

Entrepreneurship and family support in nursing students from Brazil and Chile

Empreendedorismo e suporte familiar em estudantes de enfermagem do Brasil e Chile
Tendencia emprendedora y apoyo familiar en estudiantes de enfermería de Brasil y Chile

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Descriptores

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Abstract

Objective: To associate the general entrepreneurial tendency and perceived family support among nursing students from Brazil and Chile.

Methods: A cross-sectional study with data from students from five higher education institutions, collected from March to September 2018. A form, a General Enterprising Tendency (GET) test and a Perceived Family Support Inventory (*Inventário de Percepção de Suporte Familiar* - IPSF) were used for sociodemographic assessment. Simple logistic regression models and multinomial regression models were adjusted.

Results: Of the 889 participating students, 82% were women, 60% were between 20 and 25 years old and 55% were from a private educational institution. Low or very low GET was predominant in both countries (Brazil=83.5%; Chile=78.4%), in addition to low levels of perception of family support. No direct associations were found between GET and IPSF. In Chile, there was a positive association between the chance that the drive category that makes up the GET is medium and high with the family autonomy factor being high [OR=1.16 (1.07-1.26); p<0.01].

Conclusion: Perceived family autonomy can moderate, albeit discreetly, important characteristics such as drive, not being enough to raise the entrepreneurial tendency of these students to satisfactory levels. The most appropriate social support to promote students' entrepreneurial behavior seems to be academic incentive in the educational institution. Thus, it is necessary to adapt pedagogically to the female audience and to the cultural characteristics of each country. Further research must be carried out.

Resumo

Objetivo: Associar a tendência empreendedora geral e o suporte familiar percebido entre estudantes de Enfermagem do Brasil e Chile.

Métodos: Estudo transversal com dados de estudantes de cinco instituições superiores de ensino, coletados de março a setembro de 2018. Foram utilizados: formulário para avaliação sociodemográfica, questionário de Tendência Empreendedora Geral (TEG) e Inventário de Percepção de Suporte Familiar (IPSF). Foram ajustados modelos de regressão logística simples e modelos de regressão multinomial.

Resultados: Dos 889 estudantes participantes, 82% eram mulheres, 60% tinham idade entre 20 e 25 anos e 55% eram de instituição particular de ensino. TEG baixa ou muito baixa foi predominante nos dois países (Brasil=83,5%; Chile=78,4%), além de baixos índices de percepção de suporte familiar. Não foram encontradas associações diretas entre o TEG e o IPSF. No Chile houve associação positiva entre a chance de a categoria impulsividade que compõe a TEG ser médio e alto com o fator autonomia familiar ser alto [OR=1,16 (1,07-1,26);p<0,01].

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Conflicts of interest: none.

Conclusão: A autonomia familiar percebida pode moderar, ainda que discretamente, características importantes como a impulsividade, não sendo suficiente para elevar a tendência empreendedora desses estudantes a patamares satisfatórios. O apoio social mais adequado para promover o comportamento empreendedor dos estudantes parece ser o incentivo acadêmico na instituição educacional, tornando-se necessária a adequação pedagógica ao público feminino e às características culturais de cada país. Outras pesquisas devem ser realizadas.

Resumen

Objetivo: Relacionar la tendencia emprendedora general y el apoyo familiar percibido en estudiantes de enfermería de Brasil y Chile.

Métodos: Estudio transversal con datos de estudiantes de cinco instituciones de educación superior, recolectados de marzo a septiembre de 2018. Se utilizó un formulario para la evaluación sociodemográfica, el cuestionario Tendencia Emprendedora General (TEG) y el Inventario de Percepción de Apoyo Familiar (IPAF). Fueron ajustados modelos de regresión logística simple y modelos de regresión multinomial.

Resultados: De los 889 estudiantes participantes, el 82 % eran mujeres, el 60 % tenían entre 20 y 25 años y el 55 % pertenecían a una institución educativa privada. La TEG baja o muy baja fue predominante en los dos países (Brasil = 83,5 %; Chile = 78,4 %), además de índices bajos de percepción de apoyo familiar. No se encontraron relaciones directas entre la TEG y el IPAF. En Chile, hubo una relación positiva entre la posibilidad de que la categoría impulsividad que compone la TEG sea media y alta y el factor autonomía familia sea alto [OR=1,16 (1,07-1,26);p<0,01].

Conclusión: La autonomía familiar percibida puede moderar, aunque sea de forma discreta, características importantes como la impulsividad, pero no es suficiente para elevar la tendencia emprendedora de estos estudiantes a niveles satisfactorios. El apoyo social más adecuado para promover el comportamiento emprendedor de los estudiantes parece ser el incentivo académico en la institución educativa, por lo que se torna necesaria una adaptación pedagógica al público femenino y a las características culturales de cada país. Deben realizarse otras investigaciones.

Introduction

People with entrepreneurial characteristics, while responsible for changes in the environment, enable the progress of new technologies and processes made available to organizations and societies, surpassing the concept of being only investors in a new business.⁽¹⁾

In nursing, there is convergence in the characterization of at least three forms of entrepreneurship, according to the performance of professionals: a) business entrepreneurs, a way of acting in private or autonomous practice; b) intra-entrepreneurs, in the form of employee, developing an innovative management and nursing service within healthcare environments; c) social entrepreneurs, getting involved in innovative ideas to promote social or environmental goals.^(2,3) In addition to these, academic entrepreneurship has been discussing the relationship between university, business, and government.⁽⁴⁾

Contrary to what has been established for years, recent research suggests that there is no single set of personal characteristics that guide the intention to undertake, indicating the heterogeneous nature of these individuals, which makes it difficult to identify a personality profile.⁽⁵⁾ For this reason, entrepreneurship, the entrepreneurial tendency and the factors related to them have been the object of study in several countries, expanding the scope to include economic, cultural and social factors, in-

cluding those concerning family issues. However, despite the relevance of entrepreneurship in nursing, there is a scarcity of studies in this field, and little is known about the interrelationships that define entrepreneurship among nurses.⁽³⁾

The cultural factors that accompany nursing professionals have determined their low entrepreneurial profile in most countries in the world, which struggles to overcome historical barriers such as volunteering and the personal and ethical issues that prevent their involvement in business, management, and profit.^(3,6,7) Furthermore, in Latin America, there are challenges such as political instability, technology and international competition.⁽⁸⁾

Feeling belonging to a reference group (family) has been related to higher levels of positive affect, and may act in a protective way in some cases such as stress and coping; influence personality, resilience, locus of control, self-efficacy, among others; or still have a positive relationship with the entrepreneurial intention, especially among women. Studies on work-family interactions, as well as entrepreneurship, suggest that the family plays a fundamental role in entrepreneurial characteristics, without, however, resulting in consensus regarding social support. Support from the family, either emotionally (listening and empathizing) or through instrumental support (tangible assistance, such as money) could play a role of social support. Family support would promote optimism, entrepreneurial identity

and entrepreneurial passion, being, however, insufficient to understand how the social environment can shape entrepreneurship.⁽⁹⁻¹⁴⁾

On the other hand, historical transformations act directly on health practices and knowledge. This means that the professional practice of nurses is permanently influenced by the social, political and economic contexts that accompany them.⁽¹⁵⁾ Recent research indicates that a country's level of economic development would be able to moderate the relationship between family moral support and business performance, and that entrepreneurship would be a product not only of cultural and social values, but also of economic and commercial conditions among communities.^(16,17) In this sense, external contexts would influence the orientation towards entrepreneurship, as well as governmental and political factors that act in financing entrepreneurs.⁽¹⁷⁾

Boasting different scenarios in their economies and society, Brazil and Chile become relevant fields of study in the search for understanding the factors that can interact with the entrepreneurial characteristics of nursing students. In search of answers about the relationship between entrepreneurship in nursing and social support in different countries, this study aims to associate the GET and perceived family support among nursing students from Brazil and Chile.

Methods

This is a cross-sectional analytical study, whose data were collected between March and September 2018 at three Brazilian educational institutions in the countryside of the state of São Paulo and two universities in the Maule region, in Chile. In Brazil, the subjects studied come from two private evening courses, with a workload divided into 8 and 10 terms, and from a 4-year day course at a public university. In Chile, students attended day courses, spread over 5 years, at a public and a private university. Nursing training in Brazil lasts 10 terms, although there are still 8-term courses, similar to the two that made up the study corpus.

The study population consisted of 1.196 students enrolled in the undergraduate nursing course.

The sample was non-probabilistic, intentional, with 74.3% (n=889) of respondents in relation to the population.

An instrument was developed by researchers to collect sociodemographic data and information about entrepreneurship in Brazilian Portuguese and Spanish.

The questionnaire was used to measure the General Enterprising Tendency (GET) test, developed at the Business and Industrial Training Unit of Durham University Business School - Durham, England.⁽¹⁸⁾ The GET questionnaire consists of 54 questions and aims to assess entrepreneurial characteristics, using five categories as a parameter: 1) need for achievement: future vision, self-sufficiency, more optimistic than pessimistic attitude, task and results orientation, self-confidence, persistence and determination, as well as dedication to complete a task; 2) need for autonomy: preference for working alone, expressing what they think, making decisions instead of taking orders in addition to prioritizing their personal goals; 3) creativity tendency: characteristics related to imagination and innovation, tendency to daydream, versatility and curiosity, taste for new challenges, novelty and change; 4) calculated risk-taking: preference for setting challenging but achievable goals, self-confidence, balance between results and effort; 5) drive and determination: taking advantage of opportunities, not accepting predestination, acting to control.⁽¹⁹⁾ The GET is validated in Brazil⁽¹⁹⁾; and, in Chile, the instrument was translated and validated by peers by five experts on entrepreneurship and/or youth issues. For calculation, the criterion of peer agreement was used in the linguistic relevance and adequacy dimensions, with a degree of agreement (Cohen's Kappa) of 0.65, which is considered strong.

The Perceived Family Support Inventory (*Inventário de Percepção de Suporte Familiar - IPSF*) was also used to assess the perception of family support. The IPSF is an instrument developed in Brazil, has good internal consistency (0.93), and is composed of 42 similar items and grouped into three factors: 1) affective consistency (positive affective relationships within the family, interests for the other, verbal and non-verbal expression of af-

fection, clarity in the roles and rules of family members, as well as skills and strategies to face conflict situations); 2) family adaptation (expressing negative feelings about the family, such as exclusion, anger, shame, aggressive relationships, irritation, misunderstanding, perceived competence in the family, interests and guilt among family members, in situations of conflict); and 3) family autonomy (individual perception of family autonomy, denoting relationships of trust, privacy and freedom among members).⁽²⁰⁾ In Chile, the Spanish version validated by Jiménez et al. was used.⁽²¹⁾

The students were invited verbally, during class hours, explaining the voluntary participation in the study by researchers from Brazil and Chile, respectively. Although they were different in the two countries, these applicators had a standardized approach procedure. After completing the self-assessment, which took about 30 minutes, the forms were collected, being coded only by identifying the educational institution and country.

Brazil-Chile comparison was made using the non-parametric chi-square or Fisher's exact tests. Simple logistic regression models and adjusted multinomial models were used. Differences and associations were considered statistically significant if $p < 0.05$. Analysis was performed with SPSS v21.0 software.

Ethical aspects were preserved as provided for in the legislation of the two countries. In Brazil, this research project was approved by the Research Ethics Committee of *Faculdade de Medicina de Botucatu* of UNESP, under Opinions 2.499.340 and 2.885.923. In Chile, the project that includes this research was approved by the Ethics Committee of *Universidad Autónoma de Chile* by *Acta de Evaluación* 75-18. All study participants signed the Informed Consent Form.

Results

Eight hundred and eighty-nine students participated in the research; 43% were Brazilian and 57% were Chilean, with a majority composed of women (82%), coming from private institutions

(55%) and aged between 20 and 25 years (60%), as shown in Table 1.

Table 1. Distribution of students' sociodemographic variables in Brazil and Chile

Variables	Country		P value
	Brazil (n=383) n(%)	Chile (n=506) n(%)	
Males	45(11.7)	118(23.3)	< 0.001
Private institution	276(72.1)	210(41.5)	< 0.001
Age group			
≤ 19	97(25.3)	99(19.6)	< 0.001
20-25	173(45.2)	363(71.9)	< 0.001
≥ 26	113(29.5)	43(8.5)	< 0.001
With a partner	91(23.8)	6(1.2)	< 0.001 ²
With children	85(22.2)	24(4.8)	< 0.001 ²
Living with family	280(73.1)	397(78.5)	0.064 ²
Family income			
Range 1	179(47.2)	208(42.0)	
Range 2	147(38.8)	210(42.4)	
Range 3	34(9.0)	77(15.6)	< 0.001 ^F
Range 4	19(5.0)	0(0.0)	
Family member entrepreneur	141(37.1)	139(27.6)	0.003 ²
Course term	3.0 (1.0-5.0)	3.0 (1.0-5.0)	< 0.001 ^{MW}
First year	89(23.2)	84(16.6)	
Second year	95(24.8)	132(26.1)	
Third year	107(27.9)	118(23.3)	
Fourth Year	87(22.7)	106(20.9)	
Fifth year	5(1.3)	66(13.0)	

n- total; % - equivalent percentage; MW - Mann-Whitney.

Table 2 shows a joint distribution between perceived family support (measured by the IPSF) and the entrepreneurial tendency (measured by the GET). It was observed that, in both countries, a low/very low entrepreneurial tendency prevails in nursing students (Brazil=309/370 (83.5%) x Chile=396/505 (78.4%); $p=0.072$; chi-square), with no statistically significant difference between countries. As for assessment between family support and entrepreneurial tendency, in both countries there was no significant association between family support and entrepreneurial tendency (Brazil $p=0.146$ x Chile $p=0.167$). Thus, it was suggested that perceived family support was not able to explain the entrepreneurial capacity among these students.

Table 3 shows the comparison between students from Brazil and Chile in relation to perceived family support and GET, with the items that make up each questionnaire. There was a significant difference between countries in relation to the general IPSF (Chile=61.5 x Brazil=58.1; $p=0.001$) and in

Table 2. Association between perceived family support (measured by the IPSF) and entrepreneurial tendency (measured by GET) among students from Brazil and Chile

Country	IPSF	General GET		p value ⁽¹⁾
		Middle/High/ Very high n(%)	Very low/ Low n(%)	
Brazil	Low	20 (32.8)	96 (31.1)	0.146
	Middle low	9 (14.8)	76 (24.6)	
	Middle high	9 (14.8)	58 (18.8)	
	High	23 (37.7)	79 (25.6)	
Chile	Low	34 (31.2)	98 (24.7)	0.167
	Middle low	16 (14.7)	96 (24.2)	
	Middle high	26 (23.9)	87 (22.0)	
	High	33 (30.3)	(29.0)	

IPSF – *Inventário de Percepção de Suporte Familiar* (Perceived Family Support Inventory); GET – General Entreprensing Tendency; n (%) - total number and equivalent percentage; ⁽¹⁾chi-square

Table 3. Distribution of students by GET categories and by IPSF factors in Brazil and Chile

Categories/factors	Brazil			Chile			p value
	n	Mean	SD	n	Mean	SD	
IPSF - family adaptation	383	19.80	5.992	506	20.36	3.937	.099
IPSF - family autonomy	383	12.75	3.202	506	12.61	2.886	.471
IPSF - affective consistency	383	27.45	8.656	506	28.65	8.194	.036
IPSF – total	383	58.10	17.728	506	61.50	13.316	.001
GET - need for achievement/success	383	8.22	1.882	506	8.64	1.662	.000
GET – need for autonomy	383	3.40	1.169	506	2.86	1.296	.000
GET - creativity	383	6.86	1.886	506	7.14	1.994	.029
GET - calculated risk-taking	383	6.93	2.142	506	7.47	1.860	.000
GET - drive and determination	383	8.37	1.841	506	9.17	1.710	.000

n- total; SD – standard deviation;

relation to family support in the affective consistency dimension (Chile=28.5 x Brazil=27.4; p=0.036).

Table 4 shows a significant association between family support and the GET-drive in both coun-

tries, with an increase in the prevalence of high GET-drive as family support increases.

When deepening in the association of perceived family support and the GET-drive, a significant association was observed in Chile between the IPSF family autonomy and the GET-drive, with the chance of the GET-drive being high in relation to low GET-drive with the increase in the IPSF-family autonomy score, with OR=1.16 (1.07-1.26); p<0.01 (Table 5).

Discussion

In general, nursing students in both countries have no entrepreneurial tendency, with slightly higher levels of GET in Brazil. The IPSF was middle-low across the sample. In both countries, there was no significant association between family support and entrepreneurial tendency, with a positive association between drive (GET) and family autonomy (IPSF) in the Chilean sample. This study brings new interpretations for entrepreneurship in nursing when analyzing the influence of social support represented by the family.

The low level in the entrepreneurial tendency observed among future nurses is similar to previous studies,^(6,7) pointing out the congruence between entrepreneurship and typical professional interests and career opportunities in different academic fields.⁽²²⁾ Nursing students have been assessed as less enterprising even among those in the same field of knowledge, such as physiotherapy, speech therapy, psychology, among others.^(23,24) On the other hand,

Table 4. Distribution of students by GET categories and IPSF factors in Brazil and Chile

Country	IPSF	GET Success		GET Autonomy		GET Creativity		GET Risks		GET Drive	
		L/M/H	p value	L/M/H	p value	L/M/H	p value	L/M/H	p value	B/A	p value
Brazil	Low	64/23/29	0.818	61/30-25	0.153	73/20/23	0.418	70/19/27	0.296	67/49	0.011
	Middle Low	46/19/20		54/21/10		60/10/15		50/13/22		46/39	
	Middle High	32/18/17		28/26/13		43/12/12		40/15/12		34/33	
	High	48/23/31		52/31/19		57/25/20		58/11/33		37/65	
Chile	Low	55/31/46	0.350	79/31/22	0.083	72/17/43	0.338	71/21/40	0.589	56/76	<0.001
	Middle Low	58/28/26		81/22/09		67/15/30		55/24/33		37/75	
	Middle High	47/29/37		85/21/07		68/16/29		51/35/37		29/84	
	High	57/38/53		106/26/16		83/31/34		63/33/52		30/118	

L/M/H - Low/Middle/High

Table 5. Multinomial models adjusted to explain the chance of GET being middle in relation to low GET and to explain the chance of GET being high in relation to GET being low due to family support (IPSF)

Country	IPSF level	Variable	GET - success			GET-creativity			GET-autonomy			GET - risks			GET-drive										
			OR	95%CI	p value	OR	95%CI	p value	OR	95%CI	p value	OR	95%CI	p value	OR	95%CI	p value								
Brazil	Middle	Family adaptation	0.99	0.95	1.04	0.727	1.01	0.96	1.05	0.816	0.98	0.94	1.02	0.404	0.97	0.92	1.01	0.128	(*)						
		Autonomy	1.00	0.91	1.10	0.974	0.93	0.84	1.03	0.141	1.00	0.92	1.10	0.930	1.08	0.97	1.20	0.154							
		Awareness	1.02	0.99	1.06	0.254	1.04	1.00	1.08	0.080	1.01	0.98	1.05	0.474	0.98	0.95	1.02	0.338							
	High	Family adaptation	0.99	0.95	1.03	0.671	1.01	0.96	1.07	0.596	0.96	0.92	1.01	0.122	1.00	0.96	1.05	0.852				1.01	0.98	1.05	0.433
		Autonomy	0.93	0.85	1.02	0.123	0.92	0.84	1.01	0.090	0.97	0.88	1.07	0.502	1.03	0.94	1.13	0.534				1.06	0.98	1.14	0.161
		Awareness	1.03	0.99	1.07	0.102	1.01	0.98	1.05	0.495	1.01	0.97	1.05	0.721	1.01	0.97	1.04	0.657				1.02	0.99	1.05	0.268
Chile	Middle	Family adaptation	0.98	0.91	1.05	0.563	0.96	0.88	1.04	0.315	0.93	0.86	1.00	0.044	1.04	0.95	1.13	0.412	(*)						
		Autonomy	0.94	0.86	1.04	0.217	1.09	0.98	1.23	0.125	1.02	0.92	1.12	0.749	0.94	0.85	1.04	0.267							
		Awareness	1.03	0.99	1.08	0.093	1.02	0.97	1.06	0.459	1.00	0.96	1.04	0.878	1.03	0.99	1.07	0.206							
	High	Family adaptation	1.00	0.94	1.07	0.950	0.95	0.89	1.01	0.113	0.90	0.82	0.97	0.010	0.97	0.91	1.04	0.416				0.99	0.93	1.05	0.726
		Autonomy	1.01	0.92	1.10	0.825	1.02	0.93	1.11	0.727	1.05	0.94	1.18	0.408	1.04	0.95	1.13	0.391				1.16	1.07	1.26	0.000
		Awareness	1.01	0.97	1.05	0.610	0.99	0.96	1.03	0.760	0.98	0.94	1.03	0.456	1.02	0.99	1.06	0.195				1.02	0.99	1.06	0.233

OR - Odds Ratio; 95% CI - 95% confidence interval; (*) model to explain the chance of the IPSF being middle in relation to the unadjusted IPSF low due to the frequency of the GET-drive being null.

it could be associated with different levels of institutional support and legitimacy,⁽⁶⁾ reflecting educational projects in entrepreneurship and not the chosen career.

Without including in the curricular structure for undergraduate nursing pedagogical projects or consolidated disciplines related to entrepreneurship, focusing on patient management and not teaching organizational management,⁽²⁵⁾ students experience more contextual barriers to entrepreneurship in this academic field.⁽²⁾ It is confirmed that the institutional structures themselves hinder entrepreneurial talent in traditionally less entrepreneurial disciplines such as nursing.⁽⁶⁾ Academia would also feed the culture that the title in nursing guarantees jobs and wages, especially in hospitals and public services. However, the current labor market conditions, with greater competition due to the increase in vacancies in these courses,⁽²⁴⁾ as well as different forms of labor relations in both countries, are changing the working conditions of these professionals, without adequate preparation for such changes.

The difference in student GET between countries corroborates a study in Chile and Spain, with the Chilean group having a higher mean score in relation to the probability of starting a business.⁽²²⁾

In Brazil, after several periods of recessions and economic instability, the culture of guaranteeing public jobs is reinforced, as well as in other developing countries.⁽²⁶⁾ In Chile, on the other hand, without the same stability of public employment, many health workers are on employment contracts

that do not guarantee security and most of them are for a fixed period. Such conditions could provide a favorable environment for autonomous practices and, consequently, for entrepreneurship, raising GET, even if in smaller proportions.

The low means of perceived family support by students from both countries corroborate a survey among 776 Brazilian university students that presented similar results.⁽²⁷⁾ By the total values captured by the IPSF, perceived family support by students in Chile is significantly higher than in Brazil, corroborating with a study carried out in the same Chilean region.⁽²⁸⁾

Moreover, Chilean students presented higher means in the IPSF domains “affective consistency” and “family adaptation”. It means to say that Chileans tend to have better positive affective relationships within the family; interests to the other; verbal and non-verbal expression of affection; greater clarity in the roles and rules of family members; and skills and strategies to face conflict situations.⁽²⁹⁾ Likewise, they tend to have better family adaptation in conflict situations, including perceived competence in the family, interests and feelings of guilt among family members.⁽²⁹⁾

The study revealed lack of direct associations between GET and family support by the total perceived IPSF, contrary to research carried out among students from Portugal and India who found several associations between family history and entrepreneurial orientation.^(9,30) However, our results corroborate with research conducted with Spaniards

and Chileans where the intention to create a company correlated only with perceived support of the University to the detriment of family, friends and government.⁽²²⁾ This would mean that, if the importance of these actors is not perceived, such absence would be supplemented by the support of the educational institution, becoming a fundamental element to promote the students' entrepreneurial behavior.^(6,22)

This finding reinforces the importance of teaching entrepreneurship in undergraduate nursing, in addition to changing institutional structures and policies to fill this important gap in the training of future nurses.

Finally, this study found only in the Chilean sample a positive association between drive (GET) and family autonomy (IPSF). Despite demanding caution from this conclusion due to the sample size between the two associations, the relationship established in this research with family autonomy is supported by another study with 403 students. This research demonstrated that the higher the perceived family support, the greater the measure of self-efficacy and locus of internal control, characteristics related to the drive and frequently observed in entrepreneurs.⁽³¹⁾

Psychological concept associated with business attributes, the drive is defined with high-score interpretations such as proactivity, self-confidence, self-determination. Thus, there is the belief that the achievement is due to the capacity and personal effort with a tendency to believe that "failure" is due to laziness or stupidity.⁽³¹⁾ These characteristics are also studied in the "locus of control" theories where people with internal locus of control believe they are able to control their life events. Studies reveal that entrepreneurs tend to have a higher locus of internal control than the general population, not giving their actions and consequences to external factors such as luck or fate.⁽³¹⁾

Considering the highest total GET among Chileans, it is concluded, therefore, that perceived family autonomy can moderate, in that country, albeit discreetly, important characteristics such as drive. However, not enough has been done to raise

the entrepreneurial tendency of these students to satisfactory levels.

Research that included nursing students showed that female people tend to have a more external orientation of the locus of control in the dimensions related to people with greater power and "luck/bad luck". In other words, they believe that the consequences of their actions are more influenced by other people with higher status, such as doctors, professors, etc., or even by their own luck.⁽³¹⁾ A study to assess the impact of work values on entrepreneurial intentions in a sample of German university students controlling gender concluded that women tend to consider entrepreneurship as a way of doing good, and not just self-fulfillment.⁽³²⁾

Thus, in a predominantly female audience, which makes up the majority of nursing students, by distancing themselves from the medical-centered model, where the main duty is to obey and follow the orders of doctors, academic institutions would be enhancing internal orientation of the locus of control and promoting the entrepreneurial and autonomy characteristics that are so necessary for these future professionals.

Therefore, we return to the educational support for entrepreneurship, which, in a cross-sectional and interdisciplinary way, with emerging and no longer traditional characteristics, must include pedagogical concepts and methods appropriate to the local culture and aimed at women, respecting their characteristics and peculiarities. Only then will the university begin to play new roles in nursing education. Such roles include promoting entrepreneurship through knowledge transfer, advanced research and innovation in its broadest sense, with the greatest economic, social and cultural impact.⁽²³⁾

As limitations of this study, the size and regionality of the samples may not represent all students in the countries surveyed, who still have different legal frameworks and different cultural or religious origins. The inclusion of students from public and private institutions may also have had an impact on the results. Lack of similar studies makes it difficult to compare it with other research on entrepreneurship in nursing.

Conclusion

In general, nursing students in Brazil and Chile have no entrepreneurial tendency and have low family support, with no significant association between the two axes. There was a positive association between drive (GET) and family autonomy (IPSF) in the Chilean sample. Depending on the country, family autonomy may moderate, albeit discreetly, drive, but it is not, however, sufficient to raise the entrepreneurial tendency of these students to satisfactory levels. Differences between countries reveal the need to consider different contexts of economic, political and cultural development in order to study, research and teach entrepreneurship.

Collaborations

Colichi RMB, Figueroa AEJ, Urrutia VG, Nunes HRC and Lima SAM contributed to the design, analysis and interpretation of data, writing, relevant critical review of the intellectual content and approval of the final version to be published.

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