

# Nurse entrepreneurs' ethical concerns: A qualitative inquiry of the pursuit of opportunity

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## Abstract

**Aim:** This study explores how nurse entrepreneurs' ethical concerns influence their pursuit of entrepreneurial opportunities.

**Background:** Nurse entrepreneurs break norms to challenge the status quo in health care, and entrepreneurship in health care is associated with dubious morals. Thus, nurse entrepreneurs have struggled to gain support and acceptance for their work.

**Method:** This qualitative study relies on in-depth, narrative interviews with 11 nurse entrepreneurs developing nine different ventures. The interviews are analysed using theoretical thematic analysis, leaning on the ethics of care theory.

**Results:** The analysis reveals two stages of ethical concerns: (1) ethical concerns leading to an entrepreneurial opportunity and (2) ethical concerns while engaged in an opportunity formation.

**Conclusion:** This study shows that nurse entrepreneurs respond to health care issues in line with ethics of care and the ICN Code of Ethics. Nurse entrepreneurs are particularly concerned with doing no harm when developing their ideas and this fear could potentially deter nurses from acting entrepreneurially. 'The mantra of caring ethics' is a more suitable ethical guideline for (future) nurse entrepreneurs.

**Implications for Nursing Management:** This study has implications for the moral image of nurse entrepreneurs. This is important for nursing managers, as several of them are nurse entrepreneurs themselves or employ and lead nurses who wish to pursue entrepreneurial opportunities to improve health care.

## KEYWORDS

entrepreneurship, ethics, health care, nurse

## 1 | BACKGROUND

Ethics has been a fundamental aspect of medical professions since the classical Greek era. The Hippocratic Oath emphasizes the importance of clinical judgement to shield patients 'from harm and injustice' (Antoniou et al., 2010, p. 3076). In the 17th century, this ethical tradition was continued, as Sydenham allegedly wrote 'Primum non

nocere': Above all, do no harm (Smith, 2005). This ethical principle was also embedded in the nursing profession early on (Nightingale, 1863). However, it has been suggested that *primum non nocere* is a simplistic and insufficient guide for health care ethics (Smith, 2005). Rather, modern-day nursing standards are continually improved through adherence to new research findings, and care ethics has gained a new mantra: 'I was there, I saw, I witnessed and became

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responsible' (Eriksson, 2013, p. 70). Eriksson explains the ethical mantra as being present in a situation, realizing and understanding the situation, invoking the truth, and to take responsibility for the good (Eriksson, 2013). Influenced by Heraclitus' Fragments, Eriksson found that caring ethics is, in its essence, about truth: 'Seeking truth, uncovering it and living in it' (Eriksson, 2013, p. 69). Thus, nurses experiencing an ethical situation are 'drawn into an event of truth.' (Eriksson, 2013, p. 69). Ethical situations occur in all levels of health care. Clinical practice involves ethical situations in the day-to-day relationships between nurses, colleagues and patients (Haahr et al., 2020). Nurse managers face ethical situations tied to patient safety culture (Levine et al., 2020; Lotfi et al., 2018), staff empowerment (Ishihara et al., 2022; Sahraei Beiranvand et al., 2021) and leading by nursing values (Jenkins et al., 2021). Ethical situations that do not require immediate action or ethical situations where the nurse has questions about how to provide the best care can be defined as ethical concerns. These are non-dilemma ethical concerns. In the first situation, ethical choices have been made by others, for instance, the organization, a manager or a medical doctor. In the second situation, the nurse might need guidance in performing their duties. Non-dilemma ethical concerns are often 'related to a violation of the ethical principle that everyone has the right to receive the care they need' (Hopia et al., 2016, p. 667). In some situations, nurses might need to choose between ethical guidelines (ethics of justice) and what they believe to be right based on their personal experience (ethics of care) (Östman et al., 2019). A feminist analysis of this dual approach to ethics is seen in Gilligan (1982). Gilligan linked the ethics of justice to logic, law and a 'mathematical' approach to human dilemmas and the ethics of care to communication and relationships. Although ethics of justice implies that harm arises from action (aggression), ethics of care implies that harm arises from a lack of action (Gilligan, 1982). Both considerations of care and justice are important for nurses' decision making (Juujärvi et al., 2019). An over-emphasis on the ethics of justice, following laws and regulations, may lead nurses to act without reflection. Mechanically doing 'what they are supposed to do' may impede nurses from upholding nursing values (Östman et al., 2019, p. 33). In ethics of care, being responsible implies responding to ethical concerns and dilemmas with flexibility and creativity (Reiter, 1996). The focus is not to limit action, but to extend it (Gilligan, 1982). Thus, failure to respond to a moral challenge is the essence of unethical behaviour. A moral response requires the individual to understand others and their circumstances, 'to respond appropriately to needs and concerns, while simultaneously fulfilling one's own potential' (Reiter, 1996, p. 41). With this backdrop, ethics of care is applicable in both business and nursing (e.g., French & Weis, 2000; Juujärvi et al., 2019).

### 1.1 | The nurse entrepreneur

This study defines entrepreneurship as a process where an individual seizes an entrepreneurial opportunity and acts on it to create value (Baron, 2004; Fletcher, 2006; McMullen et al., 2007; Shane & Venkataraman, 2000). The value can be financial, social and/or

cultural, in the form of an innovation or a new organization (Bruyat & Julien, 2001). An entrepreneur can be seen as a result of this process, being the individual 'who creates new wealth and new opportunities via the acquisition and innovative use of existing resources' (Atherton, 2004, p. 126). 'Wealth' is meant to include financial, social and societal wealth, underpinning that entrepreneurship is relevant in private, public and nongovernmental sectors (ibid). Drawing from this, a nurse entrepreneur is a registered nurse who is pursuing an entrepreneurial opportunity, aiming to create new value and wealth (Neergård, 2021b). Nurses have acted entrepreneurially since the dawn of the profession; they have challenged practices, redesigned health care services and established nursing schools (Lyden, 2017; McSherry & Douglas, 2011; Nightingale, 1859, 1863; Rafferty & Wall, 2010). Still, the term nurse entrepreneur has evoked negative connotations for decades (Scruby & Farrell, 1987), and nurse entrepreneurs struggle to gain acceptance for their work (Silva et al., 2019; Wall, 2014). This relates to the public's—and nurses'—perception of entrepreneurship and nursing.

Entrepreneurship is an abstract concept, and entrepreneurs are often portrayed caricatured, as heroes or clowns (Anderson & Warren, 2011; Atherton, 2004). Entrepreneurs are also frequently associated with villains; exploiters who take advantage of others for their own gain (Atherton, 2004). This representation of entrepreneurs in popular culture and press influences nurses' perception of entrepreneurs. Nursing students have described entrepreneurship as unfamiliar and unappealing—an extraordinary act performed by only a few people (Neergård et al., 2022). Nurses have associated entrepreneurship with greed and indifference (Qvistgaard & Jakobsen, 2019). The stereotypical image of a profit-driven, male entrepreneur (Meyer et al., 2017) is a stark contrast to the stereotypical care-centred, feminine nurse (Lyden, 2017). Nursing is an archetypical female occupation, with a history of being subordinate to doctors and managers (Elango et al., 2007; Porter, 1992). Being a nurse involves expected behaviours, such as being a dutiful, risk-averse employee with soft values (Qvistgaard & Jakobsen, 2019). The traditional hierarchical structures and behavioural norms of health care tell a story of what a nurse can do or not, and this does not involve entrepreneurial activities (Neergård, 2021a). After all, being 'entrepreneurial' implies breaking norms, as it 'acts as a licence to challenge the status quo and bring about entrepreneurial change' (Anderson & Warren, 2011, p. 591). Thus, nurse entrepreneurs are not always doing 'what they are supposed to do', and they are known to face significant resistance due to their non-traditional approach to nursing practice (Wall, 2014). Nurse entrepreneurs experience that peers raise questions about their loyalty to the nursing profession and their future as clinical nurses (Qvistgaard & Jakobsen, 2019). Nurse entrepreneurs often face scepticism, negative attitudes, lack of support (Wall, 2014) and stigmatization from other health professionals (Silva et al., 2019).

Ethics specific to nurse entrepreneurs is addressed in just a few ethical guidelines. The International Council of Nurses (ICN) has emphasized the need for nurse entrepreneurs to be competent and accountable, to avoid profit-seeking measures that may hinder equal access to health care and to be careful when employing other nurses

to avoid ethical issues (ICN, 2004; Sanders & Kingma, 2012). The Norwegian Nurses Organisation states that a nurse 'does not participate in marketing, commercial activities or other influences that weaken the patient's and society's trust in the profession' (Norsk Sykepleierforbund, 2019, paragraph 1.9). Few studies have explored the actual ethical concerns raised by nurse entrepreneurs.

## 1.2 | Research question

How do ethical concerns influence the pursuit of entrepreneurial opportunities for nurse entrepreneurs? As entrepreneurial opportunities are associated with an aspiration for economic profit (Baron, 2004), a contrast to the free health care ideal and the ethical guidelines for nurses (ICN, 2004; Sanders & Kingma, 2012), this phase of entrepreneurship represents a particularly interesting scope for researching the ethics of nurse entrepreneurs.

## 2 | METHODS

This study is part of a larger research project on entrepreneurial nursing that includes interviews, timelines, and secondary data sources about nurse intrapreneurs and nurse entrepreneurs. The aim has been to explore the complete entrepreneurial processes of entrepreneurial nurses in new and established organizations in the private and public sectors.

The participants for this study were selected using the following inclusion criteria: (1) being a registered nurse (2) who has created a new, private venture (3) that is still developing and (4) recognized by society as an entrepreneur (e.g., through newspaper articles or prize awards). I searched for eligible participants through Google, using the Norwegian words for nurse, entrepreneur, innovator and business. Twenty-one nurse entrepreneurs in 18 private ventures were identified via online media reports and asked to participate; 11 nurse entrepreneurs in nine private ventures agreed to be interviewed. Their

**TABLE 1** Sample characteristics

Nurse entrepreneur (age)	Venture (established)	Product/service	Industry code (NACE)
Agnethe (40s)	Lasting Joy (2005)	Activity services for the elderly	79.903 Adventure, event and activities operators
Beathe (40s)	Youth Aid (2017)	Health information for youth	86.909 Other human health services
Cornelia (50s)	Cleancare (2015)	Personal care products for patients	23.420 Manufacture of ceramic sanitary fixtures
Dina (40s)	Health.Ed (2011)	Courses for health care personnel	62.010 Computer programming activities
Erica (40s)	Erica's Clinic (2020)	Skin treatment services	86.909 Other human health services
Frida (40s)	Your Therapy (2012)	Cognitive therapy	86.909 Other human health services
George (30s)	Murse (2019)	Products for health care professionals	47.919 Other retail sale of specialized assortment of goods via mail or via internet
Harry, Ina, and Jenny (20s and 30s)	Educational Playoff (2018)	Educational material for nurses	47.919 Other retail sale of specialized assortment of goods via mail or via internet
Klara (60s)	Yoga Residence (2016)	Yoga retreat centre and sales of yoga equipment	47.912 Retail sale of textiles, clothes, footwear, travel accessories, and leather goods via mail or via internet

**TABLE 2** Sample of interview questions

Interview phase	Conversational topic	Information and questions from the interviewer
Introduction	Getting to know the participant	Can you please start by telling me who you are? How did you become a nurse?
Main questions	Starting the venture	Let us talk about your venture. I would like to know how and why you started it? What kind of actions did you perform on the very first day of your venture creation? What happened during the very first week? During the first month? The first year? What has been the most important milestones in your entrepreneurial journey? Who was involved in your venture creation? How has money influenced your venture creation? How did you experience your steepest learning curves?
Main questions	Ambitions	Please describe your ambitions when starting this venture. How are your ambitions today?
End	Additional information	Is there any information you would like to share that we have not touched upon yet? Are there any questions you would have wanted to answer that I did not ask?

ventures are related to health care; however, they are diverse in that they are in different industries, deliver different products and services and have different target groups (Table 1). The sample aims to illustrate diversity in nurses' ventures, as former literature has often been limited to service provision (e.g., ICN, 2004).

This study follows an exploratory design using narrative interview techniques and an interview guide with open-ended questions focusing on the nurse entrepreneurs' opportunity formation in the beginning of the entrepreneurial process. The participants were encouraged to speak freely about life experiences tied to the venture creation (Anderson & Kirkpatrick, 2016; Eriksson & Kovalainen, 2011; Polkinghorne, 1988). This allowed for a contextual exploration of why the nurse entrepreneurs choose to engage in entrepreneurial ideas (Fletcher, 2007), including their motivations and ethical concerns starting their venture. An excerpt from the interview guide is presented in Table 2. Each participant was interviewed once using the digital video conversation tool Zoom, creating an egalitarian and comfortable research setting (Howlett, 2021). On average, the interviews lasted for 1 h and 41 min. The interviews were audio-recorded. Secondary data sources (documentaries, books, news items and blog posts) were used to prepare for the interviews and to identify coherence in the participants' stories. The participants' names and companies are pseudonyms.

## 2.1 | Ethical considerations

The Norwegian Centre for Research Data approved the data collection, the data management and the overall ethics of this methodological approach. The approval is stated in 'Notification Form 203764'.

## 2.2 | Analysis

Theoretical thematic analysis (Braun & Clarke, 2006) was used to detect the themes in the interviews. The research question and the theoretical foundation in ethics of care guided the analysis. The steps in the analysis are visualized in Figure 1 and followed the six-step guide by Braun and Clarke (2006), involving (1) familiarizing with the data, (2) generating initial codes (cues), (3) searching for initial themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report. The interviews were transcribed verbatim and carefully read. The generation of cues followed two steps. I started by looking for cues from ethical guidelines, as ethical concerns imply that ethical choices are pre-made by others (Hopia et al., 2016). The ICN code of ethics serves as guidance for all nurses (International Council of Nurses, 2021). Thus, the coding process started by identifying cues of ethical concerns in line with the international ethical guidelines for nurses (ICN, 2021). I looked for cues tied to (1) the patient or other people requiring care or services, (2) the practice, (3) the profession and (4) global health. In the second step, I looked for cues of ethics of care. Ethical concerns imply a need for ethical guidance, and there

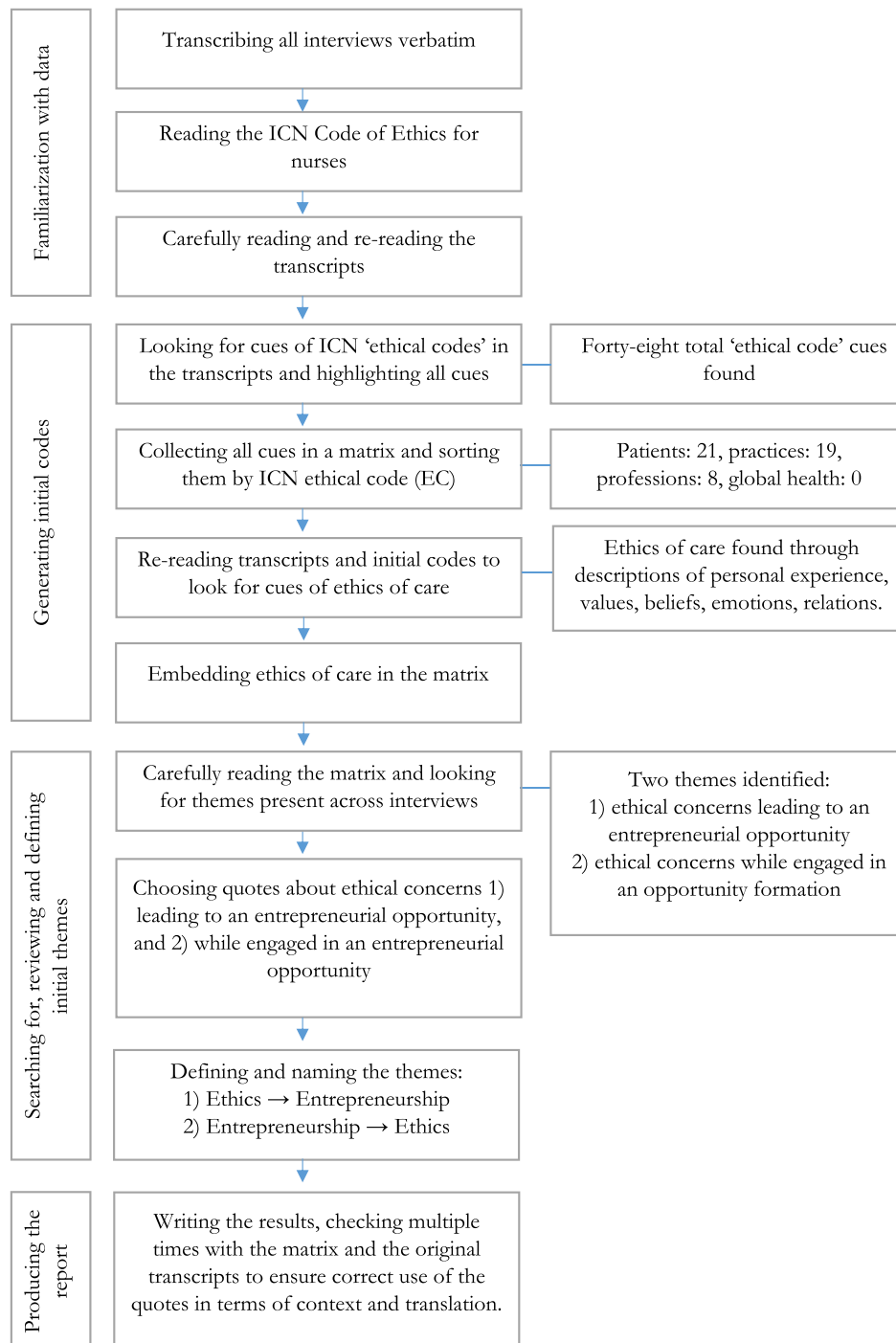
might be a violation of the ethical principle of care for all (Hopia et al., 2016). I looked for cues identifying whether or not the nurses' ethical decisions came from personal experience, values, beliefs and emotions, and whether this could be linked to creativity, flexibility and relationships (in line with French and Weis (2000), Gilligan (1982), Östman et al. (2019) and Reiter, 1996). Table 3 presents examples of the concerns and how they were coded into the ICN ethical codes and the ethics of care. In thematic analysis, a 'theme' captures important information concerning the data and the research question, 'and represents some level of patterned response or meaning within the data set' (Braun & Clarke, 2006, p. 82). Two themes emerged from the analysis: (1) ethics → entrepreneurship (ethical concerns leading to an entrepreneurial opportunity) and (2) entrepreneurship → ethics (ethical concerns as a result of opportunity formation).

## 3 | RESULTS

The analysis showed that the nurse entrepreneurs raised ethical concerns in line with ethical guidelines about patient care, nursing practice and the nursing profession during their pursuit of opportunities. They did not express ethical concerns regarding global health. According to their quotations, the participants made ethical decisions based on personal and professional experiences, values and emotions; rooted in the ethics of care. Their relationship with patients, colleagues, the nursing profession and themselves served as a fundament for action. The analysis shed light on two different stages of ethical concerns: (1) ethics → entrepreneurship and (2) entrepreneurship → ethics. The first stage regards ethical concerns made by the nurses in clinical practice before venture creation. The participants noticed issues in their meetings with patients, in their nursing practice and the nursing profession. These issues were often violations of the ICN code of ethics, and a violation of the ethical principle of care for all. Such issues prompted an opportunity pursuit, as the nurses reacted to their ethical concerns and aspired to create change. The second stage of ethical concerns occurred when the nurses began working with their entrepreneurial opportunities. They explain how they worry about causing harm rather than positive changes for their patients, their fellow nurses, or themselves. Table 3 summarizes examples of ethical concerns the nurse entrepreneurs made when initiating their ventures.

### 3.1 | Ethics → entrepreneurship

Participants expressed ethical concerns during the conduct of their day-to-day work in health care institutions, psychiatric care, school nurse care and home-based care. The two participants Agnethe and Dina struggled with such concerns from their very first encounters with health care that happened decades ago. In her first experience with nursing practice at a nursing home, Agnethe observed that the elderly were inactive, lethargic and seldom experienced cultural activities or time outdoors. This stirred her emotions, and accepting their



**FIGURE 1** Thematic analysis of ethical concerns in opportunity pursuit.

care routine was against her values. After the death of a lonely, 84-year-old woman that Agnethe had cared for in her spare time, Agnethe was overwhelmed by emotions and a need for action:

This was a reminder that we cannot wait! We need action now! We cannot avoid doing things. We cannot accept the state of affairs in the everyday life of the elderly. *We need to do something!* And we need a change of attitude, providing the elderly with the same human rights as the rest of us. We would never accept

this level of care for our children. Sitting still, indoors, day after day. The elderly live like this every day. In nursing homes, and their own homes. It is so fucking sad that we humans accept it.

Her emotional reaction to this ethical concern is an example of ethics of care, and so is her actionable response. To influence change, she established the organization Lasting Joy, arranging events for elderly people living at home or in institutions. The events ranged from small dinner invitations to huge festivals with several thousand

**TABLE 3** Examples of ethical considerations before and during opportunity pursuit

	Ethical considerations leading to opportunity formation	Ethics of care	Ethical considerations during opportunity formation	Ethics of care	ICN ethical codes
Agnethe	Agnethe observed that institutionalized elderly people were lethargic because they experienced too few cultural or physical activities during the daytime. As a response, she created Lasting Joy.	Concern based on personal and professional experiences and values. Handled with creativity.	Agnethe considered the risk of causing death or severe illness to elderly due to their participation in unfamiliar activities. As a response, she involved health care personnel and nursing students in all events.	Concern based on emotions (fear of causing harm). Handled with flexibility and relationships.	1.2 1.6 1.8 1.10
Beathe	Beathe observed that there was a lack of resources in the public school system—there were too few school nurses, and they had too few offices at high schools. The service seemed inaccessible to the youth. As a response, she created Youth Aid, which provides online service and health information from the school nurse.	Concern based on professional experience. Handled using flexibility, creativity and relationships.	Beathe considered the risk of receiving messages with violent content or suicidal threats, as she was working online with youth who might experience mental health issues. She responded to the concern by setting up guidelines and talking to relevant actors and authorities.	Concern based on emotions (fear of causing harm).	1.3 1.4 1.6 1.9 1.11 2.4 2.5 2.7 3.7
Cornelia	Cornelia observed that patients with cognitive challenges struggled with personal hygiene and dreaded showering. Being showered by someone else might also negatively affect people's dignity and privacy. As a response, she created Cleancare.	Concern based on professional experience and values. Handled with flexibility and creativity.	Cornelia feared causing harm to her patients with her innovation (e.g., by creating the conditions for legionella). As a response, she designed a new solution that would never cause bacterial infections or other harm to patients.	Concern based on emotions (fear of causing harm). Handled with flexibility, creativity and relationships.	1.2 1.6 1.8 1.9 1.11 2.1
Dina	Dina observed that unskilled assistants in health care were not given the education and training needed to deal with challenges at work. This led to dangerous situations for patients and caregivers. As a response, she created Health.Ed.	Concern based on professional experience and emotions. Handled with flexibility and creativity.	Dina feared developing a product that provided false security. For instance, if people learned the basics of first aid through her online education but never practiced cardiac pulmonary resuscitation in authentic situations, they might not know what to do in an emergency.	Concern based on emotions (fear of causing harm).	1.6 1.9 2.3 2.4 2.6 2.10 2.11
Erica	Erica learnt that acne leads to severe psychological challenges for youth, such as depression and loneliness. Making a difference for youth with skin issues was a main motivation for starting her skin clinic.	Concern based on belief and emotions. Handled with relationships.	Erica was worried that her interest in beauty procedures might cause negative body image in youth. She has taken an active stance not to market injections, although this is a part of her service offering for adults.	Concern based on emotions (fear of causing harm).	1.6 1.8 2.4

(Continues)



TABLE 3 (Continued)

	Ethical considerations leading to opportunity formation	Ethics of care	Ethical considerations during opportunity formation	Ethics of care	ICN ethical codes
Frida	Frida noticed that psychiatric health care is increasingly oriented towards doctors and psychologists, although nurses can provide cost-effective and good treatment. As a response, she created Your Therapy.	Concern based on professional experience. Handled with relationships.	Frida noticed several positive effects from the patients paying for her psychiatric services (they 'absorb everything' she has to offer); however, she has been worried about those who cannot afford treatment and is examining ways to include them in her services.	Concern based values (fear of violating the principle of care for everyone).	1.6 1.7 2.3 2.5 3.1 3.2 3.4 3.5
George	George found that the nursing union was not portraying male nurses and masculine ideals. As a response, he created Nurse.	Concern based on professional experience and emotions. Handled with creativity.	George started creating index cards for health care personnel, but he feared providing a product with errors and misleading information. As a solution, he cross-checked all information with several clinical specialists.	Concern based on emotions (fear of causing harm).	1.3 2.1 2.3 2.6 3.4 3.5
Harry, Ina, and Jenny	Harry, Ina and Jenny wanted to 'create something' for nurses. They knew that a huge percentage of nursing students failed their exams in physiology, anatomy, and pathology, so they created a new learning tool, educational payoff, to help students learn.	Concern based professional experience and values. Handled with creativity.	They feared providing a product with errors and misleading information, so they cross-checked all their information with several medical doctors working in education.	Concern based on emotions (fear of causing harm).	2.1 2.3 2.6 3.4
Klara	Klara wanted to take care of her own health after struggling with depression while working for years as a psychiatric nurse in a burdensome job. She wanted to work with healthier individuals and to nurture her identity. As a response, she created Yoga Residence.	Concern based on personal experience.	Klara did not describe ethical considerations when developing her venture. However, she had concerns about using the term 'entrepreneur', associating it solely with profit-seeking activities. Klara would rather call herself a teacher or guide and focus on love rather than money.	Concern based on emotions and values (fear of being misunderstood).	2.4

senior participants. She and her team raised several million Norwegian kroner in funding and travelled the country to establish local associations. Agnethe faced severe resistance in her community for creating this service, as Lasting Joy represented a critique of health care institutions. However, the organization grew nationwide and became widely recognized for its contribution to public health. Agnethe's

responses are tied to ICN Ethical Code (EC) 1.2: 'Nurses promote an environment in which the human rights, values, customs, religious and spiritual beliefs of the individual... are acknowledged and respected by everyone' (ICN, 2021, p. 7). They are also linked to EC 1.8: 'Nurses demonstrate professional values such as respect, justice, responsiveness, caring, compassion, empathy, trustworthiness, and integrity.

They support and respect the dignity and universal rights of all people...' (ICN, 2021, p. 7).

Dina experienced a lack of competence in home-care services since her very first day at work—at that time being, an 18-year-old, unskilled assistant. The responsibility that came with the job felt unbearable, as Dina had to care for frail and dying elderly without the competence to do so. The experience frightened her and affected her sleep and well-being. She tried to raise her voice about the issues to a local politician, but her ethical concerns were not responded to. She found that if she wanted to see any changes, she had to initiate them herself. Dina took her nursing education and worked as a consultant and as a nurse manager for some years. When she returned to clinical nursing, Dina found that there was still a lack of competence in nursing practice that could compromise patient safety and personnel's well-being:

We were responsible for up to 100 patients, another nurse and I, and we had eight unskilled assistants in our team. It is not the assistants' fault, they want to do so much, they want to learn! (...) My shift, I remember we lagged hours behind in our work schedule, and there were so many incidents. I yelled in the hallway when I got back home. I threw off my uniform and said, 'I will never, never, enter this field work again before anyone creates a system that makes people safe at work'.

Dina responded to her ethical concern with creativity and created an organization that provided digital educational material for health care assistants. Dina's ethical concerns are linked to EC 2.3 'use professional judgement when accepting and delegating responsibility' (ICN, 2021, p. 12) and EC 2.11, 'Nurses are active participants in the promotion of patient safety' (ICN, 2021, p. 12). The example of Dina serves as a reminder that nursing conduct also relates to the nurses' own health. Feeling worn out by nursing practice was the main motivation why Erica and Klara started their ventures. They both wished to work with healthier individuals to experience less pain in their (work) life. Erica reflects upon her many years working at a closed dementia ward: 'It creates despair. I have shed tears a thousand times... I am a bit too emotional, actually, for this occupation. I can't put it all away when I get back home from work'. Erica and Klara explain that their change in practice has allowed them to provide care and services to others without risking burnout. This relates to EC 2.4: 'Nurses value their own dignity, well-being, and health' (ICN, 2021, p. 12).

While the former examples portray ethical concerns about patient care and nursing practice, others highlighted ethical concerns about the nursing profession. As an example, George thought that the national nurses' union did not create a constructive learning or working environment for male nurses. His emotions led to action, aiming to promote and fight for the image of male nurses in particular. George's concerns were tied to EC 3.4, which calls on nurses to create 'a positive and constructive practice environment' (ICN, 2021, p. 15).

### 3.2 | Entrepreneurship → ethics

The participants portrayed a variety of concerns while developing their ventures, with one striking commonality: fear of doing harm rather than good. Agnethe, Beathe, Cornelia, Erika and Frida all describe a fear for the health of their patients while testing, providing and marketing their care products and services. Cornelia feared that her solution could increase the risk of legionella: 'I felt so alone, I buried myself in negative worst case scenarios... People trust you, and it is your call to assess the quality of everything. That was very challenging'. As another example, Beathe works with youth online, focusing on mental health. When starting her venture, she feared that she would receive messages with violent content: 'I was very concerned about safety and how to act as correctly as possible'. Her first move was to run a risk analysis, visiting organizations working online with mental health issues and creating ethical guidelines for her work. She also contacted the National Criminal Investigation Service to prepare herself for safety threats. Other participants feared causing harm indirectly through other health care personnel. Harry, Ina and Jenny worried about the educational quality of their product. As nursing students practice for their exams using this product, they need every element of the product to be free of errors and misleading statements.

Table 3 presents examples of the ethical concerns different participants mentioned. The right-hand column lists the various ethical codes present in the interviews in accordance with the ICN Code of Ethics for Nurses (2021).

## 4 | DISCUSSION

This study shows that, when starting and managing new ventures, nurse entrepreneurs experience a range of ethical concerns. Their initial ethical concerns leading to opportunity pursuit are often examples of ethics of care, as they are motivated by personal experiences, values and emotions, and as the nurses cause action to solve their concerns (Reiter, 1996). After starting their ventures, their ethical concerns shift into a fear of doing harm rather than good with their actionable response. They analyse the worst-case scenario consequences of their actions, such as endangered patient safety and public critique. The stories of Beathe, Cornelia, Erica, George, Harry, Ina and Jenny show that nurse entrepreneurs choose pathways that lead to added iterations, more financial risk, prolonged work processes and less income—all to keep patients safe and to work by their personal values, beliefs and emotions. Some nurse entrepreneurs acted with flexibility and creativity to solve their ethical concerns, in line with ethics of care. One example is Cornelia, who completely redesigned her product to eliminate the risk of harmful bacteria threatening patients. Other nurse entrepreneurs responded to the ethical concerns during opportunity pursuit with actions that comply with ethics of justice rather than ethics of care. As an example, Beathe sought solutions in ethical guidelines set by other organizations and checked laws and regulations with authorities. Adding to that, Erica stated that she would refrain from marketing certain beauty procedures, and



Frida was concerned about the equity and fairness of private psychiatric health care. Both ethics of care and ethics of justice strive to avoid harm (Gilligan, 1982). This study shows that care and justice are integrated in nurse entrepreneurs' natural decision making, in line with previous qualitative studies exploring the ethics of general nurses (e.g., Juujärvi et al., 2019).

The fear of doing harm rather than good is in line with the ECs linked to patient safety, such as 1.11: 'Nurses ensure that the use of technology and scientific advances are compatible with the safety, dignity and rights of people' (ICN, 2021, p. 8). Such concerns date back to the classical Greek era (Antoniou et al., 2010), and they have played an important role in the development of health care professions and health care institutions (Nightingale, 1863; Smith, 2005). Trying to comply with this historical ethical stance may serve as an important reminder that all decisions in health care carry the potential for harm. However, *primum non nocere* seems to be an inadequate guide for health care ethics, as doing harm is often an inevitable consequence of curing disease and prolonging life (Smith, 2005). Furthermore, 'above all, do no harm' represents a rather passive approach to nursing, implying that doing nothing is better than the potential of causing harm. In terms of nurse entrepreneurship, this old care mantra could cause unnecessary worry and hinder progress, deterring nurses from acting entrepreneurially. This impedes their ability to act in accordance with the ethics of care (Gilligan, 1982) and their ability to act in accordance with ethical guidelines. After all, nurses are responsible for *initiating action* 'to meet the health and social needs of all people' (ICN, 2021, p. 7).

This study exemplifies that nurse entrepreneurs may play critical roles in forecasting and responding to gaps in health care. Responding to ethical issues in health care indicates responsibility, which is an essential value in nursing and care (Gilligan, 1982; Östman et al., 2019). The participants in this study used their professional experiences and ethical concerns as a fundament for change. Nurses need to act upon such concerns, as their experiences might be unique to the nursing profession, and other professions might not register the concern or recognize its significance. Responding to such profession-based ethical concerns is in line with 'the mantra of caring ethics', developed by Eriksson: 'I was there, I saw, I witnessed and became responsible' (Eriksson, 2013, p. 70). The participants' entrepreneurial actions led to new products and services that may improve patient care, elevate the quality of nursing practice and professionalize nursing. These activities are important motivations for 'scientific advances and [the] professionalisation of nursing' (ICN, 2004, p. 31).

This study shows that nurse entrepreneurs are dutiful in their ethical nursing responsibilities by not accepting the status quo of systemic issues in health care (Gilligan, 1982). However, such entrepreneurial action carries the risk of stigmatization. Nurse entrepreneurs are aware of the negative associations related to their occupation, and they worry that their business is unethical or opposes nursing norms and values (Elango et al., 2007). As an example, Klara would rather call herself a teacher than an entrepreneur and focus on love rather than money. The societal traditional understanding of what nursing and entrepreneurship 'is' and 'is not' may hinder nurses from acting entrepreneurially.

## 5 | CONCLUSIONS

Nurse entrepreneurs often create their ventures as a reaction to ethical concerns in clinical practice to improve a given situation for patients, for nursing practice or the nursing profession. Seizing entrepreneurial opportunities becomes an act of responsibility, a way of initiating action to support health needs. Thus, ethics of care serves as the basis for change. This study shows that nurses become nurse entrepreneurs out of ethical concerns in line with the ICN Code of Ethics. Furthermore, nurse entrepreneurs are concerned with doing no harm when developing their ideas. They make use of ethics of justice and ethics of care to solve this concern. While *primum non nocere* is a fundamental ethical concern in health care disciplines, 'the mantra of caring ethics' is a more suitable ethical guideline for nurses considering opportunity pursuit to solve an ethical concern.

### 5.1 | Limitations and future research

The sample illustrates a variety of nurse entrepreneurship venture creation; however, it does not portray *all* potential outcomes of nurse entrepreneurship, as this is continuously developing in line with nurses' formation of new entrepreneurial opportunities. The participants are all located in Norway, and perspectives on entrepreneurship and health care systems differ extensively between countries. All participants in this study have considered ethical issues when establishing their ventures, but perceived ethical behaviour was not an inclusion criterion for this sample. There is a need for further research on how nurse entrepreneurs experience and deal with ethical concerns and ethical dilemmas in venture creation.

## 6 | IMPLICATIONS FOR NURSING MANAGEMENT

This study reimagines the image of nurse entrepreneurs and illustrates that ethics of care may serve as a powerful foundation for entrepreneurial activity and change in health care. This is important for nursing managers, as several of them are nurse entrepreneurs themselves or employ and lead nurses who wish to form entrepreneurial opportunities that improve health care.

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### CONFLICT OF INTEREST

None.

### ETHICS STATEMENT

The Norwegian Centre for Research Data has assessed and approved the data collection, the data management and the ethics of this study. The ethical approval number for this study is 203764.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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