, community organizations, and mentors as sources for increasing their knowledge. One entrepreneur indicated that "because I was new in my field, I asked every question possible of my mentors, and I read everything I could get my hands on, so to speak, I picked their brains" (verbal confidential communication, August, 1991).

Several entrepreneurs attributed this educational searching/exploration activity to the formation of business ideas. One entrepreneur stated that "by going to seminars and resource groups, I was able to see what services were available, deduce the problems with those services; see what was lacking, and create new solutions" (verbal confidential communication, October, 1991). Another entrepreneur stated that "this was a sorting process that took time, and part of it was knowing your area of expertise, and thus, knowing what's not available" (verbal confidential communication, February, 1992).

Special Skills

Although not explicitly stated by the entrepreneurs, their special skills strengthened the formative stage. It was also discerned that these skills were relevant throughout the entire process. These special skills helped promote the formation and solidification of their business ideas.

The entrepreneurs were noted to be observant, resourceful, and goal directed people. Their astute powers of observation increased their ability to recognize opportunity. Frequently, they would relate that they "knew what didn't exist; found out what needed to be done; and then did it" (verbal confidential communication, March, 1992).

They also ascertained access to information and assistance through networking and negotiations. Casual comments were "someone told me that in passing", or "I knew people that could help me in certain areas" (verbal confidential communication, October, 1991 and March, 1992). These types of responses were repetitive and were received from all the entrepreneurs. It was concluded that a substantial amount of information was acquired through observations, networking, and negotiations. In brief, this "social-ability" contributed not only to the formative

stage, but also the crystallization and getting started stages.

Process Movement and Timing

As the steps became more apparent, 4 of the entrepreneurs related stories that indirectly influenced their process. These stories were related by major life events, such as family tragedy and death. As a result of these events, process movement and timing became a factor. These nurses either started, stopped momentarily, or continued the process towards entrepreneurial acquisition. This movement, or lack of movement, happened prior to the formative stage, during the formative stage, and after the crystallization stage. The nurses conveyed that the decision on whether to delay or continue the process was partly based on the time invested.

The Crystallization Stage

In conjunction with the formative stage, but more towards the later part, a crystallization occurred. This crystallization encompassed the realization that clients required and depended upon their skills; their "skills were valuable" (verbal confidential communication, October, 1991). Once this crystallization transpired, 4 of the entrepreneurs began to streamline their business ideas and concepts. They basically knew what they wanted to do, and

how they were going to do it. They indicated that this process took time, and in some cases, up to a year and a half. None the less, during that time they "were expanding their knowledge and looking for a niche or a marketplace" (verbal confidential communication, March, 1992).

Specialist, Defining, and Solidifying

After the crystallization and the basic formation of their business concepts, the entrepreneurs began to seek out specialists. The specialists ranged from attorneys, public relations firms, professional acquaintances, business friends, and family members. In spite of the wide variety of specialists they encountered, only the attorneys and the public relations firms were hired for professional services. These specialists assisted the entrepreneurs by delineating and directing business boundaries. The 4 specialists specifically mentioned were a nurse attorney, 2 marketing/public relations firms, and a business/partnership attorney.

The types of specialists employed were related to the business type, and the match between business and specialist appeared to be critical. The entrepreneurs employing attorneys were involved with medical management and medical practice. These businesses had specific regulations and limitations to follow. The other 2 entrepreneurs, utilizing

public relations firms, were focused more towards hospital and educational consulting. These firms assisted the nurses in developing and marketing themselves and their particular services. Several of these nurses explained that the specialist told them "what to do or not to do", and what they "should do and how to do it" (verbal confidential communication, March, 1992).

The entrepreneur who specialized in productivity consulting did not retain professional services. She received a majority of her guidance from the company that contracted her services. She explained that "the company provided her with a contract, the legalities, and stipulations" (verbal confidential communication, August, 1991). Later in her business dealings, she revised and modified this contract to suit her own purposes.

Getting Started

Even though the entrepreneurs fluctuated between the formative and the crystallization stages, the process was similar except for the retention of professional services. However, the getting started stage revealed additional variation. This variation is partially attributed to the type of business, the ability to find a niche or a marketplace, and whether the entrepreneurs had existing clients that followed their services.

Finding a Niche

The productivity consultant entrepreneur was independently contracted by the company who had given her special training in the hospital setting. As a result, she moved from an employee position to one of self employment without delay. Her market place or niche was generated for her. The medical management entrepreneur resigned from her dependent situation and received instant support and business from her previous employer. She relays that "I left the company with respect and a briefcase full of business" (verbal confidential communication, March, 1992). Again no time or effort was spent on finding a market place for her services.

The remaining entrepreneurs, the co-independent entrepreneur, the educational specialist, and the hospital management consultant, had to find or create a niche for their services. All 3 achieved this in a different fashion. Of these entrepreneurs, the co-independent entrepreneur explained that "I knew the patients would follow me, I knew what I wanted to do, but I had to find a physician to back me up, and make sure it was the right fit with that physician". She related that the search was not as overwhelming as she first anticipated, "a patient told me about a physician, and thought he might be interested in my

services, although, selling him on the idea was my doing, and it just worked" (verbal confidential communication, October, 1991).

Last, the educational specialist and the hospital management consultant established their "niches" in different ways. Both of these entrepreneurs recounted long, hard hours in libraries developing programs. They also report marketing themselves through community services and organizations, sometimes at no cost.

The educational specialist received her opportunity by way of community education. She stated that "I was giving low cost seminars at the local library and losing money because of the publicity costs". She further expressed that "things were tough, and when I was just about to give up, somebody out of the area contacted me for a big job". She maintained that "persistence and some luck paid off, but what I didn't know was that I was not seen as an asset or specialist in my own community" (verbal confidential communication, March, 1992). She concluded that when she left her geographic location, she became recognized as an educator and an expert.

The hospital management consultant had to create a "niche". He stated that his original business ideas were "not really marketable". So as time progressed, and the

business did not prosper, he adapted the ideas into several adjacent areas, but mainly concentrated on hospital management systems. He concluded that he "continues to modify and evaluate the business". He also added that "this process took 10 years, but it's finally getting where I want it to be" (verbal confidential communication, February, 1992).

Setting Up

By whatever means these nurse entrepreneurs acquired a "niche", the setting up process continued to illustrate different choices. Business licensure, legal matters, insurance coverage, and office space were a few of the examples. Three of the entrepreneurs applied for business licenses; 2 did not, and currently do not have licenses.

The co-independent entrepreneur obtained office space, equipment, and extended malpractice and liability insurance. Standing orders, policies, procedures, patient supplies, and the incorporation of the business were also initiated prior to opening. One task vital to her business was the "legality of her clients" (verbal confidential communication, October, 1991). Clients had to sign releases from previous services in order to follow her business. Within a short time, her business was expanding.

The hospital management consultant and education specialist did not obtain office space prior to initiation. They also maintained their private insurance. Their business began by publicizing flyers, advertising in local papers, and networking. They had fewer regulations and legalities, not dealing with patients or insurance reimbursements. If they did have legal matters, they were usually stated verbally via contracts. Later in their business life, written contracts were initiated.

Of the 2 remaining entrepreneurs, the hospital productivity consultant and the medical management consultant, one set up an office, and the other did not. The entrepreneur in medical management formed a partnership agreement and obtained extended malpractice and liability coverage. Initially, she was the sole employer/employee and did not implement policies and procedures. When she hired more employees, she dealt with more legalities and incorporated the business. At that time, she also formulated policy and procedures. The productivity consultant traveled via contract to a different location. Her contract was all-inclusive of insurance coverage and legal matters. She stated that "I didn't need an office, I traveled to the location, and they provided everything" (verbal confidential communication, August, 1991).

Eventually, all of the nurses except the productivity consultant opened an independent office.

Funding

Initial expenditures for the businesses were reported from \$1000 to \$5000. Only the productivity consultant recounted no need for start-up revenue. The 4 nurses who retained specialists not only incurred expenses for professional services, but they also accumulated cost in advertising, equipment, or office space. These entrepreneurs also described a variety of funding sources. Specific sources cited were: personal credit cards, family loans, second mortgages, personal financing, or savings. Although these nurses related that the initial costs were minimal, one nurse stated that "you have to spend money in order to make it, and you learn where to save and cut corners" (verbal confidential communication, March, 1992).

Four of these businesses reported profits within a year. As stated earlier the hospital management consultant modified the business and now maintains a profit. Currently, all but 1 of the entrepreneurs receives full compensation from their business. This nurse entrepreneur identified a lack of advertising as the causative factor. She stated that "I have not tried to advertise; there are

things I need to get done first" (verbal confidential communication, August, 1991).

Although the getting started stage was unique for each nurse, all the of entrepreneurs denied a written plan of action. They mentioned "a mental plan which progressed in a logical fashion"; however, several relayed they would "highly recommend one". One entrepreneur expressed that "a plan would have helped in the implementation and organization of the business, and possibly prevented some of the problems" (verbal confidential communication, March, 1992).

Problems and Strategies

As part of the elucidation process, the entrepreneurs described a few of the problems they encountered and briefly discussed the strategies they used to overcome them. The problems represented all of the businesses and ranged from resentment and jealousy to the lack of policies and procedures. A total of 5 problems were addressed.

One entrepreneur discussed the issues of resentment and jealousy as her biggest problem. She stated that a breach in confidentiality, about the monetary compensation and agreements between my partner and myself, resulted in resentment and jealousy from the front office. They saw me come in and make the money I

did, and that was fairly threatening. Things were difficult for a time, but I just did not address the issues or give it any energy. However, I did discuss this with my partner, and we concluded that my business dealing would be stated as an independent contractor arrangement, and the details and monetary matters would be handled strictly between ourselves. After time, they saw that I was knowledgeable; that I got there through my own ingenuity and hard work, and things got better (verbal confidential communication, October, 1991).

She concluded that her business practices would have run more smoothly during the first 2 years of operation if these arrangements had been initially handled in this manner.

A second problem addressed by an entrepreneur was in the area of insurance reimbursement. She explained that her knowledge of insurance reimbursement was acquired partly through a friend and partly from on-the-job training. She confided that although she had a good knowledge base,

certain difficulties arose that were only overcome by trial and error. I found that when I billed the insurance companies, they would delay payment pending further information. The more companies I dealt with, the more frequently I found this to be true of all of

them. So, I cut them off at the knees, so to speak, and mailed them all the information with the billing before they even asked. Since then, I've had no problems with reimbursement (verbal confidential communication, March, 1992).

Still another problem encountered by an entrepreneur was deemed as "variability syndrome". She explains this by stating that "the best part of consulting is that it's variable, however, the worse part of consulting is that it's variable". More specifically, she related that a contractor would hire her for a job, but only give her a "tentative" date to start.

I would arrange my plans and prepare for the job. I didn't know these were always tentative dates, and the majority of the time, things would get postponed. So, I would be just sitting around waiting for them to contact me, and I would also turn down other jobs waiting on them (verbal confidential communication, August, 1991).

She concluded that she has placed more restrictions and limitations when contracting for potential jobs. "I'm much more specific about dates, so I don't hurry up and wait any more" (verbal confidential communication, August, 1991).

An additional area of difficulty for one entrepreneur was the lack of policies and procedures. She explained that upon initiation of the business there was little need for policies and procedures, as she was the only employee. As the business progressed and more employees were hired, she related that

the thought of writing policies and procedures was overwhelming, and my time was allotted to business matters first. Things were going along just fine, and I was very generous with my employees, until I got taken. At that point, I decided I needed to protect myself and my company (verbal confidential communication, March, 1992).

She recounted a software package on policies and procedures that she discovered in her "business junk mail". "I sent off for it, and it was exactly what I needed. I put it into my computer, modified a few things, and now I have protection" (verbal confidential communication, March, 1992).

The last problem identified by several of the entrepreneurs was the loss of camaraderie. Many of them mention a oneness or being one of few in their field. One specifically denoted that this is why her business was successful.

I saw that doctors were sending their nurses to do this, and I thought, why can't I do this for myself? So, I did and now I'm still the only one. There is no one around that does what I do, and sometimes I miss the camaraderie of the hospital environment (verbal confidential communication, October, 1991).

Others added that support and resources groups not only helped them keep current, but also added a sense of belonging. "I make a lot of friends and connections at these resource groups, and I know there is support when I need it, but it's still a feeling of being out on your own" (verbal confidential communication, August, 1991). Although they experienced a loss of camaraderie, the entrepreneurs maintained that this loss was insignificant compared to the benefits and experiences gained through business ownership. Several conclude that "I would do it all again, but this time only better" (verbal confidential communication, March, 1992).

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Entrepreneurship is recognized as one part of a profession which can diversify and enhance areas of opportunity within that profession (Burch, 1986, p. 10). As such, nurses must acknowledge and embrace this activity as a part of the nursing profession. Nursing professionals need to develop programs and guide students with knowledge of career alternatives, including nursing entrepreneurship. As future leaders in health care, nursing students may elect nursing entrepreneurship as one way to achieve this reality. This study was an attempt to identify the entrepreneurial process of five nurses, describe some of the problems they encountered, and recount the strategies they used to overcome their problems.

Conclusions Regarding the Entrepreneurial Stages

The results of this study indicated that these entrepreneurs followed a similar process to achieve entrepreneurship, even though they relayed no "formalized plans" for venture initiation, and their businesses were eclectic. Six stages with subcategories were identified from their process. The conclusions were:

The Formative Stage

The formative stage with the three subcategories of

the education component, discontentment, and the searching/exploring and narrowing of ideas was demonstrated by all respondents. This formative stage provided the entrepreneurs with a unique body of knowledge usually through on-the-job training. They communicated a variety of settings for the educational component, different circumstances under which discontentment occurred, and multiple activities that encompassed the searching/exploring and narrowing of ideas. The length of time in the formative stage ranged from months to years.

Special Skills

During the elucidation of the formative stage, the entrepreneurs made use of special skills. These special skills were demonstrated by their astute powers of observation and awareness in surmising opportunities, and their proficiency in networking and negotiations. They specifically illustrated artful ways of obtaining information, assistance, advice, and supplies. For these particular entrepreneurs, their special skills were noted to be an integral part of their entrepreneurial acquisition.

Process Movement and Timing

Although process movement and timing was not a definitive stage, it did have resultant effects on the process. Four of the entrepreneurs discussed life

situations which either delayed or escalated their entrepreneurial goals. Since a majority expressed such occurrences, one wonders if the same process would have ensued if these life situations had not occurred. Future investigations of the entrepreneurial process need to consider the effects of these occurrences on the process.

The Crystallization Stage

The conclusion of the formative stage and the beginning of the crystallization stage was based on the individual's realization that his or her skills were valuable. This recognition encompassed the solidification of business concepts and utilization of specialists. With rudimentary business objectives and goals, the entrepreneurs sought out specialists. These specialists instructed the entrepreneurs on what they could, or could not do. They assisted in defining the business boundaries, such as what laws and regulations to follow, or how to develop and advertise the business. As the business conceptions took shape, the entrepreneurs began to implement their businesses through actions.

Getting Started Stage

The getting started stage presented in somewhat different ways for each entrepreneur. These differences are

reflected in the three subcategories of: (a) finding a niche, (b) setting up, and (c) funding.

The subcategory of finding a niche was partially based on the existence of a known clientele. Three of the entrepreneurs had existing clients, and 2 of these went directly into the setting up subcategory. The third entrepreneur had to find a physician to support her in the marketplace. The other 2 entrepreneurs had to find and create their niches. Again, different methods were used to find the niche.

Once the entrepreneurs found a niche, the setting up subcategory demonstrated additional variances which appeared to be specific to the type of business. For example: The companies that dealt with medical practice and medical management had specific guidelines and regulations to follow before acquiring business clientele. These 2 entrepreneurs obtained office space immediately. The remaining 3 entrepreneurs did not obtain office space immediately. They also had fewer liabilities and government regulations with which to comply. Their businesses did not specifically address practice limitations. Their accountability was mainly to themselves and their clients, and this did not directly affect patient well-being. Currently, only 3 out of the 5 entrepreneurs possess business licenses, and no

specific reasons were given as to why the other 2 entrepreneurs did not obtain a license.

Funding

Once again, the entrepreneurs presented a variety of ways to finance a business. Although they ascertained that their initial capital outlay was minimal, they reported expenditures from \$1000 to \$5000. Expressed examples of funding sources were: personal credit cards, family loans, second mortgages, personal financing, or savings.

Problems and Strategies

Four individual problems and strategies were identified by the entrepreneurs. However, all 5 of the entrepreneurs concurred on one problem, the loss of camaraderie. To combat the loss of camaraderie, several of the entrepreneurs reported affiliation with resource groups and associations that had similar interests. Additional problems encountered by the entrepreneurs ranged from resentment, jealousy, variability in sequencing of jobs, and the lack of policies and procedures. Their strategies to overcome these problems were individual, yet direct. The problems and strategies described by these entrepreneurs provided forethought and directives for future entrepreneurs.

Conclusions Regarding the Overall Process

The entrepreneurial process has considerable application for nursing practice. These overall findings indicate that although business interests may be different, a similar process does exist for entrepreneurial acquisition. Generalized conclusions are:

1. Corresponding stages were noted from all the participants even though their businesses were eclectic, and the individual actions were varied.
2. Some participants vacillated between the stages.
3. Some stages were extremely limited for one entrepreneur as most details were pre-arranged.
4. Details, specifics, and emphasis on certain stages appeared to be related to the type of business.
5. Special skills, such as negotiating and networking skills, contributed to their acquisition of entrepreneurship.
6. In four cases, life events influenced the process movement and timing by either hindering or advancing the stages.

Scope of the Study

This non-experimental exploratory study should be viewed as a preliminary investigation. It was designed to facilitate the initiation of further research that will assist aspiring nurse entrepreneurs build successful

business ventures. The findings of this study also can be made available to all graduate and undergraduate nursing programs. This information can help plan, prepare, and expand current nursing curriculums by enhancing the thoughts and aspirations of pristine nurses so that they view themselves in more business oriented roles.

Limitations

There were several limitations to this study. The first limitation was the geographically convenient sample. Since a convenience sample was used, the results and conclusions cannot be generalized to the entire nursing population. Even though the sample population was small and the geographic location convenient, qualitative research does not usually dictate a sample size. A larger sample would have been too expensive and time consuming for the scope of this study. A random sampling of nurse entrepreneurs from across the country might reveal different techniques and resolutions; however, this limitation was taken into consideration by sampling nurse entrepreneurs in different types of ventures.

The restricted availability of reimbursement for nursing services was identified as the second limitation. Many nurse entrepreneurs have had difficulty receiving Medicare/Medi-Cal reimbursement and third party payments

(Clark & Quinn, 1988). As a result, some entrepreneurs did not receive 1/2 of their income directly from their business. These entrepreneurs have had to supplement their salaries with secondary jobs, and consequently, this restricted the population of research subjects. As reimbursement for Medicare/Medi-Cal and third parties change, nurse entrepreneurs should see improvements in business as evidenced by an increased number of clients and better remunerative patterns.

A third limitation noted was the potential researcher bias. To minimize this limitation, two practice interviews were conducted consolidating the process before the actual research was begun. Also, the use of open-end questions encouraged unrestricted thought process and verbalization from the respondents. This decreased the risk of potential bias as compared to direct questioning and set responses used in some types of instruments. Another attempt to attenuate researcher bias was the use of a secondary source for comparison in the content analysis and data interpretation phase.

The final limitation noted in the study was the lack of nurse entrepreneurs who attempted a business venture but were unsuccessful. A diminutive amount of research

and statistics exist on these entrepreneurs. Their comments might reveal additional problems not encountered by the successful entrepreneurs.

Recommendations

Further research is needed to clarify and validate these descriptive results. In addition, the insight gained from this study suggests the following recommendations for future research.

1. Studies similar to the present one should be replicated at other institutions to determine if the process is unique to northern California or if there is a basis for generalization of the findings.

2. Replication of this study should be undertaken with a larger sample population.

3. Studies which investigate comparable businesses should be initiated to determine if variation exists between their stages, or whether certain stages were more characteristic for particular types of businesses.

4. Studies which explore special skills and life circumstances that impact entrepreneurial acquisition and process movement should be undertaken to ascertain the effects of the process.

As stated earlier, nursing professionals are choosing MBA programs and following careers outside of nursing. Many

scholars contend that nursing, nursing ideas, and nursing services are being developed, marketed, and produced in areas such as MBA programs. In order to stay competitive in the health care market, nurses need business planning, analysis, and management skills. This business savvy will support nurses' positions and financial security in the health care field. When nurses originate and direct nursing businesses, the profession will have enhanced autonomy, fortitude, and vitality (Kerfoot, 1989).

In the future this profession will provide the primary leaders of the health care team. Nurse-owned and managed businesses are one method of making leadership a reality (Gray, 1991). This entrepreneurial role of nursing needs to be incorporated into all levels of nursing education, from its recognition as a career option in generic programs to elucidation of the entrepreneurial process in graduate education.

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APPENDIX A
Interview Guideline

Interview Guideline

1. What were the steps you took to become an entrepreneur?
2. Did you take classes to help you start your business?
If so, what kind?
3. Did you have to obtain a business license?
4. Did you do a market analysis on your service/product?
If so, what did it consist of? What areas did you survey?
(Hospitals, patients, local businesses, nurses)
5. Did you consult with other people? (lawyers, other nurses, business associates, bankers)
6. Did you target specific populations and/or locations prior to opening your business?
7. Did you develop a business plan?
If so, what outline did you use?
8. How did you implement your plan, and how long did it take before showing a profit?
9. Did other people in your field assist you?
If so, whom?
10. What type of services/products do you offer?
11. How did you receive funding?
12. Have you diversified your business?
13. What obstacles have you met, and what strategies were used to manage them?
14. What are your suggestions for future entrepreneurs?

APPENDIX B

Human Subjects Approval



Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Kelly J. Guess, Nursing
2254 Newhall Street
San Jose, CA 95128

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: May 14, 1991

A handwritten signature in cursive script that reads 'Charles R. Bolz'.

The Human Subjects Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"A Descriptive Study of the Steps and the Obstacles
Encountered in Becoming a Nurse Entrepreneur"

You may proceed with this study without further review by the Human Subjects Institutional Review Board.

I do caution you that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

CC: Juliet M. Corbin, R.N., D.N.Sc.

APPENDIX C
Information Letter

Date --, 1992

Kelly J. Guess, R. N.

-----, ---. -----

Dear -----,

I would like to ask your participation in a graduate study concerning Nurse Entrepreneurs. This study will focus on the processes and steps utilized in order to open your business. Also encompassed in the study will be any obstacles you faced while trying to initiate your venture. Data will be collected via a personal interview. This process will take approximately one hour and will be conducted at the location of your choice. All information will be confidential. Participation is strictly voluntary.

The results of the study will increase our knowledge and understanding of the nursing entrepreneurial process. Attached is a consent form. Returning this form will denote your willingness to participate. I will follow up with telephone appointments to schedule an interview.

If you have any questions, I would be happy to talk with you. I can be reached at 916-366-0634. I hope you will find the time to help expand our knowledge about this process.

Sincerely,

Kelly J. Guess, R. N.

APPENDIX D
Informed Consent

AGREEMENT TO PARTICIPATE IN RESEARCH

SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: Kelly J. Guess

I have been asked to participate in a research study that is investigating nurse entrepreneurs. The results of this study should further our understanding of the process of becoming an entrepreneur and the strategies utilized to be successful.

I understand that:

- 1) I will be asked questions about the processes taken to start my business. This interview should take approximately one hour and held at a time and place of my preference.
- 2) there are no anticipated risks of this study.
- 3) the possible benefits of this study are an increased awareness of the nurse entrepreneurial process.
- 4) there are no alternative procedures for this study.
- 5) the results from this study may be published, but any information from this study that can be identified with me will remain confidential and will be disclosed only with my permission.
- 6) I will receive no compensation as a research subject.
- 7) any questions about my participation in this study will be answered by Kelly J. Guess at (408) 984-6649. Complaints about the procedures may be presented to Dr. Bobbye Gorenberg at (408) 924-3134; Department Chair for the Graduate Nursing Program at SJSU. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Serena Stanford, Ph. D. (Associate Academic Vice President of Graduate Studies & Research) at (408)-924-2480.
- 8) my consent is given voluntarily without being coerced; I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relations with SJSU.

9) I have received a copy of this consent form for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY
SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION
PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

DATE

SUBJECT'S SIGNATURE

INVESTIGATOR'S SIGNATURE