

Entrepreneurship and Nursing: Opening of Long Stay Institutions for the Elderly

Kayo Felipe Ribeiro Lima¹, Marcelle Fernandes Gomes¹, Andréia de Carvalho Andrade²

¹ Bachelors in Nursing (Graduates), Universidade Cruzeiro do Sul, São Paulo (SP), Brazil.

Email: ervaagridoce1@gmail.com, marcelle.fernandes@hotmail.com

² Nursing Professor, Universidade Cruzeiro do Sul, São Paulo (SP), Brazil.

Received: 25 Apr 2022,

Received in revised form: 15 May 2022,

Accepted: 22 May 2022,

Available online: 28 May 2022

©2022 The Author(s). Published by AI
Publication. This is an open access article
under the CC BY license
(<https://creativecommons.org/licenses/by/4.0/>).

Keywords— *Health services for the aged, Homes for the Aged, Nursing Administration Research, Nursing Care, Geriatric Nursing.*

Abstract— *This work aims to know the fundamentals that led to the opening of a business for the elderly and to identify the challenges faced by nurses, making it possible to discuss the topic in an academic context and reflect on the challenges faced by entrepreneurial nurses in opening a business for the elderly. Eight entrepreneur nurses from São Paulo (Brazil) were interviewed. As an instrument, an exploratory-descriptive interview was conducted with a qualitative analysis of the data. Regarding the fundamentals, the categories “autonomous work / being an entrepreneur” and “autonomy in the care of the elderly / job satisfaction” are thematically presented. The challenges faced for this process had as a thematic category: “professional fulfillment versus quality of care for institutionalized elderly people”; “unpreparedness for the business management” and “legislation requirements and financial resources for the business”.*

I. INTRODUCTION

In Brazil, the concern with the creation of lasting microenterprises and the need to reduce the high mortality rates of these enterprises are reasons for the popularity of the term “entrepreneurship”, which receives special attention from the government and class entities. Thus, after many attempts to stabilize the economy and the imposition of globalization, large Brazilian companies looked for alternatives to increase competitiveness, reduce costs and remain in the market. As a result, the unemployment rate increased in large cities, where there is a greater concentration of companies. This scenario allowed the growth of new ventures, in which people without employment, often without experience, took the risk of opening their own business (Dornelas, 2016).

It was from the 1990s that Brazil turned its attention to entrepreneurship, a period in which the need for practices and policies to stimulate the opening of micro and small businesses, which account for 57.3% of formal jobs, was

perceived and account for 20% of the Gross Domestic Product (GDP). The great difficulty in getting jobs in all areas, including health, has made researchers alert to the need to redesign the profession, opening their own business, even if for this they must continue as a salaried person, but acting and thinking like an entrepreneur (Andrade, Ben, & Sanna, 2015).

For Kraemer, Duarte and Kaiser (2011), the self-employed nurse is one who follows his professional conduct, aware of the spaces in which he can work, seeking personal satisfaction and that of his clients, knowing the importance of his practices for people. Nursing, since its inception, has been idealized as a charitable assistance practice, aimed at doing good for free, not being considered entrepreneurial. Little by little, however, it has been conquering space, being essential the self-valorization by the nursing professionals, whom must be recognized as important members in a field of diverse possibilities in entrepreneurship (Alexandre et. al, 2019).

Nurses are understood as liberals, which means, they can exercise their functions independently and have free professional practice guaranteed by the Brazilian Federal Constitution, being the 21st profession registered with the National Confederation of Liberal Professions (In portuguese: *Confederação Nacional de Profissões Liberais/CNPL*) since 1962. CNPL is an entity higher degree that has a union structure that covers all the states, 600 unions representing 51 professions. It serves the purposes of study, coordination, protection, claims and legal representation of liberal professionals, in the sense of professional solidarity and national interests (Andrade & Sanna, 2017).

In general, entrepreneurship adds value to a country's economy, as it enables the generation of jobs and income, generates economic growth and, consequently, improves the population's quality of life. In nursing, entrepreneurship is already a reality in the commitment to the Brazilian economy. The study by Andrade, Ben and Sanna (2015) indicated the registration of 170 companies for the nursing activity in the last decade (An increase of 86.7% in the Brazilian state of São Paulo), which may be associated with dissatisfaction at work or the search for new perspectives associated with the development of an entrepreneurial personal profile.

The growth field for entrepreneurial nursing is varied and includes different areas, which favors the prospects for success. Nurses have legal and ethical support to develop autonomous and liberal activities, being able to manage their own business. The demand for specialized care creates greater tranquility in the patient's family, and as care managers, nurses assess patients' needs in all aspects of health status (physical, mental and social) and build care plans. Thus, they offer or organize services to prevent growing frailty in the elderly (Silva, Xavier, & Almeida, 2020).

Currently, employment registered under the Consolidation of Labor Laws (CLT), with all labor rights, is increasingly scarce. In the area of health, including nursing, vacancies are heading towards extinction in Brazil, that is, vacancies in hospitals and other health services will be increasingly scarce due to the lack of updating of professional knowledge, the financial crises of the sector and of a representative increase in the training of these professionals due to more courses in the country's universities (Roncon & Munhoz, 2009).

With the increase in life expectancy, there are consequences for the growth in demand for new services to meet the needs of the elderly population, such as long-term care facilities for the elderly (Costa & Mercadante, 2013). With the perspective of an increasing number of

elderly people in Brazil, visionary nurses, with administrative experience, saw in this niche a promising area to undertake a new business. Through this scenario, the entrepreneurial activity of nurses was associated with the large number of long stay institutions for the elderly (Lsifte/also known as Nursing Homes in other countries) opened in the city of São Paulo. Therefore, it is worth asking: what are the foundations for opening a business for the elderly and what are the challenges faced by entrepreneurial nurses?

The objective of this work is to know the fundamentals that led to the opening of a business for the elderly and to identify the challenges faced by nurses in opening this business. This work is justified by enabling discussion and reflection on this theme in the academic environment.

II. METHODOLOGY

This is a field analysis, with exploratory, descriptive and qualitative approach. According to Polit and Beck (2002), the objective of nursing research is to answer questions that solve problems relevant to the area. The descriptive study aims to observe, describe, sketch, elucidate and classify a wide variety of phenomena. In the exploratory examination, we seek to investigate, based on a phenomenon of interest, its nature, mode of manifestation and other related factors, especially those that may be its cause.

In a qualitative approach, the verification of data depends on many nuances, including the nature of the information collected, the sample's size, research instruments and the guiding theoretical assumptions. We can define it as a sequence of activities that involve data reduction, categorization, interpretation and report writing (Gil, 2002).

The selection criteria of the participants aimed to establish a fundamental homogeneity, conceptualized by the adoption of pre-established criteria according to the research objectives, being fundamental for involving participants with basic characteristics in common (Nicolaci-da-Costa, 2007), these characteristics were: being a nurse and having a long stay institution for the elderly in the East Side of São Paulo City, where the study took place.

Through the internet, a survey was made of these institutions in the East Zone of São Paulo City that had a nurse as their owner. Thus, eight professionals were initially identified in the region. Then, a telephone call was made to schedule a visit and invite them to participate in the study, everyone then accepted to participate in the study.

With the approval of the project by the Ethics and Research Committee (In Portuguese: Conselho de Ética e Pesquisa/CEP), with the registration No. 2.870.150 in the Universidade Cruzeiro do Sul, data collection was carried out upon acceptance of the participants, who signed an Informed Consent Form, which contains the nature of the research, objectives and methods, as provided for in Resolution MS/CNS 466 /2012 (National Health Council [CNS], 2012).

We chose the theoretical saturation sampling criterion, used to determine when the researcher must complete the data collection process and belongs to the spheres of objective validation and inductive inference (Falqueto, Hoffmann, & Farias, 2019), therefore the data collection was finalized when similarities were identified and the crossing of empirical data enabled the identification of patterns and consequently the organization of data into thematic categories, considering that the answers led to common conclusions for all respondents, not being necessary to invite new participants beyond the eight that were previously selected.

In order to preserve the identity of the participants, they were identified by the abbreviation E followed by ascending numerical order.

For data collection, an unstructured interview was conducted with two guiding questions:

- 1) What were the reasons that led you to open a business for seniors?
- 2) What are the positive and negative challenges you faced as a nurse when opening your business?

This type of interview is conducted as a non-directive guideline; it develops with what emerges in the moment, without a well-established plan, but it has direct interaction with the research objective (Dyńiewicz, 2014). According to Minayo and Gomes (2002), an interview is, above all, a conversation that can involve several interlocutors, carried out at the initiative of the interviewer. Its purpose is to gather pertinent information to research objectives. Data were obtained through recorded interviews, which were then transcribed and analyzed. It is a referential based on the qualitative character of the social sciences and on the methodology that was appropriated to theoretically construct its meaning according to the analysis.

Therefore, the interviews were transcribed in full. The content analysis was continued and with all the data collected at the time of collection, that is, the corpus. Floating readings of the entire material were carried out, in order to apprehend and organize in an unstructured way important aspect for the next phases of the analysis, in

order to capture the main ideas and their general meanings in a global way (Campos, 2004).

After capturing the ideas expressed during the analysis of the empirical data, the analysis units were selected. In qualitative studies, the investigator is guided by the research questions that need to be answered. Most often, units of analysis include words, sentences, sentences, paragraphs or a full text of interviews. Among several options in choosing the cuts to be used, we noticed a greater precision and didactic explanation in thematic analysis (themes), which leads us to the use of sentences as units of meaning, which will explain the central ideas that were obtained in theoretical saturation of empirical data and correlated with scientific data. (Moraes, 1999)

According to Silva and Fossá (2015), it is also necessary to have a certain degree of intuition, imagination, and creativity, especially in defining the categories of analysis. Never forgetting, rigor and ethics, which are essential factors. The initial categories were grouped thematically, and after being grouped according to the occurrence of the themes, they resulted in the final thematic categories, that is, the text of the interviews was cut into registration units (sentences), grouped thematically forming final thematic categories, the which made the inferences possible. Through this inductive and inferential process, the aim is not only to understand the meaning of the interviewees' speech, but also to explore the different meanings, as shown below.

Thematic categories regarding the reasons for opening the business, and it's meaning units are:

1) Self-employed/Being an entrepreneur

- Investment
- Perception of a field of work
- Market opportunity
- Want to undertake
- Own business
- Dream of an own business
- Financial Independence

2) Autonomy in elderly care/Professional satisfaction

- Act of caring
- Lack of identification with other areas of the profession
- Religious reasons
- Differential in assistance
- Need care improving

Thematic categories referring to the challenges faced by the entrepreneur and its meaning units are:

1) Professional achievement and quality of care for institutionalized elderly

- Quality of care/rehabilitation of the elderly
- Take care of the elderly
- Dignity to the elderly
- Elderly satisfaction
- Contribute to the quality of life for elderly
- Report of elderly victims of abuse
- Difficulties in the relationship with the family
- Loss of the elderly

2) Unpreparedness to manage your own business

- Work overload
- Responsibility
- Difficulty with management
- Difficulties with the team
- Uncommitted team
- Difficulties of being an entrepreneur

3) Unpreparedness on legal requirements and financial resources for own business

- Bureaucracy in opening a business
- Requirement of Health Surveillance and other legislation
- Difficulties with specific furniture for the elderly
- Financial difficulties
- Onerous taxes
- Inadplence

III. ANALYSIS AND DISCUSSION OF RESULTS

The category "self-employment/being an entrepreneur" enabled the discussion on the fundamentals for opening a business for the elderly, being demarcated by reports referring to the perception of a field of work, market opportunity, wanting to undertake, investing need, financial independence and dream of owning a business.

The 2017 Code of Ethics for Nursing Professionals and Decree No. 94.406, of June 8, 1987, which regulates Law No. 7,498, of June 25, 1986, which provides for the exercise of nursing, allow and guarantee autonomous practice of the nurse in the interpretation of its reading:

Art. 8 – The nurse is responsible for:

I – Privately:

a) direction of the nursing body that is part of the basic structure of the health institution, public or private, and head of nursing services;

b) organization and direction of nursing services and their technical and auxiliary activities in companies providing these services;

c) planning, organization, coordination, execution and evaluation of nursing care services;

d) consulting, auditing and issuing an opinion on nursing matters;

e) nursing consultation;

f) prescription of nursing care;

g) direct nursing care for seriously life-threatening patients;

h) nursing care of greater technical complexity and that requires adequate scientific knowledge and the ability to take immediate decisions [...]

What can characterize "being an entrepreneur" are several elements that make a business successful. Some people are born with the gift of entrepreneurship, the so-called "native entrepreneurs". However, there are those who are influenced by the environment in which they live and become entrepreneurs by their education, family influence, market opportunities, study and administrative practice (Zampier & Takahashi, 2011).

"[...] I created this perception of a field of work where there were few people, I started getting a taste for the thing and then I went to work in a private house where everyone paid "x" amount of money to be taken care of and then one of the partners left and I had the possibility of becoming a member of the business, that was my first nursing home and then I conquered my nursing home alone." (E7)

The nurse needs to develop various skills to become a successful entrepreneur. Thus, it is necessary to understand marketing, finance and operations management, in addition to having a vision of opportunity, listening skills, communication skills, teamwork skills, planning skills, change management and company growth (Baggio & Baggio, 2015).

"[...] so it was a dream, but let's say it was a distant dream, we thought about having a business, but we had just gotten married, it wasn't something that would be immediate, and, I joked a lot that it was something for retirement, because I really like the hospital area, but this opportunity arose, in the beginning it worked very well, it was very fast, we worked together so growth was easier." (E6)

With the search in the job market, nurses identify new opportunities, recognize the Lsifte as a field to undertake

with their own financial investment and achieve financial independence with self-employment. However, what motivates them to become entrepreneurs is the dream of having their own business. Nurses have been acquiring increasingly greater competences and aptitudes, enabling entrepreneurship in the field of nursing. The nurses who own Lsifte are an example of this growth.

The category "autonomy of care/professional satisfaction" enabled the discussion on how the long stay institutions for the elderly should work, based on the act of caring, the lack of identification with other areas of the profession, religious reasons, the differential in care and need to improve it.

"[...] I was acquiring love for the elderly generation and then I'm also a pastor, that's why the name of the house is biblical, because when I opened the house, I consecrated it to God, that's why I don't feel as an entrepreneur, I feel more like an employee and God the boss. And the other reason was that I am a teacher as well as a nurse, I have already taught at a university and also followed many internships and one of the internships I did, was in a nursing home, so I saw a lot of battered old people and that hurt my soul, then I said: I'm going to open a nursing home that will be different from all those I've been through. And that's what I did." (E4)

There is a regulatory norm in Brazil to assess the standards necessary for the functioning of the Lsifte and that also indicates how the service should be provided to residents. This standard is described in RDC No. 283 of September 26, 2005, prepared by the National Health Surveillance Agency (Anvisa, 2005).

For the elderly, institutionalization can bring numerous dangers that are directly associated with non-compliance with the standards set out in RDC No. 283/2005, also considering that this population has levels of dependence (Kletember, 2010).

For the functioning of Lsifte, horizontal constructions are preferable. If the institution has several floors and does not have the appropriate equipment for movement, clients with locomotor or psychological problems or those who are immobilized in bed must be accommodated on the ground floor (Anvisa, 2005). The Lsifte must also have a responsible technician, with a university degree, who must work at least 20 hours a week and will be responsible for the institution with the health authority. All nursing homes need to register with the appropriate health agency, and institutions that do not meet the standards may lose their business license. According to the rules, institutions must keep monthly reports on file for each inmate, so that they can be presented to the health authority if requested.

For nurses to achieve professional autonomy, it is essential to have knowledge, skills and competences that enable decision-making in the workplace. Correct behavior and conducts can ensure such autonomy (Fentanes, 2011).

"[...] and the house appeared when I was studying at college too, I started to see the elderly issue a little, I've always liked elderly people, I've taken care of my mother, I took care of my mother-in-law. And then I would visit some houses and I could see the needs that were there, unfortunately we can't only see the good things, we also find precarious things even though it's private, how can I say? Something like that, with no quality at all, for being private, I always thought I could give more. Then this desire arose and then, with my husband's agreement, we started the construction." (E3)

In order to emphasize the importance of nurses in the Lsifte, it should be recognized that these institutions aim to provide assistance. According to the law, the professionals who make up this team – technicians in nursing, nursing assistants and caregivers – can only exercise their functions under the direction and supervision of a nurse (Santos, 2008).

Autonomy is the responsibility and control of each individual over their decision-making. Motivation and productivity lead to dedication and quality of service, with autonomy being the most important component in job satisfaction (Siqueira & Kuregant, 2012). In other words, nurses are more satisfied with aspects such as responsibility, autonomy and recognition, which are intrinsic (Cura & Rodrigues, 1999).

"Initially my husband and I always worked in the healthcare field, and we wanted to start our own business. [...] so our focus is this, so that way we can contribute to this, both to improve care and to undertake, so this led us to open our business, so we opened an institution. [...] so, in short, what led us to really open a business was to make a difference and work with the profession that we chose." (E1)

One of the most important indicators of job satisfaction is motivation. It is noted that motivated professionals develop their activities better, as well as professional and psychosocial satisfaction, showing commitment and seriousness in their work environment (Castro, Dehrun, & Carreira, 2013).

"What motivated me was the act of caring, which is very important in our profession, and I've studied the investment market since 2010, but I didn't identify with any area, both in commerce and in other areas, I could never fit in on one, I researched insurance companies to invest, a lot of other options and not one of them seemed to fit in, until in 2015, the nursing home option came up

and after a brief market study, I decided that this was what I would invest, the nursing home for adding value to me. [...] and the nursing home would add the value of the investment to me along with the act of taking care of people.” (E5)

Everyone brings with them experiences arising from attitudes, beliefs and values that can interfere in the work environment, enabling their professional satisfaction (Cura & Rodrigues, 1999). With this, we can relate the professional satisfaction exercised by nurses with the autonomy that the activity provides, as these professionals have the knowledge to perform their function in the best way, ensuring quality of life for the elderly and, consequently, allowing satisfaction with the care provided.

The category “professional achievement and quality of care for institutionalized elderly” enabled the discussion on the positive and negative points faced by the entrepreneur, evidenced by reports on the quality of care/rehabilitation, dignity of patients, satisfaction, contributing to the quality of life, victims of abuse, difficulties in the relationship with the family, the loss and financial independence of the elderly.

Reports of ill-treatment of the elderly are still common, sometimes by the family member, which is why Lsifte administrators have the challenge of guaranteeing the residents qualified care, leaving their family members at ease and guaranteeing the nursing team safety in their actions (Santos, Silva, Barlem, & Lopes, 2008). The professionals who work in these institutions dedicated to the care of the elderly need to be technically and emotionally trained, taking on responsibility for meeting these people's basic needs. For this to occur, in addition to technical and scientific qualifications, they need to present qualities to promote efficient care (Castro, Dehrun, & Carreira, 2013).

“The positives are always that it's a differential, we list everything, what the region doesn't have, so we have that will of doing innovation, that determination to do something different.” (E1)

In studies, it became evident that the role of nurses in the Lsifte is to improve the quality and well-being of institutionalized elderly people through basic care in physical, psychological and social issues, as well as promoting the integration of the multidisciplinary team and guiding families and guardians. The nurse who recognizes the needs of the elderly can make care more humane, receptive, evaluative and comprehensive, which contributes to quality care for the elderly (Santos et al., 2008).

“[...] other than that, you see the quality of care, the rehabilitation of the elderly when they are institutionalized,

this is gratifying, it is the positive side. We have elderly people who entered here without walking, who did not walk, who used a nasoenteral catheter, today they rehabilitated themselves with the help of the professionals, with the multidisciplinary team, here we aim to work as a team.” (E1)

The degree of satisfaction with health services is relevant. Some seniors who expressed contentment added that they felt that way for living in that house, which offers a place to sleep, eat, and where “they don't lack for anything”. In a study by Lenardt, Michel and Wachholz (2010), a high degree of satisfaction with life, health services, activities performed in their free time and social resources available at the institution was noted. The elderly was satisfied with the attention they received at the institution and said they felt respected.

“The positive side is precisely that, of caring. You give them dignity because they often arrive here very weakened, because the family, it only really gets real about the need for the elderly to need better care when it gets worse.” (E2)

The speeches reveal that the absence of the family makes them more vulnerable to situations of violence, translated into the context of statements mainly due to abandonment. Elderly people are victims of various types of violence, from insults and beatings by family members and caregivers (domestic violence) to abuse in public transport and institutions in general (Lenardt, Michel, & Wachholz, 2010). Still, there is a predominance of factors related to loss of contact with family members or abandonment of the elderly as the main factor for institutionalization. Some families claim not to be able to provide support for old age, time to care, talk, give attention, as well as provide financial support. In addition, family members currently have numerous activities,

Thus, professional satisfaction related to the institution, when knowledge about caring for the elderly is obtained, tends to improve the opportunities to provide adequate care. Professionals who have been prepared and received some type of initiation acquire security to perform a more specific care, becoming more prepared for such action, thus aiming at the quality of care for the elderly (Figueiredo, Rabelo, & Veloso, 2014).

“[...] the responsibility is very big, it's a business that you don't have a time and you close, and you leave. It's 24 hours, so you, as a nurse, have 24-hour responsibility in all sectors, whether in the kitchen, cleaning or nursing. The nursing staff is a lot of work, unfortunately, so it's a 24-hour thing, so you must like it and love it a lot. Now answering the second part of your question, what are the positive points, the positive ones, I'll tell you that it's when

you look at their faces and they smile, when you look at them and you see that you've done well, when you feed them properly, give them good hygiene, give them quality, make them a little party and you see joy in them, you spend the whole day with a lot of problems but you stay in this room for half an hour, it all ends.” (E3)

Considering this context, it is noted that a care environment is one in which respect, trust, attention, recognition, and acceptance of people with their limitations and difficulties prevail, seeking to offer them support and help. Nursing care is not only aimed at knowledge about care, but mainly at how to carry it out.

The category "unpreparedness for managing one's own business" allowed for the discussion of the negative points faced by the entrepreneur, as evidenced by reports regarding work overload, responsibility, difficulty with management, difficulties with the team, uncommitted team, and difficulty of being an entrepreneur.

The literature points to the fact that nurses' knowledge about the managerial work method is still initial, given its magnitude and complexity. The professional must be interested in reaching, evolving, and regularly improving managerial skills, which can happen through participation in postgraduate courses, continuing education, among other possibilities (Rothbarth, Wolff, & Peres, 2009).

The deficiency in academic preparation for the development and growth of students' entrepreneurial skills, associated with the culture of traditional salaried service and the little encouragement of entrepreneurship support programs, is also seen in the literature (Morais, Haddad, Rossaneis, & Silva, 2013).

“[...] Of the negative points, they are more administrative and there is an overload of work, in addition to being a nurse, you are being the owner of the establishment, everything revolves around you, it is a lot of responsibility, ranging from the responsibility of the assistance with the elderly, even the financial part, you must take care of everything. The management part is very important, so sometimes the difficulty we have on the management part.” (E1)

Entrepreneurship, therefore, should be encouraged during nursing education, so that it allows them to think about the dimension of developing creative and transformative attitudes, with autonomy and determination, in the pursuit of excellence in nursing and health care (Carvalho, Vagheti, Dias, & Rocha, 2016).

The nurse needs to acquire negotiation skills, as this skill is necessary for the management of the business itself, and with regard to the coverage of care provided by Lsifte, including the negotiation of values, the service provision

contracts entered into by for-profit entities allow free negotiation, and the minimum services to be offered and other legislation in this regard must also be observed (National Council for the Rights of the Elderly [CNDI], 2017).

The category "unpreparedness on legal requirements and financial resources for own business" it enabled the discussion through the negative points reported by nurses in which issues related to bureaucracy were raised in the opening of the business, requirement of health surveillance and other legislation, difficulties with specific furniture for the elderly, financial difficulty, onerous taxes, and default. This is a discussion that complements the previous one, but it is quite specific, as knowledge of the ministerial decrees on the subject is essential.

Long stay institutions for the elderly have characteristics of a residence, a collective home for people aged over 60 years, housing residents with different health characteristics, in conditions of chronic and disabling diseases that require greater care (Salche, Portella, & Scortegagna, 2015).

“[...] we had a lot of difficulty in adapting because the properties are not prepared for the elderly.” (E3)

“The negative points are the Health Surveillance, Public Ministry, labor laws, dealing with employees and their families [...], it is very difficult to undertake in this country, there is a lot of tax.” (E8)

Brazilian laws ensure greater rights for the elderly, their families and the community, and characterize the Lsifte, defined according to Anvisa Resolution, as "governmental and non-governmental institutions of a residential nature, intended to be collective homes for elderly people, with or without family support, in a condition of freedom, dignity and citizenship". As they are institutions for the elderly, it is important to understand the demand for care (Roquete, Batista, & Arantes, 2017).

The RDC No. 283/2005 defines regulatory standards for the functioning of long-stay institutions and conceptualizes that such institutions are social entities dedicated to providing services to the elderly, contemplating care for individuals regardless of the degree of dependence, which requires greater assistance from the team in all self-care activities for the daily life (Carvalho, 2014).

According to article 48 of Law n° 10741 of 2003, of the Elderly Statute, the must enter into a formal service provision contract with the elderly person or legal guardian, specifying the type of service, rights and obligations of the entity, with the description of all the

items that the entity offers, as well as the service delivery team (Estatuto do Idoso, 2003).

Federal Law No. 6.437, of August 20, 1977, provides that non-compliance with any of the laws in force or with RDC 283, which standardizes the rules, is subject to penalty in accordance with arts. 1 and 2 (Anvisa, 1977).

Art.1- Violations of federal health legislation, except for those expressly provided for in special rules, are those set out in this law.

Art.2- Without prejudice to the applicable civil or criminal sanctions, sanitary infractions will be punished, alternatively or cumulatively, with the penalties of: I- warning; II - fine; III- product seizure; IV- product destruction; V- product ban; VI- suspension of product sales and/or manufacturing; VII- partial or total prohibition of the establishment.

Knowing about the requirements of the legislation, nurses find it difficult to regulate it within an institution, as they are unaware of such laws, generating future misunderstandings with regulatory bodies.

“The negatives are that there is a lot of bureaucracy. When we're going to open, we don't have much support for opening businesses, especially services for the elderly, so when we go to the responsible agencies, get informed and search, then we have to have this active search, but it's a little bit difficult because depending on the regulation, it's one agency that has to wait for the other, it gets discouraged, it's a time-consuming process, and apart from the documentation, the administrative part, when you start a business, you're not just a nurse, you have to do everything the part, then the administrative part becomes a bigger challenge, which is part of the documentation, business license, part of licenses [...]” (E1)

The cost of an institution is greatly affected by its legal nature and the provision of services. The largest portion of expenses in Lsifte is allocated to payroll, which corresponds to 52.5% of the total. Of the remainder, 14.1% are for food; 9.4% to payments of fixed expenses, such as water, telephone and gas; and 18.8% paid for rent, small repairs, fuel, house maintenance and/or purchase of office supplies. Medications, on the other hand, are responsible for a relatively low share of expenses, as they are almost always the responsibility of family members or donations (Camarano & Camarano, 2010).

As for funding sources, they can come from monthly fees ranging from 3,500 to 8000 reais, and may also rely on other funding sources, especially if they have a philanthropic nature, such as government funding, donations, beneficiary contributions, agreements, events and other sources. (Freire, Mendonça & Costa, 2012)

“[...] now the negative points are always the absurd taxes, in addition to taxes, sometimes you take an employee to work and he is not concerned about the quality of life of the elderly, he is concerned about what he will earn and the that he will take advantage and sometimes forget that he has a human being, I have already dismissed many employees because the elderly person said that he was abused, sometimes not physically abused, but verbally. [...] the health surveillance, sometimes, comes a health surveillance worker, who is not concerned with the quality of life of the elderly, he is concerned with the protocol, it does not matter if the elderly is doing well or not, it matters the protocol, and if you are private then, that's when things get complicated [...]” (E4)

“[...] the financial issue, unfortunately, things get more expensive every month, the values change, and we cannot change the monthly fee, so the financial issue has always been very difficult, in terms of not taking of their quality, so you end up taking it out of your own pocket, so you don't mess with the quality you keep for them, so I think there's a little bit of incentive, because even if it's private, we're providing a service, because if the people go see the SUS law, right? The government would have to provide this foundation, provide this foundation, it would have to have public houses there, with qualities to welcome the elderly, because this is part of public health, unfortunately this project within public health, it is very small.” (E3)

Thus, Lsifte needs to organize itself from an economic point of view, getting involved in operations of the entire economic system of the institution. This system is centered on limiting resources, as well as on distributing and ensuring that the needs of social systems are met (Creutzberg, Gonçalves, & Sobotka, 2007).

“[...] we work 100% privately, and sometimes pay even more than other businesses. [...] It's a very big, very big bureaucracy, nothing is made easy and no matter how legal you are, here for example we are 100% legalized by the health surveillance, annually they visit, we are always approved, we don't have no irregularities, but unfortunately we end up having a very high cost with this, because there are many requirements that we have to comply with and unfortunately this does not always bring us any return at that time, whether you have patients or not, you have to be adequate and then if you don't have a patient, you don't have a return, so it's a very difficult field.” (E3)

This entire context ends up presenting a scenario of financial difficulties. Therefore, professionals point out as management challenges to comply with what is established for Lsifte, requiring adequate and trained human resources

to carry out health care, leisure, cleaning and feeding activities, adjusting the number of professionals to the degree of dependence and number of elderly people, in addition to having working hours with activities to be developed (Rodrigues, 2018).

According to the Sebrae manual (2020), a business plan is a document in which the objectives of a business are described, following steps so that the purposes are achieved. With this, it allows the minimization of risks and uncertainties, enabling the perception of the need for change in the theoretical plan, so that errors do not happen in the practical execution.

These results show that the large amount of taxes and financial difficulties are challenges that nurses face. However, the biggest challenge for opening a business for seniors is the lack of knowledge about the legislation, causing non-compliance with them, which generates failures in the care of the elderly and compromises the enterprise.

IV. CONCLUSION

Data analysis made it possible to achieve the objectives of the study, regarding self-employment and being an entrepreneur, there is a perception that the market opportunity related to nursing care in long stay institutions for the elderly is real and will increase with the aging of the population. Autonomy makes it possible to make dreams come true, see the difference in care, and when associated with personal experiences, it underlies the process of opening long stay institutions for the elderly by nurses. quality and the bond developed between the institution and its clients.

The challenges in professional fulfillment and quality of care for the elderly, show that professional fulfillment comes from ensuring the quality of care and rehabilitation of the elderly. The dignity of the elderly, the quality of the affective bond between the members of the care team and respect for their individuality through simple actions are essential for entrepreneurs, as the absence of family, the feeling of abandonment and dependence are obstacles to service quality.

Unpreparedness for business management awakens a need to search for a better understanding of human, material, and financial resources, avoiding the workload of employees, ensuring team motivation and gains in institutional performance. The best financial management comes from knowledge of legislation and regulatory bodies, establishing planning strategies, such as the business plan, negotiating the price of the services offered, so that there is no loss or emotional distress in relation to

family members. patient, in addition to exploring different possible sources of income for long stay institutions for the elderly.

Finally, it was noticeable that research aimed at the enterprise in long stay institutions for the elderly is of great value, needing to be further explored to have more information on this subject, thus contributing to entrepreneurial professionals in the health area.

REFERENCES

- [1] Alexandre, A., Oliveira, J. da S. J., Silva, E. B., Neto, N. G., Costa, L. da, & Rodrigues, K. (2019). Arte e Ciência do Cuidar: Alteridade, Estabelecidos e Outsiders na Autonomia do Enfermeiro como Profissional Liberal. *Revista de Pesquisa: Cuidado é Fundamental Online*, 11 (2), 370-376. Doi: 10.9789/2175-5361.2019.v11i2.370-376
- [2] Andrade, A. de C., Ben, L. W. D., & Sanna, M. C. (2015). Empreendedorismo na Enfermagem: panorama das empresas no Estado de São Paulo. *Revista Brasileira de Enfermagem*, 68 (1), 40-44. Doi: 10.1590/0034-7167.2015680106p
- [3] Andrade, A. de C., & Sanna, M. C. (2017). Trajetória de enfermeiros empreendedores da década de 1980 na cidade de São Paulo. São Paulo, SP: Scortecci.
- [4] Baggio, A. F., & Baggio, D. K. (2015). Empreendedorismo: Conceitos e definições. *Revista de Empreendedorismo, Inovação e Tecnologia*, 1 (1), 25-38. Doi: 10.18256/2359-3539/reit-imed.v1n1p25-38
- [5] Brasil (1977). Lei n. 6437, de 20 de agosto de 1977. Configura infrações à legislação sanitária federal, estabelece as sanções respectivas, e dá outras providências. Recuperado de: http://www.planalto.gov.br/ccivil_03/leis/l6437.html
- [6] Brasil (1987). Decreto n. 94.406, de 8 de junho de 1987. Regulamenta a Lei n° 7.498, de 25 de junho de 1986, que dispõe sobre o exercício da enfermagem e dá outras providências. Recuperado de: http://www.cofen.gov.br/decreto-n-9440687_4173.html
- [7] Brasil (2003). Lei n. 10.741, de 1° de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Recuperado de: <https://www.gov.br/cidadania/pt-br/acao-a-informacao/legislacao/lei-no-10-741-de-01-de-outubro-de-2003>
- [8] Camarano, A. A., & Kanso, S. (2010). As instituições de longa permanência para idosos no Brasil. *Revista Brasileira de Estudos de População*, 27 (1), 232-235. Doi: 10.1590/S0102-30982010000100014
- [9] Campos, C. J. G. (2004). Método de análise de conteúdo: ferramenta para a análise de dados qualitativos no campo da saúde. *Revista Brasileira de Enfermagem*, 57 (5), 611-614. Doi: 10.1590/S0034-71672004000500019
- [10] Carvalho, D. P. de., Vaghetti, H. H., Dias, J. S., & Rocha, L. P. (2016). Características empreendedoras de enfermeiras: um estudo no Sul do Brasil. *Revista Baiana de Enfermagem*, 30 (4), 1-11. Doi: 10.18471/rbe.v30i4.16803
- [11] Carvalho, V. L. de. (2014). Perfil das instituições de longa permanência para idosos situadas em uma capital do

- Nordeste. *Cadernos Saúde Coletiva*, 22 (2), 184-191. Doi: 10.1590/1414-462X201400020012
- [12] Castro, V. C. de., Derhun, F. M., & Carreira, L. (2013). Satisfação dos idosos e profissionais de enfermagem com o cuidado prestado em uma instituição asilar. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5 (4), 493-502. Doi: 10.9789/2175-5361.2013v5n4p493
- [13] Conselho Federal de Enfermagem [Cofen]. (2017). Resolução Cofen nº 564/2017: Código de ética dos profissionais de enfermagem. Recuperado de: http://www.cofen.gov.br/resolucao-cofen-no-5642017_59145.html.
- [14] Conselho Nacional Dos Direitos Da Pessoa Idosa [CNDI]. (2017). Resolução n. 33, de 24 de maio de 2017: Estabelece diretrizes e parâmetros para regulamentação do Art. 35 da Lei nº10.741/2003 (Estatuto do Idoso), que dispõe sobre o contrato de prestação de serviços de toda entidade de longa permanência, ou casa-lar, com a pessoa idosa abrigada, substituindo a Resolução CNDI nº12/2008. Recuperado de: https://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/19219978/do1-2017-08-07-resolucao-n-33-de-24-de-maio-de-2017--19219851
- [15] Conselho Nacional De Saúde [CNS]. (2012). Resolução n. 466, de 12 de dezembro de 2012: Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Recuperado de: <https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
- [16] Costa, M. C. N. de S., & Mercadante, E. F. (2013). O Idoso residente em ILPI (Instituição de Longa Permanência do Idoso) e o que isso representa para o sujeito idoso. *Revista Kairós: Gerontologia*, 16 (1), 209-222. Doi: 10.23925/2176-901X.2013v16i1p209-222
- [17] Creutzberg, M., Gonçalves, L. H. T., & Sobottka, E. A. (2007). A sobrevivência econômica de instituições de longa permanência para idosos empobrecidos. *Revista Latino-Americana de Enfermagem*, 15 (spe), 748-754. Doi: 10.1590/S0104-11692007000700006
- [18] Cura, M. L. A. D., & Rodrigues, A. R. F. (1999). Satisfação profissional do enfermeiro. *Revista Latino-Americana de Enfermagem*, 7 (4), 21-28. Doi: 10.1590/S0104-11691999000400004
- [19] Dornelas, J. (2016). *Empreendedorismo: transformando ideias em negócios* (6a ed.). São Paulo, SP: Atlas.
- [20] Dyniewicz, A. M. (2014). *Metodologia da pesquisa em saúde para iniciantes* (3a ed.). São Caetano do Sul: Difusão Editora.
- [21] Falqueto, J. M. Z., Hoffmann, V. E., & Farias, J. S. (2019). Saturação Teórica em Pesquisas Qualitativas: Relato de uma Experiência de Aplicação em Estudo na Área de Administração. *Revista de Ciências da Administração*, 52 (20), 40-53. Doi: 10.5007/2175-8077.2018V20n52p40
- [22] Figueiredo, T. S., Rabelo, T. L. P., & Veloso, L. C. (2014). A vivência de idosos em instituições de longa permanência. *Revista Interdisciplinar*, 7 (2), 70-78. Recuperado de: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/download/427/pdf_128
- [23] Freire, F. de S., Mendonça, L. H. de., & Costa, A. de J. B. (2012). Sustentabilidade econômica das instituições de longa permanência para idosos. *Saúde em Debate*, 36 (95), 533-543. Doi: 10.1590/S0103-11042012000400005
- [24] Gil, A. C. (2002). *Como elaborar projetos de pesquisa* (4a ed.). São Paulo, SP: Atlas.
- [25] Hermann, A. P., Fentanes, L. R. C., Chamma, R. de C., & Lacerda, M. R. (2011). Autonomia Profissional Do Enfermeiro: Revisão Integrativa. *Cogitare Enfermagem*, 16 (3), 530-535. Doi: 10.5380/ce.v16i3.24227
- [26] Kletemberg, D. F., Siqueira, M. T. D., Mantovani, M. de F., Padilha, M. I., Amante, L. N., & Anders, J. C. (2010). O processo de enfermagem e a lei do exercício profissional. *Revista Brasileira de Enfermagem*, 63 (1), 26-32. Doi: 10.1590/S0034-71672010000100005
- [27] Kraemer, F. Z., Duarte, M. de L. C., & Kaiser, D. E. (2011). Autonomia e trabalho do enfermeiro. *Revista Gaúcha de Enfermagem*, 32 (3), 487-494. Doi: 10.1590/S1983-14472011000300008
- [28] Lenardt, M. H., Michel, T., & Wachholz, P. A. (2010). Autoavaliação da saúde e satisfação com a vida de idosas institucionalizadas. *Ciência, Cuidado e Saúde*, 9 (2), 246-254. Doi: 10.4025/ciencuccuidsaude.v9i2.8041
- [29] Minayo, M. C., & Gomes, S. F. D. O. C. N. R. (2002). *Pesquisa social: teoria, método e criatividade* (21a ed.). Petrópolis: Vozes.
- [30] Moraes, R. (1999). Análise de conteúdo. *Revista Educação*, 37 (22), 7-32. Recuperado de: http://cliente.arigo.com.br/~mgos/analise_de_conteudo_moraes.html
- [31] Morais, J. de., Haddad, M., Rossaneis, M., & Silva, L. da. (2013). Práticas de enfermagem empreendedoras e autônomas. *Cogitare Enfermagem*, 18 (4). Doi: 10.5380/ce.v18i4.46422
- [32] Nicolaci-da-Costa, A. M. (2007). O campo da pesquisa qualitativa e o Método de Explicitação do Discurso Subjacente (MEDS). *Psicologia: Reflexão e Crítica*, 20 (1), 65-73. Doi: 10.1590/S0102-79722007000100009
- [33] Oliveira, D. de P. R. de. (2014). *Empreendedorismo: vocação, capacitação e atuação direcionadas para o plano de negócios*. São Paulo, SP: Atlas.
- [34] Polit, D. F., & Beck, C. T. (2002). *Fundamentos de pesquisa em enfermagem* (7a ed.). Porto Alegre: Artmed.
- [35] Rodrigues, M. A., Santana, R. F., Paula, R. C. C. de., Silva, M. T. N. da., & Santo, F. H. do E. (2018). Exercício profissional de enfermagem em instituições de longa permanência para idosos: estudo retrospectivo. *Texto & Contexto - Enfermagem*, 27 (2), e1700016. Doi: 10.1590/0104-070720180001700016
- [36] Roncon, P. F., & Munhoz, S. (2009). Estudantes de enfermagem têm perfil empreendedor?. *Revista Brasileira de Enfermagem*, 62 (5), 695-700. Doi: 10.1590/S0034-71672009000500007
- [37] Roquete, F. F., Batista, C. C. R. F., & Arantes, R. C. (2017). Demandas assistenciais e gerenciais das instituições de longa permanência para idosos: uma revisão integrativa (2004-2014). *Revista Brasileira de Geriatria e Gerontologia*, 20 (2), 286-299. Doi: 10.1590/1981-22562017020.160053

- [38] Rothbarth, S., Wolff, L. D. G., & Peres, A. M. (2009). O desenvolvimento de competências gerenciais do enfermeiro na perspectiva de docentes de disciplinas de Administração aplicada à Enfermagem. *Texto & Contexto - Enfermagem*, 18 (2), 321-329. Doi: 10.1590/S0104-07072009000200016
- [39] Salcher, E. B. G., Portella, M. R., & Scortegagna, H. de M. (2015). Cenários de instituições de longa permanência para idosos: retratos da realidade vivenciada por equipe multiprofissional. *Revista Brasileira de Geriatria e Gerontologia*, 18 (2), 259-272. Doi: 10.1590/1809-9823.2015.14073
- [40] Santos, S. S. C., Silva, B. T. da., Barlem, E. L. D., & Lopes, R. da S. (2008). O papel do enfermeiro na instituição de longa permanência para idosos. *Journal of Nursing UFPE on line*, 2 (3), 291-299. Doi: 10.5205/reuol.351-11415-1-LE.0203200812
- [41] Serviço Brasileiro de Apoio às Micro e Pequenas Empresas (2020). Tudo o que você precisa saber para criar o seu plano de negócio. Recuperado de: <https://www.sebrae.com.br/sites/PortalSebrae/artigos/como-elaborar-um-plano-de-negocio,37d2438af1c92410VgnVCM100000b272010aRCRD>
- [42] Silva, A. H., & Fossá, M. I. T. (2015). Análise de conteúdo: exemplo de aplicação da técnica para análise de dados qualitativos. *Qualitas Revista Eletrônica*, 16 (1), 1-14. Doi: 10.18391/qualitas.v16i1.2113
- [43] Silva, B. T., Barlem, E. L. D., Lunardi, V. L., & Santos, S. S. C. (2008). Educação permanente: instrumento de trabalho do enfermeiro na instituição de longa permanência. *Cuidado E Saúde*, 7 (2), 256-261. Doi: 10.4025/ciencuccuidsaude.v7i2.501
- [44] Silva, I. de S., Xavier, P. B., & Almeida, J. L. S. (2020). Business entrepreneurship in Nursing: challenges, potentialities and perspectives. *Research, Society and Development*, 9 (8), e912986348. Doi: 10.33448/rsd-v9i8.6348
- [45] Siqueira, V. T. A., & Kurcgant, P. (2012). Satisfação no trabalho: indicador de qualidade no gerenciamento de recursos humanos em enfermagem. *Revista da Escola de Enfermagem da USP*, 46 (1), 151-157. Doi: 10.1590/S0080-62342012000100021
- [46] Zampier, M. A., & Takahashi, A. R. W. (2011). Competências empreendedoras e processos de aprendizagem empreendedora: modelo conceitual de pesquisa. *Cadernos EBAPE.BR*, 9 (spe1), 564-585. Doi: 10.1590/S1679-39512011000600007