

IMPACT OF SOCIAL ENTREPRENEURSHIP IN IMPROVING QUALITY OF HEALTHCARE IN INDIA WITH SPECIAL REFERENCE TO STATE OF UTTAR PRADESH

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ABSTRACT

Social Entrepreneurship has been discussed in academic circle as one of the most powerful and recently popularize instruments which can impact positively many of the societal problems. This paper discusses specifically about the role of social entrepreneurship in healthcare sector in India and specially in state of Uttar Pradesh. Six main factors were identified based on the extensive literature review which are crucial for judging whether the healthcare service provider is successfully accomplishing its task or not. On these parameters we identified that social enterprises are working successfully across India and have been able to play a crucial role in improving the healthcare scenario of India. The findings of this study suggest that role of social enterprises is especially noticeable in child immunisation. The study will help researchers in enhancing their understanding of healthcare social enterprises.

KEYWORDS: Social Entrepreneurship, Healthcare Sector. Social Impact.

Introduction

India has a universal public health care system. As health is a state subject therefore it is managed and governed mainly by respective governments at state and union territory level. Parallel to public health sector, is the private medical sector in India that is more popular. In spite of three tier healthcare system at governmental level and network of private healthcare services available India face numerous challenges to provide a good healthcare system to vast majority of Indians.

The Challenges include Rural vs. Urban Divide: About 70% of the population still lives in rural areas with limited access to hospitals and clinics and relies on alternative medicines and government programs in rural health clinics. Then there is Need for Effective Payment Mechanisms. Roughly 70% of patients pay for healthcare out-of-pocket because there are no payment arrangements. The Demand for Basic Primary Healthcare and Infrastructure is another issue where a basic infrastructure, especially in rural areas is still lacking, with respect to sanitation and water management. Issue of Malnutrition, Lack of awareness of mental disorders and similar other health related issue are faced by Indians.

If we talk about the case of the state of Uttar Pradesh, we know that healthcare has been low on the priorities of successive Uttar Pradesh governments. An India spend report said that the per capita expenditure on health in Uttar Pradesh increased from Rs 260 to Rs 372 over four years to 2010, according to the 2012 National Institute of Public Finance and Policy report, compared to Rs 356 to Rs 580 in Kerala and from Rs 299 to Rs 579 in Tamil Nadu over the same period.

Among the major states of India, Uttar Pradesh, Assam, Madhya Pradesh and Odisha account for the lowest life expectancy at birth, when compared to the southern, western and eastern states. There are several factors such as a shortage of healthcare professionals, increasing cost of healthcare, the mushrooming of private healthcare and a lack of planning are responsible for such poor statistics associated with quality of healthcare in state of U.P.

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All these challenges provide a good ground and opportunity for social entrepreneurs to make a positive impact. Social entrepreneurship is defined as doing business for a social cause. Social entrepreneurs combine commerce and social issues in a way that improves the lives of people connected to the cause. Social entrepreneurs do not measure their success in terms of money. They define their success as the world they have improved. The concept of social entrepreneurship has gained immense popularity in recent times as the government of India has made it a more realistic responsibility for corporates. This has prompted many companies to step up their social responsibilities.

Social Entrepreneurship is the process of identifying and implementing innovative solutions to important and neglected problems of society. When the solutions found are more effective and efficient than those that are institutionalised, we obtain a social innovation (Santos, 2012). This means that Social Innovation is thus a process of transforming the patterns of response to social needs, implying a rupture with established norms and values, as well as with the distribution structure of power and resources (Parente, 2014). In this sense, social innovation initiatives are aimed at the intentional promotion of social results and impacts, in response to human needs not met by State and / or Market action; and have a primary focus on social inclusion, through empowering individuals and revitalizing communities, potentially boosting their capacity for action (Diogo & Guerra, 2013).

Significance of the Study

The focussed and measurable study of how the social entrepreneurship has affected the quality of healthcare has surely intended to advance the available literature on relationship between the Social Entrepreneurship in healthcare and its impact on public health. The study can also help in bringing out the gaps where and positive intervention is needed from side of the government for accomplishing the goal stated under UN SDG. Further this study will help us to understand and elaborate on the roles of social enterprises already in the business of providing healthcare facilities. Six factors have been identified based on the literature review which are crucial to judge the importance or impact of a healthcare service provider:

- Different ailments treated by healthcare service providers
- Hospitalisation Cases treated
- Average medical expenditure per hospitalisation case (excluding childbirth):
- Expenditure on treatment of ailments not involving hospitalisation
- Breakup of childbirths by type of delivery
- Immunisation of children between 0-5 years

The data collected from different secondary sources related to above six factors have been analysed in this paper. Also, in the light of above discussion this research study will help in throwing light on following questions.

Whether the social entrepreneurship in anyway helping in improving the healthcare scenario in India?

Whether social enterprises contribute significantly to healthcare sector in the state of Uttar Pradesh?

How are social enterprises better compared to other healthcare service providers in providing healthcare services in India?

How are social enterprises better compared to other healthcare service providers in providing healthcare services in state of Uttar Pradesh?

The study shall be covering all the objectives with proper explanation, it is very important to note that, though this research paper has said objectives, but it aptly covers the overall sense of social entrepreneurship in India.

Research conceptual framework, literature review, and development of hypothesis

Yanto Chandra and Liang Shang in their research paper titled "Social entrepreneurship interventions in the HIV/AIDS sector: A social entrepreneurship–social work perspective" in *International Social Work* (journals.sagepub.com/home/isw) talk about various Social Entrepreneurship Interventions such as relational, service, economic, and policy that are made so that desired impact of such inventions can be studied on HIV/AIDS.

Daru, Mahesh and Gour, Ashok in their research paper title “Social entrepreneurship - A way to bring social change” (2013) state that in the developing world, the issues covered under Millennium Development Goals (MDGs) are the social issues that need urgent attention of the authorities. MDGs include goals such as eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases. Social entrepreneurship has great scope and role in this area.

Singh, Partap, Dr. in his research paper title “Social Entrepreneurship- A growing trend in Indian economy” (2012) underlines that the main aim of social entrepreneurship is to further broaden social, cultural, and environmental goals. Social entrepreneurs are commonly associated with the voluntary and not-for-profit sectors, but this need not preclude making a profit.

Social Return on Investment (SROI) and Performance Measurement by Rose Miller and Kelly Hall: SROI is a performance measurement tool currently being encouraged to capture this impact. This paper describes and analyses how SROI is used and understood in health and social care settings.

An assessment of India’s readiness for tracking SDG targets on Health and nutrition by Nandita Saikia and Purushottam m. Kulkarni: This paper examines India’s readiness to assess its progress towards the SDGs related to nutrition and health (including reproductive, maternal, new-born and child health).

Entrepreneurship for Sustainable Development: A Review and Multilevel Causal Mechanism Framework by Matthew P. Johnson and Stefan Schaltegger. In this paper the author clearly states that Entrepreneurship for sustainable development is a multilevel phenomenon which interrelates social, environmental and economic dimensions between entrepreneurial processes, market transformations, as well as large-scale societal developments.

The macro-level determinants of user entrepreneurship in healthcare: an explorative cross-country analysis by Francesco Schiavone, Giorgia Riviuccio, Francesco Paolone, Antonella Rocca. In this paper authors talk about the – Healthy user innovators are more likely to become entrepreneurs in those countries where creativity, economic opportunities and business environment are increasing from the lower level until a certain threshold. After that level, user entrepreneurship seems to be not relevant.

The Antecedents of Healthcare Social Entrepreneurship by Jeroen Gruiskens, Jarrod Ormiston, Federica Angeli, Onno C.P. van Schayck. In this paper the author clearly states that increasing public demand for high-quality and accessible healthcare, takes huge toll on pocket of the patient and it is here that social entrepreneurship holds the promise of making a cost-effective social impact in healthcare. Further they claim that as per their study the dimensions of multi-disciplinarity, exposure, connectedness, and pro-social orientation are the core antecedents for social entrepreneurial pathways in healthcare.

H₁ Social Entrepreneurship contributes positively in the healthcare sector in India.

H₀ Social Entrepreneurship does not contribute in the upliftment of society in India.

H₁ Social Entrepreneurship contributes positively in the healthcare sector in the state of Uttar Pradesh

H₀ Social Entrepreneurship does not contribute positively in the healthcare sector in the state of Uttar Pradesh

Methodology of the Study

In this research we have used research methodology which is descriptive in nature. We have use secondary data for our study which is relevant for the present research. The data and information which is furnished in the study is taken from the various secondary sources. The objective of the research is to find the impact of social entrepreneurship on healthcare sector. The sources from where the data has been collected for the present study is listed below:

A survey on Household Social Consumption conducted by National Statistical Office (NSO), Ministry of Statistics and Programme Implementation Education as part of 75th round of National Sample Survey (NSS). Reports of various industrial agencies like CII, ASSOCHAM, FICCI etc has been duly referred for the study.

- Published reports from different government bodies both at central and state level
- Research papers on related topics have been taken for the inputs

- Web resources related to the topic have been used for the information
- Websites and published material of social enterprises working all over India and globally.

All the other published material on social entrepreneurship or entrepreneurship has been referred during the research.

Social Entrepreneurship in Uttar Pradesh Specific to Healthcare Sector

- **IGEHRC:** The Indira Gandhi Eye Hospital and Research Centre (IGEHRC) in Uttar Pradesh, set up by the Rajiv Gandhi Charitable Trust (RGCT) to eliminate avoidable blindness, and bridge the gap between demand and supply of affordable high quality eye care, particularly in northern India. RGCT initially collaborated with AECS to develop IGEHRC systems. Today, IGEHRC is run by a team of highly trained and committed medical, paramedical and managerial staff. Its hub and spoke model allow efficient use of resources and provides quality eye care to the unserved, supported by cross-subsidisation from paying patients and donor grants.

Glocal is in the process of implementing its next phase, of 50 primary and secondary care hospitals in Uttar Pradesh, Bihar, Chhattisgarh, Odisha, West Bengal and Jharkhand. Each hospital will cater to a sub-district, serving a population of approximately 5 lakhs within a radius of 15 km. The group's vision is to be the largest rural healthcare provider in India and to grow to a network of 2,000 hospitals across the country.¹¹ Glocal aims to reduce costs to almost one-third of current standards with its Information and Communication Technology (ICT)-backed protocol-driven cost-efficient and high-volume delivery model.

The Eye-Q hospital chain is committed to providing best quality eye care at affordable cost across India. It is an ISO 9001-2015 registered organization operating under the leadership of Founder and CMD- Dr. Ajay Sharma Established in 2007, Eye-Q is today a chain of 44 super speciality eye hospitals with centres in Delhi-NCR, Haryana, Uttar Pradesh, Uttarakhand and Gujarat. It has recently extended its services in Maharashtra and is soon going to launch its operations in Africa with a centre in Lagos, Nigeria

GV Meditech Ltd. operates a chain of secondary level hospitals that serve people in Uttar Pradesh, Western Bihar, parts of Jharkhand, and parts of Nepal. There are three main healthcare facilities operated by GV Meditech: the Apollo Clinic, GV Meditech Hospital, and Surya Meditech Hospital. The Apollo Clinic Varanasi offers a complete range of world-class healthcare services including specialist consultations, diagnostics, preventive health checks, dental clinic, In vitro Fertilization (IVF) and Apollo pharmacy - all under one-roof. G. V. Meditech Hospital is specially designed to cater to trauma cases.

Sevamob – 24x7 Healthcare, From the Cloud to The Doorstep: At just Rs. 100 per subscriber, Sevamob is transforming on the ground primary healthcare service in the far-flung areas of North India through its mobile clinics, doctors at the doorstep and unmatched service. Shelley Saxena, Founder and CEO at Sevamob tells us about their subscription-based primary health care and financial assistance service delivered to low-income groups in Lucknow. Sevamob provides primary healthcare and insurance to low-income consumers in regions of Lucknow, Uttar Pradesh.

Caring Souls Foundation (CASOF) is a registered Non-Government Organization (under Societies Registration Act, 1860) with a pan India presence. The organization is dedicated to the cause of HIV/AIDS and CANCER prevention and providing support to patients. CASOF defines dedication, common values, goals and caring for the entire team. The three branch offices and 88 counselling cum information centres in 18 states operate in tandem, led by the parent office at Lucknow, Uttar Pradesh. The parent office supports the operational teams in its task of benefiting people by educating and supporting. The mission of the Caring Souls Foundation (CASOF) is to prevent and help Cancer and HIV/AIDS through education, communication, research and collaboration to create sustainable systems to financially aid patients.

SEEDS (Sustainable Environment and Ecological Development Society): SEEDS is a leading humanitarian organization recently awarded with the most prestigious annual Subhash Chandra Bose Aapda Prabandhan Puraskar 2021 by the Government of India for its invaluable contribution and selfless service rendered in the field of Disaster Management. It is currently working towards the continuing challenge of Covid-19.

Findings

Five different types of healthcare service providers were distinguished: (i) government/public hospital (incl. HSC/PHC/CHC etc.), (ii) charitable/trust/NGO-run hospital, (iii) private hospital, (iv) private doctor/clinic, and (v) informal healthcare provider. Six factors have been analysed which measures the role and impact of healthcare service providers.

Different Ailments Treated by Healthcare Service Providers

As per report of 75th round of National Sample Survey (NSS) there are 7 broad categories of ailments for which health care providers provide their service namely: (i) infections (including fevers, jaundice, diarrhoea/dysentery), (ii) endocrine or metabolic (including diabetes and thyroid diseases), (iii) cardio-vascular (including hypertension and heart disease) (iv) respiratory, (v) musculo-skeletal (including joint pain, back & body aches), (vi) psychiatric or neurological, and (vii) other ailments.

Table 1

healthcare service provider	percentage of treated ailments		
	rural	urban	all
government/public hospital	32.5	26.2	30.1
private hospital	20.8	27.3	23.3
charitable/trust/NGO-run hospital	0.9	1.3	1.1
private doctor/ in private clinic	41.4	44.3	42.5
informal health care provider	4.3	0.9	3.0
all	100.0	100.0	100.0

Based on the above table we clearly see that the contribution of social enterprises is meagre 0.9% in rural india and slightly above 1% in urban area. Even the informal healthcare providers have greater contribution in treating the ailments.

In case of U.P the contribution of social enterprises in treating the ailment is around 0.4%. Only few states like Nagaland, Mizoram and Odisha the contribution is more than 5%.

Hospitalisation Cases

In-patient hospitalization (excluding childbirth) by type of hospital for availing treatment:

- Public hospitals accounted for 42% (46% in rural areas, 35% in urban areas).
- Private hospitals (excl. charitable, NGO-run) accounted for 55% (52% in rural areas, 61% in urban areas).
- Charitable/trust/NGO-run hospitals accounted for 2.7% (2.4% in rural areas, 3.3% in urban areas).
- In case of U.P. the hospitalisation percentage is around 2.4% which is similar to all India level. No state has percentage share more than 5%.

Average medical expenditure per hospitalisation case (excluding childbirth):

- Average medical expenditure per hospitalisation case (excluding childbirth) in rural India about Rs. 16,676 and Rs. 26,475 in urban India.
- In Government/public hospitals the expenditure was about Rs. 4,452 (about Rs. 4,290 in rural and Rs. 4,837 in urban areas).
- In private hospitals the expenditure was about Rs. 31,845 (about Rs. 27,347 in rural and Rs. 38,822 in urban areas).
- In case of social enterprises, the expenditure is around Rs.20000. on all India basis
- In case of U.P the average expenditure is around Rs. 26000 which is higher than most of the other big populous states

Expenditure on Treatment of Ailments Not Involving Hospitalisation

sector	average medical expenditure (Rs.) per spell of ailment treated by					
	govt./ public hospitals	private hospitals	trust/ NGO-run hospitals	private doctor/ clinics	informal healthcare providers	all
rural	325	1,081	624	566	487	592
urban	344	1,038	863	714	1,035	710
all	331	1,062	732	624	552	636

Breakup of Childbirths by Type of Delivery

all-India				
type of delivery	govt./ public hospitals	private hospitals	charitable/ NGO/trust-run hospitals	all hospitals
rural				
normal	84.7	14.8	0.6	100.0
caesarean	38.4	59.9	1.7	100.0
other (forceps, vacuum extraction etc.)	65.9	27.2	6.9	100.0
urban				
normal	61.8	36.9	1.3	100.0
caesarean	29.5	66.9	3.5	100.0
other (forceps, vacuum extraction etc.)	13.8	85.5	0.7	100.0
rural+urban				
normal	79.8	19.4	0.7	100.0
caesarean	34.9	62.7	2.4	100.0
other (forceps, vacuum extraction etc.)	42.0	53.9	4.1	100.0

Immunisation of Children: Children 0-5 years

state	% of children fully immunised
Andhra Pradesh, Kerala, Haryana, Telangana	70-74
Odisha, West Bengal, Chhattisgarh, MP, Punjab, Karnataka	60-69
Gujarat, Maharashtra, Jharkhand, Tamil Nadu, Rajasthan, UP	50-59
Bihar, Assam	45-49

The main center of immunisation are (i) HSC/Anganwadi centre, (ii) PHC/dispensary/CHC/mobile medical unit, (iii) government/public hospital, (iv) charitable or trust/NGO-run hospital, (v) private hospital, and (vi) private doctor/clinic.

all-India							
sector	% of children for whom the main source of immunisation was						
	HSC/ Angan-wadi centre	PHC/ dispen-sary/ CHC/ mobile medical unit	govern-ment/ public hospital	charitable or trust/ NGO-run hospital	private hospital	private doctor/ clinic	all
rural	74.2	9.9	10.8	2.6	1.6	0.5	100.0
urban	45.0	11.7	29.2	2.6	9.1	1.9	100.0

In case of U.P the percentage rate of immunisation through the channel of social enterprises is around 5% which is places U.P in top 5 states which uses the services of social enterprises actively in area of child immunisation.

Conclusion

Six factors were identified based on the literature review which are essential to judge the role or impact which social entrepreneurs make throught their enterprise in healthcare area. As shown in the data above we clearly see that even though the government hospitals and care centers are overburneded but the role of social enterprises in healthcare sector is easily visible. Some significant conclusion that can be drawn from the above findings are as follows:

- The social enterprises in healthcare sector are active in all states.
- We see that the social enterprises are making active contribution pan india in all six key parameters.

- The contribution of social enterprises in all 6 major factors are less compared to other service providers.
 - There is great scope of lessening the burden of government run hospitals by increasing the percentage contribution of social enterprises
 - The social enterprises in U.P reflects almost same figures as that in other part of India in terms of contribution made by them in the identified six major parameters.
 - On some parameters like immunisation in children social enterprises in U.P leads ahead of many major states. This shows that there is good acceptance level in the public with regard to the services provided by them.
 - The average medical expenditure in case of social enterprises is less than private hospitals but more than the government hospitals.
 - There are many active social enterprises working in India whose roles and impact is very significant as shown above. For example, Glocal, IGEHRC etc.
- The hypothesis of the study has been tested on secondary data basis and it is found that:
- Social entrepreneurship is contributing in the upliftment of society in India.
 - Social Entrepreneurship contributes positively in the healthcare sector in the state of Uttar Pradesh.
 - Hence, both the alternative hypotheses have been proved, and null hypothesis have been rejected.

Limitations and Suggestion for Further Studies

Any study is not without limitations. One limitation with the study is that this study has used the secondary data for analysing the role, impact and contribution of social enterprises in servicing the healthcare sector. In further research primary data from the actual beneficiaries or stakeholders could be collected to get the real picture.

Another major limitation with the study is that no latest facts and figures were available from any of the reports of Government of U.P w.r.t social enterprises working in healthcare sector. Therefore we had to rely on the data provided in the report published by National Statistical Office (NSO), Ministry of Statistics and Programme Implementation, Government of India. This limitation can be overcome only when some authentic latest government report is published citing the actual figures for social enterprises working in healthcare sector in U.P. This can be part of further study. No comparative study of different states is done in this study. In future studies we can do performance comparative study of social enterprises for different states as well. This study limits its study to only six main factors as stated above. Further study can be expanded to include other factors which can be used to judge the impact of social enterprises in the healthcare sector in India and its constituent states.

Disclosure Statement

- No potential conflict of interest was reported by the author(s).

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