



Antecedents of intrapreneurship practice among public hospital unit nurse managers

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ARTICLE INFO

Keywords:

Antecedents
Intrapreneurship
Public hospitals
Unit nurse managers

1. Introduction

Globalization coupled with dynamic and turbulent business environment compels corporate organizations inclusive of the health care sector to constantly look for more innovative ways to be able to maintain competitive advantage for survival. Khan, Budhaw, & Shaik (2011:1) agree that large organizations should replace corporate bureaucracy which emphasises top down command and control system with entrepreneurial empowerment to the entire workforce. The term intrapreneurship was introduced by Pinchot (1985) as a principle bringing in a business ideology within large corporates which become ideal experimental platforms for the more intrapreneurial employees who are not content with status quo, and relentlessly seek new avenues that could improve performance. This new business inclined principle being quite foreign to nursing embodies autonomy, self-directedness and innovation by organizational teams (Khan et al., 2011:1). Discussions in this paper are based on part of the major study on development of intrapreneurship framework among unit nurse managers working at three public hospitals of Mangaung, within the Free State province. The study was conducted at three public hospitals operating within the district health care system model driven through Primary Health Care approach (Harrison, 2009:Online).

The discussions in this paper shed more light that successful implementation of intrapreneurial policies follow a more holistic systems approach where more thoughtful tactical leaders who take cognizance of external and internal environmental influences impact on health care outcomes (Khan et al., 2011:1). Intrapreneurial unit nurse managers should reflect attributes like; being a visionary, innovators, self-confidence, being knowledgeable team leaders taking calculated risks (Dayhoff & Moore, 2003:23). In order for intrapreneurship practice to flourish, the hospital work environment should be receptive to new

ideas, support experimentation, minimize bureaucratic barriers and ensure availability of resources (Dayhoff & Moore, 2003:23). Any forward-thinking organization should also consider the external environmental influences such as; technology, political, changing global markets and disease patterns impacting on health care outcomes (Antonci & Hisrich, 2001:503; Goosen, De Coning, & Smit, 2002:40–41).

Escalating health care costs exert insurmountable pressure that compromise the survival of organizations concerned (Amo, 2006:231). Therefore, health care systems are compelled to seriously consider incorporation of innovative initiatives based on intrapreneurial principles in order to mitigate diverse challenges which threaten their ability to stay afloat. Such pro-active initiatives will see these organizations surviving enormous, endless global turbulences (Khan et al., 2011:2). Different organizations can survive endless challenges through being led by intrapreneurial employees who carry self-driven, hands-on, inventive initiatives within the boundaries of their organizations. Incorporation of intrapreneurial teams within strategic organization pulls on-board creative employees exhibiting some of the following behavioural features; initiative-taking, thinking outside the box, adventure, self-driven, pragmatic individuals with outstanding leadership (Khan et al., 2011:2).

Antecedents of Intrapreneurship practice becomes a relevant point of contention especially now that the public sector in South Africa is charged with the responsibility of transforming poor practices for example, by incorporating financial management reforms to create internal funding for innovation – instead of returning unused revenue back to the treasury (Borins, 2001:311). Adoption of reinvention initiatives by an ailing public sector that embraces an intrapreneurial culture, would allow employees to be creative, thereby developing an organizational identity, through accepting risks and functioning as a team. (Ahmadi, 2010:109).

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<https://doi.org/10.1016/j.ijans.2017.11.003>

Received 7 May 2015; Received in revised form 9 November 2017; Accepted 16 November 2017

Available online 21 November 2017

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The re-engineering of health care services being the national initiatives becomes equally quite relevant in the Free-State province experiencing similar health care challenges common to other eight provinces. Therefore, the transforming nature of health care system exert immense pressure to the leadership of large public sector organizations, provoking them to constantly think on more innovative strategies aimed at addressing diverse health care challenges they are daily confronted with (Dayhoff & Moore, 2002:274).

The significant number of nurses within public health care organizations could be an ideal leverage that could transform embattled public hospitals. Eighty percent (80%) of human resource is constituted by nurses at different strategic levels of management and operation, enabling them to meaningfully influence health policy (Faugier, 2005:50). However, the public health care environment is still quite paternalistic, thereof quite authoritative in nature. This calls for the new brand of nurses who are not only assertive to move out of their comfort zones of taking orders from doctors without questioning (Marks, 1994:117). The ideal transformational nurse should be extensively prepared in higher education in socio-cultural issues, natural sciences, management, economics and political science. The extensive preparation of a contemporary nurse leader will improve their clinical judgement through incorporation of evidenced based practice (International Council of Nurses, 2004:Online).

Bringing a business orientation among nurses in a more meaningful approach within the acute South African public hospital setting that is confronted with enormous financial pressure due to quadruple burden of diseases like: HIV/AIDS and Tuberculosis, maternal, infant and child mortality, non-communicable diseases and injury and violence (South Africa National Health Insurance, 2013:Online). Some of the inherent concerns that negatively affect the health care in South Africa according to Sewankambo and Katamba (2009:1) include a poorly prepared health care system failing to address pertinent issues such as; the changing trend of the disease burden, poor leadership and management, inadequate human resource capacity and a poor surveillance system. The prevailing health care challenges call for a paradigm-shift within the health care leadership policy, to one incorporating innovative and creative strategies embodied through intrapreneurial approach. Such a desirable inclination would effectively address the diverse and daunting health care challenges which tend to escalate health care costs (Al-Bader et al., 2009:427).

2. Background

It is quite disheartening to establish that nurses are still not being utilized to their full potential of advocacy thereof compromising crucial aspects within hospital environment like; patient safety, quality, patient centred care, accessibility and affordability of care (Wilson, Whitaker, & Whitford, 2012:2). International literature strongly asserts that any forwards thinking organization inclusive of public health care system should meaningfully influence the positioning of a government employed nurse intrapreneur to transform the ailing public hospitals. The nurse intrapreneur as a front-line runner develops, promotes and delivers innovative care transforming the workplace climate or culture through improving internal processes. The positive work environment culminates in the development of new services (Wilson et al., 2012:2).

The crucial positioning of nurses as front-line runners and also in terms of their significant numbers becomes an added advantage enabling them to bring in more transformational strategies within teams they lead (Amo, 2006:231). Therefore, the relevance of empowering unit nurse managers who operate at the grassroots of health care leadership offers them more opportunities to incorporate more innovative initiatives in their context. The innovative behaviour enables these calibre of employee to alter routines through incorporation of new remedial measures to simplify complex tasks in order to achieve the desired quality of care (Amo, 2006:231).

A more pro-active approach inculcating innovation becomes even

more desirable in the transforming health care landscape existent in the South African health care where National Health Insurance (NHI) System is being introduced to mitigate the existing disparities. NHI is a government initiative aimed at addressing the current parallel health care system (public and private) that is still not inclusive twenty one years post-democracy (South Africa Department of Health National Health Insurance Policy paper, 2011:Online). The current health care system is still not equally accessible to all the (South Africa Department of Health National Health Insurance Policy paper, 2011:Online). Currently, health care system in South Africa only accommodates 27% of citizens who access private health care which is highly resourced and quite expensive, contrary to 71.4% of the citizens who can only access public health which is not comparable to the private health care in terms of quality care being rendered (South Africa Department of Statistics, General Household Survey, 2016:Online).

National Health Insurance initiative aims at addressing inequitable access to health care services through creation of a unified health care system that will offer quality health to all citizens (Mail, 2010:Online). The mediocre services often offered at different public health care institutions nationwide tend to deny the citizens their constitutional right to quality health care (The South Africa Department of Health, Quality Assurance Policy report, 2007: Online). The dire situation poses a serious challenge to the government calling for more innovative initiatives that will turn-around the entire system.

Despite remarkable initiatives aimed at transforming South African health care, many public health care facilities are still overwhelmed with numerous challenges thereby perpetuating poor quality care rendered (The South Africa Department of Health National Health Insurance Policy Paper, 2011:Online). Transformation of the entire public health system becomes an urgent call for the government to improve the credibility of public health care services (South Africa Department of Health, Quality Assurance Policy report, 2007: Online). Therefore, bringing in a business flare within any large organization inclusive of public sector through incorporation of intrapreneurship is quite a relevant turn-around strategy that transfers use of organizational resources to the more productive intrapreneurial teams who are risk-takers, innovative and creative (Halvorsen, Haukes, & R. Miles, 2002:Online).

Intrapreneurship approach as a one of the key reformatory strategies aimed at improving health care outcomes is the least understood concept within the nursing profession. The term “intrapreneurship” (verb) involving cyclic initiatives which frontline employees embark upon to bring about positive change within the organization is predominantly used within the business community (Bosma, Stam, & Wenneker et al., 2013:8). The perception of intrapreneurship by different scholars as an endeavour where individual employees become; curious, and are constantly searching for challenging activities at the frontier of the organization and not at the core, has laid a solid foundation on which different disciplines can be built on (Antoncic & Hisrich, 2003:2).

Table 1 reflects similarities and differences of entrepreneurship and intrapreneurship. The researcher used entrepreneurship because it was more familiar to participants. This table justifies the similarities of the terms which are sometimes used interchangeably.

3. Purpose of the study

The purpose of the study was to describe the antecedents of intrapreneurship within the hospital working environment.

4. Research methodology

The original research followed a convergent parallel mixed method approach where two strands of data were collected differently. The discussions in this paper are based on the qualitative strand of data, where the focus group technique was used.

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