

Review

Unmasking nurses' entrepreneurial potentials: Swot analysis of Nigerian nursing and midwifery act

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Nurses have every capacity to dominate the private healthcare market in Nigeria. However, ignorance, the tradition of seeking for already established jobs in the hospitals mainly, and self-limiting legal impediments of the law establishing nursing and midwifery in Nigeria have not allowed them to recognize this fact. Given the situation of the present-day saturated labor market, getting the nurses to realize their abilities has become necessary. Exposing the areas of the Nigerian nursing and midwifery law that are germane to this effort and such other areas that may not allow for a smooth transition to this needed liberation is equally pertinent. It is for the above background that this paper discussed the concepts of entrepreneurship and SWOT analysis; explained why nurses' entrepreneurial potentials are said to be masked in Nigeria; highlighted possible approaches toward undoing the mask; analyzed the SWOT of Nigerian Nursing and Midwifery Act concerning undoing the mask; and offered useful recommendations toward unmasking of the entrepreneurial potentials of nurses in Nigeria. Nurses' entrepreneurial potentials are said to be masked because most nurses in Nigeria do not know they possess what can make them leaders of the Nigerian healthcare industry. Nigerian Nursing and Midwifery Act had enormously empowered nurses to do a lot about their entrepreneurial growth, but few areas of the Act need some amendments to liberalize entrepreneurial pursuits of nurses at all levels. With the increasing scarcity of already established jobs, nurses with innate resilience and passion for success should embrace entrepreneurship without further delay.

Key words: Entrepreneurship, nurses, strengths, weaknesses, opportunities, and threats (SWOT) analysis, unmasking.

INTRODUCTION

The amount of knowledge acquired by nurses in the course of their training and the vantage position of an average nurse in the healthcare delivery services bequeaths in them the potential to lead the health sector economy of any nation. The above position has become a mere utopia in Nigeria due to nurses' ignorance of their capabilities and a high dependence on already-made jobs by others for earning a living. These two factors of

ignorance and dependence on already-made jobs (mainly hospital jobs) by others have hitherto deprived an average Nigerian nurse the chance of exploiting tremendous healthcare-related entrepreneurial opportunities around him. This job-seeking habit is ongoing even when the nurses' training has succinctly prepared them to lead the healthcare market. The duo of ignorance and job search are the shackles referred to as 'mask' which this paper

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intends to undo through the exposition of enablements already provided in the law establishing nursing and midwifery in Nigeria and the areas of the same law that requires amendment in order to provide for full liberalization of entrepreneurial potentials of nurses in Nigeria.

Sole dependence on governmental employment and already-made jobs is no longer fashionable today due to the increasing scarcity of such jobs that may be considered lucrative for an average job-seeker. Recourse to any under-paid job as an alternative is also not sustainable due to the lack of satisfaction such jobs have. For example, having a registered nurse in Nigeria to work for a paltry sum of less than or equal to Fifty thousand naira (50,000 NGN) *per* month is as demoralizing as lack of intrinsic motivation for a job. Thinking out of the box has, therefore, become an implicit necessity for an average nurse in Nigeria. As a result, concepts such as entrepreneurship, innovation, and creativity have become significant in nursing (Fulton et al., 2014). As the pillar of the healthcare system, and the largest population of healthcare professionals, nurses are in a right position to take advantage of this dynamic element in order to sustain and promote efficient patient care (Wilson et al., 2012), earn a befitting living, and help the dwindling Nigerian economy through becoming employers of labor. As a result, nurses are required to renew themselves with scientific, technological, economic, and social changes and improvements to fulfill these requirements (ICN, 2009).

For smooth and successful up-taking of this needed task, the law establishing nursing and midwifery in Nigeria, "Nursing and Midwifery (Registration, Etc.) Act" needs to be looked into to identify all the facilitating provisions and the impediments toward booming nursing entrepreneurship inherent in the Act. Analysis of the law will help us harness the Act's strengths, utilize opportunities effectively, find areas of weaknesses in the Act and the attendant threats toward successful nursing entrepreneurship, and ideate strategies to defeat the weaknesses and alleviate the threats. This paper utilized Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis as a concept that deals with the checking of strengths, weaknesses, opportunities, and threats associated with an organization (law establishing an organization in this case) to demystify these areas in the Nigerian Nursing and Midwifery Act.

Objectives

1. To briefly discuss the concepts of entrepreneurship and SWOT analysis
2. To explain why nurses' entrepreneurial potentials are said to be masked in Nigeria
3. To highlight possible approaches toward undoing the mask

4. To analyze the SWOT of Nigerian Nursing and Midwifery Act for the undoing of the mask
5. To offer useful recommendations that will unmask the entrepreneurial potentials of nurses in Nigeria

CONCEPT OF ENTREPRENEURSHIP

Various economists and authors have given diverse entrepreneurship definitions. Drucker defined entrepreneurship as the ability to create something new and different (Drucker, 1985). According to Zimmerer and Scarborough (1996), entrepreneurship is the application of creativity and innovation to solving problems and making an effort towards utilizing opportunities faced by everyone and every day. Robbin and Coulter, as reported by Sandars and Kingma (2012) comprehensively viewed entrepreneurship as a way through which one person or a group of persons uses systematic abilities and means to pursue opportunities, create value and grow by fulfilling wants and needs through innovation and uniqueness, no matter the resources available. According to Schumpeter (1934), an entrepreneur is a trailblazer who executes the innovations in the market using new approaches. The new approaches can be in the form of a new product or a new quality, new ways of production, new markets, new sources of supply of materials or components, or new organization in an industry. The term entrepreneur also gives a general description of people who successfully started their businesses and are self-employed. However, the term goes beyond employment status to include value creation and enduring sustainability of ventures derived from the created value.

Historically, there has always been the likelihood of nurse entrepreneurs' existence right from when nurses first began serving the society. The report has it that a nurse could offer private service in exchange for cash in wealthy homes, or eggs and milk in rural homes (Ochanya, 2018). Whether it is an exchange of skills for goods, cash, or credit card payments, a nurse who strikes out to independently offer services or products is, in essence, an entrepreneur. Such nurses may carry out an independent healthcare service; own an enterprise (e.g., nursing home or pharmaceutical company); or operate a consultancy business. Thus, nurse entrepreneurs are innovators whose initiatives and innovations lead to the modernization of health systems, and demonstration of leadership (Raine, 2003).

The main feature of entrepreneurs, among others, includes using creativity to develop a new idea, improve services or service delivery methods, and develop new products or new ways of using existing products (Wilson et al., 2012). According to research findings, identifying opportunities is the first stage of the entrepreneurial process. This opportunity discovery refers to understanding the appropriate conditions to achieve potential profitability through the establishment and

operation of a new business or improving an existing business or exploring ideas for creating new businesses. It is the most significant ability of successful entrepreneurs (Hayton et al., 2011; Fatima et al., 2011; Kontinen and Ojala, 2011).

Conceptually, *nursepreneur* is a new term in popularizing entrepreneurship associated with the nurse or nursing world. These are nurses who may build their businesses to develop and distribute medical products or devices, offer direct patient care or patient advocacy, educate or train other professionals or community members, or provide healthcare-related consultation, among other functions (Fulton et al., 2014). An entrepreneurial nurse identifies a need and creates a service to meet that need. Such nurses may be owners and proprietors of enterprises and are financially and legally responsible for all the entities and functions. They define and control the nature of services rendered and, as such, are fully accountable for them. This nursing entrepreneurship has resulted in a higher quality of care and increased productivity (Black, 2014).

Nursing entrepreneurship provides nurses with self-employment opportunities that allow them to pursue their vision and passion for improving health outcomes using innovative approaches. The use of creativity to create a new idea, improve service or its delivery methods, or come about new products or novel ways of using existing products is a fundamental feature of entrepreneurship. Combining these features with advanced or specialist skills and knowledge, at the very least, are within the purview of entrepreneurial nurses. Advanced practice nurses create products or services that they can market to external sources (Liu and D'Aunno, 2011).

In contrast to a *nursepreneur* is a nurse *intrapreneur* who is an employee of another organization, often a government health facility who develops, promotes, and delivers an innovative health or nursing service within the organization (Hewison and Badger, 2006). Pinchot (1985) originated the term "intrapreneurs" to describe people who use their creativity to make changes within an organization while remaining employees. Nurse intrapreneurs create innovative health practices within the organizational framework in which they work and consequently share the risks and benefits of this transformative practice with their employers (Dayhoff and Moore, 2005). The type of transformations developed by intrapreneurs often includes efforts to transform the workplace environment or culture, improve processes, or come about new products or services. Intrapreneurs are often motivated by their patients' needs, which propel them to identify gaps in service they can address through the determined work of a healthcare team that may or may not include themselves (Drucker, 1985).

CONCEPT OF SWOT ANALYSIS

Historically, Friesner (2011) expunged the widely held

belief that SWOT analysis was a creation of Stanford University's Albert Humphrey in the 1960s-1970s. It was instead a modification of a concept ideated by professors of Policy Unit of Harvard Business School in the 1950s through the 1960s that Humphrey captured in his research titled '*Stakeholders Concept and SWOT Analysis*' in the 60s-70s (Friesner, 2011). Therefore, in line with Friesner, the history of SWOT analysis is not anchored on any traceable documentation of note. However, many scholars and organizations have widely used SWOT analysis in a manner that has led to situating its concept correctly by authorities.

Howbeit, Business Dictionary defined SWOT analysis as a "situation analysis in which internal strengths and weaknesses of an organization and external opportunities and threats faced by it are closely examined to chart a strategy." Similarly, Oxford Advanced Learner's Dictionary defines SWOT analysis as "a study done by an organization to find its strengths and weaknesses, and what problems or opportunities it should deal with." Formation of SWOT is from the initial letters of 'strengths,' 'weaknesses,' 'opportunities,' and 'threats.' From the above definitions, we can make a standard inference that in SWOT analysis, the focus should be both within and outside the phenomenon of interest, where the focus on strengths and weaknesses is entirely within, whereas the focus on opportunities and threats is entirely outside. In other words, strengths and weaknesses are in-house things someone can reasonably manipulate and possibly modify, but opportunities and threats are outside one's sphere of control that he cannot modify (Parsons, 2018). However, strategies with which the weaknesses (internal) and the threats (external) can be effectively handled have been identified by von Kodolitsch et al. (2015): Maximize the use of internal strengths and external opportunities – SO strategy; leverage on the SO strategy to minimize the internal weaknesses and the external threats – WT strategy; maximize the usage of the external opportunities in bringing the internal weaknesses to the barest minimum – WO (opportunity-focused) strategy; and maximize the usage of the internal strength in minimizing the external threats – ST (strength-focused) strategy (von Kodolitsch et al., 2015).

Domesticating the above views amounts to a clear linkage between the applications of SWOT concept in organizational evaluation and doing the same to set of rules guiding education and practice of nursing in Nigeria, which, in this case, is the Nigerian Nursing and Midwifery Act. The SWOT analysis of the Act is the phenomenon of interest in this discourse.

Therefore, the strengths (entrepreneurial enablements for the nurses), weaknesses (areas of impediments to a full realization of nurses' entrepreneurial potentials), opportunities (orthodox healthcare and related services in Nigerian market), and threats (present and potential competitors, rivalries, and changes affecting the perception of the nurse and his services adversely) associated with the Act are the areas of our focus in this

paper.

ARE NURSES' ENTREPRENEURIAL POTENTIALS TRULY MASKED IN NIGERIA?

The broad scope of today's health sector allows for a wide range of activities in which nurses may potentially become professionally self-employed and experts. In our current global community, with high technological advances, innovation is highly valued. Such an atmosphere encourages the creative, proactive nurse wishing to explore new territory and promote much-needed solutions to a health care system or institution (Sandars and Kingmal, 2012).

Unfortunately and empirically, only a few nurses are nurse entrepreneurs. This situation may have been influenced by public demand, the legal right to practice, provisions for direct third party reimbursement (health insurance), most nurses as females, and access to support services. However, nurse-midwives could practice independently in many countries since the beginning of the last century, and no one has ever challenged their legal status. Their long experience with independent practice has encouraged and supported many experienced graduates to become entrepreneurs (Sandars and Kingma, 2012).

In Nigeria, anecdotal reports indicate that the country produces more nurses than the public health facilities can absorb. Many nurses graduate each year and seek greener pastures outside the country because of limited vacancies in the government hospitals and other well-paid establishments. This massive brain drain proves that nurses are not utilizing their entrepreneurial potential, which has devastating effects on our healthcare system. Also, the fact that nursing is still predominantly a female profession is one of the barriers to entrepreneurial practice. Just as nurses experience barriers to upgrading nursing education to higher learning institutions, nursing also struggles to achieve equal pay for a job of comparable value. In the same vein, women may encounter difficulties accessing loans from banks. However, as more women undertake professional roles previously limited to men, attitudes are beginning to change. Bankers are more ready to lend money to nurse entrepreneurs, including the growing number of women bankers. The national and international organizations of business owners are an established support network for nurse entrepreneurs.

The National Chairman of the National Association of Nigeria Nurses and Midwives (NANNM), Federal Health Institutions Sector, Wale Olatunde, has urged nurses to go into entrepreneurship to bridge the unemployment gap bedeviling the profession (PM News, 2019). He advised in an interview with the News Agency of Nigeria, where he encouraged nurses to begin to stand on their own using entrepreneurship since the government was unable

to employ everybody. In his words, "we should be able to put on our thinking caps to explore every opportunity around us." Every nurse should find or search for what he/she can do for himself rather than staying idle. Nurses should ask themselves: what extra can we do? What is the way out of this present level of unemployment? Fortunately, there are a thousand and one opportunities nurses can explore to earn a living instead of waiting for a government job that may not come anytime soon". The chairman asserted that it was better to venture into entrepreneurship since the government found it difficult to pay even those on her payroll.

Despite these glaring facts, ignorance of what nurses can do, fear of the unknown, ignorance of the extent of the scope of practice backed by the law, areas of the law that may hinder certain entrepreneurial advancements of the nurse, and fear of not having the required capital for a business startup are the factors that have significantly masked the entrepreneurial potentials of nurses in Nigeria. Until nurses address these factors appropriately, entrepreneurship may remain a mystified concept among most of them in Nigeria. Yes, nurses' entrepreneurial potentials in today's Nigeria remain masked!

POSSIBLE APPROACHES TOWARD UNDOING THE MASK

About the nursepreneur definition above, any nurse with these five leading entrepreneurial traits is in an excellent position to champion unmasking of nurses' entrepreneurial potentials and should take the lead in making the unmasking dream a reality. The traits include: (1) Daring to take risks: Such nurses dare start something full of uncertainty and risk. They do not just dabble into taking careless risks but carefully calculated ones. (2) Loving challenges: They will continue to spur challenges and go forward from there and usually overcome all obstacles. (3) Having high durability: They are naturally resourceful, creative, and not easily discouraged. They are also diligent and always able to get up from a failure. (4) Having a vision far ahead: Such nurses always set a target for a specified period. For example, they plan what they can achieve in the next year, five years, ten years, and beyond without recourse to copying others. (5) Always trying to give the best: Such nurses will exert all of their potentials and recruit other people who are more competent than them to provide the best to their customers. Therefore, we can see that the essential features of a nursepreneur are transformation and the courage to take risks and be prepared to work hard to achieve goals optimistically. This quality makes an entrepreneur always come up with fresh new ideas, against the flow of the crowds or creative thinking. Sometimes, they are labeled insane initially due to the contradiction of their activities with the regular habits around them (Paul, 2005).

Five steps to becoming a nursepreneur (nurse entrepreneur)

In addition to possession of the above traits is a diligent undertaking of the following steps, usually followed by successful nursepreneurs before going into any venture: (1) Assessment: Careful assessment of the healthcare market needs of the community and the knowledge/skills of nurses and other resources required to meet these needs. (2) Diagnosis: The next step after the assessment is to develop the diagnosis. In the business world, after discovering the needs of the market, the next step is mapping the potentials available to respond to market needs. Mapping the potentials in this step is known as the diagnosis. (3) Plan: Formulate a plan to enter into the real market. This planning stage is the stage when a clear and detailed business concept is laid bare. (4) Implementation: This step calls for action. A clear business concept now occurs in a tangible form. This stage is the most core in doing business and the most challenging stage because this is where the entrepreneur takes action to put every idea into use. (5) Evaluation: In every system, the evaluation is an important part which one should not forget. From this evaluation, one can determine whether the implementation was done successfully or not. It is the same in the business world because evaluation will provide a picture as to whether the business concept was run successfully or not. If successful, then improvements can be made, but if not, change of plans and strategies is the next action.

Finally, massive awareness creation on entrepreneurial opportunities possessed by nurses in Nigerian healthcare delivery market; instilling a sense of courage into nurses to spur them into taking calculated entrepreneurial risks; revealing to nurses that low or no startup capital is not a barrier to success among good entrepreneurs; unveiling the hitherto unfamiliar legal broad scope of practice available to nurses through the law establishing nursing and midwifery in Nigeria; and rejigging of the same law to allow for full utilization of entrepreneurial potentials of an average nurse in Nigeria are the remaining approaches to explore to be able to fully undo the mask covering the face of entrepreneurial excellence among nurses in Nigeria. To make this a reality, it has become pertinent to carefully study the Nigerian Nursing and Midwifery Act to fully unveil its nursing entrepreneurial promotions and hindrances (Table 1).

DISCUSSION OF THE SWOT

Strengths

With a government-established regulatory body (Nursing & Midwifery Council of Nigeria (NMCN)) overseeing the education and practice of nurses in Nigeria, a strong barrier has been placed against the profession by any

meddler. It is even more robust protection with up to 90% members of the NMCN as nurses and giving nurses the power to appoint the registrar or the chief executive officer of the council ultimately submits destinies of the nurses into their own hands.

Additionally, the Act empowered the NMCN, virtually nurses in all, to determine the scope of operation of her state committees who should, ordinarily, arrest quackery against the profession and enlarge the entrepreneurial scope of nurses for the full development of their potentials. With this, it will not amount to an overstatement saying that nurses are the ones holding themselves to the ground.

Weaknesses

Nursing and maternity homes as the only private practice for nurses as contained in the Act is self-limiting, especially as there was no provision about innovative private nursing practices. Worse still is the explicit provision of barring nurses from owning nursing and maternity homes until five years post-licensure. Since the Act recognized nurses' practice as practicing all that nurses have learned during their training as contained in their approved curriculum, private practice to be rendered by nurses ought to be broader to give room for practices that a nurse can handle as soon as graduation, one-year post-graduation, two-year post-graduation, three-year post-graduation, and five-year post-graduation. Are we oblivious that there are some nursing services nurses can proficiently handle even in their final year in school? Cannot we reason that fresh graduates can earn a better living from such practices than queuing endlessly for already-made jobs that are not there or working for a paltry sum of fewer than 50,000 NGN *per* month with the attendant insults on the sensibilities and worth of nurses? Until we do something urgent about this, nurses' worth may deteriorate in Nigeria due to insults from an average employer of nurses.

Equally appearing as a mockery to the worth of an average Nigerian nurse are the prescribed punishments for non-nurse violators of the Act. Having quacks or those employing them to pay a meager amount of 1,000 NGN or imprisonment for a moment not more than six months for such enormous offense is laughable. It is equally a costly omission not specifying that entrepreneurial experts from faculty or department of nursing in a university should form part of the state nursing & midwifery committee. Where will the innovation about emerging possible private nursing practices be coming from without such think tanks? Specifying the inclusion of such experts in the Act will make the desired difference.

Opportunities

Despite the disappointing weaknesses of the Act as

Table 1. The SWOT of Nigerian nursing and midwifery act concerning undoing the mask.

S-Strengths	W-Weaknesses
(i) Presence of regulatory body – Nursing and Midwifery Council of Nigeria (NMCN) whose members are nurses virtually	(i) Five years of cognate experience as a requirement for setting up private nursing/maternity home
(ii) Power to appoint the Registrar/Secretary-General	(ii) Having only private nursing/maternity home as areas of private practice for nurses and midwives
(iii) Power to register and keep the register of members	(iii) Absence of a section or subsection creating room for unspecified innovative private nursing or midwifery practice
(iv) Power to establish and determine the duties of state Nursing and Midwifery Committee	(iv) Weak punishment for non-nurse violators of the Nursing and Midwifery Act
(v) Power restricting practice and use of the title, “nurse” or “midwife” to only those registered by NMCN	(v) No specification on the involvement of university entrepreneurial experts in the State Nursing and Midwifery Committees
(vi) Power restricting employers from employing an unregistered person as a nurse or midwife	
(vii) Power to determine nurses’ scope of practice through the training curriculum prescribed and approved by NMCN	
(i) Power to set up private Nursing and Maternity Homes	
O-Opportunities	T-Threats
(i) Few nurses as entrepreneurs	(i) Nigerian health sector rivalries
(ii) The anticipated reduction in quackery against nursing	(ii) Unchecked quackery against nursing in Nigeria
(iii) Anticipated massive employment of nurses, including nursepreneurs	(iii) Ineffective representation of state nursing & midwifery committees
(iv) The anticipated broadening of nurses’ scope of practice	(iv) Low status ascribed to nurses in Nigeria
(v) Large health sector market in Nigeria	(v) Poor accommodation of nurses’ interests in Nigerian health sector decisions
(vi) Governmental emphasis on entrepreneurial development of job-seekers	(vi) Poor bargaining power of most Nigerians – more interest in cheap healthcare sources
(vii) The interest of healthcare consumers in cheaper quality healthcare sources	(vii) Out-of-pocket financing of healthcare services
	(viii) Uncertainty about legal or policy obstacles to nurses’ entrepreneurial ventures
	(ix) Springing up of diverse healthcare sources

discussed above, enormous opportunities are out there for nurse entrepreneurs. With few nurses as entrepreneurs, serious nurse entrepreneurs in today's healthcare market can break even faster than their counterparts in other fields. Also, with intensified efforts in enforcing the law against quacks and their promoters (which is highly achievable if we decide to be serious about it), there will be many job openings for nurses, and this will reduce competition among nursepreneurs, creating more entrepreneurial opportunities for the remaining ones. It will also cause a boom in the nursing care market when the law opens a wider door for more nursing care services in Nigeria. By then, there will be more entrepreneurial opportunities in nursing than the available nursepreneurs can handle. When we add this situation to the existing large healthcare market in Nigeria, entrepreneurship in nursing will become a hugely lucrative business that will attract the interest of an average investor.

Given that the Nigerian government at all levels is emphasizing on entrepreneurial development of

graduates, nursepreneurs will not lack the needed government support to succeed expectedly. Another thing that will add to the sustainability of nurses' entrepreneurial breakthrough is that they will always render higher quality healthcare services than any other healthcare professional in the health sector. With rendering such quality healthcare services at more affordable prices than their counterparts in comparable fields, healthcare consumers will likely prefer nurses' services to other healthcare professionals' services.

Threats

Although surmountable with the strengths and opportunities discussed above, certain external situations in Nigeria may pose a reasonable level of difficulty on the course of growth of nursepreneurs in the country. Springing up and encroaching of other healthcare professionals into practices hitherto reserved for nurses is a huge obstacle that nurses need to remove through

courage and dogged reclamation of their procedures. It is either that others respect nurses' scope of practice or that no one's scope is respected. Like this avoidable rivalry is the unchecked breeding of quacks against nurses and ascribing nurses' status to such quacks by other health professionals. If not checked, these quacks will, one day, summon the courage to start an unhealthy competition with the nursepreneurs. The lackluster attitude of the State Nursing and Midwifery Committee in checking the excesses of these quacks and their promoters is equally a problem. The committee must be strengthened and compelled to act accordingly if we expect to progress in this area.

Equally a problem to the growth of nursepreneurs is how an average Nigerian perceives the nurse. The status accorded the nurses is not yet the desired one in Nigeria, and this may contribute to underrating the services of the nursepreneurs. Effective public relations by nurses can change this view (Nwodoh et al., 2019). Low or no voice of the nurses in health sector decision-making is equally a problem here. Being a sector where actors can use power to suppress positive growth, policymakers in the health sector may just rise one day and make a policy that will retard nurses' entrepreneurial growth. Nurses must collectively and proactively stand with one voice to resist such an attempt or get their growth and development stalled by others in the health sector.

How to finance the services the entrepreneurs provide is equally an area that will pose some level of challenges to nurses. We need to address the high poverty rate and out-of-pocket payment by getting most of the private nursing services covered by the National Health Insurance Scheme (NHIS). Also a clog in the wheel of nursepreneurs' progress is the possibility of using one law or the other or one policy or the other to cage the entrepreneurial advancement of the nurses. This possible deliberate retardation can only be defeated with unity in defense of our territory by every nurse in Nigeria. Finally, the supply of acclaimed health services by 'anybody' in Nigeria is a serious challenge to the entrepreneurs in the Nigerian healthcare market generally. This unregulated healthcare provision by everybody is because of the gullibility of Nigerian masses in health matters. However, with outstanding service at a price many people can afford, nursepreneurs should be able to defeat this challenge.

CONCLUSION

Getting nurses out of an age-long shackle of depending on others for employment as the only means of their livelihood has become necessary in today's Nigeria owing to the glaring realities about lack of jobs in the whole world. This paper dealt with this and revealed how the liberation could come to pass through harnessing the strengths and opportunities inherent in the Nigerian

Nursing and Midwifery Act and overcoming the weaknesses and the threats through maximal use of the strengths therein, strengthening the Act to enable better entrepreneurial activities of the nurses and re-strategizing to widen the scope for entrepreneurship in nursing practice.

RECOMMENDATIONS

From the above discussion, we make the following recommendations.

1. Nurses with entrepreneurial traits, as earlier discussed, should be aware that they possess potentials for entrepreneurial excellence and should, therefore, dare to take some calculated entrepreneurial risks.
2. Nurses with such traits should ideate value-adding businesses, preferably healthcare-related ones, do thorough calculations of the potentials and plan where and how resources (man, material, money) will be sourced and utilized for the actualization of the plan.
3. There should be all-nurses' awareness creation on broad legal entrepreneurial opportunities nurses have in the Nigerian market and the encouragement to harness these opportunities.
4. Nurses should know that low or no startup capital is not a barrier to entrepreneurial success but the persistent intrinsic motivation to succeed.
5. The above strengths of the Nursing & Midwifery Act should be harnessed by nurses to minimize the effect of the weaknesses therein.
6. The Act should be amended to enable full utilization of an average nurse's entrepreneurial potentials in Nigeria. The amendment should include adjusting the years of experience before qualifying for private practice and categorizing the services in a manner that will accommodate every nurse in the ownership and operation of diverse private nursing outfits. It should provide for unspecified innovative or novel private nursing or midwifery practices, increasing the severity of the punishment of non-nurse violators of the Act, and specifying the involvement of university nurse academics who are entrepreneurial experts in state nursing and midwifery committees.
7. Nigerian nurses should be more courageous in asserting their rightful entrepreneurial position in the country's healthcare market.
8. Pragmatic approaches should be employed to bring quackery against nurses to the barest minimum in order to increase the employability and entrepreneurial opportunities for the nurses.
9. State nursing and midwifery committees should wake up from their slumber and equally strengthened to be more efficient in checking quackery against nurses and advancing nurses' causes more effectively.
10. Tenets of public relations should be upheld by every

nurse in Nigeria to achieve a more positive image and higher status for nurses in the country.

11. Nigeria nurses' stakeholders and pressure groups should always insist on having nurses' interest protected whenever any decision that will affect nursing practice is to be taken in Nigeria.

12. Nurse entrepreneurs should not target profit maximization at this early stage to encourage affordability and preference for their services by an average Nigerian.

13. Efforts should be made by nurses' stakeholders in Nigeria to include various private nursing services in the National Health Insurance Scheme for easier financing of private nursing services.

14. Exceptional high quality but affordable services should always inform the creation/innovation and operating of any present and potential nurses' entrepreneurial ventures to enable us to gain full entrance and possibly dominate the entire healthcare market of Nigeria.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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