

# Iranian entrepreneur nurses' perceived barriers to entrepreneurship: A qualitative study

Simin Jahani<sup>1</sup>, Heidarali Abedi<sup>2</sup>, Nasrin Elahi<sup>1</sup>, Masoud Fallahi-Khoshknab<sup>3</sup>

## ABSTRACT

**Background:** To respond efficiently to the increasing and new needs of people in health issues, it is necessary for nurses to develop their knowledge from hospital to society and to be equipped to play entrepreneur role in different levels of care. The present study was conducted to describe Iranian entrepreneur nurses' perceived barriers to entrepreneurship, in order to identify the existing barriers.

**Materials and Methods:** This is a qualitative study in which Graneheim and Lundman's content analysis method was employed. Thirteen entrepreneur nurses were chosen purposively, and data were gathered by unstructured interviews.

**Results:** As a result of the data analysis, five major themes were extracted: Traditional nursing structure, legal limitations, traditional attitudes of governmental managers, unprofessional behaviors of colleagues, and immoral business.

**Conclusions:** The findings of the present study show that Iranian nurses are confronted with various problems and barriers to enter entrepreneur nursing and keep going in this area. By focusing on such barriers and applying appropriate changes, policymakers and planners in health can facilitate nurses entering into this activity.

**Key words:** Barriers, content analysis, entrepreneurship, nursing, Iran

## INTRODUCTION

In most countries of the world, due to various reasons such as increasing expenses of health,<sup>[1]</sup> aging population,<sup>[2,3]</sup> the prevalence of chronic diseases,<sup>[4]</sup> and the tendency to self-care,<sup>[5]</sup> the pressure on health systems to meet the health needs of people efficiently, economically, and effectively is increasing.<sup>[6]</sup> The reports issued by the Institute of Medicine Robert Wood Johnson Foundation Initiative show that nurses play an important role in establishing a care system meeting the needs for secure, high-quality, patient-centered, accessible, and economical care. To attain such qualifications, nurses are expected to not only develop their knowledge and education but also change their methods by joining to other healthcare professions.<sup>[7]</sup> Concerning the professional and advanced nursing development and advances in new care models, the nurses are expected to develop their roles at different care

levels from the health systems of the society and primary care to acute, protective, and long-time care,<sup>[6]</sup> which is impossible without provoking them to be innovative and have entrepreneurship.

Nursing entrepreneurship creates nurses with self-employment opportunities allowing them to follow their personal feelings for improving the health consequences using innovative approaches.<sup>[6]</sup> Entrepreneur nurses identify a need, create a service to meet that need,<sup>[5]</sup> and are known as business owners offering nursing services such as direct, educational, research, executive, and counseling care.<sup>[8]</sup> They personally have attitudes which are beyond existing environmental conditions and can, in fact, move beyond the restrictions of the environment. They can see conditions with new lenses from a different perspective.<sup>[9]</sup>

In recent decades and under the effects of various economic and social factors, tendency to entrepreneur nursing has increased. However, based on the census of National Nurses

<sup>1</sup>Department of Nursing, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, <sup>2</sup>Department of Nursing, Nursing and Midwifery Faculty, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran, <sup>3</sup>Department of Nursing, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

**Address for correspondence:** Dr. Heidarali Abedi, Islamic Azad University (Khorasgan) Branch, Arghavaniyeh, Jey St., Postal Code: 81595-158, Isfahan, Iran.  
E-mail: habedi@khuisf.ac.ir

Submitted: 19-Oct-14; Accepted: 19-Aug-15

Access this article online	
Quick Response Code:	Website: www.ijnmrjournal.net
	DOI: 10.4103/1735-9066.174749

Association, only 0.5–1% of nurses throughout the world have the role of entrepreneur.<sup>[8]</sup> The real number could be more or less than the amount estimated. In New Zealand, it is less than 1%;<sup>[10]</sup> in the US, it is 0.18%;<sup>[11]</sup> and in England, it is more than 18%.<sup>[6]</sup>

Though nurses constitute more than 80% of health staff,<sup>[12]</sup> they are not appropriately trained and are viewed as less-developed work forces,<sup>[13]</sup> and this attitude has made nurses be confronted with challenges and barriers to enter into the entrepreneur role. Wilson *et al.*'s studies show that for nursing entrepreneurship, there are barriers such as not accepting the role, lack of public knowledge, payments not being made by private and governmental insurance companies, attitudes of other professions and other colleagues toward nurses' private jobs, reference problems, lack of protective training,<sup>[14]</sup> and problems related to tariff services and recognition of services.<sup>[15]</sup> In a study by Leong,<sup>[16]</sup> the high cost of medical insurance fraud, physicians' skeptics about the independent role of nurses, legal limitations, and in Austin *et al.*'s<sup>[17]</sup> study, the problem of introducing new ideas, lack of authority to change, and dependence on mechanisms such as developing relationships with powerful and influential people are among the major barriers. Elango *et al.*<sup>[18]</sup> also identified three barriers in their study: Legal, ethical, and personal. Sharp and Monsivais<sup>[19]</sup> mentioned some problems in the scope of nursing, business skills and role conflict.

Though Article 44 of the Iranian Constitution<sup>[20]</sup> emphasizes the reduction of government's role in economic activities and transferring them to the private sector, Iran, in terms of ease of business, ranks 145 among 185 countries in the world.<sup>[21]</sup> This report hints to the barriers and limitations to innovators who are interested in entrepreneurship, especially healthcare professionals for whom entrepreneurship is a new phenomenon. To identify the barriers of entrepreneurship in health and to pave the way for healthcare professionals in this field, it is, therefore, necessary to conduct studies appropriate with conditions governing Iranian society. Since there was no basic information regarding nursing entrepreneurship and its barriers in Iran, it seemed necessary to perform a qualitative study to explain Iranian entrepreneur nurses' perceived barriers to entrepreneurship.

## MATERIALS AND METHODS

This qualitative study was used to describe entrepreneur nurses' perceived barriers to entrepreneurship. The method of the qualitative study proves helpful to attain a new attitude toward a familiar condition, to describe and visualize those fields not being studied well, and to clarify relations among those variables that had no clear relations

before.<sup>[22]</sup> This method emphasizes, through gathering and analyzing narrative and subjective qualitative materials with scrutiny, over human experience perception as it exists.<sup>[23]</sup>

This study was performed between 2013 and 2014. Purposive sampling was used to choose entrepreneur nurses from various provinces of the country. Initially, the researcher interviewed two entrepreneur nurses introduced by her co-worker. After each interview, they were asked to introduce those nurses participating in this field. The purpose of the study and their desired time and place of the interview were determined through phone calls. All the interviews were performed in their private institutes. Face-to-face and semi-structured interviews were used for data gathering, and all of them were tape-recorded. Each interview lasted between 45 and 90 min. The major question asked was, "What are the barriers to run and develop this business?" To deepen the interviews, some exploratory questions such as "What do you mean?" and "Bring examples and explain more" were also asked. Data were simultaneously gathered and analyzed, and when themes were achieved and data were saturated, the interviews finished.

Graneheim and Lundman's step<sup>[24]</sup> was used for data analysis, which includes word-by-word transcribing and several readings of the interviews to achieve the general sense, to divide the text into abstract semantic units, to abstract semantic units' summary and to label them with codes, to break down the codes into sub-themes through their comparisons and contrasts, and to set themes as the indicator of the hidden content of the text. In the present study, immediately after each interview, the contents were implemented and read for several times to attain the general perception of the entrepreneurs. Then semantic units were determined within the transcription of the interviews, and primary codes were extracted. Codes were classified based on their similarities and differences into sub-themes, and eventually themes were classified.

Suggested measures by Granheim and Lundman were used for data strength. Participants with various experiences and of different age groups and gender were chosen. Great efforts were made to choose the semantic units, to summarize and abstract them, and to choose sub-themes and themes, so that the authors individually analyzed the data and compared the codes and emerging sub-themes. Whenever there was a disagreement, the authors discussed it to achieve an agreement. In addition, the encoded interviews were given to five participants for member checking to see whether the researcher represented their viewpoints. Two PhD candidates also repeated data analysis as peer checking.

## Ethical considerations

The present study was approved by the Ethics Committee affiliated to Ahvaz Jundishapur University of Medical Sciences (Ethics Code: Ajums.REC.1392,138). The authors were committed to the ethical principles of informed consent, permission to record the interview, voluntary participation, confidentiality of the data, and anonymity.

## RESULTS

Of the 13 participants of this study, 4 were female and the rest were male. The average age of the participants was 50 years; the youngest participant was 37 years old and the oldest was 65 years old. The participants had 4–30 years of clinical or educational experience in governmental agencies. Four of them were BSc degree holders, six were MSc graduates, and three were PhD holders. Three participants were retired, seven were employed by the government, and three were not employed by the government. The participants were entrepreneur nurses who ran counseling and nursing services centers (3 cases), health education centers for healthcare providers and the public (2 cases), rehabilitation center for mentally disabled people and university of applied sciences for training rehabilitation trainers (1 case), centers equipping ambulances and offering private ambulance services (1 case), health tourist centers to facilitate offering health services to Iraqi nationals in Iran (1 case), wound care clinic and marketing of medical products produced by knowledge-based institutions (1 case), publishing nursing works (1 case), cognitive therapy center (1 case), and nursing loan fund (2 cases). The life span of these institutes was between 2 and 22 years.

Analyzing the data, five major themes of traditional nursing structure, legal limitations, traditional attitudes of governmental managers, unprofessional behaviors of colleagues, and immoral business were achieved [Table 1], which will be discussed subsequently.

### First theme: Traditional nursing structure

One of the barriers mentioned by the entrepreneurs was traditional nursing structure in Iran, which includes five sub-themes: Limited scope of nursing activities, culture of employment career, compliance with peremptory, traditional content of nursing education, and a contrast between economic thought and nursing identity.

#### *Limited scope of nursing activities*

Entrepreneur nurses believed that the scope of nursing activities is limited to hospitals, and even the system of nursing education and nurses recruitment planning is concerned with working in hospitals. Entrepreneurs said:

**Table 1: The extracted sub-themes and themes about barriers to nursing entrepreneurship**

Sub-themes	Themes
Limited scope of nursing activities	Traditional nursing structure
Culture of employment career	
Compliance with peremptory	
Traditional content of nursing education	
Contrast between economic thought and nursing identity	
Bureaucratic licensing problems	Legal limitation
Inflexible tax laws	
Inadequate insurance coverage	
Physicians' attitude toward democracy	Traditional attitudes of governmental
Disbelief to change	
Jealousy and stinginess	Unprofessional behaviors of colleagues
Lack of professional perseverance	
Illegal services	Immoral business
Unhealthy competition	

*“After graduation, I was in search of a job in hospitals, though I knew nursing was a difficult and overwhelming job to do, and I thought there was no way and no job for a nurse.” (64-year-old lady)*

*“At university, we were not told what options we had after graduation. All encouraged us to take a hospital job. They told us a good nurse is the one who works clinically; otherwise, you’ve got nothing to say.” (40-year-old man)*

#### *Culture of employment career*

In Iranian society, the ultimate goal of many citizens and families is to be recruited by the government, and nurses, because of the existing economic and social conditions, are interested in jobs with no financial loss or risk. The entrepreneurs said:

*“My family and I thought the only way to achieve job security was to be employed in governmental systems. Private business has no stability, and you may lose everything in a blink of an eye.” (49-year-old man)*

*“My family always complained why I wasn’t in search of a governmental job. They asked me to be recruited by government since it never stops paying.” (45-year-old man)*

#### *Compliance with peremptory*

In Iranian nursing society, the way to success is the one imposed by the society on an individual, and no one dares to deviate from it or act differently. They think their main duty is to obey and follow the orders of the doctors, and under such conditions, it is difficult to perform care roles which are their main responsibilities.

Let alone the change and innovation. In this regard, the entrepreneurs said:

*"I couldn't perform in the hospital many of the care skills that I've learned at university. There, we were asked to just follow the orders of the doctors as if we were doctors' assistants."* (40-year-old man)

*"I've been taught to follow other nurses. I just watched what others did, and I did the same. I even imitated the care procedures and never tried to perform them in other ways or more efficiently."* (43-year-old man)

### **Traditional content of nursing education**

Entrepreneur nurses believed that both during education and while serving, nurses receive no training regarding entrepreneurship, and universities' educational system just prepares people to fill the pre-defined occupational gaps. One of the participants said:

*"I liked to be independent, but I didn't know how. I never heard during my education or after that somebody informed to me that a nurse established a private institute, or where I am supposed to start, or what procedures I've to pass."* (40-year-old man)

### **Contrast between economic thought and nursing identity**

Some nurses believe that gaining money and nursing are in sharp contrast. They considered profit-seeking behaviors contrary to nursing ethics. As a result, they made no efforts to change their economic thoughts. One of the entrepreneurs said:

*"Unfortunately, nurses have weak economic views. When we established .... institute, we tried to raise our revenue up through our referral forum. But the nurses who came later had no economic sense. They thought they had to offer educational activities for free and it's not fair to ask for money from customers."* (55-year-old man)

## **Second theme: Legal limitations**

Legal limitations were another barrier mentioned by the entrepreneurs that included three sub-themes: Bureaucratic licensing problems, inflexible tax laws, and inadequate insurance coverage.

### **Bureaucratic licensing problems**

Entrepreneur nurses believe that cumbersome rules and administrative unhealthy relationships make the licensing process for private business a very complicated and long-term one. The entrepreneurs stated:

*"We did whatever the Licensing Unit asked us, but they confirmed our center and other centers with delay.*

*They always had something to nag about."* (43-year-old woman)

*"It seemed that their rigor is more because of their laziness. I frequently went there and they told me my file was lost. Then, they brought a dusty file and said it was not checked. They asked me to refer two months later. I had to commute 5 years to receive my license. Finally, I gained backache and foot ache."* (65-year-old woman)

### **Inflexible tax laws**

One of the barriers mentioned by the entrepreneurs was lack of tax supports such as tax exemption, discounts, and encouragements for private businesses. One of the entrepreneur nurses said:

*"Tax Office has always bothered us for taxes. When we started our business, it was small, but tax system didn't consider us a small business. They treated us exactly the same way as they treated large institutes. Not only did we enjoy tax exemption, but we also were fined sometimes."* (65-year-old woman)

### **Inadequate insurance coverage**

One of the barriers to entrepreneur nurses active in health care and counseling was the lack of public insurance coverage for their services, and only a few private insurance companies reimburse the services. Entrepreneur nurses said:

*"Counseling services are not covered by public insurance. Exceptions are Oil Company and banks which reimburse some percentage of the expenses to the patients."* (49-year-old man)

*"Since home care services are not covered by insurances, our activities are limited. Care costs are expensive for patients and if it keeps going in this way, it will be more limited."* (40-year-old man)

## **Third theme: Traditional attitudes of governmental managers**

Traditional attitude of governmental managers was another barrier and included two sub-themes: Physicians' attitude toward democracy and disbelief to change.

### **Physicians' attitude toward democracy**

One of the problems of entrepreneur nurses in Iran is the prevalence of physicians' attitude toward democracy in all health and medicine systems, which creates injustice in various occupations of health, especially nursing. Most of the decisions are made by and for physicians, and nurses are not involved in policymaking. Entrepreneurs said:



*“Managers of Ministry of Health are mostly physicians; therefore, there are orientations. Ministry of Health discriminates among its staff. Physicians established the same institutes after we established one, but we’re not supported as they are.”* (57-year-old man)

*“If we wanna actualize anything, first of all we’re referred to physicians who stand at the top. If they’re not convinced, we can’t step further. They decide which ideas are good and which are useless, and no nursing agency interferes in this regard.”* (55-year-old man)

### **Disbelief to change**

Another barrier to nursing entrepreneurship is disbelief to change. Such managers are not prone to change in order to minimize their responsibility for their decisions. Due to lack of attitude to change, they not only do not understand the entrepreneurs’ problems but also prevent them and create more barriers. Entrepreneurs said:

*“I think statesmen have limited attitude towards privatization thinking and independent business. Some of them are so entangled in their thinking frameworks that they accept no change or new idea. Maybe they’re afraid new ideas bring them some problems for which they have to be responsible.”* (55-year-old man)

*“Our managers lack the ability to risk and to be responsive. They’re not courageous and brave. We have to challenge a lot to make them accept our ideas. They bring lots of excuses that this idea may bring them some responsibilities.”* (50-year-old man)

Another problem is the rapid rate of substituting managers, which ignores the agreement the entrepreneurs received from previous managers. One of the entrepreneurs said:

*“We talked to Education office to allocate health units of schools to us, and instead of recruiting health teacher, they recruited a nurse who attends each school every 2 days and can each cover three to four schools. The plan failed because the managers were substituted with new ones and the attitudes changed. If the system does not change, the attitudes never change and the problem of schools’ health would not resolve. We’re really entangled in this situation.”* (59-year-old woman)

### **Fourth theme: Unprofessional behaviors of colleagues**

Another barrier to entrepreneur nurses is the unprofessional behavior of other colleagues which includes two sub-themes: Jealousy and stinginess, and lack of professional perseverance.

### **Jealousy and stinginess**

One of the barriers the entrepreneur nurses are confronted with is their colleagues’ jealousy and stinginess. Since these behaviors are presented by the peers, they can unfortunately impose psychological adverse effects on the entrepreneurs. The entrepreneur nurses said:

*“Once, a nursing organization nagged about our education courses. They believed our activity corrupted the nursing community. I said if they themselves had established such courses, they wouldn’t have said the same thing. They started the same courses after 6 months of establishing our organization.”* (45-year-old man)

*“I visited many hospitals to introduce my institute. In some of them, no nursing manager or nurses accepted me and never helped me in introducing my institute to the patients. It wasn’t understandable to me. I never expected this from my colleagues, and it mentally disturbed me.”* (59-year-old woman)

### **Lack of professional perseverance**

Many of the inappropriate and immoral behaviors of nurses toward entrepreneur nurses are the result of lack of professional perseverance. It makes nurses not only irresponsible to each other but also self-interested and immoral in times of need. One of the entrepreneurs said:

*“Unfortunately, there is no corporate solidarity in nursing. Every nurse is an individual, we’re not a community. It is true that we have a system, but we try to repel each other in the system. Nursing attitude hasn’t been a professional one yet. Our attitude is still personal, so this profession makes no progress.”* (55-year-old man)

### **Fifth theme: Immoral business**

As an important barrier to nursing entrepreneurship, immoral business has two sub-themes: Illegal services and unhealthy competition.

### **Illegal services**

One of the problems of the entrepreneur nurses, especially in care, is the home care provided by unprofessional care providers such as ancillaries or assistants and professional nurses without a license. These people even use the facilities and commodities of the hospitals where they work and offer their services at costs far less than that of authorized institutes. Because of the lack of knowledge and low affordability, people choose them for their health services. It imposes severe limitations on authorized institutes; many of them are suffering from stagnancy, and some even experienced bankruptcy. Health managers’ neglect is the

reason why illegal care providers are irresponsible to their activities and commit faults which are invisible to regulatory bodies. Entrepreneurs stated:

*“Many of the patients admitted to the hospital need care after being discharged. Instead of professional and authorized nurses, these cares are performed by ancillaries and assistants employed in hospitals who got familiar with patients there. Now, they’re in charge of the patients’ home care, and there’s no supervision on their activities. They even distribute their business cards.”* (43-year-old woman)

*“Those private activities nurses are performing are the ones not being supervised by the government, and it is unfortunately the free arena where everyone can maneuver like a nurse at home.”* (37-year-old man)

### Unhealthy competition

When there is a conflict of interest among the competitors, they try to destroy each other in different ways. These people seek their interest in the loss of others and see their loss in the interests of others. They use any means to gain their interest since they believe the end, not to be defeated by their rivals, justifies the means. The entrepreneurs said:

*“Doctors resisted us and suggested misconceptions to the patients. They told the patients the nurses aren’t knowledgeable enough and may jeopardize your health.”* (40-year-old man)

*“Some competitors made patients revolt against us. For instance, they stimulated the patients for the tariff and if we made any nuance mistake, they made them revolt.”* (46-year-old man)

## DISCUSSION

The present study has described Iranian entrepreneur nurses’ perceived barriers to entrepreneurship. The findings of the present study showed that one of the barriers preventing nurses from entering into entrepreneurship was the traditional structure. In this regard, nurses’ scope of activity was restricted to working in hospitals and did not allow them to work independently. In a study by Sharp and Monsivais, this limitation and lack of authority to work independently was observed in some states of USA.<sup>[19]</sup> Wilson *et al.*’s study, however, showed the variety of nurses’ independent activities in different fields of care, education, research, and counseling in Australia.<sup>[15]</sup> Paying attention to the findings of Wilson *et al.*’s study can provide nurses with appropriate opportunities to establish institutes to perform entrepreneur roles. In this structure, the dominant values are acceptance, standardization, and following orders.<sup>[25]</sup> Based

on this attitude, most of the nurses imagined that their major duties are to obey and follow the orders of the doctors, and even they perform their routine responsibilities, they are encouraged by the supervisors.<sup>[26]</sup> This attitude prevents nurses from changing and taking risks. In traditional nursing, nursing education lacks the appropriate content to make students familiar with new roles like entrepreneurship. In a study by Elango *et al.*<sup>[18]</sup> and Wilson *et al.*,<sup>[14]</sup> it became clear that nurses lack the necessary knowledge to start and develop a business. Sharp and Monsivais’s study also showed that nurses lack the necessary skills for business because they do not receive the necessary information in the traditional nursing education to make them a successful entrepreneur.<sup>[19]</sup> Salminen<sup>[27]</sup> also found out that most nursing instructors put emphasis on entrepreneurship education and wish to teach such courses, but lack the required qualifications. Therefore, to develop nursing entrepreneurship seriously, nursing education must provide students with appropriate knowledge and necessary skills<sup>[28]</sup> the main purpose of which is not only to develop their knowledge about self-employment but also to reform the personal attitudes, behaviors, and capabilities to take risks.<sup>[29]</sup> In traditional nursing structure, nurses believed that economic thinking contrasted with nursing identity. In Elango *et al.*’s<sup>[18]</sup> study, nurses stated that business was inconsistent with their personal and professional norms and values. Sharp and Monsivais,<sup>[19]</sup> Wilson *et al.*,<sup>[14]</sup> and Phillips and Garman<sup>[30]</sup> called this idea as conflict of role, unacceptance of role, and conflict between patient’s care and economic considerations, respectively.

Another finding of the study was legal procedures which prevented nurses from achieving their goals and businesses. In Iran, many organizations act bureaucratically. Complicated and long processes of licensing wasted time and resources and made entrepreneurs, who were supposed to concentrate on their entrepreneur activities, distracted. In Elango *et al.*’s study, the complications of rules concerning private businesses are presented. Another restricting barrier is to pay taxes. It is problematic for newly established institutes which do not earn much. Benzing *et al.* also mention in their study the complications of taxing systems in Turkey and the necessity to reduce tax pressures on small businesses.<sup>[31]</sup> Another barrier mentioned in Wilson *et al.*’s<sup>[14]</sup> and Elango *et al.*’s<sup>[18]</sup> studies was the lack of insurance coverage, including both public and private insurance, and lack of systems repaying tariff for entrepreneurs. Health insurances can protect people against costs of providing health and make services accessible to the public.<sup>[32]</sup> The lack of insurance coverage always has the risk that direct accessibility to private nursing services would be only feasible for those who can afford those services.<sup>[8]</sup>

Another finding of the present study was the attitudes of governmental managers. The attitude confronting Iranian nurses with lots of difficulties is the hierarchical attitude in the health system,<sup>[26]</sup> which is known as doctors' attitude toward democracy. Despite developing services to patients, this attitude prevents the nurses from being involved as key beneficiaries in health-developing policies and from being known as level partners.<sup>[6]</sup> It is necessary for nurses to be encouraged to increase their self-esteem concerning their skills to gain an equal position whether at work or in developing policies.<sup>[33]</sup> Moreover, entrepreneurship is a process that requires dynamicity of thinking, while some managers are reluctant to changes and innovations. Based on the findings of the present study, managers' irresponsibility for their decisions is one of the major reasons for resistance. In a study by Pana,<sup>[34]</sup> social responsiveness is a presupposition for managers to change efficiently. Of course, it seems that doctors' attitude toward democracy and rapid rate of substitution of managers are responsible for such resistance.

Unprofessional behavior of colleagues is another finding of the present study. One example of such unprofessional behavior is colleagues' jealousy and stinginess. Jealousy is a negative and unpleasant thrill which one feels when the person compares himself/herself with others and finds himself/herself unblessed and others blessed.<sup>[35]</sup> Among the consequences of jealousy in workplace is antisocial behaviors,<sup>[36]</sup> and social destruction is the most common antisocial behavior. Social destruction includes behaviors which prevent creating and sustaining efficient interpersonal relations, fame, and business success.<sup>[37]</sup> Since avoiding immoral behaviors, efficient relation with other members of the profession, and being responsible to each other are among the examples of professional behavior and being professionalized,<sup>[38]</sup> it seems jealousy and stinginess is due to the lack of professional perseverance among some nurses. In Wilson *et al.*'s study, the kind of the colleagues' attitudes was mentioned as a barrier to nursing entrepreneurship,<sup>[14]</sup> but they did not clarify these attitudes.

Another barrier was immoral business. Offering illegal home care and even educational services by unprofessional people is one of the unique findings of the present study which not only leads to limitations and bankruptcy of some entrepreneur nurses but also finds the health of society threatened. It seems that this phenomenon is rooted in the supervision bodies of health systems which are reluctant and lack of knowledge of the public in identifying professional nurses from unprofessional people. Byrne also believes that immoral business not only weakens and

removes the competitors but also violates the rights of the customers.<sup>[39]</sup> Unhealthy competition is another example of immoral business. In a healthy competition, the owner of the business respects the interest of his counterpart exactly the same way as his own. Otherwise, the competition turns into violence and quarrel, which can have adverse effects of misusing counterpart's confidential information, false advertising, and circumventing regulations. In health reform, competition in health market, as one of the strategies which increases care quality and decreases costs, is a matter of controversy,<sup>[40]</sup> and the findings of various studies in this regard are contradictory in such a way that some studies consider competition as increasing the care quality, while others believe in the opposite.<sup>[41]</sup> In the present study, doctors are among those advertising against entrepreneur nurses. Despite the importance of cooperation in professional relationships, there are unfortunately evidences confirming conflicts in professional relationships between doctors and nurses.<sup>[42]</sup> Inappropriate professional interactions create distrust in patients and their families about nurses and eventually make patients and their families not consider nurses as a major member of the health team.<sup>[43]</sup>

Since this research studies Iranian entrepreneur nurses, there may be limitations in universalizing its findings to other fields and cultures. In this study, just entrepreneur nurses were interviewed. By reviewing the attitudes of nurses and nursing managers, it is probable to get a more comprehensive viewpoint concerning barriers to nursing entrepreneurship.

## CONCLUSION

The findings of the study show that Iranian nurses are confronted with various barriers and problems while entering into nursing entrepreneurship. As a result, by considering these barriers and applying appropriate changes, policymakers and planners of health can pave the way for nurses to enter into this field. It is recommended in further studies that barriers to entrepreneurship be reviewed from the viewpoint of nurses and nursing managers. Moreover, more studies are required to identify the legal barriers and existing problems in health market.

## ACKNOWLEDGMENTS

This article has been derived from a thesis research project that has been approved by Ahvaz Jundishapur University of Medical Sciences, Ahvaz, IR Iran. The authors thank the participants for their cooperation in the study. Proposal Number: (U- 92122).

## REFERENCES

1. Barker AM. *Advanced Practice Nursing*. 1<sup>th</sup> ed. Sudbury: Jones and Bartlett Publishers; 2009. p. 164-9.
2. Hood LJ. *Leddy and Peppers's Conceptual Bases of Professional Nursing*. 7<sup>th</sup> ed. Philadelphia: Wolters Kluwer, Lippincott, Williams and Wilkins; 2010. p. 585-6.
3. Darani FM, Riji HM, Abedi HA. Conditions Affecting the Elderly Primary Health Care in Urban Health Care Centers of Iran. *Research Journal of Medical Sciences* 2009;3:202-13.
4. Freudenberg N, Olden K. Getting serious about the prevention of chronic diseases. *Prev Chronic Dis* 2011;8:A90.
5. Black BP. *Professional Nursing: Concepts and challenges*. 7<sup>th</sup> ed. St. Louis: Saunders, Elsevier; 2014. p. 10.
6. Wilson A, Whitaker N, Whitford D. Rising to the challenge of health care reform with entrepreneurial and intrapreneurial nursing initiatives. *Online J Issues Nurs* 2012;17:5.
7. Institute of Medicine of National Academics. *The future of nursing leading change, advancing health 2010*. Available from: [www.iom.edu/reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx](http://www.iom.edu/reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx). [Last accessed on 2015 May 12].
8. International Council of Nurses. *Guidelines on the nurse entrepreneur providing nursing service*. Geneva, Switzerland: ICN; 2004. p. 1-33.
9. MacFadyen JS. Nurse intra/entrepreneurs: Nursing misfits? *Holist Nurs Pract* 2013;27:126-8.
10. Drennan V, Davis K, Goodman C, Humphrey C, Locke R, Mark A, *et al.* Entrepreneurial nurses and midwives in the United Kingdom: An integrative review. *J Adv Nurs* 2007;60:459-69.
11. Cheater FM. Improving primary and community health services through nurse-led social enterprise. *Qual Prim Care* 2010;18:5-7.
12. Hughes F. Nurses at the forefront of innovation. *Int Nurs Rev* 2006;53:94-101.
13. World Health Organization. *Nursing and midwifery strategic directions 2011-2015 (2010)*. Available from: [http://www.who.int/hrh/nursing\\_midwifery/en/](http://www.who.int/hrh/nursing_midwifery/en/). [Last accessed on 2014 Jul 25].
14. Wilson A, Averis A, Walsh K. The influences on and experiences of becoming nurse entrepreneurs: A Delphi study. *Int J Nurs Pract* 2003;9:236-45.
15. Wilson A, Averis A, Walsh K. The scope of private practice nursing in an Australian sample. *Public Health Nurs* 2004;21:488-94.
16. Leong SL. Clinical nurse specialist entrepreneurship. *The Internet Journal of Advanced Nursing Practice* 2004;7:4-10.
17. Austin L, Luker K, Ronald M. Clinical nurse specialists as entrepreneurs: Constrained or liberated. *J Clin Nurs* 2006;15:1540-9.
18. Elango B, Hunter GL, Winchell M. Barriers to nurse entrepreneurship: A study of the process model of entrepreneurship. *J Am Acad Nurse Pract* 2007;19:198-204.
19. Sharp DB, Monsivais D. Decreasing barriers for nurse practitioner social entrepreneurship. HYPERLINK "<http://www.ncbi.nlm.nih.gov/pubmed/?term=Decreasing+barriers+for+nurse+practitioner+social+entrepreneurship>" \o "Journal of the American Association of Nurse Practitioners." *J Am Assoc Nurse Pract* 2014;26:562-6.
20. Iranian Privatization Organization. *Decree of supreme council for implementation of the general policies of principle (44) of the constitution 2009*. Available from: <http://www.en.ipo.ir>. [Last accessed on 2014 Jul 25].
21. *Doing Business*. *Doing business 2013: Smarter regulations for small and medium- size enterprises*. 10<sup>th</sup> ed. The World Bank and the International Finance Corporation 2013. Available from: <http://www.doingbusiness.org>. [Last accessed on 2014 Jul 25].
22. Burns N, Grove SK. *The Practice of Nursing Research*. 6<sup>th</sup> ed. St. Louis: W.B. Saunders, Elsevier; 2009. p. 51.
23. Polit DF, Beck CT. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 7<sup>th</sup> ed. Philadelphia: Lippincott, Williams and Wilkins; 2010. p. 17.
24. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24:105-12.
25. Robinson F. *Nurse Entrepreneurs*. *Practice Nurse* 2008;36:11-2.
26. Nikbakt Nasrabadi A, Emami A. Perceptions of nursing practice in Iran. *Nurs Outlook* 2006;54:320-7.
27. Salminen L, Lindburg E, Heinonen J, Leino-Kilpi H. Nurse teacher's attitudes and competence in entrepreneurship. *Hoitotiede* 2012;24:244-54.
28. Boore J, Porter S. Education for entrepreneurship in nursing. *Nurse Educ Today* 2011;31:184-91.
29. Gunes S. Design entrepreneurship in product design education. *Procedia Soc Behav Sci* 2012;51:64-8.
30. Phillips FS, Garman AN. Barriers to entrepreneurship in healthcare organizations. *J Health Hum Serv Adm* 2006;28:472-84.
31. Benzing C, Cbu HM, Kara O. Entrepreneurs in turkey: A factor analysis of motivations, success factors and problems. *J Small Bus Manag* 2009;47:58-91.
32. Barati AB, Teymourzadeh E, Bahadori M, Ravangard R, Pour JS. Challenges of a large health insurance organization in Iran: A qualitative study. *Int J Collab Res Intern Med Public Health* 2012;4:1050-62.
33. Liu N, D'Aunno T. The productivity and cost-efficiency of models for involving nurse practitioners in primary care: A perspective from queueing analysis. *Health Serv Res* 2011;47:594-613.
34. Pana L. Social efficacy by responsible change management. *Syst Pract Act Res* 2013;26:579-88.
35. Kim S, O'Neill J, Cho S. When does an employee not help coworkers? The effect of leader-member exchange on employee envy and organizational citizenship behavior. *Int J Hosp Manag* 2009;29:530-7.
36. Duffy MK, Shaw JD, Schaubroeck JM. Envy in Organizational Life. In R. Smith (Ed.), *Envy: Theory and Research*. Oxford, UK: Oxford Press 2008. p. 167-89.
37. Duffy MK, Shaw JD. The Salieri syndrome consequences of envy in groups. *Small Group Res* 2000;31:3-23.
38. Chitty KK, Black BP. *Professional nursing: Concept and challenges*. 5<sup>th</sup> ed. St. Louis: Saunders, Elsevier; 2007. p. 126-28.
39. Byrne EF. Business ethics should study illicit businesses: To advance respect for human rights. *J Bus Ethics* 2011;103:497-509.
40. Scanlon DP, Swaminathan S, Lee W, Chernew M. Does competition improve health care quality? *Health Serv Res* 2008;43:1931-51.
41. Gaynor M, Town RJ. *Competition in health care markets. The Centre for Market and Public Organisation 2012*. Available from: <http://www.bristol.ac.uk/cmpo/publications/papers/2012/wp282.pdf>. [Last accessed on 2014 Jul 25].



42. Thompson DR, Stewart S. Handmaiden or right-hand man: Is the relationship between doctors and nurses still therapeutic? *Int J Cardiol* 2007;118:139-40.
43. Farahani MA, Sahragard R, Carroll JK, Mohammadi E. Communication barriers to patient education in cardiac inpatient care: A qualitative study of multiple perspectives. *Int J Nurs Pract* 2011;17:322-8.

**How to cite:** Jahani S, Abedi H, Elahi N, Fallahi-Khoshknab M. Iranian entrepreneur nurses' perceived barriers to entrepreneurship: A qualitative study. *Iranian J Nursing Midwifery Res* 2016;21:45-53.

**Source of Support:** This article has been derived from a thesis research project that has been approved by Ahvaz Jundishapur University of Medical Sciences, Ahvaz, IR Iran, **Conflict of Interest:** None declared.