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Advancing nursing enterprises: A cross-country comparison

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ABSTRACT

Background: Health system transformations in the United States are creating new opportunities for nursing innovation, although financial sustainability has limited the expansion of nurse managed clinics.

Purpose: We explore case studies of nursing enterprises in the developing world and discuss their potential for informing related work in the United States.

Methods: Cases were selected from the Center for Health Market Innovations.

Discussion: We describe a professional association network of clinics in Tanzania, a social franchise in Kenya, and a cooperative in the Philippines. All programs empowered nurses to own, lead, and advance their professional influence. They had a social mission of improving access to care for disadvantaged populations, while increasing employment and autonomy of women. They also provided a shared platform for branding, purchasing, and quality assurance.

Conclusion: Organization sponsors in these models may be relevant to different actors in the United States. Each demonstrates the importance of a collective approach to advancing nursing enterprises.

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Introduction

Transformation of health systems around the world is driving innovation in services that often rely on nurses. In the United States, the Affordable Care Act's (ACA) expanded coverage and payment reforms are spurring the development of new models of care delivery (Mechanic, Ackerly, Hay & Mor, 2014; Pittman & Forrest, 2015). These changes are opportunities to activate nursing in ways that will improve quality and enhance access for vulnerable populations (Institute of Medicine [IOM], 2011). In addition, they may also improve women's economic opportunity and overall empowerment.

Innovative use of nurses to advance the aims of health systems transformation in the global context is also widespread, with ownership and operation of care enterprises growing in some countries. The World Health Organization (WHO) Director General recently affirmed, "The sleeping giant is wide awake…," referring to the new leadership roles played by nurses in developing countries (WHO, 2015). In particular, nurses are emerging as drivers of socially responsive

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enterprises aimed at expanding services to vulnerable rural and urban populations (Salmon, 2012, 2013). These nursing enterprises, Salmon has argued, hold important potential for the empowerment of women working in nursing and for those with whom they work in the larger community.

The recent IOM workshop report, "Empowering Women and Strengthening Health Systems and Services through Investing in Nursing and Midwifery Enterprise: Lessons from Lower Income Countries," highlighted the benefits of nursing and midwifery businesses to health and women's empowerment (Cuff, Patel, & Perez, 2015). A landscape report on nurse enterprises with potential to empower women, while also strengthening health services, was presented by the Center for Health Market Innovation (CHMI) and the University of Washington in 2014 (Krubiner, Salmon, & Lagomarsino, 2014). This article compares three of these projects in greater depth and discusses their potential for informing innovations in the United States.

Nursing enterprise and the innovative use of nurses in community-based practice arrangements are not new in the United States and have in fact led the way in advancing new roles for nurses and midwives. However, the start-up, ownership, operation, and scaling of these organizations have been stymied by legal, professional, and logistical barriers. For example, Nurse Managed Health Clinics (NMHCs) have been pioneers in this area, yet they remain relatively small in number (250). Because most NMHCs are associated with (and often reliant on) schools of nursing, they are single site initiatives ineligible for safety net grant support. As a result, NMHCs face major financial challenges that continue to limit their sustainability and scalability despite interest in growing this model in the context of the ACA (Hansen-Turton, Bailey, Torres, & Ritter, 2010).

More recently in the United States, there has been an expansion in the use of nurses and nurse practitioners in health-related enterprises owned by others. The private sector convenience clinic model has rapidly spread, as have other business models including workplace clinics, home health risk assessments, care management, and hospice and palliative care companies (Merchant Medicine, 2015). Despite their crucial roles of nurses in these businesses, ownership is generally not one of them.

Ownership of nursing businesses is important for ensuring their fidelity, not only to good practice, but also to the larger social goal of empowering women. Ownership of assets, including one's own business, is an important, long-standing strategy for empowerment of women worldwide. Because women make up such a great portion of nursing's membership, enabling their ownership of businesses can be of benefit to them and to others with whom they work or serve.

Krubiner et al. (2014) examined this potential in their recent study of global nursing and midwifery innovations, drawing on the elements of empowerment articulated in definitions offered by the Kabeer (2001), Malhotra, Schuler, and Boender (2002), Mahmud, Shah, and Becker (2012), and United Nations (1995). Their work found that four of eight empowerment elements are relevant: promotion of autonomy, increased mobility, access to credit, and ownership of assets. These elements are crucial to women's well-being, globally and within the United States, which ranks 23rd of all other countries on the Gender Gap Index and 60th in women's political representation (Warner, 2014). Research shows that women are particularly vulnerable to expanding income disparities (Sommeiller & Price, 2014). A recent report on women and poverty in America finds that 42 million women—and 28 million dependent children—are facing significant economic hardship in this country (Shriver, Morgan, & Skelton, 2014). Nursing enterprise has the potential to help address this significant challenge, while also contributing to the improvement of health.

The case studies presented here provide a glimpse of approaches beyond the United States with potential to inform efforts to enable nurses and midwives to move from employee to owner, while contributing to health and the well-being of women and others in the process. The article represents an initial contribution to what we hope is becoming a process of global learning about nursing enterprise in both developed and developing countries. The value of learning across national boundaries is already evident in some U.S.-based nursing innovation. For example, the "MakerNurse" project, launched in 2013 by the Robert Wood Johnson Foundation (RWJF), was inspired by in the work of nurses in Nicaragua, Nigeria, Thailand, and Ethiopia. The resulting electronic platform has made it possible for U.S. nurses to share their stories of innovation (MakerNurse, n.d.)

The purpose of this cross-country comparison is not the transferability of an innovation from one context to another. Policy and financing challenges associated with enabling nursing enterprises obviously vary by country, but by applying the lens of cross-country comparisons to domestic challenges, new ways of seeing old elements can become apparent. As suggested by Marmor, Freeman, and Okma (2009), understanding how others see a problem provides learning opportunities, even when the policy context is quite different.

Methodology

Case Study Selection

Our study builds on the work of Krubiner et al. (2014), which used the Center for Health Market Innovations (CHMI) international database of >1,200 projects to identify 94 nursing and/or midwifery programs in developing countries that include some form of nurse empowerment. Their work is the first reported multinational landscape analysis of innovative private sector health care programs that empower nurses and