

Transforming South African Public Hospitals Through Intrapreneurship Practice: Views of Unit Nurse Managers Regarding Their Potential Contribution

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Abstract

The insurmountable challenges confronting public hospitals globally jeopardize envisaged quality. South Africa health care system faces a number of challenges calling for strategic business approaches embodied through intrapreneurship practice. As a foreign concept in nursing, intrapreneurship is least understood. Views of unit nurse managers concerning their potential contribution towards improving services at public hospitals are least understood. A qualitative, descriptive and explorative study done through focus groups shed light. Data analysed through Tesch approach culminated in rich verbatim. The participants' shared the following views concerning their intrapreneurial contribution; ability to take-risk in bureaucratic public hospitals; they associate the initiative with creativity and novelty through leading transformative projects in teams, the business leaders are knowledgeable, and share ideas internally or outside. The remarkable paradigm shift in nursing adopting business strategies has a significant impact on outcome of nursing care. The proposed recommendations adding significant value, transform health care policy, practice, education. On-going capacity development for the nurses in clinical practice is a necessary quality improvement initiative.

Keywords: intrapreneurship, views, unit nurse managers, public hospitals

1. Introduction and Background

Transformation of health care is mandatory due to a number of factors like; aging population escalating chronic ailments affecting health care costs (Wilson, Whitaker, & Whitford, 2012). The increasing pressure experienced by health care systems globally requires adoption of a more strategic intrapreneurship approach encouraging nurses to take a lead in translating policy into action through decisive planning and delivery of quality services (Wilson et al., 2012). Intrapreneurship as a more preferred reformatory principle is an initiative where business ventures created within an existing organization improve delivery of services. Intrapreneurial employees tap into potentially new opportunities that would create meaningful value through systems' reform by integrating new technology that curtails costs (Parker, 2011; Wilson et al., 2012). The significant role of unit nurse managers as leaders at the forefront at South African public hospitals puts them as potential intrapreneurs who can reform services through embarking on initiatives that change internal processes. A number of scholars from many disciplines affirm numerous reformatory benefits of intrapreneurship practice especially at public institutions. This paper acknowledges significant contribution of unit nurse managers on the ground and argues that their reflective views affirm their potential contribution in improving internal processes at South African public hospitals through intrapreneurial approach.

The numerous challenges confronting South African public hospitals exacerbated by four health care burdens like; communicable diseases (HIV/AIDS); non-communicable diseases; maternal neonatal and child deaths and deaths from injury and violence call for creative and innovative strategies transformative in nature (Mayeng & Wolvaardt, 2015). The acute staff shortages at South African public hospitals inundated with immense disease burden compromises delivery of quality patient care due to numerous acts of omissions (Mayeng & Wolvaardt, 2015). As custodian of health care services at the periphery, the unit nurse managers are significant advocates of change through being part of sustainable programs aimed at building innovative environment to improve services (Hughes, 2006).

More issues raised by the South African health care users in a number of platforms, affecting delivery of care especially at public hospitals, include; lack of cleanliness; poor safety and security; long waiting times; poor staff attitude, poor infection measures, non-availability of drug and other amenities (Mayeng & Wolvaardt, 2015). The audience of nurse leadership at the front line advocates for scientific intrapreneurial solutions that improve bureaucratic hierarchies' at large public health care institutions. The positive approach brings together different levels of leadership and operational teams to consider creative and innovative solutions embedded in intrapreneurial practice to improve services.

A four-dimensional model by Antoncic et al. (Antoncic & Hisrich's, 2001; J. A. Antoncic & B. Antoncic, 2011) affirms the relevance of intrapreneurship within public health care in South Africa (Kraus, Breier, Jones, & Hughes, 2019). *First*, the new business-venturing dimension in which new products or services are developed and creation of spin offs. *Secondly*, innovation dimension involves creation of new products, services or methods of production. *Thirdly*, self-renewal addresses transforming public institution positioned in highly volatile environment impact on; customer, competition, technology and legal changes. *Lastly*, the proactive dimension is an aggressive strategy embarked upon a visionary leader through creating a work culture promoting experimentation by intrapreneurial individuals/teams (J. A. Antoncic & B. Antoncic, 2011). Intrapreneurial unit nurse managers dissatisfied with the status quo constantly consider solutions to existing problems through departing from customary ways of performance and engage in transformative experimentation improving practices, processes, structure or techniques within public hospitals. The proactive and innovative leaders sell ideas to peers, other constituencies and acquire management support to get resources required for the development of business ventures (Hecker, 2017).

Kearney and Meyhardt (2016) strongly argue that realization of intrapreneurship is not silo. Instead, a more inclusive approach recognizes the significant role of all stakeholders involved. The strategic top management as the purveyor of departmental vision influenced by the legislative policy framework are instrumental in initiating change through buy-in- of innovative ideas on the ground. Internally, intrapreneurial organizations require outstanding individual employees who recognize opportunities through constantly being alert to any possible opportunity that can significantly affect delivery of services (Kearney & Meyhardt, 2016). Unit nurse managers as custodians of health care services at ground level are influential in bringing valuable change positively affecting the delivery of quality health care services through constantly considering new approaches aligned to market trends.

Contextualization of intrapreneurship approach within nursing is an applauded milestone expanding embattled nursing practice through seeking myriad avenues of quality improvement initiatives. Intrapreneurship practice is regarded as a dynamic process where individuals or groups employed within an organization identify, pursue and encourage innovative opportunities culminating in the creation of a transformed organization through introducing product and process innovation (Schachtebeck, Groenwald, & Nieuwenhuizen, 2019). As an emerging concept, intrapreneurship practice revitalizes and improves performance management systems at public sector organizations and cooperate ventures emerging to improve services (Antoncic & Hisrich, 2003; J. A. Antoncic & B. Antoncic, 2011; Kelechi & Lukacs, 1996). The public hospital work environment receptive towards intrapreneurial practice needs to inculcate a culture offering; autonomy, innovativeness, risk-taking, pro-activeness competitive aggressiveness and management support (Antoncic & Hisrich, 2003; J. A. Antoncic & B. Antoncic, 2011). The views of frontline nurses regarding their potential intrapreneurial contribution becomes an eye opener preparing a platform for interdepartmental discourse on potential collaboration for future transformative projects aimed at improving health care services.

Emerging nursing scholars too, are constantly considering new approaches to address endless challenges confronting public hospitals. The borrowed concept from business economics embodying positive change is relevant in nursing. The term intrapreneuring coined by (Pinchot, 1985) in the 1970's becomes a break-through painting a positive picture on the redundant bureaucratic public sector seeking reform (Burgelman, 1983; Vesper, 1984; Guth & Ginsberg, 1990). The optimistic perspective brings the desired business approach as meaningful strategy that could address numerous challenges confronting public hospitals through a more systematic approach adding science-nursing practice by soliciting a wider audience by; finding a niche, developing further competencies, marketing services and constantly improving the niche (Kelechi & Lukacs, 1996).

The perception of intrapreneurship as an emerging concept is quite dynamic and scholars from different disciplines define it several ways. For instance; as a process where individuals within an organization seek for new opportunities independent of resources (Stevenson & Jarillo, 1990); departing from customary practices to do things (Vesper, 1990); entrepreneurial spirit with existing organization (Hisrich & Peters, 1998); creation of an organization with an organization or renewing exiting services within an organization (Sharma & Chrisma, 1990;

Antoncic & Antocic, 2011). The individual nursing champions at the forefront are evidenced-based inclined, handle different clinical cases and constantly look for solutions to improve quality care address numerous problems they face within units they lead (Wilson et al., 2012; Kelechi & Lukacs, 1996).

Intra-organizational activities classified as intrapreneurial are extensively described in different disciplines and embrace terminology like; corporate entrepreneurship, intra-corporate entrepreneurship (Schachteback et al., 2019). However, corporate entrepreneurship is commonly associated with the top-down approach whereas intrapreneurship adopts a bottom-up approach where business inclined actions within organizations driven by intrapreneurial employees improve services (Schachteback et al., 2019). Agreement reached by different scholars on the perception of intrapreneurship considers three common denominators namely; pursuit of entrepreneurial opportunity, new market entry or new venture creation (Schachteback et al., 2019). The significant contribution of unit nurse managers on the ground in pursuing intra-organizational opportunities and establishing internal/external research networks transform the conservative confined public hospitals' internal processes through consistent evidenced-based endeavours leading to quality improvement.

The inception of intrapreneurship approach by business and economic management achieved two decades ago is a notable milestone seeing other disciplines buying-into the notion that, individual employees as well as internal organizational issues are key influencers (Antoncic & Hisrich, 2003; Antoncic & Antocic, 2011). The individual influence within an organization culminates in outcome based behaviour observable through a series of smaller/larger venture formation (Antoncic & Hisrich, 2003; Antoncic & Antocic, 2011). Extensive literature affirms the need for aligning the intrapreneurial culture within the organization by supporting potential intrapreneurs embarking on project-oriented initiatives aimed at transforming internal systems to improve the delivery of services (Pinchot, 1985; Ross, 1987; Lessem, 1988). The views of unit nurse manager regarding their role as potential intrapreneurs pre-empts possible full integration of the reformatory, business inclined principle assisting in containing escalating health care costs and generating revenue. Existing daunting challenges at public hospitals become ideal opportunity enabling unit nurse managers to strengthen positions in the market place through building lasting relationships that enrich professional growth beyond the conventional clinical practice.

The extensive contribution of external and internal environmental influences on the outcome of desirable services within public hospitals is applauded (Wilson et al., 2012; Kearney & Meyhardt, 2016). For instance, influential issues externally include; dynamism, hostility and embeddedness. Internally, organizational influences grouped into three broad categories like; firstly, organizational conditions - top management support, autonomy, rewards/reinforcement. Secondly, entrepreneurial orientation towards innovation, risk-taking and pro-activeness. Lastly, individual behaviours; alertness, self-efficacy and so on. Ultimately, business venturing and renewal on an organization is the final desirable outcome. A desirable transformation enhances public value –by upholding utilitarianism and socio-political commitment of public institutions (Kearney & Meyhardt, 2016).

Recognition of intrapreneurial principle, as a reformatory approach is long over-due owing to numerous challenges existing within the public health care institutions. Therefore, the views of South African unit nurse managers regarding their constant intrapreneurial contribution seen through a number of approaches like cost-containment practices, sharing of power between different hierarchies, interdepartmental collaborations is a wake-up call pre-empting constant stakeholders' conversations to find creative solutions to unending problems existing at embattled public health care institutions (Wilson et al., 2012).

2. Methods

2.1 Study Design

Intrapreneurship concept commonly used in business economic ad management and is least understood in nursing. Qualitative studies using, an emergent design, evolves as the researcher makes new decisions through reflecting on emerging knowledge obtained through on-going learning as the study unfolds (Polit & Beck, 2012). A qualitative study was exploratory, descriptive and contextual in nature. This enabled the researcher to establish the views of unit nurse managers regarding their potential intrapreneurship contribution aimed at transforming South African public hospitals.

2.2 Study Setting

The study conducted at three different public hospitals in Bloemfontein, Free State attached to the local health care colleges and the university operates at; primary, secondary, tertiary levels. The focus groups interviews conducted at designated venues within concerned public hospitals at different times shed better light on the views of unit nurse managers regarding their potential contribution in reforming public hospitals.

2.3 Population and Sampling

The researcher used purposeful sampling which a non-probability method. A sub-group of unit nurse managers at each public hospital concerned selected in purposeful manner enabled the researcher to discover and describe in detail similar or different characteristics across the sub-group (Teddlie & Tashakkori, 2009). One hundred and four unit nurse managers from the three public hospitals constituted the population of the study.

2.4 Data Collection

The focus group techniques as a primary group interviewing technique, takes cognizance of interactions among group members. The focus groups conducted in English, which is a commonly spoken language by the diverse groups. The facilitator ensured that data collected was rich through taking note of the unique characteristics of focus groups issues like; the size, homogeneity of the group, equal participation and qualitative interviewing techniques like probing, reflection and paraphrasing by the facilitator (Teddlie & Tashakkori, 2009). Groups of 5–10 participated at different times at each hospital. Five focus groups conducted within the period of two months and each lasted about 1–2 hours. An experienced facilitator in interactive qualitative techniques ensured that all group members got equal opportunity of participation (Teddlie & Tashakkori, 2009). The researcher acted as a scribe.

Prior commencement of the focus groups briefing exercise offered the potential participants voluntary participation. The participants agreeing to participate signed the consent form, which was not binding. The debriefing exercise done at the end of each focus group allowed the participants to gain more clarity on any outstanding issue. A leading question asked during focus groups was, *what are your views regarding your potential intrapreneurship contribution aimed at transforming South African?* The focus groups convened at a private venue within the hospital premises were interactive. A number assigned to each tape-recorded material assigned protected the participants' identity. The discussions continued until no new information emerged and this was a sign of saturation of data (Burns & Grove, 2009).

2.5 Data Analysis

Data analysis is a systematic organization and synthesis of research data into smaller and more manageable units in order to facilitate understanding unfolds (Polit & Beck, 2012). The researcher and the co-coder independently reviewed the transcripts and agreed on themes. Qualitative data analysis technique culminated in the emergence of four themes and each with own sub-categories (Creswel, 2009).

2.6 Trustworthiness

Trustworthiness or rigor of qualitative design refers to the degree of confidence in the data elicited, interpretation, and methods to improve the truth and integrity of findings (Connolly, 2016). The established protocols and procedures in each study improves the clarity thereof trustworthiness of findings (Amankwaa, 2016; Connolly, 2016). The four qualitative approaches enhancing trustworthiness include; credibility, confirmability, dependability and transferability.

2.6.1 Credibility

The credibility of results is influenced by; the researcher's ability to decide on the focus of the study, selection of the context, the participants and techniques of gathering data. A tangible number of participants within each focus group share different experiences about a phenomenon at hand thereof bringing clarity on the research question (Graneheim & Lundman 2004). The researcher also considered other critical qualitative approaches enhancing credibility of results like; prolonged engagement, member-checking, interviewing techniques considered by the moderator included; paraphrasing, reflection nodding and so on.

2.6.2 Confirmability

The objectivity of the results seen in the potential for congruency of data between two independent people concerning accuracy of data reflect confirmability (Polit & Beck, 2012). Transcription, translation, co-coding and on-going review of the study by the supervisor are some of the measures employed by the researcher to ensure confirmability of the results (Polit & Beck, 2012).

2.6.3 Dependability

Dependability considers factors of stability of data over time. Similar qualitative measures enhancing quality of data collection technique considered in different venues by the researcher-improved consistency on tape-recorded verbatim and data analysis process (Graneheim & Lundman, 2004). An independent reviewer performed an audit trail to check consistency in upholding qualitative methodology by the researcher to improve the quality the

results.

2.6.4 Transferability

The extent to which findings can be transferred and be applicable in other settings (Polit & Beck, 2012). The researcher considered the following issues relevant in describing transferability of findings; culture and context, characteristics of the participants, data collection process and analysis. The presentation of findings in a vigorous manner through integration of appropriate quotations considered improved potential transferability of findings to other similar settings (Graneheim & Lundman, 2004).

2.7 Ethical Consideration

The relevant authorities granted permission before commencement of the study. Ethical principles considered in the study include; beneficence, justice and confidentiality. Participation in the study was free and the participants were free to withdraw from the study at any time.

3. Results

Four themes and sub-themes emerged after an intense analysis of the relevant content shedding light on the views of unit nurse managers on their potential intrapreneurial contribution. The identified themes in table 1 include; Business venture, innovation, involvement and value.

Table 1. Themes and sub-categories on views on unit nurse managers on intrapreneurial contribution

THEMES	SUB-THEMES
1. Business venture	1.1 Personal factors
	1.2 Knowledge and skills
	1.3 Organizational know how
	1.4 Hospital as a business hospital leadership
2. Innovation	2.1 Outside the normal structure
3. Involvement	3.1 Individual
	3.2 Groups
4. Value	4.1 Meet needs
	4.2 Worthwhile

3.1 Business Venture

Business venturing as a key component of intrapreneurship process culminates in exploitation of opportunities improving products or services and spin offs where there is emergence of a new firm/ organization with less formal relationship that the original one. The existing spin-offs are semi-autonomous and generate seed funds for future innovative ventures. Intrapreneurs represent a diverse mix of individuals who are enterprising people, self-confidence, autonomous, have critical perspective about issues and make decisions despite existing uncertainty (Deloitte Digital 2015: Online). These outstanding individuals are alert; self-efficacy and effect driven (Kearney & Meyhardt, 2016).

The participants affirmed the essential attributes to include;

“Novelty within an individual employee culminating towards the development of something new.” (Participant A # 1)

The ability of organizing a business.” (Participant B # 2)

It requires someone with the knowledge, skills of running a business”. (Participant C # 2)”

The participants acknowledge that public hospitals are a complex business highly regulated

“The hospital as a business institution is highly bureaucratic,

However, Managers need to adopt approaches aimed at averting costs and maximizing excellence through leading and guiding intrapreneurial team.” (Participant A # 2)

3.2 Innovation

Commitment towards introducing new products, production processes, marketing and systems enhances performance in any forward thinking organization. In health care, constant innovation improves health outcomes, diagnostic and treatment options, as well as efficiency and cost effectiveness in the delivery of services (Salehi & Javali, 2012; Wilson et al., 2012).

One participant accented that innovative practices exist within public hospitals they work at:

“Hmmm it is an individual engagement to find solutions aimed at improving the delivery of services even if it is outside the scope of work.” (Participant A # 2)

“Development of a program in the ward which wasn’t existing and can be used even in other wards.” (Participant C # 2)

3.3 Involvement

Public health organizations as open systems consider the significant contribution of all the relevant stakeholders involved in building valuable business within public hospitals (Tan, 2014. p.411; Yonder Wise, 2014). Support from top management becomes crucial through creating an environment offering autonomy, rewards/reinforcement, and time and needed boundaries (Kearney & Meyhardt, 2016).

One participant acknowledges existing individual and group involvement in the intrapreneurial related endeavours at public hospitals concerned:

“Intrapreneurship endeavour are initiated by individuals seeking to try new ways of performing at public hospitals (Participant A # 2)

Individual assigned to take Leadership roles turn such institutions into business entities”. (Participant B # 2)

The participants affirmed the partnership initiative internally or interdepartmentally as a possible approach to embark on a business initiative:

“One can invite other parties to share a business idea and partner in business.” (Participant A # 2)

3.4 Value

Public institutions like hospitals exist to create public value rather than gaining profits. Underlying drive for public sector intrapreneurship is creation of value to citizen served (Kearney & Meyhardt, 2016).

Creating something of value was sentimental to one participant who said:

“When one takes an initiative culminating in something of Importance that will benefits other people.” (Participant A # 1)

Meeting intrapreneurial needs resonated with one participant who said:

“As part of preparation towards development of any business needs assessment is done and relevant people are invited to buy-into the idea.” (Participant A # 1)

One participant acknowledged that intrapreneurship practice culminates in something worthwhile:

“In our institution there are opportunities to develop something worthwhile through partnership initiatives within the units or outside worth other colleagues from other units/departments.” (Participant A # 1)

4. Discussion of Results

Globally, nurses play a significant role in considering cost-effective approaches through engaging on innovative activities to improve outcomes (Hughes, 2006). The emerging developments embarked upon by pro-active nurses, result in significant improvements in the health of patients, populations and health systems (Hughes, 2006). South Africa too relates with existing global health challenges like, aging population, HIV/AIDS, Tuberculosis, and Malaria, increasing non-communicable diseases, poverty inadequate resources and workforce shortages (Hughes, 2006). The contribution of unit nurse managers towards intrapreneurship hospital practice improves access to public health care institutions and ensures that they provide equitable, safe and effective health care services (Hughes, 2006).

The dynamic South African health care system driven through re-engineered Primary Health Care deals with a number of challenges compromising envisaged quality care at different settings (Mayeng & Wolvaardt, 2015). Common quality related problems encountered in public hospitals include; under-and over use of services; avoidable errors; lack of resources; inadequate diagnosis and treatment; inefficient use of resources; drug shortages and poor delivery system (Mayeng & Wolvaardt, 2015). The unit nurse managers working with meagre

resources inundated with constant influx of referrals from different levels of care should take cognizance of innovative approaches ensuring that services are accessible, safe, and offer desirable continued care is a sensible strategy (Mayeng & Wolvaardt, 2015). Intrapreneurship is a borrowed concept in nursing, thereof least understood requires further interrogation to contextualize it into nursing. The emerging themes highlighting the views of unit nurse managers regarding their intrapreneurship contribution are insightful and include; business venture, innovation, involvement and value.

Business venturing sometimes referred to as “*incubative entrepreneurship*” is one of the crucial characteristic of intrapreneurship practice seeing new business emerging and contributing towards improving the public organization’s products or services. The new businesses created adjacent to the main one autonomous in nature add significant value to the organization through sustainable profits earned (Mokaya, 2012). The notion of venturing into business relevant even in large public hospitals improves performance through creating a work culture receptive to risk - taking practices that allow creative teams to use of available resources effectively (Kearney & Meyhardt, 2016). Intrapreneurial organizational culture enables creative individuals not to be content with status quo, but to look for solutions through encouragement by visionary leadership leading teams to embark on new business ventures aimed at improving delivery of services (Antoncic & Hisrich 2001). One participant recognizes the complexity of large bureaucratic public hospitals and takes note of importance of novelty and knowledge of intrapreneurial nurse leaders as crucial determinants to organizing a reputable business through intrapreneurship practice.

Central to intrapreneurship process is the principle of innovation seeing public hospitals escalating transformative initiatives, which culminate in needed growth. Innovative dimension of intrapreneurship practice is key in ensuring that new products, services and technologies developed improve services (Antoncic & Hisrich, 2001). Innovative culture within any progressive public hospitals flourishes where; the leader is prescient in steering new programs in a strategic manner, encourages incentivised innovation from teams/individuals, communicates well with technical staff and levels of employees, accepts unforeseen mistakes and values intrapreneurial employees (Gursoy & Guven, 2016).

Schumpeter is one of the earliest scholars who saw the organizational innovation as a necessary measure that improves performance of services with any given organization (Schumpeter, 1934). Innovation as a key component of intrapreneurship practice involves pursuit of creative solutions to challenges confronting the firm, including the development or enhancement of old or even new services or products (Mokaya, 2012). Successful intrapreneurial organizations take cognizance of two types of innovations namely; product/service innovation and process innovation (Mokaya, 2012). Innovation improving product development and techniques significantly influenced by advancing technology transforms services (Mokaya, 2012). Intrapreneurship relevant in public hospitals embraces innovation as a key ingredient results in; extension of products or re-formulation, redesign of internal processes to curtail costs, exploration of untapped markets, and application of new products/services or ventures (Mokaya, 2012; Antoncic & Antoncic, 2011). A participant accented on the contribution of unit nurse leaders at their hospital, in the development of meaningful programs through individual or group engagement.

The public hospitals leaders, working in a turbulent environment, share reformatory vision with teams through persuasive strategic approaches aimed at addressing constant challenges meaningfully (Kearney & Meyhardt, 2016). The visionary leaders need to realign the task-oriented hospital environments through adapting, repositioning and adjusting the needs in a cost-effective manner by bringing relevant services that add desired public value (Kearney & Meyhardt, 2016). Value-laden tactic does not only includes a perspective of instrumental-utilitarian aspects like; efficiency in spending tax money and addressing inherent social problems. Intrapreneurship practice adds another significant dimension of financial value as an expansion from the commonly known moral and political value. (Meynhardt & Diefenbach, 2012). Intrapreneurial teams championing innovative ideas require necessary support from senior management through offering the necessary resources to implement change. This facilitates integration of envisaged intrapreneurial projects to run parallel with regular organizational activities (Kearney & Meyhardt, 2016). One participant acknowledges the existing intrapreneurial practice embodied through astute leadership creating a work culture enabling individuals or teams to translate creative thinking into tangible innovative endeavours that improve services.

This paper takes cognizance of contribution of existing human capital at public hospitals to be a notable wealth embodied through labour, skills and knowledge (Tan, 2014). The unique individual characteristics of employees contributes towards productivity (Tan, 2014). The comprehensive nature of human capital theory relevant in any given organization, notices a wide spectrum of the philosophical stance of the workforce influenced by cultural, religious values and past experiences (Tan, 2014). The bigger picture of unified system, endorses the significant

contribution of individuals and teams within any given organization. For instance, the methodological individualism reductionist in nature, considers unique contribution of individual employees influenced by own beliefs and desires to account for social phenomena (Tan, 2014). Methodological collectivism/holism, on the other hand considers the significant contribution of team within a designated context (Tan, 2014). The transformative leadership capitalizes on existing wealth of knowledge within individuals/ teams to translate health care policy into action (Tan, 2014). One participant recognizes a meaningful intrapreneurial undertaking by individuals or teams within the changing public hospitals mandatory and add value to existing services.

The broader perspective nature of intrapreneurship approach recognizes the collectiveness of teams on the ground and the senior management. A more synchronized approach involving everyone intrapreneurial inclined, culminates in; personal growth alertness, motivation ability to collect relevant resources by individuals/teams, creativity, innovation and risk-taking (Gursoy & Guven, 2016). Involvement of different levels of the workforce is pivotal in ensuring successful implementation of intrapreneurial initiatives. An inclusive approach preferred by transformative leadership, constantly motivates and share the vision of the organization with junior team members see these public health care institution delivering desired public mandate.

The results of focus groups are quite interesting and show imbalance in the participation at each hospitals. Only certain individuals accented towards partaking in innovative initiatives in their workplaces and saw themselves as participants within bigger transformative projects' in the future. This affirms the notion that intrapreneurship is an endeavour spearheaded by specific individuals with unique characteristics to influence teams to buy-into transformative ideas. Another notable observation is that, some of the participants were quite passive and quiet. This could affirm the behaviour of the non-intrapreneurial employees who are satisfied with the status-quo; and those quite cautious to comply with organizational rules despite noticing the pressing need to improve services.

The results reflect some views of the unit nurse managers who are more intrapreneurial through their willingness to take calculated risks. Some nurse leaders at these embattled public institutions highlight acknowledgement of existing business venturing, innovation, involvement and value as an achievement. Though limited, the results are quite insightful and congruent with extensive literature and affirm the potential of intrapreneurial behaviour by certain individual unit nurse managers in that; they constantly consider new ways of improving services through embarking on risk-taking innovative initiatives; novelty, they already have existing knowledge of running a business.

The results differential in nature, sieve the behaviour of intrapreneurial and non-intrapreneurial nurse leaders at operations. The intrapreneurial unit nurse managers acknowledge the difficulty of running a large public and still earn success. The outstanding leaders at the fore-front share ideas with other parties internally or outside and use a systematic approach through taking cognizance of existing needs and balancing benefits and any shortfalls on any potential intrapreneurial endeavour. The results set a stage for further interesting discussions with senior management of these public health care institutions to instil business acumen to individuals and teams to be able address diverse health care challenges on the ground thoughtfully and skilfully.

The scope of the results is limiting in nature and the influence of a conducive work culture as a key determinant in intrapreneurial practice is missing. This reflects lack of transformative mind-set considering these tarnished public health care spaces as potential hub for innovation in the future. The significance of organizational culture embracing common norms, habits, beliefs and symbols determining behaviour of a specific group levels the ground for successful implementation of intrapreneurship practice (Gursoy & Guven, 2016). It is essential for senior management to take heed of following three significant determinants of culture within a progressive organization include; social structure, cultural values blended within corporate culture and the philosophy embedded within an evolving organization (Gursoy & Guven, 2016). Successful implementation of intrapreneurship program also takes cognizance of other elements of organizational culture like; innovative vision by leadership and teams, mission, democratic communication, autonomy, incentives, risk-taking and so on (Gursoy & Guven, 2016).

5. Conclusions

The paper reflects upon the unit nurse managers' view regarding their potential contribution in reforming the embattled public hospitals through the intrapreneurial approach. Numerous attempts by different scholars reflect on the evolving nature of the concept and its potential for adaptability into other disciplines. A number of definitions, benefits and theoretical grounds by the different scholars emphasise that intrapreneurship is an ideal solution that could bring desired organizational transformative initiatives like; the creation of a new venture, entering into new business, creation of a new product service, process innovation, self-renewal, risk-taking, to mention but a few (Antoncic & Hisrich, 2003).

Numerous benefits associated with intrapreneurship as a strategy for reform include; diversification, organizational learning and innovation driven by search for synergy to compliment the current product market (Antoncic & Hisrich 2003). The constant disruptions related intrapreneurship on the ground enhance learning through trial and error by intrapreneurial teams. Lastly, the dynamic principle inculcates innovation through on-going support by senior management ensuring more creation of new products (Antoncic & Hisrich, 2003); (Wilson et al., 2012).

Myriad perspectives accenting to numerous benefits of intrapreneurship are quite emancipatory to nursing and allow nursing to expand its horizon through considering contemporary strategies that could bring in meaningful change into public hospitals. Inculcation of a work culture transformative in nature develops individual intrapreneurs who are innovators allows the nurse leaders to operate at an advanced level since they have highly developed set of skills including; self-confidence, courage, integrity, self-discipline and constantly embark on risk-taking initiatives aimed at improving practice (Wilson et al., 2012).

6. Recommendations

Despite the limited nature of the results, they are quite informative in preparing a public hospital culture conducive for flourishing of intrapreneurial practice. The comprehensive nature of recommendations brings on-board different stakeholders like senior management of public hospitals and policy-makers in supporting intrapreneurial individuals or teams. This collaborative approach achievable through on-going research, significantly affects practice and nursing education.

6.1 Influence on Policy

Systems approach taking cognizance of external environmental influences affecting internal processes and outcome is sensible. For instance, consideration of technological advances, disease patterns and migration issues makes sense to adjust internal processes through constantly improving quality standards and seeking new evidence through on-going research.

6.2 Curriculum in Higher Education

Develops curriculum for a future graduate who is not only equipped with psychomotor skills and emotional skills, but one with quite high cognitive skills to lead teams in transforming health care institutions. Such a leader should be an excellent communicator with good business acumen and act a teacher. It is necessary to align the existing challenges confronting public health care with nursing education. Selection of more emancipatory teaching and learning paradigms developing a graduate fitting into a dynamic health care is a sensible approach.

6.3 Nursing Practice

Improving the organizational culture, structure and processes to level the playground for successful implementation of intrapreneurial practice in the future within the embattled public hospitals.

6.4 Continued Education

Constant Collaboration of nursing schools with clinical practice on environmental needs influencing clinical practice. This approach sets a stage for capacity development initiatives for nurses aimed at addressing contemporary issues compromising envisaged quality care.

7. Limitations of the Study

- Lack of understanding of the concept intrapreneurship by the participants;
- Lack of homogeneity of the group. The population was not ideally representative of unit nurse managers. Some unit nurse managers were on leave at the time of the study, some senior professional nurses or middle managers participated;
- Some groups were larger than others in different public hospitals;
- Some participants dominated the discussions;
- The focus groups not videotaped, as the literature proposes could be quite limiting because non-verbal communication within different groups could be missed.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

References

Amankwaa, L. (2016). Creating protocol for trustworthiness in qualitative research. *Journal of Cultural Diversity*,

23(30), 121-127.

- Antoncic, B., & Hisrich, D. R. (2001). Intrapreneurship: Construct refinement and cross-cultural validation. *Journal of business venturing*, 16(2001), 495-527. [https://doi.org/10.1016/S0883-9026\(99\)00054-3](https://doi.org/10.1016/S0883-9026(99)00054-3)
- Antoncic, B. (2003). Risk taking in intrapreneurship: Translating the individual level risk aversion into organizational risk taking. *Journal of Enterprising Culture*, 11(1), 1-2. <https://doi.org/10.1142/S0218495803000020>
- Antoncic, J. A., & Antoncic, B. (2011). Employee satisfaction, intrapreneurship and firm growth: A model. *Emerald insight*, 111(4), 589-607. <https://doi.org/10.1108/02635571111133560>
- Boyce, S. Y. (2012). Key influences on managerial creativity and organizational innovation for knowledge-based organization: Three 1's to value. *International Journal of Humanities and Social Sciences*, 2(3), 87-91.
- Burgelman, R. A. (1983). Corporate entrepreneurship and strategic management: Insights from process study. *Management Science*, 29(12), 13-1364. <https://doi.org/10.1287/mnsc.29.12.1349>
- Burns, N., & Grove, S. K. (2009). *The practice of nursing research* (6th ed.). Saunders. Missouri. United States of America.
- Connolley, L. M. (2016). Trustworthiness in qualitative research. *Med Surg Nursing*, 25(6), 435-436
- Deloitte Digital. (2015). *Five insight into intrapreneurship*. Retrieved 30 March 2019, from www.deloitte.com/UeberUns
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2004), 105-112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Guth, W. D., & Ginsberg, A. (1990). Guest editors' introduction: Corporate entrepreneurship. *Strategic Management Journal*, 11(1990), 5-15.
- Gursoy, A., & Guven, B. (2016). Effect of innovative culture on intrapreneurship. *International Journal of Business and Social science*, 7(1), 152-162.
- Hecker, A. (2017). Intrapreneurial nature of organizational innovation. Towards new process model. *Journal of innovation*, 5(2), 375-398. <https://doi.org/10.5585/iji.v5i3.208>
- Hisrich, R. D., & Peters, M. P. (1998). *Entrepreneurship: Starting, Developing and managing a new enterprise* (4th ed.). Chicago, IL: Irwin.
- Hughes, F. (2006). Nurses at the forefront of innovation. *International Nursing Review*, 53(2006), 91-101. <https://doi.org/10.1111/j.1466-7657.2006.00463.x>
- Kearney, C., & Meynhardt, T. (2016). Directing corporate entrepreneurship strategy in the public sector to public value: antecedents, components, and outcomes. *Internal Public management Journal*, 19(4), 543-572.
- Kelechi, T. J., & Lukacs, K. (1996). Intrapreneurial nursing. The comprehensive lower extremity assessment form. *Clinical Nurse specialist*, 10(6), 266-74. <https://doi.org/10.1097/00002800-199611000-00003>
- Kraus, S., Brier, M., Jones, P., & Hughes, M. (2019). Individual entrepreneurial orientation and intrapreneurship in the public sector. *International Entrepreneurship and Management Journal*. <https://doi.org/10.107/s11365-019-00593-6>.
- Lessem, R. (1988). *Intrapreneurship. How to be an enterprising individual in a successful business* (Hampshire: wildwood House).
- Mayeng, L. M., & Wolvaardt, J. E. (2015). Patient safety culture in a district hospital in South Africa: an issue of quality. *Curationis*. <https://doi.org/10.4102/curationis.v38i1.1518>
- Meynhardt, T., & Diefenbach, F. E. (2012). What drives entrepreneurial orientation in the public sector? Evidence from Germany's Federal labor agency. *Journal of Public Administration Research and Theory*. <https://doi.org/10.101093/jopart/mus013>
- Mokaya, S. O. (2012). Corporate entrepreneurship and organizational performance. theoretical perspective, approaches and outcomes. *International Journal of Arts and Commerce*, 1(4), 133-142.
- Parker, S. C. (2011). Intrapreneurship or entrepreneurship. *Journal of Business Venturing*, 26(2011), 19-34. <https://doi.org/10.1016/j.jbusvent.2009.07.003>

- Pinchot, G. (1985). *Intrapreneuring in action: A handbook for business innovation*. Berrett- Koehler publication. San Francisco.
- Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). United States of America: New York.
- Ross, J. (1987). Corporations and entrepreneurs paradox and opportunity. *Business Horozon*, 30(4), 76-80. [https://doi.org/10.1016/0007-6813\(87\)90069-3](https://doi.org/10.1016/0007-6813(87)90069-3)
- Schachtenbeck, C., Groenewald, D., & Nieuwenhuizen, C. (2019). Intrapreneurial Orientation in small and medium-sized enterprises: An exploration at the employee evel. *Independent journal in the Management Sciences*. <https://doi.org/10.4102/ac.v19i2.638>
- Salehi, M., & Javali, P. (2012). Barriers of corporate entrepreneurship: Case of Iran. *The conference on modern Management Sciences*. Retrieved from <http://www.profdoc.um.ac.ir/paper-abstract-1029381>
- Schumpeter, J. A. (1934). *The theory of economic development*. Boston, MA: Havard University Press.
- Stephenson, H. H., & Jarillo, C. (1990). A paradigm of entrepreneurship: Entrepreneurial management. *Strategic Management Journal*, 2(2012), 17-27.
- Tan, E. (2014). Human Capital theory. A holistic criticism. *Review of educational Research*, 84(3), 411-445. <https://doi.org/10.3102/0034654314532696>
- Teddle, T., & Tashakkori, A. (2009). *Foundations of mixed methods research. Integrating Quantitative & qualitative approaches in the social and behavioural sciences*. SAGE publications, United States of America.
- Vesper, K. H. (1984). Three faces of corporate entrepreneurship. In J. A. Hornaday et al. (Eds.), *Frontiers of Entrepreneurship Research* (pp. 294-320), Babson College, Wellesley.
- Wilson, A., Whitiker, N., & Whitford, D. (2012). Rising to the challenge of health care reform with entrepreneurial and intrapreneurial nursing initiatives. *Scholarly Journal of American Association*, 17(2), 1-15.

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