



Entrepreneurial Spirits

Five nurses discuss the pains and pleasures of self-employment

by Susan Crossman

Home health-care consultant Judy Bishop, RN, started her own business in 1982 armed with the drive to succeed and the desire to make plenty of money. Eight years, seven offices and a few gray hairs later, Med/Care Partnership is a multi-million dollar corporation with a loyal clientele and aggressive plans for national expansion.

Not everyone who starts the rocky climb to entrepreneurial success makes the grade. But more Ontario nurses are moving away from traditional job avenues and into the ranks of the self-employed.

To people like Guy Larocque, a consultant in Ontario's Ministry of Industry, Trade and Technology (MITT), that's not surprising. "According to our statistics, about 24 per cent of the businesses in Ontario are owned by women," he says. The same studies indicate that these women are survivors.

"Women are generally more modest in their goals," he says. "Men tend to go for the 'big cheese' right away — while women's expectations tend to be more reasonable. Women earn less money, but last longer."

The ministry's 1989 annual report on small business adds that women generally "adopt a lower profile" than men — and it predicts that many of the firms run by women will mature into more aggressive businesses in the next few years.

The trend to more women entrepreneurs seems to mirror changes in

the workforce as a whole. Throughout the 1980s, women entered the labour force in record numbers, setting in motion major social and economic changes. It was inevitable that some would stray into their own businesses and, like Judy Bishop, find their new self-employed status extremely satisfying.

"Everyone told me not to do it," she recalls. "But I think I grew into it. When I went into nursing, I identified with that environment — but I've never regretted the decision to go it alone."

Bishop — like many other nurse entrepreneurs — says one of the advantages of running her own show is that the harder she works, the more money she earns. But money doesn't seem to be the foot on the accelerator for entrepreneurial-minded nurses.

Long-term-care consultant Elvie Hall says she assumed her business would naturally generate sufficient income when she started out two years ago. Hall graduated from York Regional School of Nursing in 1974 and built a successful career with retirement/nursing home chain Arbor Living Centres before launching her own business. She was intrigued by the challenge of striking out on her own, and had a strong desire to control her own destiny.

MITT surveys show that's not unusual. People start their own business because they feel the need to achieve and they want to be their own boss.

Often, these individuals see an oppor-

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tunity for their skills and abilities in the marketplace. They want to see that opportunity developed — their own way.

Many entrepreneurs also thrill to the adventure of independence and the prospect of making good money. But the figures show all is not roses in the world of self-employment: nearly 60 per cent of all small businesses fail in the first five years.

While the spectre of failure is a sobering thought, most people determined to start their own business aren't deterred by it. "Some consider me quite an 'odd duck' and wonder how I ever managed to strike out on my own," says Patty Simpson, a nursing management consultant.

"I came to the point where I'd been in management 10 years. I was Director of Nursing at Scarborough Centenary and working 14- to 16-hour days. There were a lot of internal headaches to deal with."

While holding down her day job, she found the time to moonlight as a consultant on decentralized decision-making. "The work I did on the side gave me so much energy," she says.

Her decision to take the bull by the horns came shortly after she went on maternity leave — people began calling her up at home asking for her help. She lined up enough business then to know she could make her own business fly. "I can't keep up with the work now," she says.

Simpson says she knows many nurses who tamper with the idea of starting their own business but don't do anything about it. "Nurses have such wonderful ideas — but I think we really under-sell ourselves. We doubt we could ever make a business work. I think part of the problem is that nurses don't tend to take chances."

While Simpson eased into her business, working at it before she had to make the final break, some nurse entrepreneurs just jump in with both feet.

Heather Boon, a former nurse and a consultant to the long-term-care industry, says she quit her job with the Ontario government's Nursing Homes Branch to pursue the dream of entrepreneurial freedom. "I truly felt

I had something to offer," she says.

Her varied career in nursing began in 1966 at the General Hospital of Port Arthur and grew through numerous years as a public health nurse, a nursing teacher and, eventually, a nursing consultant to the Ontario government. After half-a-dozen years in the public service, Boon finally took a few months off in late '89 to think about what to do next.

"I spent a lot of years in health-care management," she says. "I got to the point where I really wanted to contribute some of what I'd learned along the road."

Like many other nursing and care consultants, Boon's business is flourishing, despite the dark clouds that loom on the province's economic horizon. "I was very nervous when I started up in early '90," she says. "It's a big step to take. Although my financial picture is excellent, running your own business can be a terrific struggle."

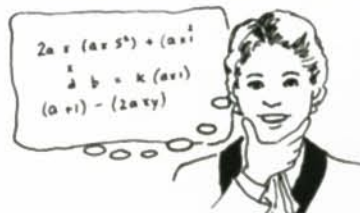
Martha Rogers, owner of Canadian Nursing Consultants, agrees. "It's a scary decision and very difficult," she says. "Nursing is very traditional and when you start your own business, you're clearly shifting to a road less travelled."

"It's not for everybody," she says. "You take a big risk."

It is possible to minimize the chance of disaster, however. The nurse entrepreneurs we spoke with offered up some valuable insight into how they've managed to succeed.

1 If you don't see what you want — do it yourself

Patty Simpson's road to entrepreneurial freedom began in 1985 when she was responsible for implementing self-scheduling at Scarborough Centenary



Hospital. It wasn't long before she became known as an expert in decentralization — something few others were specializing in. Her advice was sought by other Canadian organizations and she suddenly realized there was a market for her expertise.

Personal References

Judy Bishop

Judy Bishop, 41, employs more than 3,000 people as president of Med/Care Partnership. She graduated from Brantford General Hospital in 1971 and worked for some time in medical sales. In 1974, she was the first woman hired in Canada by Baxter Travenol (Artificial Organs Division).

Med/Care Partnership provides home nursing and homemaking services as well as relief staff for hospitals and institutions.

Married with an 18-year-old son, Bishop spends her "spare" time as a volunteer committee member for the Board of London's St. Joseph's Hospital and the Planning Committee for the Canadian Home Care Association. She is also vice-president of the Ontario Home Health Care Providers Association.

She relaxes every weekend, weather permitting, by playing golf.

Heather Boon

Heather Boon, 44, launched Heather J. Boon Consulting Inc. a year ago to develop and implement community alternatives for the provision of long-term care.

She's a nursing grad from the General Hospital of Port Arthur (1966), and possesses a diploma in Public Health Nursing from the University of Windsor as well as a BScN from Lakehead University.

Aside from general duty hospital nursing, Boon has been a public health nurse, a nursing teacher and a nursing consultant to government. She was manager of operations for the Ontario Ministry of Health for several years before becoming the Branch's Acting Director in 1988.

In her spare time, Boon loves to sail. She is divorced and the mother of an 18-year-old daughter.

Elvie Hall

Elvie Hall, 36, graduated from York Regional School of Nursing in 1974. After graduation she worked for several

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"I gained credibility," she says.

Martha Rogers developed an interest in and understanding of nursing education and professional development while still working as a clinical nurse specialist at Toronto's Mount Sinai Hospital. "My sense was there was a market and a need for nursing organizations to hire expertise they did not have in-house," she says.

"When I explain what I do, people say I'm a management consultant," she adds. "But what I know is nursing — and that's a very distinct area."

2 Advice to the wise: get good advice

Being an expert in your field is one thing. Knowing how to make it pay is something else all together. One of the scariest parts of running your own business is the business part of it.

"You get back on a whole new learning curve," says Elvie Hall. "And it's the practical information you don't have that can really hold you back."

Like how to structure your fees. How to write your first job contract. Whether to have insurance — and how much. Should you incorporate? How do you keep books? What kind of



banking services do you need? What do you do about clients who don't pay promptly? The list is endless.

Knowing where your train is headed is one thing. Keeping the wheels on track is even more important. Survey results from MITT show small businesses in Ontario fail mainly because their owners can't make enough money, they have trouble marketing their product or they have trouble

getting the right financial backing. The only solution is to surround yourself with good advisors. Get an accountant and a lawyer who are well-versed in the nitty-gritty of small business. If the first ones you talk to don't point out some of the problems you'll likely face during your first year or two in business — look for someone else.

It also helps to link up with other independent consultants who've travelled the same road. Ask them what problems they've had and how they dealt with them.

3 If you want to play a team game — draft a team

Loneliness is one of the biggest complaints of many nurse entrepreneurs and it may be worse for them than for many other specialists.

The reason? "A health care environment is very collegial," says Hall. "It's extremely

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difficult for a team player to go out on her own and suddenly realize that she has no team — or coach or cheerleaders."

Hall says it's important to forge new links with others, especially other



independents to keep from feeling cut off.

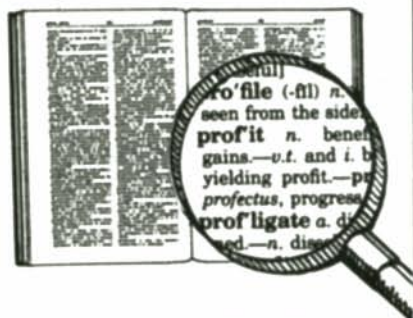
"I found certainly at the beginning I felt a real need to be connected with people," adds Martha Rogers.

Some nurse entrepreneurs note that loneliness can be a terrible part of being self-employed. Their answer is to pick up the phone and make contact with friends, family, anyone who can reassure them that they don't work in a vacuum.

4 "Profit" is not a four-letter word

Even in this day and age, it takes a special kind of woman to recognize that making money is the name of the game. As MITT's Guy Larocque says, like it or not, women are brought up differently than men — and, in general, don't feel the same pressure to earn pots of money.

Nor has the drive to make the big bucks found a warm welcome in nursing. This is one profession where



gentleness and nurturing are *in* and aggressive behavior is *out*.

"We're trained to be caring and generous and somehow the world

perceives it as dirty to accept money in return," says Hall. "You have to know what your strengths are and set a value on your work."

While none of the nurse entrepreneurs we interviewed expected great financial success in the first few years of business, they've all done extremely well. No-one has had to cut her standard of living and, in fact, more than one has earnings in the six-figure range. And despite the dreary outlook of today's economy, they're all keeping busy — some are even booked months in advance.

5 Go with the flow

As the saying goes, always look on the bright side of life. Nobody's perfect and mistakes do happen — but when you make a mistake, you have to take responsibility. The stakes are high when you own the business yourself.



A dissatisfied customer can result in the loss of valuable business: word gets around.

"In a sense," says Patty Simpson, "the nursing world is very small."

Fortunately, although the load of responsibility carried by the nurse entrepreneur is weighty, the knowledge that she can call her own shots can be exhilarating. And, while the initial stages of setting up her own business may be stressful and, at times, downright frightening, the job is truly what she makes it.

"The more I do this, the more I like it," says Rogers. "It's tremendously creative."

In fact, being a nurse may be a great bonus to entrepreneurs, for, as Rogers says: "Nurses make excellent planners and organizers and I'm convinced that my nursing background has made a big difference to the way I've managed my business."

Rogers believes no other profession in the country produces as many opportunities for entrepreneurial women, and in short, that nursing may well be a bellweather for women in 1990s. ◀

Elvie Hall

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nursing and retirement homes and, over the next 14 years, handled progressively responsible management positions.

Prior to setting up Elvie Hall and Associates in 1988, Hall was Director of Operations for Arbor Living Centres, a company specializing in long-term care. Her company provides operational and employee relations advice to the nursing and retirement home sector.

Divorced with two sons, 12 and four, Hall says she limits her outside involvements to volunteer work with the Ontario Long Term Care Association and the Boy Scouts of Canada.

Martha Rogers

Martha Rogers, 37, provides educational programs relating to nursing practice, administration, education and research through her company, Canadian Nursing Consultants. She graduated from Sheridan College's nursing program in 1975 and went on to receive a BScN from Laurentian University and an MScN from Western. She is currently a doctoral student in adult education at the Ontario Institute for Studies in Education.

Rogers was consulting part-time in the three years prior to establishing her business in early 1989. She is the educational representative for the Provincial Nursing Administrators Interest Group.

She is single, with no children and, as she laughingly admits, no spare time.

Patty Simpson

Patty Simpson, 39, is a nursing management consultant specializing in decentralized decision making and she takes pride in helping nurse managers explore alternative leadership styles.

In business for herself since mid-1989, Simpson graduated in 1972 from Toronto General Hospital's school of nursing. She also has a BScN and an MA in management studies from the University of Toronto.

She spent 10 years in nursing management before striking out on her own. Experience, she says, was valuable in teaching her the importance of flexibility.

Simpson is married with a 14-year-old son and a six-month-old daughter.