

The Contribution of Nurse, Midwife and Health Visitor Entrepreneurs to Patient Choice: A scoping exercise

***A report to the National Co-ordinating Centre
for NHS Service Delivery and Organisation***

Revised version October 2006

Lead investigators

Michael Traynor (lead investigator)

Kathy Davis

Vari Drennan

Claire Goodman

Charlotte Humphrey

Rachel Locke

Annabelle Mark

Susan F Murray

Maggi Banning

Richard Peacock

Research team

Professor Michael Traynor, MA (Cantab), PhD, RN HV (lead applicant)

Professor of Nursing, Institute of Social and Health Research,
Middlesex University, London

Overseeing research project, policy analysis, final editing

E-mail: m.traynor@mdx.ac.uk

Dr Maggi Banning, DEd. RN (September 2005 to January 2006)

Research Fellow, Institute of Social and Health Research,
Middlesex University, London

*Literature search. Review of material on nurse entrepreneurs in
the acute sector*

Dr Kathy Davis, BSc (Hons), PhD, RN

Research Fellow, Primary Care Nursing Research Unit, UCL,
London

*Literature search, all published and grey (primary care) and
e-scoping. Review and analysis of material focusing on nursing
enterprise in non-acute care sector and international settings,
female and social entrepreneurship. Expert seminar presentations*

E-mail: k.davis@pcps.ucl.ac.uk

Dr Vari Drennan, BSc (Hons), MSc, PhD, RN, RHV, Cert Ed (Adults)

Director of the Primary Care Nursing Research Unit, UCL, London

*Development of search strategy including e-scoping, review and
analysis of material focusing on nursing enterprise in non-acute
care sector and international settings, female entrepreneurship
and policy development*

E-mail: v.drennan@pcps.ucl.ac.uk

Professor Claire Goodman, BSc, MSc, PhD, RN, DN

Professor of Health Care Research, Centre for Research in Primary
and Community Care, University of Hertfordshire

*Development of search strategy including e-scoping, review and
analysis of material focusing on nursing enterprise in non-acute
care sector and international settings, female entrepreneurship
and policy development*

E-mail: c.goodman@herts.ac.uk

Nurse, Midwife and Health Visitor Entrepreneurs: A scoping review

Professor Charlotte Humphrey, BA, MSc, PhD, Postgrad Dip. SocSci
Professor of Health Care Evaluation, King's College London
Expert seminars and policy analysis
E-mail: Charlotte.Humphrey@kcl.ac.uk

Dr Rachel Locke, BA, MA, PhD
Research Associate, School of Nursing and Midwifery, King's
College London
*Literature search on patient choice and midwifery; analysis of
claims and outcomes; organisation of expert seminars, delivering
presentations and analysis*
E-mail: Rachel.Locke@kcl.ac.uk

Professor Annabelle Mark, MSc, FHM, FRSM
Middlesex University Business School, London
*General application of entrepreneurship theory and practice to
both the research and the report, and broader contextualisation of
this in relation to the recent developments in health care*
E-mail: a.mark@mdx.ac.uk

Dr Susan F Murray, SRN, SCM, MA, PhD, Adv Dip HE
Senior Lecturer, Division of Health and Social Care, King's College
London
*Analysis of aspirational claims and of outcome measurement;
midwifery sector*
E-mail: Susan_fairley.murray@kcl.ac.uk

Richard Peacock, BA
Clinical Librarian, Archway Healthcare Library
*Initial electronic searching and compiling of the initial literature
database*

Nurse, Midwife and Health Visitor Entrepreneurs: A scoping review

Address for correspondence

Professor Michael Traynor
Professor of Nursing
School of Health and Social Sciences
Middlesex University
Room 5, Ground floor
Charterhouse Building
The Archway Campus
Highgate Hill
London N19 5LW

E-mail: M.Traynor@mdx.ac.uk
Telephone: (0)20 8411 2536
Fax: (0)20 8411 6942

Executive Summary

Introduction and methods

This scoping exercise had the following aims. To:

- Develop definitions of nurse midwife and health visitor (NMHV) entrepreneurship in relation to current definitions of patient choice.
- Map the range and types of entrepreneurial NMHV activity across primary, secondary and tertiary health and social care provision in the state- and independently provided sectors in the UK and related fields, and to map policy initiatives in this area.
- Conduct a review of available international published and grey literature concerning models of entrepreneurship in health care and related fields and identify NMHV activity and policy initiatives in this area.
- Analyse the extent of the evidence at a policy and local delivery level of both drivers and inhibitors of entrepreneurial activity by NMHVs, in particular relating to the patient choice agenda and current NHS policy concerning contractual freedoms.
- Use these sources to identify any design and delivery issues relevant to NMHV entrepreneurship that might promote better outcomes, including choice for patients, carers and their families.
- Identify gaps in current knowledge and elaborate key research questions in order to inform future NHS Service Delivery and Organisation Research and Development calls for proposals.

There were five elements to our scoping:

- 1 Exploring understandings of the use of the terms 'entrepreneur' and 'entrepreneurial'.
- 2 A review of published and grey literature for NMHV entrepreneurial activity.
- 3 Expert seminars with NMHV entrepreneurs and those responsible for commissioning such services or making policy with relevance to them.
- 4 Mapping and analysis of relevant policy over a 10-year period, including policy concerning patient choice.
- 5 Synthesis of evidence and identification of gaps in knowledge and formulation of questions for further research.

Setting the entrepreneurial scene

One seminal definition of an entrepreneur is 'one who shifts economic resources out of an area of lower and into an area of higher productivity and greater yield'. The mid 1980s saw the introduction of the term 'intrapreneur' to describe an employee who behaves 'entrepreneurially' within a corporation. The term 'social entrepreneur' has developed to describe those individuals who apply the same enterprise and imagination to social problems that commercial entrepreneurs apply to wealth creation. Social entrepreneurialism has been seen as an appropriate model for developing NMHV entrepreneurial activity. The term has been taken up by the UK government as part of its programme to address social inequality. One of the criticisms of much of the entrepreneurial literature is that it has focused on men involved in activities associated with financial gain rather than social objectives. This does not reflect either the purpose or the gender profile of nursing in the UK, where 89% of registered NMHVs are female. Globally, women are increasingly engaging in entrepreneurial activity and they tend to report different drivers and barriers to becoming entrepreneurs to men.

The policy context

Government policy has attempted to promote aspects of entrepreneurial behaviour as one element of its approach to addressing social problems such as inequality and exclusion and to add flexibility to some health and social services traditionally delivered by state agencies. Health policy, since 1997 has featured 'modernisation' and, increasingly, patient choice. Some policy documents, such as *The NHS Plan: A plan for investment, a plan for reform* (Department of Health, 2000) and *Making a difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare* (Department of Health, 1999a), set out changes that are said to 'put nurses at the heart of the modernisation agenda'. Later messages have explicitly urged nurses to become 'entrepreneurs', though the examples given of such entrepreneurial behaviour are limited and often only involve medical role substitution. The term 'entrepreneur' has been used loosely. Successive changes to commissioning in the primary care sector have encouraged a wider range of providers. This has opened up the possibility – and the reality in a very small number of cases – for services to be provided by nurse-owned or -led enterprises.

Nurses, midwives, health visitors and entrepreneurship: The evidence

There is very little research literature on NMHV entrepreneurial activity and personal, 'heroic' and journalist-written accounts dominate. Of 462 articles initially identified from our electronic and hand searches, 143 met the inclusion criteria of relevance to the scoping. A total of 104 published papers described entrepreneurial activities of UK NMHVs. Beyond this was an additional grey literature, e.g. we found 119 articles dealing with UK entrepreneurial activity among NMHVs in primary care settings alone. The International Council of Nursing estimates that, in general, 0.5–1% of registered practising nurses are nurse entrepreneurs. The following typology was developed from the literature:

- *The NMHV entrepreneurial employees (intrapreneurs):* NMHVs in quasi-autonomous public health roles; NMHVs in clinical specialist roles
- *Employers/self-employed providers of services with an indirect relationship to health care:* Nurse consultancies; infrastructure and workforce providers; inventors/manufacturers
- *Employers/self-employed providers of direct health care services:* Mainstream health services delivered through the NHS; NMHV services offered directly to clients; other health-related services provided by NMHVs directly to a client; accommodation with nursing and health-related services provided by NMHV proprietors.

Findings from the expert seminars

The expert seminars were attended by 18 people. The discussions revealed information not apparent from the literature, and these points are incorporated in our summary of findings.

Summary of findings

Although we found a range of NMHV entrepreneurial activity in the UK, it represents only a very small proportion of NMHVs and former NMHVs engaged in these types of activities. In this, it reflects most of the international literature.

There is only modest agreement over the meaning of the term 'entrepreneur' in business and management literature. This does not help an understanding of the term 'nurse entrepreneur'. In some UK policy articulations, the term 'nurse entrepreneur' is used loosely, is

Nurse, Midwife and Health Visitor Entrepreneurs: A scoping review

ideological and the actual examples given are often more accurately described as organisational flexibility or nurse substitution for medical roles.

The international literature on nurse entrepreneurs uses the term 'entrepreneurial' interchangeably with 'enterprise' in some countries or uses completely different terms to describe self-employed nurses and midwives or business owners (see Sections 2 and 4).

The scoping took a broad view of definitions in order to include rather than exclude activities (Sections 1 and 2). However, there were challenges in dealing with the overlap with literature on innovation and change (Sections 1 and 4).

The UK scoping was analysed by type of activity (Section 4.4). It was noted that certain groups of NMHV, such as those with public health roles or some clinical specialist roles, are more likely to be intrapreneurial. Entrepreneurial NMHV activities were identified that indirectly contribute to health care, such as knowledge transfer through training and consultancy, invention of health care products, and provision of infrastructure services to health care, in addition to provision of direct health care services by self-employed and small business (Section 4.4.4).

Some recent policy changes relating to commissioning in the NHS primary care sector and the creation of a supply-side market through encouraging 'third-sector' health and social care enterprises, make new forms of NMHV entrepreneurial and business activity possible. Section 4 documents the limited extent of this type of activity by NMHVs at present, although in a rapidly changing policy and policy implementation environment there is potential for this picture to shift. It is not clear to what extent NMHVs will move from being employees of the NHS or general practice to being nascent entrepreneurs as employers in new types of social enterprise business or as business partners in general practice. Nor is it clear how nascent NMHV entrepreneurs will fare when competing for contracts in environments where many more entrepreneurs and businesses are established, including large corporations, who are becoming involved in tendering for these new business opportunities.

It is noteworthy that many NMHV entrepreneurs had close relationships with the NHS. For some this was the source of their business, while others reverted to temporary employment when income levels dropped, moving out again because of dissatisfaction with the constraints of the NHS, and moving back in when self-employment was precarious.

We are uncertain whether increased levels of NMHV entrepreneurial activity are likely in the future. The expert seminars tended to indicate that those NMHVs who have left the NHS to set up in business on their own, in a largely hostile and unfavourable climate, are atypical of the NMHV workforce as a whole. As these are classic characteristics

Nurse, Midwife and Health Visitor Entrepreneurs: A scoping review

associated with entrepreneurs, this may be unsurprising, but their atypicality raises questions about the likelihood of increased numbers of NMHV's behaving entrepreneurially in this sector, which future research would need to explore.

The connection between NMHV entrepreneurial activity and patient choice appears not to be strong (Section 4.6), with the possible exception of independent midwifery. Increasing patient choice was stated as an aspiration in 20% of the documents we analysed. Aspirations concerning autonomy of practice and professional accomplishment were cited in approximately 55% of these documents. Financial motivations are not prominent in the literature, but our seminar participants suggested that this might be a misconception, arising because talk of the profit motive is perceived as unacceptable within NMHV culture. The documented aspirations of the sample of intrapreneurial NMHV's were focused on addressing issues of equity in provision and access for those poorly served by current arrangements.

There is very little actual measurement (and therefore evidence) of the outcomes of entrepreneurial activity (Section 4.6.1). If entrepreneurialism is an area to be encouraged, good process and outcome evaluations are needed to identify what works.

The theme of choice has a longer history in midwifery, with policy in the early 1990s encouraging choice for women in childbirth. However, increased choice is confined to a small number of clients, geographical access is restricted and user fees currently allow choice only for those who can afford to pay.

Both the literature and our expert seminars revealed some of the obstacles to becoming entrepreneurial and surviving successfully in those roles. These obstacles included the importance of the wider context – the NHS in general, its present state of flux and the wider professional environment – as both NMHV socialisation and NMHV work take place within the overarching power structures of the health sector. If the NHS itself changes (e.g. becomes less secure and supportive), then the balancing of risk/safety and cost/benefit of staying in the organisation versus leaving to become an entrepreneur will also change.

Definitions of terms and assumptions

Term/assumption	Definition
Patient	Any member of the population receiving care
Patient choice	We adopt a broad understanding to include choice over how to access health care services, where to access them and which type of worker to access them through
NMHV	Nurses, midwives and health visitors (see Appendix 1 for more information about the characteristics of the UK NMHV workforce)
Nurse, midwife and health visitor entrepreneur	Those NMHV entrepreneurs involved in health-related activities (rather than activities with no connection to health or health care)
Innovation and entrepreneurialism	The boundary between innovation and entrepreneurialism is not distinct. Our operational differentiation is found in the in Section 1
Drivers	Broader forces encouraging entrepreneurial activity
Intrapreneurialism	Entrepreneurial activity within an organisation to reinvigorate established businesses
Triggers	A specific event or circumstance that an individual describes as tipping their decision to become an entrepreneur
Our policy cut-off point for this scoping	March 2006

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene and Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk