

# ENTREPRENEURSHIP IN NURSING: WHAT MEANINGS ARE UNVEILED BY UNDERGRADUATE STUDENTS AND PROFESSORS?

## EMPREENDEDORISMO NA ENFERMAGEM: QUAIS SIGNIFICADOS SÃO DESVELADOS POR ESTUDANTES E PROFESSORES DA GRADUAÇÃO?

## EL ESPÍRITU EMPRESARIAL EN LA ENFERMERÍA: ¿CUÁLES SON LOS SIGNIFICADOS QUE DESVELAN LOS ESTUDIANTES Y LOS PROFESORES DE GRADO?

Isadora de Freitas Lyrio Araújo<sup>1</sup>  
Ítalo Rodolfo Silva<sup>2</sup>  
Marlea Crescêncio Chagas<sup>3</sup>  
Nadia Foutoura Sanhudo<sup>4</sup>  
Thiago Privado da Silva<sup>5</sup>  
Luana dos Santos Costa<sup>6</sup>  
Camila Mendonça de Moraes<sup>7</sup>

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**Objective:** to understand the meanings that undergraduate nursing students and professors attribute to entrepreneurship in the nursing field. **Method:** qualitative, exploratory research conducted between 2019 and 2020, whose theoretical framework was Complex Thinking, from Morin's perspective. The Grounded Theory was used as a methodological reference. Students and professors of undergraduate courses at a public federal university participated in the research. The semi-structured interview was used as a data collection technique. **Results:** from the analytical process emerged the category Meanings of entrepreneurship in nursing: perspective of undergraduate students and professors, supported in the following subcategories: listing barriers to the connections between entrepreneurship and nursing; relations between undergraduate nursing teaching-learning about entrepreneurship; relating nursing to entrepreneurship. **Final considerations:** the meanings revealed about entrepreneurship disclose a centralization in the business typology and a distancing from social entrepreneurship and intrapreneurship, thus signaling disconnections with the undergraduate nursing education.

**Descriptors:** Nursing. Students, Nursing. Education, Nursing. Creativity. Entrepreneurship.

<sup>1</sup> Nurse. Master in Nursing. Universidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil. <http://orcid.org/0000-0002-8962-8448>.

<sup>2</sup> Nurse. PhD in Nursing. Professor of the Universidade Federal do Rio de Janeiro, Campus Macaé. Macaé, Rio de Janeiro, Brazil. [italoufrj@gmail.com](mailto:italoufrj@gmail.com). <http://orcid.org/0000-0002-2882-1877>.

<sup>3</sup> Nurse. PhD in Nursing. Professor of the Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil. <http://orcid.org/0000-0002-6122-7300>.

<sup>4</sup> Nurse. PhD in Nursing. Nursing Professor of the Universidade Federal de Juiz de Fora. Juiz de Fora, Minas Gerais, Brazil. <http://orcid.org/0000-0001-9714-2854>.

<sup>5</sup> Nurse. PhD in Nursing. Professor of the Universidade Federal do Rio de Janeiro, Campus Macaé. Macaé, Rio de Janeiro, Brazil. <http://orcid.org/0000-0002-9130-9307>.

<sup>6</sup> Nurse. PhD Student in Nursing. Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil. <http://orcid.org/0000-0001-7314-3676>.

<sup>7</sup> Nurse. PhD in Nursing. Nursing Professor of the Universidade Federal do Rio de Janeiro, Campus Macaé. Macaé, Rio de Janeiro, Brazil. <http://orcid.org/0000-0001-5544-8409>.

*Objetivo: compreender os significados que estudantes e professores de graduação em enfermagem atribuem ao empreendedorismo no âmbito da enfermagem. Método: pesquisa qualitativa, exploratória, realizada entre 2019 e 2020, cujo referencial teórico foi o Pensamento Complexo, na perspectiva de Morin. A Teoria Fundamentada nos Dados foi empregada como referencial metodológico. Participaram da pesquisa estudantes e professores do curso de graduação de uma universidade pública federal. A entrevista semiestruturada foi empregada como técnica de coleta de dados. Resultados: do processo analítico emergiu a categoria Significados de empreendedorismo na enfermagem: perspectiva de estudantes e professores de graduação, sustentada nas seguintes subcategorias: elencando barreiras para as conexões entre empreendedorismo e enfermagem; relações entre ensino-aprendizagem da graduação em enfermagem sobre empreendedorismo; relacionando enfermagem ao empreendedorismo. Considerações finais: os significados desvelados sobre empreendedorismo revelam centralização na tipologia empresarial e distanciamento do empreendedorismo social e intraempreendedorismo, sinalizando, portanto, desconexões com a formação do enfermeiro na graduação.*

*Descritores: Enfermagem. Estudantes de Enfermagem. Educação em Enfermagem. Criatividade. Empreendedorismo.*

*Objetivo: comprender los significados que los estudiantes y profesores de grado en enfermería atribuyen al empresariado en el ámbito de la enfermería. Método: investigación cualitativa, exploratoria, realizada entre 2019 y 2020, cuyo marco teórico fue el Pensamiento Complejo, desde la perspectiva de Morin. Se utilizó la Teoría Fundamentada como referencia metodológica. Participaron en la investigación estudiantes y profesores del curso de grado de una universidad pública federal. Se utilizó la entrevista semiestructurada como técnica de recogida de datos. Resultados: del proceso analítico surgió la categoría Significados del emprendimiento en enfermería: perspectiva de los estudiantes de pregrado y de los profesores, sustentada en las siguientes subcategorías: enumeración de las barreras a las conexiones entre el emprendimiento y la enfermería; relaciones entre la enseñanza-aprendizaje de pregrado en enfermería sobre el emprendimiento; relacionar la enfermería con el emprendimiento. Consideraciones finales: los significados desvelados sobre el emprendimiento revelan una centralización en la tipología empresarial y un distanciamiento del emprendimiento social y del intraemprendimiento, señalando así desconexiones con la formación de grado en enfermería.*

*Descriptores: Enfermería. Estudiantes de Enfermería. Educación en Enfermería. Creatividad. Emprendimiento.*

## Introduction

Humanity is conceived as a complex system because it is multifaceted, dynamic, and fed back by information, behaviors, paradigms, and natural phenomena that arise in the course of time<sup>(1-2)</sup> shaping new possibilities for the development of societies. Indeed, in a hologrammatic projection of Complex Thinking<sup>(2)</sup>, in which the whole is contained in the parts and the parts in the whole, the dynamics of humanity also affects its structures, among which are the professions.

Nursing, a profession inserted in the health area, exists to supply, in its own work object - care -, the health demands of people<sup>(3)</sup>. Thus, in the global panorama, almost 28 million nursing professionals are part of the largest category of human resources in the health area, which impacts, in the health dimension, the other spheres of development of nations<sup>(4)</sup>. In Brazil, this reality is no different, since, with a little over 2,500,000 professionals, nursing constitutes more than 50% of the human resources of the Brazilian Unified Health System (SUS)<sup>(5)</sup>.

Besides the expressive number, nursing professionals are inserted in different contexts of health care: in the development of research to qualify nursing care, management, and teaching; in the management of public policies, among other work fronts. Therefore, when considering humanity as a complex system, it is necessary to reflect on how nursing is aligned with the dynamics of the times that modulate the very dynamics of society for issues related to the health-disease process and care<sup>(6)</sup>.

Over the years, nursing has achieved progress that enables it to revalidate its social commitment through the work process it develops. Thus, it designs and implements care technologies in assistance and in the people management of people and health services; it organizes, for example, new work scenarios, such as offices, clinics, or birthing centers, and promotes existing processes based on innovations<sup>(7)</sup>. All these actions can be conceived as entrepreneurship,

whether they belong to the business typology, as occurs in the reality of nursing offices, or to the social typology, through collective actions that promote people's health and quality of life, such as, for example, voluntary health campaigns, in addition to intrapreneurship, through actions developed in already established workplaces.

Despite the above, it is possible that people do not relate entrepreneurship to the concept implied in the need for development of society and professions. At this juncture, although the consensus on entrepreneurship is not yet established, this study corroborates the understanding that such a phenomenon consists in identifying opportunities to innovate<sup>(8)</sup>. Therefore, it is conceived the thought that entrepreneurship enables the redefinition of being a nurse, as well as expanding the scenarios of action and the production of new services<sup>(9)</sup>, based on the ethical and legal precepts that support the profession.

Furthermore, it is pertinent to consider the legacy of Florence Nightingale, since her achievements are important examples of entrepreneurship in nursing and healthcare<sup>(10)</sup>. In this conjuncture, for nursing, which comprehends the human being in its integrality and in their social context, there is a vast field of work. However, the contexts of human interactions for care are dynamic and assume constant challenges that require nurses to remain attentive and updated to the health demands of people and collectivities. From this reality, the importance of developing entrepreneurial competencies is evident.

In this sense, it is appropriate to point out that nursing education, with a view to training for the development of entrepreneurial skills, also depends on the need to break the pathology of knowledge<sup>(2)</sup>. In addition, studies demonstrate that nursing students need security and autonomy in their professional performance for decision making. For this, they need to be encouraged to build an innovative behavior, with attitudes and ability to face risks<sup>(8,11)</sup>, which includes the need to develop teaching methodologies to stimulate entrepreneurial skills<sup>(9,12)</sup>.

The emphasis on the pathology of knowledge<sup>(2)</sup> about entrepreneurship in nursing, which fragments and isolates knowledge, may be rooted in the conception that entrepreneurship represents a political perspective in which the State exempts itself from its responsibility to guarantee work for people. However, the position that is assumed by the researchers of this study, corroborated by scientific evidence<sup>(7-11)</sup>, is to contextualize the phenomenon of entrepreneurship as a broad dimension to innovate in work processes and in product and process technologies; in the modus operandi of sustainability (ecological entrepreneurship); in the workforce of women (female entrepreneurship). In addition to the typologies already mentioned, social entrepreneurship and intrapreneurship are added.

However, to comprehend how entrepreneurship is approached in nursing education, it is pertinent to pay attention to the meanings that permeate this process, as well as the actors involved. Thus, the question is: What meanings do undergraduate nursing students and professors attribute to entrepreneurship in the nursing context?

Thus, the objective of this research is to comprehend the meanings that undergraduate nursing students and professors attribute to entrepreneurship in the nursing field.

## Method

Exploratory, qualitative research, guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) tool, whose methodological reference was the Grounded Theory (GT)<sup>(13)</sup>. For the theoretical framework, Complex Thinking<sup>(2)</sup> was adopted.

The research participants were students and professors from the undergraduate nursing course. For the first group (students), the inclusion criteria were: being enrolled in the undergraduate nursing course; having attended at least four sequential semesters of the course. We excluded students who were pursuing a second undergraduate degree or who were away from the course. For the second group (professors),

the inclusion criteria were: being a professor in the undergraduate nursing course, with experience equal to or greater than two years. Professors who were on vacation, on some kind of leave or away from their duties for any other reason were excluded. The recruitment process consisted of an invitation made in person at the research setting. After the first collections, new participants were sought, according to the analytical needs of the research.

It is worth mentioning that the field of meanings that people attribute to a certain phenomenon may be related to the contextual and individual singularities in which they are inserted. In this sense, the following question was important for the phenomenon of this research: If the meanings disclosed about entrepreneurship emerge from a certain group of students and professors, what is the entrepreneurial tendency of these participants? In the face of complexity<sup>(2)</sup>, the understanding that people are contexts in themselves is corroborated. Thus, to disclose the meanings about entrepreneurship, it was pertinent to better identify who offered the data. To do so, we used the reduced version of the General Measure of Enterprising Tendency (GET) to characterize the participants<sup>(12)</sup>.

GET-FIT allows for an evaluation of enterprising tendency through a unidimensional scale, which measures entrepreneurship through 19 dichotomous items. Each item of the scale corresponds to 1 point, totaling 19 points. The participant who obtains an average of their responses equal to or greater than 9.5 will be considered as having enterprising tendency.

The analysis of the GET-FIT scale responses was carried out by means of simple descriptive analysis. There was no need for statistical analysis, since the scale was only used to identify the entrepreneurial tendency of the interviewed participants.

The research scenario was the nursing course at a public federal university in the North-Fluminense Region, Rio de Janeiro, which has students from different regions of Brazil. In its

faculty, 41 nurses make up the professional cycle, of which 31 are PhDs.

For data collection, the semi-structured interview was used, in the period from September 2019 to February 2020, whose guiding questions were: What do you understand by entrepreneurship? For you, what are the relations between entrepreneurship and nursing? How do you perceive the training of nurses in relation to the development of competencies for entrepreneurship? The interviews lasted an average of 30 minutes. They were conducted in a calm environment. There were no dropouts or refusals from the participants.

Each interview was digitally recorded by the main researcher and later transcribed into Word for analysis. The data analysis occurred through the coding process, which, in the Corbinian approach to the GT, consists of comparative analysis on three levels: open, axial, and integration<sup>(13)</sup>. This implies the emergence of codes that are compared to each other and grouped by conceptual similarities for the development of categories. The interviews were ceased after theoretical saturation, which has as its principle the development of concepts.

In open coding, concepts were identified by comparisons between data properties and dimensions. In this step, preliminary codes emerged based on the titles assigned to each incident, idea, or event (data properties). Once in possession of the preliminary codes, a comparison between them began, to group them into conceptual codes<sup>(13)</sup>.

In axial coding the conceptual codes were grouped to form categories and subcategories<sup>(13)</sup>. In this step, the process of regrouping the data that were separated in the open coding was initiated. The integration, the third stage, consisted in the comparison and analysis of the categories and subcategories, a continuous process that aimed to develop the categories, integrate and refine the theoretical matrix, and bring out the central phenomenon<sup>(13)</sup>.

The research was approved by the Research Ethics Committee of the Universidade Federal

do Rio de Janeiro, on the Macaé Campus. All ethical aspects were respected, including the free and informed consent with the signing of a term in two copies, one for the researcher and another for the research participants. To preserve anonymity and confidentiality, the participants were designated alphanumerically in the excerpts of their statements, according to the sample group of origin and the interview sequence. Thus, the letter “E” designated service students and “P”, professors.

## Results

From the first sample group, 13 students were interviewed, 10 were female. Five were in the 5th period of the course, five in the 10th period, and three in different periods. The predominant

family income was between 1 and 3 minimum wages (MW) (69.23%). When asked whether entrepreneurship in nursing was addressed in the classroom, nine (69.23%) answered no.

From the second sample group, 10 professors were interviewed, 7 of whom were female. The age range was from 30 to 55 years. The family income of most of them was 13 MW or more. This group had an average of 10 years of experience in undergraduate nursing education. Half of the professors mentioned having already approached entrepreneurship with the students.

Regarding the results obtained by GET-FIT, it was possible to see that, from the students' group, 11 (84.62%) showed general enterprising tendency and 100% of the participating professors had general enterprising tendency (Table 1).

**Table 1** – General Enterprising Tendency of nursing students and professors. Rio de Janeiro, Rio de Janeiro, Brazil – 2019-2020. (N=23) (continued)

General Enterprising Tendency Questions	Students interviewed n=13				Professors interviewed n=10			
	Agree		Disagree		Agree		Disagree	
	n	%	n	%	n	%	n	%
1 I prefer challenges that test my skills to things I do easily.	11	84.62	2	15.38	8	80	2	20
2 When I make plans to do something, I almost always do what I have planned.	7	53.85	6	46.15	7	70	3	30
3 I like to do new things, even though, to do so, I must face some challenges.	12	92.30	1	7.70	10	100	-	-
4 I prefer a risky opportunity, but one that leads me to better things, rather than having an experiment with all the security that keeps things as they are.	9	69.23	4	30.77	6	60	4	40
5 When I face a challenge, I think more about the consequences of success than failure.	9	69.23	4	30.77	6	60	4	40
6 If I had a good idea to make money, I would be willing to take out a loan that would allow me to accomplish it.	8	61.54	5	38.46	5	50	5	50
7 I prefer to do things my way, without worrying about what others might think.	4	30.77	9	69.23	6	60	4	40
8 Getting what I want has little to do with luck.	8	61.54	5	38.46	7	70	3	30
9 I like to start new projects that may be risky.	7	53.85	6	46.15	7	70	3	30
10 When I have to set my own goals, I prefer them to be hard rather than easy.	5	38.46	8	61.54	6	60	4	40
11 I get what I want because I work hard and make it happen.	8	61.54	5	38.46	9	90	1	10
12 It is more important to perform a task well than trying to please people.	11	84.62	2	15.38	10	100	-	-
13 I can defend my point of view when someone does not agree with me.	13	100	-	-	9	90	1	10

**Table 1** – General Enterprising Tendency of nursing students and professors. Rio de Janeiro, Rio de Janeiro, Brazil – 2019-2020. (N=23) (conclusion)

General Enterprising Tendency Questions	Students interviewed n=13				Professors interviewed n=10			
	Agree		Disagree		Agree		Disagree	
	n	%	n	%	n	%	n	%
14 Sometimes I have so many ideas, that I don't know which one to choose.	11	84.62	2	15.38	7	70	3	30
15 Achieving success is the result of hard work. Luck has nothing to do with it.	6	46.15	7	53.85	8	80	2	20
16 Before making a decision, I prefer to evaluate the pros and cons quickly and not spend too much time thinking about it.	4	30.77	9	69.23	5	50	5	50
17 I wake up early, sleep late, or skip meals in order to finish special tasks.	11	84.62	2	15.38	6	60	4	40
18 When performing a task, I rarely need or want help.	4	30.77	9	69.23	4	40	6	60
19 Sometimes people think my ideas are unusual.	6	46.15	7	53.85	4	40	6	60

Source: Create by the authors.

Note: Conventional signal used:

- Numeric data equal to zero not resulting from rounding.

From the data collected, the category “Meanings of entrepreneurship in nursing: perspectives of undergraduate students and professors” emerged, consisting of three subcategories: “Listing barriers to the connections between entrepreneurship and nursing”; “Relations between undergraduate teaching-learning in nursing about entrepreneurship”; “Relating nursing to entrepreneurship”.

#### Listing barriers to the connections between entrepreneurship and nursing

In the elements that make up this subcategory, it was initially observed that there were obstacles in the sphere of knowledge, revealing the complexity involved in understanding the phenomenon, from the perspective of undergraduate nursing students and professors. To exemplify, the following excerpts signal the difficulty that some participants presented in talking about entrepreneurship.

*Difficult, because I never thought about it. I think entrepreneurship is very complex (E2).*

*My view is superficial about the concept of entrepreneurship, it is not my area of research (P3).*

The data demonstrated that the participants' understanding of concepts, definitions, or purposes of entrepreneurship may be based on information fragmentation, which implies decontextualized knowledge about entrepreneurship in nursing. Thus, from the participants' perspective, this fragmentation suggests presenting roots in different factors, such as: in the dissociation between entrepreneurship and nursing; in the vision centered on the business typology; in the relations between entrepreneurship and the SUS lag; in the dichotomy between public and private in the health context, among other issues.

It could be observed that these meanings emerged from the reflected perceptions of the participants who experienced, in their professional and academic trajectories, the context of collective health, because the participants who were professors inserted in different areas, such as hospitals, signaled different positions regarding entrepreneurship in Nursing.

*Look, being honest, I think that entrepreneurship has become trendy in nursing. I think people talk a lot about entrepreneurship, entrepreneurship, they want to create many things that in reality may not be applicable in all contexts, in all reality. (P2).*

*[...] the view of the professor who doesn't work with this line [entrepreneurship] is the one I told you about, it's the view that deals with the market, with the entrepreneurs of the services, and that we, for being in a public university, in defense of a public health system, see as something not very positive for the formation. (P3).*

However, these same participants, when provoked to think about the reality of nursing in relation to the development of technology and innovation, as well as the protagonism of nursing based on innovative strategies in the context of SUS, perceived as important and valuable for the profession, the ability to innovate, to prospect new possibilities, models and processes for the work. This same signaling was highlighted in the professors' profile regarding GET-FIT for most of the items analyzed. This data suggests that resistance to entrepreneurship may be related to the way they mean the phenomenon in question.

This reality can result in negative impacts regarding the stimulus or interest on the subject addressed, both by students and nursing professors, reflecting in distances between nursing and the discussions that favor reflections for competencies related to entrepreneurship, as can be seen in the following excerpts:

*I have heard about entrepreneurship, but not in nursing. I am in the sixth period, but nothing has been said so far about this subject. (E10).*

*I still see few movements of nursing with entrepreneurship [...] so, I still see this as something very insufficient in nursing. I don't see it as a concern. (P9).*

In highlighting their relations with the market, in capital perspective, the meanings that the participants presented about entrepreneurship were centered in the field of their perception of the business entrepreneurship aspect. However, they did not establish, in the same proportion, connections with intrapreneurship (the ability to undertake within the service itself, even if of a public nature) and social entrepreneurship (with special emphasis on the impact that nursing has on SUS). In this context, it is worth highlighting the unidimensional, fragmented perception that supports linear and reductionist meanings about entrepreneurship in nursing, as can be seen in the following excerpts:

*There is this prejudice that entrepreneurship is linked to a question of capital. (P1).*

*I think I see it more in the business world, when you hear about it. There is more dissemination for this, the issue of business, creating companies. (E3).*

*Entrepreneurship is very much connected to the market, isn't it? The question of buying and selling services is always what comes to our minds. (P3).*

By conceiving of entrepreneurship only from a business perspective, meanings are constructed that go against the complexity imbued in the phenomenon of entrepreneurship and its relations with nursing. Thus, the concepts that make up entrepreneurship as a broad perspective of social, institutional, and professional impact escape understanding. Therefore, the field of meanings contributes to impact the sphere of behavior, of acting towards the phenomenon that is being meant. This process leads to the possibility of a greater distance between entrepreneurship and nursing.

*This issue of not mastering the concept, not knowing what it is about, and ending up that it is a concept that, in the discussions, the issue of capital is very involved. (P1).*

*Nursing has not yet, in my perception, really understood what entrepreneurship is. It is being done very slowly, which can make it difficult for nursing to move forward. (E8).*

However, the dynamic process that permeates the construction of meanings involves elements that start from perceptions and reach the understanding of reality until achieving the construction of meanings. In the context of entrepreneurship in nursing, the context of professional training represents an important reality from which possibilities emerge for this construction to happen, resulting in the emergence of the need to reflect on the subject.

Relations between undergraduate teaching-learning in nursing about entrepreneurship

Although undergraduate education was identified as a fundamental context for the formation of a profession's profile, the results indicated that, from the participants' perspective, entrepreneurship was insufficiently addressed.

Thus, they listed factors that influenced the maintenance of this reality, namely: methodologies, transversality of content during training, influence of institutional culture and professors, among others.

*We miss it, because I am leaving the university, and I will have a class or two talking about this in a discipline. I think that if this came from the beginning, as well as if we talked about the role of nurses and what we do, this would bring a greater feeling of belonging, so that we would get ahead already thinking and developing several ideas. (E3).*

*Our role is precisely to show him, in a transversal way, in all the disciplines, not having a specific discipline, for example, about entrepreneurship, but showing nurses that this is possible on a daily basis. (P6).*

The transversality able to consider entrepreneurship teaching in the undergraduate course may, according to the participants, influence the way students and future nurses develop competencies for entrepreneurship in nursing.

*In our curriculum, it is not addressed. If it is addressed, it is in the "bidden" curriculum. In the official curriculum it doesn't appear, but I don't see teachers addressing the topic, and those who address entrepreneurial issues [in research] don't show the entrepreneurial profile of their approach to the students. (P9).*

*Maybe later on we will have [approach about entrepreneurship - 5th period student], later on, when we have the management discipline and we will have other subjects, but, for now, I don't think so. (E10).*

Despite the above, nursing faculty signaled some functions delegated to the undergraduate field to break down the barriers that hindered the development of entrepreneurial competencies.

*I think that when this happens, when it has continuity, when this discussion has continuity and does not remain only in specific situations, when this gains conversation, I think we will have the entrepreneurship movement happening. (P4).*

*First, there needs to be a process of awareness, of stimulus. It has to come from the faculty first, because then, when the faculty understands this as something close to our reality, something that can improve the image of our profession in society, our insertion, our social role, our social function, I think this will naturally flow to the undergraduate students. (P7).*

The intrinsic and continuous movement of knowledge that relates a profession in society demands a strengthened approximation between nursing and entrepreneurship. At this conjuncture,

given the meanings that emerged from the research, it was possible to reach the following subcategory, which confirms the perception of students and teachers about the important relationship between entrepreneurship and nursing as a construction and strengthening of identity and professional appreciation.

### Relating nursing to entrepreneurship

*Or we put ourselves in movement, and especially for the students that are entering here full of possibilities, full of desire, dreams, and full of eagerness, I think that this is the way to go. It is to think outside the box, to look wider, to be able to see opportunities. (P4).*

*Eh, I think a lot about creating new things! And as I said, I see this as a form of entrepreneurship. And I think it is something necessary and, in me, it awakens the interest to know more and seek other fields and go beyond. I think that is it. (E4).*

In this sense, they not only perceived the relation between entrepreneurship and nursing, but also considered the need for nursing to advance in the field of entrepreneurship in healthcare:

*We get more involved with activities that are social entrepreneurs. (P1).*

*I think that it has to enter more, but it enters the health part and, mainly, because we have a lot of knowledge, a lot of scientific knowledge, and then we can show this to the population and develop a lot of things, mainly because of the contact we have with people. We have to generate something for them, and this showing the role of nursing, but also the strength, not only showing, but strengthening nursing. (E3).*

It is also noted that the context of the professors' speech stands out with the divergence of thought that emerged among the areas of nursing knowledge, as already signaled, with regard to its relationship with entrepreneurship.

*Collective health sometimes has an issue [...] but I don't see it as so positive in the sense of defending a public health system [...] it's a business path, it's a path of a much more private service than public in our point of view [collective health]. (P3).*

*It is an inversion of your work process to procedures, to the provision of listed activities and not in that more holistic and integrative vision of you providing care. (P5).*

However, this thinking is not singular, because it diverges from the ability to broaden



the understanding about the possibilities and paradigms involved in entrepreneurship in a positive way, as highlighted in the excerpts of other professors' statements:

*Entrepreneurship transcends this material. Becoming an entrepreneur is much more than just thinking about financial gain, about what I can gain from this. We gain much more in knowledge, development of self-esteem, autonomy, new fields of work. (P6).*

*To undertake in nursing is to be able to see strategies to provide nursing in an autonomous way, independently, meeting the needs of a certain society, of a certain population. (P8).*

Despite the plurality of meanings about entrepreneurship in nursing, the professors considered that the profession was surrounded by entrepreneurial understanding and practices, so they recognized, in this identification, the current weaknesses related to entrepreneurship in the profession.

*I think nursing is already an entrepreneurial profession by nature, but often it is not perceived that way. (P1).*

*The problem is that we don't have this culture of developing entrepreneurship in nursing, because we still obey the hospital-centric culture, in which the nurse is very dependent on the hospital service. (P8).*

For the understanding of phenomena, complexity demands the positioning that they assume in their contextual perspectives. In this way, moving from the micro context to the macro and, thus, contextualizing nursing in the health field, nursing students and professors understood entrepreneurship in its potential relationships with the nursing field, through the comparison they established with other health fields.

Regarding the entrepreneurship experienced in the other health professions, different from what occurs in nursing, the participants considered that the entrepreneurship phenomenon was closely connected to the stimuli and social acceptance presented in each area/profession, as they pointed out:

*Nutrition already thinks about an office; psychology and several other health courses [too] and this is kind of like that, people don't even question it [...] in the other courses no, nobody thinks about this area of society's acceptance, it is already something natural to think about a medicine, nutrition, psychology office. In nursing, no. (P6).*

*The medical professional, for them, there is this possibility, and even by the professional regulation, they has the possibility to undertake with greater financial return, with greater social visibility, with other possibilities. (P4).*

When confronted about the possible realities involving the relation between entrepreneurship, nursing and other professions, the participants meant the reality of nursing through comparisons with other professions, as already highlighted, and thus pointed out barriers related to entrepreneurship in the profession itself.

*I think nursing sometimes lags a little behind. (E4).*

*[...] but I think that, sometimes, when nurses want to be entrepreneurs, they are a little bit like: "will they see me as a mercenary person, who wants the material and so on?". I see this as a very big questioning. I don't see this questioning, for example, with people from nutrition, from physiotherapy. (P1).*

In this sense, the meanings presented by nursing students and professors demanded a local contextual construction, when related to the institutional training context, as well as in a broader way, when involving issues related to the profession itself in its historical and cultural aspects that, over the years, have constituted ways of perceiving and acting.

## Discussion

Nursing is still conceived, in plural contexts and realities, as a charitable social practice that responds to a supernatural call, permeated by feminine care, of a religious nature, which contributes to sustaining the thought in nursing itself and translated into society that it should not profit from the care provided by these professionals<sup>(14)</sup>. This construction, it seems, is projected directly by some nursing professors to the students, when they signal, objectively, that entrepreneurship does not result in social development. Indirectly, the same occurs when they do not address the content during the training process of future nurses.

Such reality can be understood based on the recursive circuit principle of complexity, when considering that man is a product and producer of oneself<sup>(2)</sup>, which, together with another

principle – the hologram principle –, in which the whole is contained in the part and the part in the whole<sup>(2)</sup>, one can consider the reality projected in the nurses' training based on the reality of the professional training of oneself and the way the professor accessed the information that supported entrepreneurship, especially social entrepreneurship and intrapreneurship as possibilities for the development of nursing.

In this sense, as it was observed a lack of knowledge about entrepreneurship in the nursing context for the reality of this study, it is appropriate to highlight the diversity involved in the definition of entrepreneurship as a phenomenon of doing something new, or introducing innovation to something already existing, or what is traditionally done, by identifying needs and opportunities that demand actions capable of responding to these needs<sup>(14-15)</sup>. In this sense, different from what is conventional, entrepreneurship can present three main typologies, as already signaled<sup>(15)</sup>.

All these typologies have important interfaces with nursing<sup>(16)</sup>, since it is about business entrepreneurship, when nurses develop competences based on a set of knowledge, skills and attitudes, legally supported by the Law of Professional Exercise, in addition to resolutions issued by the Federal Council of Nursing and the current laws of the country, which enable them, in the private sphere, the autonomy to manage their own practices, birth houses, consultancies, among other possibilities.

Social entrepreneurship, on the other hand, assumes the commitment to impact broad groups of people, communities, and populations through altruistic, non-profit strategies that enable social development. In this scope, it can be considered the proposition of new public policies or interventions in existing policies, for example<sup>(17)</sup>.

Despite the strangeness of part of the research participants about entrepreneurship in nursing, especially undergraduate professors, when considering that this phenomenon refers to a reality structured for the market logic in

a capitalist perspective, there was divergence regarding this positioning in relation to what they conceived about innovation and their attitudes towards change, as identified by the General Enterprising Tendency of these participants. Thus, the data suggest conceptual distancing of these professionals in relation to intrapreneurship and social entrepreneurship.

In this sense, complexity is evoked, signaling the importance of reforming thinking in order to think about reform<sup>(2)</sup>. However, another element of complex thinking should be highlighted, namely: the importance of contextualizing the phenomena for the necessary break from linear thinking which, in an attempt to simplify, ends up reducing the understanding to a broader reality of things<sup>(2)</sup>.

Therefore, the factors that influence the linear thought about entrepreneurship in nursing, conceived in the data analyzed, may have support in the bias of the entrepreneurial model, when considered as a device that arises for the precarization and exploitation of work<sup>(18)</sup>. However, although there is this understanding rooted in interests that go against the valorization of the worker, it is necessary to emphasize the epistemological position of this research, when considering that these dimensions (entrepreneurship and worker exploitation) are, here, divergent.

In this sense, the State's role of guaranteeing work and decent conditions to exercise it, in accordance with the 1988 Brazilian Federal Constitution, is not annulled. Furthermore, what is defended is the guarantee of the principle of human dignity from the perspective of the work dimension, translating rights into adequate remuneration, sufficient human and material resources, as well as a working day consistent with the demands of society and with the quality of life of the person who works.

Therefore, entrepreneurship is assumed as a dynamic structure that should affect professional praxis through an expanded view of the world, among other important issues that can give nursing the ability to update its practices, without,

however, weakening its identity, considering: its connections with the profession, knowledge that can result in developments of nursing science in innovations and technologies to meet social demands and attitudes for necessary readjustments to meet the social dynamics and work processes<sup>(19)</sup>. In this same logic, The State of the World's Nursing Report signals a deficit of five million nurses, presenting, however, a disproportionality in relation to geographic contexts, whether in relation to countries or regions within the same country<sup>(20)</sup>.

It is worth mentioning that the reality of unemployment in nursing, at the same time that there is an expressive deficit of these professionals in the world, should be considered as a complex phenomenon that is influenced by different factors, among which is the logic of subcontracting human resources in health and work overload through a limited management vision<sup>(21)</sup> and the market interest of health entrepreneurs. Entrepreneurship, in this way, has nothing to do with the job supply relationship as a result of the mismanagement that neglects, in the public and private spheres, the adequate quantity of nursing professionals in the different jobs.

When relating entrepreneurship with nursing, in this study, students considered the importance of innovations and technologies. On the other hand, they did not delve into issues that enabled greater relations between entrepreneurship and the social dimension of nursing. This reality may be supported by the linearity with which this theme appears in the future nurse's training process. Nevertheless, it is essential to consider the global and national evidence on the importance of entrepreneurship for nursing and society<sup>(20,22-23)</sup>.

The study presents as a limitation the reality in which the meanings emerge, because, as indicated by the TEG-FIT scale, the students present a profile of entrepreneurial tendency that may be distant from the reality of other contexts of nursing education. However, the importance of studies that allow the formalization of this object is signaled, so that the phenomenon

investigated here can be understood through other investigative approaches.

The research contributes, in particular, to the dimension of nursing education based on the evolving dynamics of the nursing profession and health systems, which demand entrepreneurial skills to meet the current and future challenges of nursing professionals. At the same time, it signals to undergraduate nursing professors the need for cross-cutting approaches to entrepreneurship in the course of their undergraduate studies.

### Final Considerations

The teaching of entrepreneurship, based on the meanings attributed by undergraduate nursing students and professors, revealed important gaps between the expanded concept of entrepreneurship, despite the social typology, intrapreneurship, and the development of students' competencies for these multifaceted realities.

Complex Thinking supported the interpretation of the results through the systemic perspective that aims to break the pathology of knowledge, which fragments the multidimensional and limits possibilities for understanding the complex existing in social phenomena. From this reality, the linear and limited understanding that entrepreneurship does not match the social practice of nursing, nor the strategies that can strengthen the SUS. However, the participants recognized the importance of innovation in work processes, suggesting that there is a suspension of thought capable of denser approaches about what entrepreneurship is and what it is for.

The Grounded Theory, by enabling the weaving of meaning systems that permeate the entrepreneurship theme in nursing education, through the connections arising from the perceptions of students and professors, favored an understanding based on the complexity of this phenomenon and allowed a glimpse of the roles that both present in the connections necessary for the development of entrepreneurial competencies.

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## Collaborations:

1 – conception and planning of the project: Isadora de Freitas Lyrio Araújo and Ítalo Rodolfo Silva;

2 – analysis and interpretation of data: Isadora de Freitas Lyrio Araújo, Ítalo Rodolfo Silva, Marlea Crescêncio Chagas and Nadia Foutoura Sanhudo;

3 – writing and/or critical review: Isadora de Freitas Lyrio Araújo, Ítalo Rodolfo Silva, Marlea Crescêncio Chagas, Nadia Foutoura Sanhudo, Thiago Privado da Silva, Luana dos Santos Costa and Camila Mendonça de Moraes;

4 – approval of the final version: Isadora de Freitas Lyrio Araújo, Ítalo Rodolfo Silva, Marlea Crescêncio Chagas, Nadia Foutoura Sanhudo, Thiago Privado da Silva, Luana dos Santos Costa and Camila Mendonça de Moraes.

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