

RESEARCH METHODOLOGY: DISCUSSION PAPER - METHODOLOGY OPEN ACCESS

Entrepreneurial Instincts of Nurses and Midwives in Ghana

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ABSTRACT

Background: In recent years, the popularity of entrepreneurship among nurses and midwives has increased. People in the nursing and midwifery professions have reaped numerous benefits from this endeavour. However, little is known about the reasons why nurses and midwives decide to become business owners. The aim of the study was to explore the motivation for entrepreneurial instincts among nurses and midwives in Ghana.

Methodology: This qualitative study snowball-sampled nurses and midwives in the Greater Accra Region who have established their health-related businesses. The participants consisted of eleven participants based on theoretical saturation. Using an interview guide, researchers gathered in-depth data on the discussed phenomenon and then analysed the data using thematic analysis.

Results: Five themes were identified from analysis of data, and they are frustration at the former workplace, the desire to own a business, preserving family legacy, the necessity for extra income, and engaging in something during retirement.

Conclusion: Nurses and midwives gain experience through their work as professionals, which motivates them to become entrepreneurs. In addition to these experiences, other factors play an important role in the entrepreneurial ambitions of nurses and midwives.

Patient or Public Contribution: We are grateful to all nurses and midwives for their help during the study.

1 | Background

The concept of entrepreneurship is widely recognised in business as a central element in promoting economic growth and social well-being of individuals within a nation (Durkheim 2019; Kuratko 2005). In modern times, entrepreneurial activities have significantly increased in importance, and many economists consider them fundamental to economic growth, industrial development and job creation. This trend extends across various economic sectors, including the healthcare sector (Carragher and Gormley 2017; Lerner and Nanda 2020). The increasing demand for efficient healthcare services, caused by factors such as rising healthcare costs, an ageing population, and an increase

in chronic diseases, has strained healthcare systems worldwide (Freudenberg and Olden 2011; Hood et al. 2010).

Despite these challenges, attention must be paid to the importance of entrepreneurial activity in the healthcare sector. A systematic review by Candy et al. (2011) showed that private home care contributes to a reduction in overall healthcare utilisation and an increase in patient and family satisfaction. Furthermore, Lockett et al. (2013) showed that home care from specialists leads to just as positive outcomes as care in the hospital. The Institute of Medicine (IOM) recognised the impact of innovative healthcare delivery by entrepreneurial nurses and emphasised its expansion to all healthcare settings (Committee on Robert

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Wood Johnson foundation initiative on the future of nursing, at the Institute of medicine (2011).

In response to the evolving healthcare landscape, entrepreneurship is gradually penetrating the nursing and midwifery professions as practitioners actively seek opportunities through entrepreneurial endeavours (Carragher and Gormley 2017). Wilson et al. (2012) affirmed that to ensure comprehensive health services, nurses and midwives must embrace innovation and entrepreneurial roles in the 21st century, given their high level of education, value and respect (Shirey 2015; Zaccagnini and White 2014).

Similar to entrepreneurs in other fields, a nurse entrepreneur is defined as a proprietor of a business offering nursing services in various capacities, making them directly accountable to the clients for whom services are provided (ICN 2004; Black 2014; Liu and D'Aunno 2011).

The increasing entrepreneurial activities of nurses and midwives are due to a variety of motivating factors. The entrepreneurial impulses can be primarily attributed to the need for reforms in healthcare, which creates business opportunities in the healthcare system (Vannucci and Weinstein 2017). The immediate motive is therefore the desire to continually contribute to healthcare. In addition, the desire for social satisfaction and passion for innovation stimulate nurses' desire to pursue entrepreneurial ambitions (Ubochi et al. 2021). Nurses also see their ability to become successful entrepreneurs as an opportunity to strengthen their social and professional status and achieve financial independence (Ubochi et al. 2021). Nurses also view entrepreneurship as a way to secure their retirement and as a form of insurance in the event of unemployment (Kenny and Rossiter 2018; Amanamah et al. 2018). Entrepreneurship in nursing and midwifery, however, is not a new phenomenon. As a phenomenon, historical changes after the Second World War led to the institutionalisation of nursing practices in many countries, which reduced enthusiasm for entrepreneurship (ICN 2004). Currently, only a small percentage of nurses and midwives worldwide are engaged in entrepreneurship, with differences observed between countries and disciplines (ICN 2004; Salminen et al. 2014; Drennan et al. 2007; Cheater 2010; Wilson et al. 2012).

Notably, there remains a lack of data on nurses' and midwives' engagement in entrepreneurship in African countries, including Ghana. Furthermore, the existing literature on entrepreneurship in nursing and midwifery consists predominantly of narrative and descriptive accounts rather than empirical evidence. In Africa, detailed studies of healthcare providers in the private sector have focused primarily on physicians, leaving a significant gap in the understanding of the entrepreneurial activities of nurses and midwives. This gap represents a significant challenge for research as it hinders the knowledge generation and practical application of theories or models designed to guide the integration of entrepreneurship into nursing and midwifery practice. This study explored the motivation for entrepreneurial instincts among nurses and midwives in Ghana.

2 | Theoretical Framework

The study made use of two theories, which are Entrepreneurial Orientation and Need for Achievement theories.

2.1 | Entrepreneurial Orientation (EO) Theory

EO originated in strategy formulation literature (Mintzberg 1973). EO predicts business performance and shows how subjective entrepreneurial discovery is.

The constructs were initially developed by Miller (1983) and he defined it as a strategic orientation capturing specific entrepreneurial aspects of decision-making styles, methods and practices. The dimensions of EO, defined by Miller (1983) had three dimensions, namely: innovation, risk-taking and proactiveness.

Covin and Slevin (1989) further refined the EO theory using the "three-factor model". However, Lumpkin and Dess (1996) added two more constructs which were competitive aggressiveness and autonomy to the already existing constructs (innovativeness, proactiveness and risk-taking). Therefore, EO was defined as "the process, practices, and decision—making activities that lead to new entry" thus, identifying the five key dimensions of EO as innovativeness, proactiveness, risk-taking, autonomy and competitive aggressiveness.

Innovativeness according to Lumpkin and Dess (1996) is an important dimension in the theory of EO without which no enterprise may exist. Innovation refers to the proposal and generation of new ideas and the commercial exploitation of its outcomes (Tonnessen 2005).

Proactivity involves thinking ahead, opportunity-seeking, and new venture creation (Nieto et al. 2013). It involves anticipating demand and introducing new products or services before the competition.

Risk-taking is a dimension that has been traditionally associated with entrepreneurship and closely related to innovation (Hoonsoopon and Ruenrom 2012). It risks the unknown, borrowing heavily, and/or investing heavily in uncertain environments.

The EO theory, within the healthcare context, posits that nurses and midwives are encouraged to make discoveries and decisions related to entrepreneurship context to improve their business performance. Kearney et al. (2020), therefore, used this theory to illustrate its relationship with employee burnout, which affects health-related businesses. Marques et al. (2013) also harnessed the assumptions of the theory to investigate the level of motivation and EO in starting up a business within a group of healthcare professionals. This theory, therefore, aids in exploring the instincts of nurses and midwives in their motive in engaging in entrepreneurial activities.

2.2 | Need for Achievement Theory

This McClelland (1965) psychological theory shows how a strong link between achievement, economic progress, and entrepreneurship works. There are more entrepreneurial activities in societies with high-need achievement (McClelland et al. 2014). McClelland posits that accomplishment, power, and affiliation motivate people (Crotof 1963). Entrepreneurial activities should foster motivation towards innovation, creativity, and knowledge sharing between the institution, industry, and local communities (Nurluöz 2019).

Within the healthcare context, the use of the theory has been considered in the context of nurses and midwives. Dehghanzadeh et al. (2021) identified psychological characteristics of entrepreneurship, including locus of control, need for achievement, risk-taking, tolerance for ambiguity, and innovation among nurses. Midwives are also influenced by their striving for achievement and success in making entrepreneurial decisions. However, motivating people such as nurses and midwives to become entrepreneurs requires understanding awareness, attitudes, and goals to indulge in it (Schoof 2006). This theory is needed to understand how nurses are motivated by achievement to indulge in entrepreneurship.

Nurses, as entrepreneurs, are influenced by the need for achievement theory, as illustrated in Figure 1. This assumes that entrepreneurs are driven by the root of success and education in starting businesses. This desire for success, therefore, heightens nurses' and midwives' choices based on entrepreneurial decisions and encourages discoveries. When nurses can undertake the right entrepreneurial decisions, it implies a higher level of innovation, risk-taking, and proactiveness.

2.3 | Empirical Review

Lim et al. (2020) examined self-employed caregivers and identified internal and external motivations for starting a business. Layoffs, dissatisfaction with expectations, lack of influence and power, functional, task-oriented nursing roles, and career opportunities were external factors.

Lack of self-actualisation, anger, frustration, inability to control circumstances, job satisfaction, personal flexibility, and inability to use creative talents were the internal forces.

According to Gódány et al. (2021) the pull factors are positive motivators that encourage people to become self-employed, while push factors are negative motivators that compel people to join the company. Self-confidence, action orientation, performance, willingness to take risks, visionaries, role models, financial success, self-realisation, passion, and determination are pull factors. Independence, poor financial and environmental conditions, and basic needs such as shelter and food are push factors. Researchers have proven that in high-income countries, pull factors, not rather than push factors, motivate people to become entrepreneurs (Duan et al. 2021). However, push factors motivate low-income entrepreneurs to start their businesses. Nevertheless, successful African entrepreneurs have pull factors that motivate them to be in business. A related study found that to go on retirement from public service, fear of becoming poor, hope for financial rewards, professional identity and work fulfilment were major motivators for private nursing and maternity homes to indulge in entrepreneurship (Statman 2019).

2.4 | Methodology

2.4.1 | Research Design and Participants

The study utilised the phenomenological approach. This method was useful because the researcher wanted to comprehend the phenomenon under investigation from the participants' lived experiences and perspectives. This approach further permitted participants to express their concerns and share their experiences regarding the topic freely (Bradshaw et al. 2017). Which also involves focusing on the quality of participants' narratives (Kim et al. 2017). The study followed Consolidated Criteria (COREQ) reporting guidelines for qualitative research (Tong et al. 2007) (see Appendix 1 S1).

The study's target population consisted of midwives and nurses who have established their own businesses related to health. Participation was determined by snowball sampling, a variant of the purposive sampling technique most suitable for selecting participants for this study. Thus, through their social networks, the previously recruited participants assisted the researcher in identifying potential participants. Based on theoretical saturation, eleven interviews were conducted with four (4) registered nurses (RN), four (4) participants who were registered midwives (RM) and three (3) were registered nurse-midwives (RNM), from which no new themes emerged (Vasileiou et al. 2018). No participant dropped out of the study.

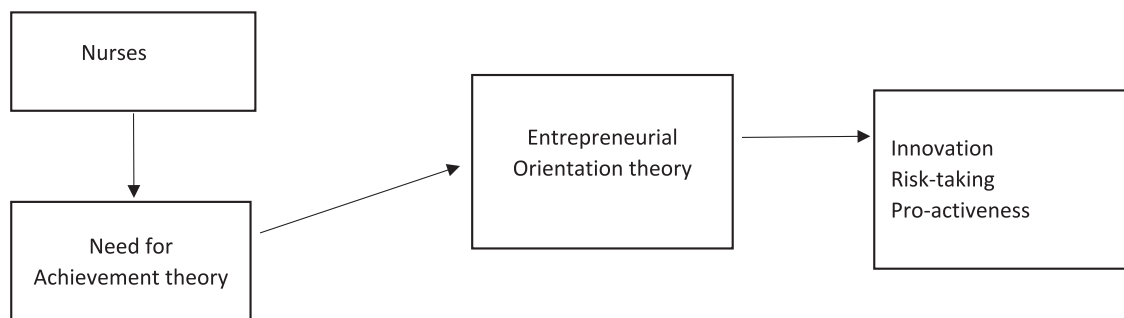


FIGURE 1 | Conceptual framework (author's construct).

2.4.2 | Data Collection Instrument and Procedures

Responses of participants who agreed to be part of the study were collected through face to face interviews using a semi-structured open-ended interview guide. This data collection tool was developed based on the concepts of EO theory and the reviewed literature. Section 1 focused on demographic information and history of the business while Section 2 focused on the motivation for starting a business. The interview guide was pre-tested on two nurses who were not part of the study.

Ethical clearance was sought from the Noguchi Institute for Medical Research (NMIMR) Institutional Review Board (NMIMR-CBN 032/17 18) Institutional consent was sought from the potential participants' facilities. To obtain informed consent, participants were briefed on the objective, methodology, benefits, and risks of the study. Inclusion criteria were willing to participate in the study. A consent form was signed by all participants. A suitable interview date, time, and place were selected for each interviewee. The in-depth interviews were conducted in a formal room with an audio recorder by a registered nurse (J.O.A.) who is an expert in qualitative research and had no prior contact with participants. The researcher asked inquisitive questions to elicit meaningful input from participants. The researcher played the recorded interview to participants individually after each interview session to ensure all relevant data was captured. Field notes were made during the interviews. The interviews lasted 45 to 60 min.

2.4.3 | Data Analysis

The study employed thematic content analysis, conducted alongside data collection. Thematic content analysis, following Anderson's (2007) approach, involves presenting qualitative data descriptively, focusing on identifying shared ideas across all interview data. Verbatim transcription of audio interviews was done, and researchers (AMA, SOA) familiarised themselves with the data by reading it multiple times and highlighting initial codes for relevant information. The initial codes were discussed by all researchers multiple times until a consensus was reached. During analysis, relationships between responses were explored and supported by field notes. Initial codes were grouped into themes based on the EO theory and study objectives. Subthemes were identified by revisiting the transcripts, and the entire process was iteratively reviewed until themes and subthemes accurately represented the interview content. Emerging themes were coded and agreed upon by all researchers, and the researchers manually organised themes, subthemes, and supporting quotations, resulting in a comprehensive report highlighting the study's findings. This meticulous approach aimed to ensure a thorough and nuanced analysis of the interview data.

2.4.4 | Methodological Rigour

Credibility, transferability, dependability, and confirmability were incorporated into the study's methodology. The researchers ensured the credibility of the study by choosing the most appropriate research methodology and design. To ensure the reliability of this study, the same interview guide and method

were used to interview all participants, which, when repeated with similar participants, yielded comparable results. For this study to be transferable, a detailed description of the setting, methodology, and participant characteristics has been provided. Confirmability was ensured by the researcher by being reflective and separating herself from her knowledge, prejudices, opinions, and past experiences (Pennington et al. 2021; Menonm et al. 2022).

3 | Results

A total of 11 participants were interviewed. Most of the participants were female (8) while 3 were male, including four (4) RN, four (4) participants RM and three (3) were RN/M. The ages of the participants ranged from 27 to 71 years. The participants had work experience between 3 and 43 years. Table 1 contains a detailed description of the participants.

3.1 | Description of Themes

Employing thematic content analysis, five themes were identified, and they are (1) Frustration at the former workplace, (2) The desire to own a business, (3) Preserve family legacy, (4) the necessity for extra income and (5) Engaging in something during retirement as described in Table 2 below.

3.2 | Frustration at the Former Workplace

One of the dominant themes that emerged from participants' narratives was the frustration they experienced within the public healthcare system, which ultimately became a driving force behind their decision to transition into entrepreneurship. These frustrations were because of autonomy which was lacking, bureaucratic system at the work place and problems with the in-charges of their wards.

NME01, for example, had this to say as she shared her frustrations:

I realized that the practice in the public sector was a bit difficult to understand, you don't have the autonomy to be able to make decisions. I was working on it, seeing the frustration every day, hmmm! when you have to buy equipment, you have to go through a long process ...every day you go to work, you need a stethoscope you can't get, you need this you can't get, but then if you request for it too, it takes so long for it to come.

3.2.1 | The Desire to Own a Business

Several participants expressed a longstanding personal ambition to become self-employed. This intrinsic motivation was driven by the desire for independence, control over their work environment, and the opportunity to build something of their own. For some, entrepreneurship was not merely a reaction to unfavourable conditions but a proactive life goal. This desire was so

TABLE 1 | Demographic characteristics of participants.

Code	Age	Gender	Professional qualification	Additional qualification	Working experience (years)	Type of business	No. of years of business establishment
NME01	45	Female	RN/M (Certificate)	BSc HRM MSc International Business Management	23	Women's Health Clinic	13
NME02	71	Female	RM (Certificate)	Nil	40	Maternity Home/Clinic	25
NME03	31	Female	RN/M (Certificate)	BSc Physician Assistantship	17	Maternity Home	47
NME04	34	Male	RN (BSc Nursing)	Nil	8	Books (medical and nursing) and Medical Equipment	10
NME05	63	Female	RM (Certificate)	Nil	38	Hospital Scrubs and Patient Caps	25
NME06	60	Female	RM (Diploma)	BSc Hospital Management	19	Maternity Home	11
NME07	62	Female	RM (Certificate)	Nil	36	Maternity Home	20
NME08	42	Male	RN (BSc Nursing)	MPhil Clinical Psychology	12	Nursing Education	8
NME09	65	Female	RN (Certificate)	Nil	43	Home Care Services	21
NME10	64	Female	RN/M (Certificate)	Nil	40	Maternity Home/ Chemical Shop	19
NME11	27	Male	RN (BSc Nursing)	Nil	3	Home Care Services	3y

Abbreviations: BSc, Bachelor of Science; RM, Registered Midwife; RN, Registered Nurse; RN/M, Registered Nurse-midwife.

TABLE 2 | Themes from data.

Motivation to start a business	Themes
	<ul style="list-style-type: none"> • Frustration at the former workplace • The desire to own a business • Preservation of family legacy • The necessity for extra income • Engaging in something during retirement

great that the participants started the business as a part-time job whilst working and hired people to run the business on their behalf.

For example, NME11, who operates a home healthcare business, stated the following:

...in fact, I always wanted to have my own business, you see, I had that notion that I want to work on my own so that also became a push, I wish to own my business, I didn't want to work with the government.

3.2.2 | Preservation Family Legacy

Beyond the personal ambition, some participants were inspired to pursue entrepreneurship out of a deep sense of responsibility to protect and continue a family legacy. This form of motivation was rooted in emotional ties and a desire to honour the memory and efforts of loved ones who had laid the foundation for a business or service. One participant described how the passing of her mother became a turning point in her decision to take ownership of a struggling family facility. Although she had prior qualifications in nursing and midwifery, she had not considered joining the family business until she was confronted with the possibility of its collapse.

NME03 had this to say:

Oh, Though I had done courses in SRN and midwifery, I didn't see the need to come over till my mum passed away. I saw that the place was collapsing and there was nobody around.... Ah! I don't want the place to collapse, I want to continue running the place, and I want to keep the legacy and that motivated me. In some organizations when you look at their signboards, you see they've written on it established since 1970 and I want to have that on our signboards too. Even if the people who started it are passed, we still need to run it and maintain the place.

3.2.3 | The Necessity of Extra Income

Participants indicated that the decision to start a business was not primarily about career advancement or long-term vision but about meeting urgent financial needs. These individuals turned to entrepreneurship as a practical solution to economic hardship, particularly when faced with the challenge of sustaining themselves and funding essential personal and educational expenses.

NME04 indicated that he started his business while he was still in nursing school. He was very motivated by the need to generate additional income to fund his schooling.

... let me put it simply, hunger, there was a pressing need for money to support me to cater for my living, especially to cater for bills, light bills, water bills and other things. What we term as 'chop money, and also to get money to do some school activities, transporting myself from one place to other practical areas like the hospital and so on. the profit was motivating and that was what I needed at the end of the day to cushion me a little bit.

3.2.4 | Engaging in Something During Retirement

For some participants, the decision to establish or manage their own business was influenced by the desire to remain active and autonomous after retirement. Rather than returning to structured contract work where schedules and roles are often dictated by others, they sought entrepreneurial paths that offered both flexibility and a renewed sense of purpose.

For example, NME10, a midwife nurse who is almost retiring, admitted that after she retired, she needed a job to keep busy and shared this:

... for instance, I can't go back to do contract after retiring and somebody making a timetable for you to come to work in the morning and afternoon. ... so

this Maternity home gave me something to do when I finally retired

4 | Discussion

Findings highlighted that starting a business is a challenging task. Several factors were identified as motivational factors for starting a business. The motivational factors identified in this study included frustration at the former workplace, desire to own a business, maintaining a family legacy, need for additional income, and something to do during retirement.

Frustration at the former workplace was identified as a factor that influenced nurses and midwives to start their own business. This finding suggests that there is a low level of job satisfaction among participants in their previous workplaces. Frustration at the workplace is a result of a lack of autonomy, red tapeism (bureaucracy) and challenges with supervisors. This finding is consistent with the work of Baykara and Sahinoglu (2014) which found that most nurses lack autonomy at their workplace. The finding of this present study suggests that autonomy is needed for nurses and midwives to have commitment to decision-making and the freedom to act in accordance with their professional knowledge and skills. Autonomy initiates confidence, competence and commitment in the professional. This situation is very alarming as autonomy is an important feature of the nursing and midwifery professions and plays a significant role in ensuring quality healthcare delivery (Paganini and Bousso 2015).

Furthermore, nurses and midwives who lack autonomy in making basic decisions are more likely to have unpleasant feelings towards job satisfaction (Gurková et al. 2012) and are more likely to leave the healthcare facility (Adebayo and Ezeanya 2011). Again, this finding supports the work of Rojas et al. (2014) whose results indicated that most healthcare facilities, especially those owned by the government, are more bureaucratic. This type of organisational management system mostly breeds dissatisfaction among workers as a result of delays, corruption, incompetent administration and inefficient management of resources (Roy et al. 2017). However, it has to be noted that they are not totally independent of their superiors since strategic decisions are made at the management level to guide the activities of the organisation.

Moreover, the work of Jerng and Huang (2017) endorses the findings of this study with respect to issues with ward- in-charges. The study identified workplace interpersonal conflicts occurring more often among nurses, which cause disagreements, interference of duties and negative emotions. These effects may motivate nurses and midwives with entrepreneurial intentions to start their own business.

Personal inclination linking the desire to own a business is also highlighted by the study as a factor which influenced nurses and midwives to start their own business. This finding agrees with the work of Cardon et al. (2009), stating that entrepreneurs are motivated by the joy of creating their own business. The finding of this present study implies that nurses

and midwives have the desire to own a business as they work passionately in their workplaces. More recently, participants' passion has been revealed to be one of the most observed trends in the entrepreneurial process. The passion to own a business fosters business idea generation, creativity, endurance and efficiency and has positive outcomes for entrepreneurs and their ventures (Stroe 2017).

The tendency to maintain a family legacy is also revealed by the study as a motivational factor that influenced nurses and midwives to continue a health-related family business. From the study, participants worked as full-time staff while managing their family's healthcare facilities. This finding implies that nurses and midwives think about the sustainability of their family business, hence, the passion to sustain it for future generations. Given this, the finding of this present study disagrees with the work of Cho et al. (2017), which found that most family businesses do not consider the sustainability of business and hence, their inability to prepare any succession plans.

The need to have extra income is revealed by the study as a motivational factor that influenced nurses and midwives to start their own business. The result from the study indicates that additional income enabled nurses and midwives to meet some financial needs and to plan for the future. This finding is similar to the findings of the work of Kvedaraite (2014), highlighting that most entrepreneurs wish to have their own business with the objective of earning additional income. The finding highlights the fact that one cannot sustain him or herself with one source of income in the recent economic environment; hence, the need for additional income.

The need to do something while on retirement is identified by the study as another factor motivating nurse/midwife entrepreneurs to generate innovative business ideas. This finding is consistent with the findings of studies conducted by Chevalier et al. (2017) and Rolfe et al. (2008). In these studies, retirement is identified as a reason for establishing a business and the fear of sliding into poverty upon retirement. The result of this present study suggests that most workers continue to engage in some form of business venture after retirement. Furthermore, the finding suggests that many individuals choose to work after retirement in order to reduce the burden they will impose on their family and be able to take care of their dependents. More importantly, the fear of ill health after retirement, which may be due to inactivity, may account for the reasons why nurses and midwives engage in some form of business activity during retirement. However, for the same reason of inactivity, the majority of nurses and midwives who are not engaged in entrepreneurial activities apply for contracts in the government or private health facilities.

4.1 | Implication for Nursing Practice

The implications for nursing and midwifery practice derived from the results are significant. Given that starting a business is challenging for nurses and midwives, this highlights the need for a supportive environment within healthcare organisations. By addressing organisational issues that serve as motivators for

entrepreneurial action, the entire entrepreneurial ecosystem within nursing practice can be improved. On the other hand, personal inclinations as important motivators highlight the importance of promoting an entrepreneurial mindset among nurses and midwives. Entrepreneurship in the nursing and midwifery industry is a grey area that should be considered for further study. The literature in this area is limited, and many aspects of the phenomenon have not been objectively studied. Further research should be conducted to examine the demotivators that prevent nurses and midwives from engaging in entrepreneurial activities.

4.2 | Limitation of the Study

The first limitation was the lack of previous research on entrepreneurship in the nursing/midwifery sector in Africa and Ghana. However, the data was compared with empirical evidence from the developed world and other professionals working in entrepreneurship. Second, although the number of participants is appropriate for the study design, it is unlikely to be an accurate representation of all nurses and midwives in Ghana, as the study was conducted in only one region in Ghana, and therefore the results cannot be generalised.

4.3 | Recommendation

The heads of various nursing/midwifery institutions should allow the establishment of nurse-midwife entrepreneurship clubs to generate interest in entrepreneurial activities among students. The leaders should also ensure that the entrepreneurship course is conducted with all seriousness to arouse the interest of the students. Students should be placed in clinical settings in midwifery nurse facilities. The Nursing and Midwifery Council of Ghana should regularly review the entrepreneurship curriculum to meet current global and national standards of entrepreneurship. Midwifery entrepreneurs should come together as a formidable group to lobby the Ghana Registered Nurses and Midwives Association (GRNMA) for recognition. This would enable the GRNMA to engage policymakers and stakeholders on its behalf to promote entrepreneurship in the nursing and midwifery industry and create an enabling environment for its operations.

5 | Conclusion

Numerous motives influence the business decisions of nursing and midwifery staff. The study found that nurses and midwives' dissatisfaction with their previous jobs led them to start their own businesses. Personal inclinations combined with the desire to start their own business were a factor that led nurses and midwives to start their own businesses.

The need to maintain a family legacy was another motivation for nurses and midwives to advance the family health-related business. The need for additional income led nurses and midwives to start their own businesses. The study identifies the need for activity in retirement as another motivation for nursing and midwifery entrepreneurs to develop innovative business ideas. This

implies that the willingness to own a business is derived from the positive effect that a business can provide, such as funds to cater for individual needs and to remain independent and reliant even during old age.

Author Contributions

This study was designed by J.O.-A., A.M.A.O. and T.B. Data was collected and analysed by J.O.-A., A.M.A.O., T.B. and E.A. The manuscript was written and reviewed by all authors. All authors have read and approved the manuscript.

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Ethics Statement

Ethical clearance was sought from the Noguchi Institute for Medical Research (NMIMR) Institutional Review Board (NMIMR-CBN 032/17-18).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. Due to privacy or ethical restrictions, the study data are not publicly available.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.