Original Article

Entrepreneurship in Nursing compared to other health professions

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ABSTRACT

This paper consists of a descriptive, exploratory study with a quantitative approach with the aim of comparing nursing companies and companies in other health professions, using indicators related to entrepreneurship. Data was collected in June and July 2017 from the Commercial Registry of Sao Paulo website, the board of professionals of each health category studied, and the Ministry of Education and Culture, then submitted to a descriptive statistical analysis. Most of the studied companies were founded from 2000 onwards, and constituted as limited liability companies, micro enterprises or small enterprises, with low capital. There are fewer nursing companies than there are physical therapy, psychology, nutrition and speech therapy companies. The nursing profession shows the less significant relationships between companies and professionals, courses, and annual job openings. The indicators reinforce the need for inserting entrepreneurship content in nursing undergraduate courses to better prepare students for new job markets.

Descriptors: Job Market; Entrepreneurship; Nursing; Health Occupations; Education, Nursing.

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INTRODUCTION

Intensely propagated during the 1970s, the study of entrepreneurship has since been growing. Currently, the role of the entrepreneur is connected to the exploration of new business opportunities, transformations in the organizational environment, as well as enabling the progress of new technologies, new management procedures and social inclusion in society[1-2].

The fields of management and business have produced many papers on this subject. However, inserting the entrepreneurship theme into nursing is admittedly a challenge in Brazil, since there is a gap between the teaching of nursing management and the demands of the job market, revealing gaps in the training of nurses, despite the increase in workload[3].

The cross-disciplinary approach throughout health courses has increased the coexistence of nurses with other professionals such as dentists, physiotherapists, nutritionists, speech therapists and occupational therapists, as well as psychologists. Recognized and regulated only in the last century, these health professions are relatively new and, like nursing, have been searching for space in the market[4].

In Brazil, the majority of nursing professionals is concentrated in the southeast region, mainly in the state of São Paulo (25%)[5]. Given this quantitative and economic representation, the analysis of the entrepreneurship scenario in nursing in the state of São Paulo can lead to improvements in curricula bases and the elaboration of public policies.

Business intention, that is, the desire to open up a business, has been the object of study of several researchers in entrepreneurship[6]. Thus, companies opened by health professionals reflect new job markets and analyzing these new companies can be interpreted as an important indicator of business entrepreneurship, as well as the expansion of the performance of these professionals in the current scenario.

The Federal Nursing Council (Cofen) has recently published the Resolution N. 568/18, which regulates the operation of nursing offices and clinics, valuing the nurse's entrepreneurial character by recognizing the legal entity of these services.

In this context and due to the scarcity of current and in-depth entrepreneurship literature in Brazilian nursing, we ask, is the nurse as entrepreneurial as other health professionals are? Do nursing companies have the same profile as those opened by other health professionals?

To answer these questions, this exploratory study aimed to compare nursing companies to companies by other health professions regarding their entrepreneurial nature.

METHOD

The data collection for this quantitative, exploratory and descriptive study was carried out in three stages in June and July 2017, on Commercial Registry of Sao Paulo (Jucesp) website, the professional board of each category researched, and the Ministry of Education and Culture of Brazil (MEC). Jucesp is an agency responsible for registering documents filed by business owners, business societies and cooperatives in the State of São Paulo[7]. In order to be formalized, every company must first be registered within the commercial board of their state. Only after this registration, the company obtains their CNPJ number (National Registry of Legal Entities) from the

Federal Revenue Service, the Operating Permit at the City Hall, and the State Registration (IE, in the Portuguese abbreviation) at the Secretariat State of the Treasury.

The data on the Jucesp website are public domain, in accordance to the rules and regulations of the board and Brazilian law, and are therefore available to collection by common citizens. Using the advanced search feature of the website, which allows the search of companies by different types of registered data, all companies whose corporate purpose included the word “nursing” and that were registered until June 23, 2017, were selected. General quantitative information was collected by type of company, revenue, capital, foundation date and location. The same procedures were performed for the following fields: “Physical therapy”, “Dentistry”, “Occupational Therapy”, “Nutrition”, “Speech therapy” and “Psychology”.

The number of registrations in the State of São Paulo according to the coverage regions were collected from the websites of the professional boards of each profession. .

Another source consulted was the website of the Ministry of Education and Culture, which provides the e-MEC register of higher education institutions and courses, an official and unique database of information related to higher education institutions (IES, in the Portuguese abbreviation) and undergraduate courses of the federal system of education[8]. All information provided is easily accessible and of public domain, needing no previous registration for consultation. Using the advanced research feature, all the undergraduate courses active in June/2017, whose name included the word “nursing” in the federal unit of São Paulo, were selected. The same procedures were performed for the following fields: “Physical therapy”, “Dentistry”, “Occupational Therapy”, “Nutrition”, “Speech therapy” and “Psychology”.

The information collected was typed in Microsoft® Excel spreadsheets and the simple and relative frequencies of the different variables were calculated and presented in the form of tables and graphs.

To evaluate business entrepreneurship, a comparison was made between the number of companies and the available data related to education and registration for the exercise of these professions. Five indicators were adopted (IE1, IE2, IE3, IE4 and IE5), namely: IE1, ratio between the number of registered companies and duly graduated professionals registered in their respective boards; obtained by the formula IE1 = E/PGI where E is equivalent to the number of companies registered in Jucesp and PGI represents the number of duly graduated professionals enrolled in their respective professional boards. IE2, ratio between the number of companies and the total number of professionals registered in their respective boards, including graduates, technicians and assistants; obtained through the formula IE2 = E/PTI where E equals the number of companies registered in Jucesp and PTI represents the total number of graduated, technical or assistant professionals enrolled in their respective professional boards. IE3, ratio between the number of companies and the number of courses authorized by the MEC in the State of São Paulo; obtained through the formula IE3 = E/C, where E equals the number of companies registered in Jucesp and C represents the number of courses authorized by the MEC in the State of São Paulo. IE4, ratio between the number of companies and the number of places available in the courses authorized by the MEC; obtained through the formula IE4 = E / VP, where E is equivalent to the number of companies registered in Jucesp and VP represents the number of places authorized by the MEC in the State of São Paulo. IE5, ratio between the number of companies and the total number of available places in the formal and distance education courses authorized by the MEC; obtained through the formula IE5 = E/VT, where E equals the number of companies

registered in Jucesp and VT represents the number of total places, both in formal and distance education, authorized by the MEC in the State of São Paulo.

This study followed the ethical precepts, following Resolution N. 510/16 of the National Council of Health, not requiring evaluation by Committees of Ethics in Research, in agreement with the National Commission of Ethics in Research (CONEP) by the system CEP/CONEP, because it only used public domain information.

RESULTS

A total of 12,068 companies were selected, most of them related to the physical therapy category (40%), followed by psychology (25%), nutrition (11%) and speech therapy (9%). Nursing (6%) is only ahead of dentistry (5%) in this comparison (Figure 1).

Figure 1: Distribution of companies by professional category. Botucatu, São Paulo, Brazil, 2017.

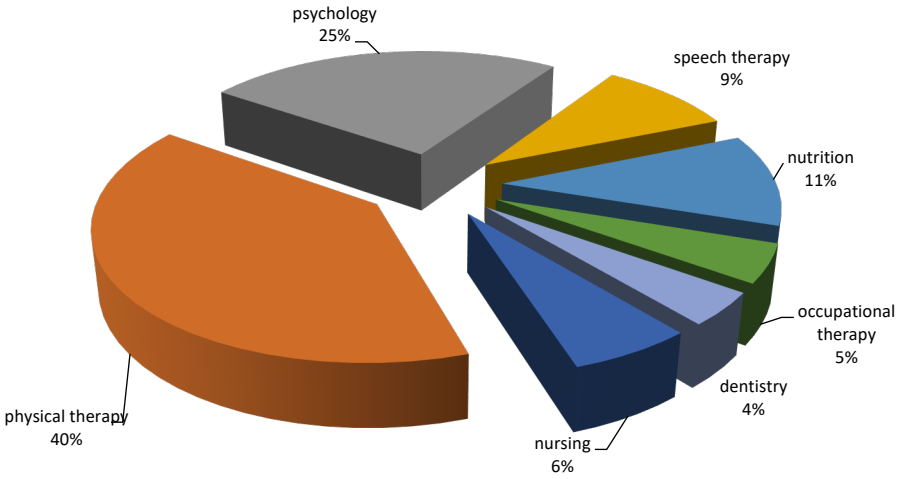


Table 1 describes the characteristics of the companies studied according to their capital, foundation date, type and revenue.

Table 1: Characteristics of companies according to their capital, foundation date, type and revenue by professional category. Botucatu, São Paulo, Brazil, 2017.

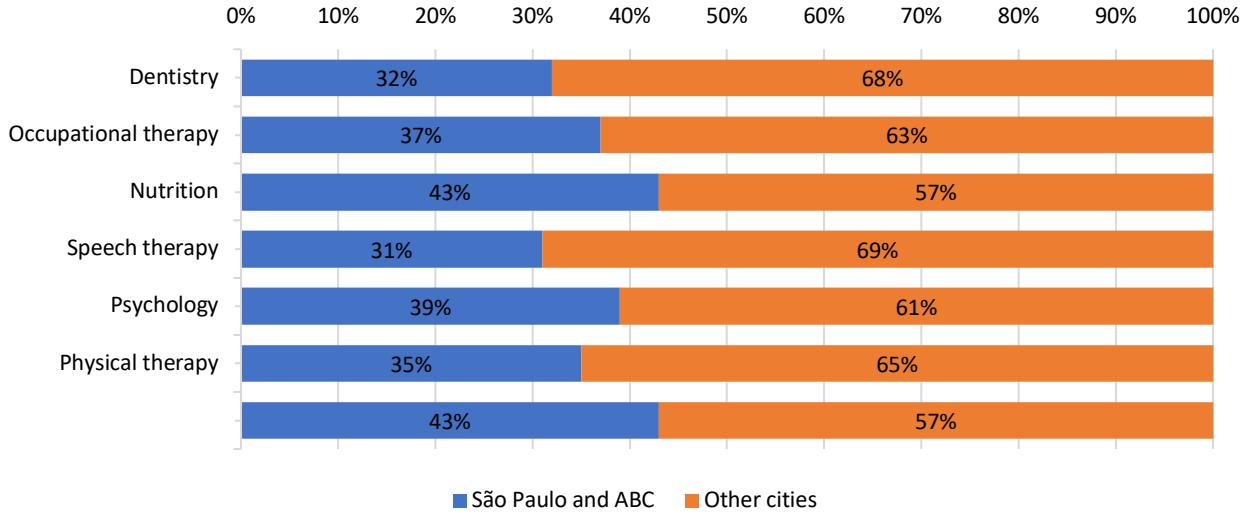
Characteristics	Nursing		Occupational therapy		Nutrition		Speech therapy		Psychology		Physical therapy		Dentistry		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Companies' capital																
Up to R$ 5,000.00	187	25.2	131	23.0	381	27.8	317	28.0	926	31.0	1153	24.1	50	10.2	3145	26.1
From R$ 5,000.01 to R$ 10,000.00	126	17.0	142	25.0	278	20.3	262	23.1	673	22.5	1096	22.9	52	10.6	2629	21.8
From R$ 10,000.01 to R$ 20.000,00	163	22.0	139	24.4	289	21.1	286	25.2	693	23.2	1177	24.6	102	20.9	2849	23.6
From R$ 20,000.01 to R$ 50,000.00	106	14.3	78	13.7	165	12.1	141	12.4	290	9.7	709	14.8	86	17.6	1575	13.1
From R$ 50,000.01 to R$ 100.000,00	70	9.4	60	10.5	168	12.3	102	9.0	319	10.7	453	9.5	76	15.5	1248	10.3
Above R$ 100,000.01	89	12.0	19	3.3	88	6.4	26	2.3	87	2.9	190	4.0	123	25.2	622	5.2
Inception																
Until 1990	4	0.5	1	0.2	9	0.7	5	0.4	14	0.5	15	0.3	38	7.8	86	0.7
From 1991 to 2000	15	2.0	9	1.6	24	1.8	13	1.1	52	1.7	96	2.0	54	11.0	263	2.2
From 2001 to 2010	295	39.8	189	33.2	400	29.2	396	34.9	781	26.1	1561	32.7	175	35.8	3797	31.5
From 2011 to 2017	427	57.6	370	65.0	936	68.4	720	63.5	2141	71.7	3106	65.0	222	45.4	7922	65.6
Business type																
Cooperative	37	5.0	2	0.4	9	0.7	5	0.4	15	0.5	16	0.3	0	0.0	84	0.7
EIRELLI (Individual Ltd. ent.)	54	7.3	44	7.7	128	9.3	82	7.2	266	8.9	316	6.6	40	8.2	930	7.7
Entrepreneur	272	36.7	189	33.2	497	36.3	330	29.1	1055	35.3	1639	34.3	222	45.4	4204	34.8
Private limited company	372	50.2	333	58.5	728	53.2	715	63.1	1645	55.1	2801	58.6	218	44.6	6812	56.4
Corporation	6	0.8	1	0.2	5	0.4	1	0.1	4	0.1	5	0.1	7	1.4	29	0.2
Group	0	0.0	0	0.0	2	0.1	1	0.1	3	0.1	1	0.0	2	0.4	9	0.1
Company's Revenue																
ME[1]	423	57.1	362	63.6	874	63.8	638	56.3	1793	60.0	2941	61.6	249	50.9	7280	60.3
SE[2]	86	11.6	48	8.4	111	8.1	87	7.7	211	7.1	350	7.3	135	27.6	1028	8.5
Normal[3]	232	31.3	158	27.8	384	28.0	409	36.1	984	32.9	1486	31.1	105	21.5	3758	31.1
Not informed	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	1	0.0	0	0.0	2	0.0
Totals	**741**		**569**		**1369**		**1134**		**2988**		**4778**		**489**		**12068**	

Key:

- Micro enterprises with annual sales below R$ 360,000.00.
- Small enterprises with sales between R$ 360,000.00 and R$ 3,600,000.00.
- Normal businesses with sales above R$ 3,600,000.00.

Most of the companies were located in the city of São Paulo (33%) and in the ABC region (cities of Santo André, São Bernardo do Campo and São Caetano do Sul), with variation according to the professional category. In the nursing and nutrition categories, this rate reaches 43% as opposed to speech therapy, with 31% (Figure 2). Other major inland and coastal cities of the state such as Campinas (4%), Sorocaba (2%), Ribeirão Preto (2%), Bauru (2%) and Santos (2%) are also among those preferred by business owners. All categories are spread throughout other municipalities of São Paulo.

Figure 2: Distribution of companies in municipalities by professional category. Botucatu, São Paulo, Brazil, 2017.



The information collected from the websites of federal or regional professional boards revealed that nursing has the highest total number of registers. Besides nursing, only nutrition and dentistry admit other professional classes such as assistants or technicians, which do not require graduation level. However, only in nursing did the number of assistants or technicians exceed the number of graduated professionals (Table 2).

From the relation between the number of companies and the number of graduated professionals registered in the boards, the highest values are related to the areas of occupational therapy (0.106), speech therapy (0.094) and physical therapy (0.073). In nursing and dentistry, however, this indicator is only 0.006 (Table 2).

Table 2: List of companies by professionals registered in professional boards, distributed by professional category. Botucatu, São Paulo, Brazil, 2017.

Field of business	Registered Companies	Board	Professionals registered in SP Boards				IE1[4]	IE2[5]
			Assistants[1]	Technicians[2]	Graduates[3]	Total		
Nursing	741	COFEN	191,656	181,752	118,665	492,063	0.006	0,002
Physical therapy	4,778	CREFITO	0	0	65,657	65,657	0,073	0,073
Psychology	2,988	CFP	0	0	91,737	91,737	0,033	0,033
Speech therapy	1,134	CFFA	0	0	12,005	12,005	0,094	0,094
Nutrition	1,368	CFN	0	8,063	31,655	39,718	0,043	0,034
Occupational therapy	569	CREFITO3	0	0	5,345	5,345	0,106	0,106
Dentistry	489	CROSP	20,342	8,981	84,556	113,879	0,006	0,004

Key:

- Nursing assistants; Oral Health Assistants and Assistants in Dental Prosthesis.
- Nursing technicians, Nutrition technicians, Oral Health Technicians and Technicians in Dental Prosthesis.
- Nursing total includes the number of midwives.
- IE1: Relationship between the number of registered companies and graduated professionals registered in the professional boards.
- IE2: Relation between the number of registered companies and the total number of members in professional boards, including graduates, technicians and assistants.

The e-MEC consultation made it possible to identify that the largest number of undergraduate courses (217) and places offered in formal education (45,645) is in nursing. Physical therapy comes in second (176/34,476), followed by psychology (159/29,552) and nutrition (140/16,259). In comparison to the other categories, few records of dentistry courses (56/6921), occupational therapy (21/1,643) and speech therapy (17/1,136) were found (Table 3).

Table 3: Ratio of companies by courses and offered places distributed by professional category. Botucatu, São Paulo, Brazil, 2017.

Field of business	Registered Companies in Jucesp	Courses authorized by MEC	Authorized formal education places	Authorized distance education places	IE3	IE4	IE5
Nursing	741	217	45,645	69,930	3.4	0.02	0.006
Physical therapy	4,778	176	34,476	5,200	27.1	0.14	0,120
Psychology	2,988	159	29,552	-	18.8	0.10	0.101
Speech therapy	1,134	17	1,136	-	66.7	1.00	0.998
Nutrition	1,368	140	16,259	49,599	9.8	0.08	0.021
Occupational therapy	569	21	1,643	-	27.1	0.35	0.346
Dentistry	489	56	6,921	-	8.7	0.07	0.071

The relationship between the number of companies and the number of courses is high in speech therapy (66.7), followed by physical therapy (27.1), occupational therapy (27.1) and psychology (18.8). In nursing, on the other hand, this index is less than four. Above nursing are dental professionals (8.73) and nutritionists (9.77) (Table 3).

In the ratio between the number of companies and the number of annual places in graduation courses, speech therapy also comes in first, with a registered company for each authorized place. Occupational therapy (0.35) comes in second, followed by physical therapy (0.14), psychology (0.10), nutrition (0.08) and dentistry (0.07). This ratio is only 0.02 for nursing. Considering the authorized places for distance education, this ratio is even lower, not exceeding 0.006 (Table 3).

DISCUSSION

The present study is unprecedented as it provides updated data on entrepreneurship in nursing compared to other health categories, including the number of professionals registered in boards and the number of courses and places authorized by MEC, based on indicators created by the authors.

As in other countries, the number of running companies with a purpose related to nursing is much lower than those related to newer categories such as physical therapy, psychology, nutrition and speech therapy, even though it is one of the first among these professions to be regulated (1955), preceded only by dentistry (1945). The others were regulated much later: psychology in 1962, nutrition in 1967, physical therapy and occupational therapy in 1969, and speech therapy in 1981[5,9-13]. Therefore, the chronology of the regulation of professions is not related to business entrepreneurship in nursing.

The foundation of companies occurred mainly in the 21st century, probably leveraged by the economic growth registered in the country, by the increase of courses and places made available[8]. Public policies aimed at reducing bureaucracy to facilitate the formalization of companies in the country have increased the number of new enterprises, mainly micro and small enterprises.

As observed in this study, small enterprises owners opt for limited liability companies with the separation of private and corporate assets. The fact that it must necessarily be constituted by at least two people, made the practice of pseudo-partners common, increasing the number of companies in this model, not reflecting, however, the reality of the business, generally conducted by a single entrepreneur[14].

To acquire legal status without compromising personal assets, the professional can establish an individual company with limited liability (Eireli in the Portuguese nomenclature), requiring the capital of at least a 100 times the country's minimum wage[15]. However, the analysis of the companies' capital shows the low value of investment by the owners, being very similar for all the studied professions, not exceeding the R$ 10,000.00 for the majority of companies, except for dentistry.

The prevalence of micro enterprises (ME) and small enterprises (SE) in the study is in the context of the current national development, accounting for a considerable percentage of income and employment generation, with more than half of the country's formal jobs, accounting for 20% of the country's Gross Domestic Product (GDP)[14]. For this reason, the differentiated treatment of micro and small enterprises is foreseen by law and includes simplified forms of tax and contribution collection, compliance with labor and social security obligations and access to credit and to the market. It also includes preference in contracting by public authorities, technology, associativism and inclusion rules[15]. In addition, studies indicate that public policies to encourage ME and SEs encourage companies to expand, locally and internationally[16].

The location of companies, especially in large centers such as São Paulo, the ABC region, Guarulhos and Osasco corroborates with a previous study[17] and reflects the importance of the economic evaluation for the implementation of a new enterprise, since there is a greater circulation of resources in these areas. However, the distribution of companies of all categories in the municipalities of São Paulo reinforces the importance for local and regional development, and is therefore not an impeding factor for the opening of new businesses, but of opportunities[17].

Although nursing has the highest number of members registered in boards, all the indicators adopted in this study suggest the low level of entrepreneurship in this area of health compared to others such as speech therapy, physical therapy or occupational therapy.

It is worth emphasizing that speech therapy acts in large areas such as the health and safety of the worker. With the obligation to elaborate and implement the Medical Occupational Health Control Program by all employers, the admission, dismissal and periodic exams became mandatory, as well as clinical and complementary examinations such as audiometry, performed only by a speech therapist. These services are provided directly to companies, by invoice, demanding the opening of companies by the professionals in that field[18].

Physical therapy and occupational therapy professionals have their training and practice directed primarily to rehabilitation offices and clinics, in addition to hospital therapy centers, leading to the opening of companies, which justifies the growing number of institutions and enterprises in these areas[19].

The work of the psychologist has expanded to areas such as education and traffic, in addition to fields such as legal, organizational, sport or even hospitals. The Brazilian traffic legislation, for example, requires the performance of the psycho-technical examination, a test that measures the capacity of perception, observation and dexterity of future drivers that can only be carried out by psychologists[10].

All of these professions have individualized care, and they can take place within medical offices, clinics, hospitals, outpatient clinics and other public or private services. However, nursing professionals have been widely absorbed by hospital services, mainly by the Unified Health System (SUS), a model adopted in Brazil. This may be due to the large number of jobs offered to nursing professionals in public and private health services, which is not the case of the other professions studied, or in the same proportion, leading future nurses to seek work as employees.

In the employment career culture, especially in countries with unstable economies or in recession, families and citizens tend to look for sources of income that offer lower risks, prioritizing jobs with greater security, especially those in government institutions, even if the financial reward is lower[20].

Research[14,20-22] points out the following barriers for entrepreneurship in nursing, such as: the model of hospital care, leaving the focus on primary care and disease prevention to private practice; the physician-centered culture, with the valuing of this profession to the detriment of others; legal and regulatory issues, which include a lack of knowledge of legislation and the complexity of bureaucratic procedures for registration, licensing and management of private businesses, reimbursement policies and procedures for the collection of hospitals, health plan operators, the State or insurers, represented by the non-payment, underpayment or inadequately coverage of services by health plans[14,20-22]. In addition, studies identify other barriers such as unfair competition with unskilled labor, especially in homecare, which are provided by non-graduates, often illegally, since there is no supervision, with lower prices and debatable quality[20-21].

The indicators lead us to reflect upon reasons for such discrepancies in related professions, and they become even more important if they are useful for designing new strategies in the teaching of entrepreneurship in nursing education. Studies with 17 European countries report that participation in educational activities of entrepreneurship has a positive impact on business intentions[23]. Thus, it is not a matter of increasing the number of courses and places, but rather instilling in our students the desire to open businesses and becoming entrepreneur nurses by means of including content of entrepreneurship in the training of professionals[2,6,23-24], in accordance with the National Curricular Guidelines of the Undergraduate Nursing Course.

Efforts to strengthen educational systems provide young people with entrepreneurial skills that allow them to develop greater adaptability to change and better social, professional and mobility integration. It also broadens their opportunities, opening new fields of activity with the diversification of job markets[25].

A limitation, this study constitutes a sample of entrepreneurship in nursing, since it does not include all the activities that can be exercised in the health area by professional categories, considering only the basic nomenclature. Future research may expand this study. Another limitation is the unavailability of similar studies in nursing, making it difficult to compare with other surveys. This study incorporates, however, new data to the literature on the subject.

As a contribution, this study reinforces the need to present proposals that allow changes in the training of nursing professionals, especially those related to the development of skills and abilities geared to diversified job markets[2,6,23-25].

CONCLUSIONS

The number of existing nursing companies is relatively lower than that of newer professions such as physical therapy, occupational therapy, psychology, nutrition and speech therapy.

Like the other analyzed professions, the companies are located mainly in large centers. They started their business in the 21st century, probably leveraged by the economic growth registered in the country, along with the increase of courses and vacancies, and the availability of incentives for micro and small enterprises.

The low value of investment by the owners, reflected in the social capital of the companies, is noticeable, and most of them are characterized as micro and small enterprises (ME and SE), with the exception of dentistry.

The indicators presented relate the number of companies to the number of professionals registered in boards, courses or annual places, revealing much lower numbers in nursing compared to other areas such as speech therapy, physical therapy or occupational therapy.

Such incidence refers to the barriers encountered by nurses such as physician-centered cultures and hospital care, legal issues, health insurance policies, unqualified competition, among others.

The present study reinforces the need to incorporate proposals to identify the most effective ways to approach, modernize and expand entrepreneurship education, providing changes in the training of nursing professionals regarding skills and abilities geared to diversified and enterprise-oriented job markets.

Our recommendation is towards the development of studies that enable a profound understanding of the setting, the profile, the performance of professionals, the financial return, as well as new contributions to improve the teaching of entrepreneurship in nursing degrees.

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