INVESTIGATING ENTREPRENEURIAL PERFORMANCE AS A CRITICAL SUCCESS FACTOR FOR PRIVATE SMALL-TO-MEDIUM ENTERPRISE (SME) HEALTHCARE ENTREPRENEURS AND MANAGERS IN TANZANIA: A HERMENEUTIC PHENOMENOLOGICAL STUDY

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For the Award of

Doctor of Business Administration

2022

ABSTRACT

The alarmingly high number of new SMEs and the high failure rate of Tanzania's private healthcare SMEs trigger constant business closures, high unemployment, increased poverty, and financial losses. Little is known about the link between high healthcare SME failure rates and the full scope of healthcare entrepreneurs' and managers' roles and entrepreneurial performance. Hence, this hermeneutic phenomenological thesis built upon OBE theory to investigate entrepreneurial performance as a critical SME success factor through the lived experiences of twenty-five entrepreneurs and managers. This thesis theorised that success is multidimensional, intrinsically motivated and interpreted beyond financial figures

CERTIFICATION OF THESIS

I Simon Abson declare that the DBA Thesis entitled Investigating entrepreneurial performance as a critical success factor for private Small-to-Medium Enterprise (SME) healthcare entrepreneurs and managers in Tanzania: a hermeneutic phenomenological study is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signed: Simon Abson Date: 10 March 2022

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Student and supervisors' signatures of endorsement are held at the University.

GLOSSARY OF TERMS

Entrepreneur	The term is used to refer to an entrepreneur as the business owner. Onstenk (2005) put forward the concept of entrepreneur as one who possesses the entrepreneurial competencies needed to start an SME, operate it in the marketplace and sustain it. These competencies constitute a structured and integrated ability to perform entrepreneurial activities adequately and to solve entrepreneurial problems.
Entrepreneurial performance	SME manager's or entrepreneur's ability to deal effectively with strategic planning and the exploitation of opportunities to maximise profitability, optimise human capital operational efficiency and create new SMEs.
Fore-structure	The term refers to prior understandings, prejudices and experiences held by the researcher relating to the study phenomenon (McConnell-Henry et al., 2009).
Manager	A term used to refer to an SME's manager who is an employee and possesses entrepreneurial performance and management competencies. It is a role concerned with the management of a SME and includes tasks such as planning, organisation, financial management, leadership, and control (Lucky, 2012).
Opportunity-Based Entrepreneurship Theory	At the center of OBE are successful entrepreneurs and entrepreneurial managers who excel at identifying and taking advantage of business possibilities created by social, technological, and cultural changes (Hakala, 2015; Shane, 2003).

Participant	The term is used for the 25 entrepreneurs and managers who agreed to participate in this research project.
Phenomenology	An umbrella term encompassing both a philosophical movement and a range of research approaches that are concerned with the study of phenomena, their nature and meanings as things appear, through to human experience or consciousness (Finlay, 2008).

ACKNOWLEDGEMENTS

During this research study several people have made this thesis possible and deserve special recognition.

First, I am grateful to God Almighty for giving me the grace to endure and finish the race and to the participants and their employers without whom this study would not have been possible. They offered their time, contributions, and encouragement.

Second, to my thesis supervisors and mentors, Professor Karen Trimmer, Dr. Yvonne Findlay and Professor Patrick Danaher, and mentor Dr. Gladness Salema, whose immeasurable guidance, encouragement, and tolerance have resulted in the accomplishment of this thesis.

Finally, and importantly, my profound thanks to my family, previous supervisors, and friends whose ongoing support and encouragement has kept me focused throughout the study.

This research has been supported by the Australian Government Research Training Program Scholarship.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES.

ABBREVIATIONS

Abbreviation	Description
CCHP	Comprehensive Council Health Plans
DBA	Doctor of Business Administration
GDP	Gross Domestic Product
IPA	Interpretive Phenomenological Analysis
NIMR	National Institute of Medical Research of Tanzania
OBE	Opportunity-Based Entrepreneurship Theory
SME	Small-to-Medium Enterprises
TBS	Tanzania Bureau of Statistics
USQ	University of Southern Queensland

CHAPTER ONE: INTRODUCTION

1.0 Introduction to the study

Tanzania's Small-to-Medium Enterprise (SME) ventures make an important contribution to the nation's economic development. Recent years have seen a rapid growth of SMEs in Tanzania's private health care system, however sustained operational and financial pressures are reportedly leading to their failure to survive beyond the initial five years of operation (White et.al., 2013). This is a problem of interest to this researcher as he has personal experience as a healthcare entrepreneur in Tanzania. The researcher's private healthcare SME failed to thrive beyond the first year because of operational challenges such as lack of funding for operations and poor income generated from the business.

One significant internal factor emphasised in the research literature on SME success is the importance of the SME manager's or entrepreneur's ability to deal effectively with strategic planning and the exploitation of opportunities to maximise profitability, optimise human capital operational efficiency and create new SMEs. This capability is referred to in the business management literature as 'entrepreneurial performance'; a multidimensional phenomenon that is the subject of debate among researchers internationally (Berguland, 2007; Wiklund & Shepherd, 2005). Little is known about the link between high healthcare SME failure rates and the full scope of practice of healthcare entrepreneurs' and managers' roles and the phenomenon of entrepreneurial performance. There is also a lack of published research exploring the phenomenon of entrepreneurial performance from the perspective of SME managers themselves.

The purpose of this hermeneutic phenomenological research is to understand the notion of entrepreneurial performance through the lived experiences of purposively sampled Tanzanian healthcare SME entrepreneurs and managers. This thesis study involves an inductive research design that builds on the theoretical underpinnings of Opportunity-Based Entrepreneurship (OBE) Theory informed by Shane and Venkataraman (2000), with a focus on participants' viewpoints of entrepreneurial opportunities, their identification, utilisation, and their views on the availability of opportunities within their practice contexts. As argued by Eckhardt and Shane (2003), OBE Theory aligns with the core principles of hermeneutic phenomenological studies that allow data (semi-structured interviews, researcher's journal, and observations) to be directly reflective of study participants' perceptions and the situation in which they practise. This hermeneutic phenomenological process involves the generation of new themes related to implications on new theory development, their practice, research design and future research directions.

Prior research portrays a person's ability to deal with opportunities effectively through the dynamics of an organisational setting as the principal factor that seems to determine success as an SME manager or entrepreneur, thereby enabling the people concerned to be actively and enthusiastically involved and successful (Darling & Gabrielsson, 2004; Talebi, 2007; Welsh & Maltarich, 2004). Globally, the philosophical and structural arrangement of first-level health care services and funding is complex because of their interconnectedness with other social determinants of population health and a lack of funding for private providers.

Many sub-Saharan African countries such as Tanzania, Rwanda and South Africa have been introducing reforms to improve their primary healthcare and referral systems (Gilson & Mills, 1995; Sekwat, 2003). These reforms are typically

complex by nature and aim to strengthen and transform the health system by targeting specific health system inputs. In Tanzania, the private healthcare SME sector is dominated by out-of-pocket expenses for providers and healthcare consumers (World Health Organization (WHO), 2015). Structurally, both municipality council level private and public healthcare SMEs, which consist of a dispensary (Dutta, 2015), health clinic, and multipurpose clinic (Hamisi, 2011), are regulated and supervised by the Ministry of Health District Medical Officers (DMOs), who in turn report to regional medical officers based on set population-health targets.

As argued by Mgeni (2015), Tanzania has recorded a rapid increase in SMEs over the past two decades. By 2011 SMEs accounted for about 95% of all business in Tanzania. However, for various reasons, most of the SMEs in Tanzania are informal and thus unregistered. For example, by 2010 Tanzania had more than three million SMEs of which only 3.9% were formally registered. 96.4% of unregistered SMEs were micro-businesses and 84.4% were small businesses (Ishengoma, 2018). Entry into business is not a problem for SMEs in Tanzania, but their development is very slow both size-wise and in market coverage (Mfaume & Leonard, 2004).

Whilst the case of high informality is true for non-healthcare SMEs in Tanzania, Rumisha (2018) put forward that all healthcare-related SMEs are formally recognised, registered and recorded in a publicly accessible national database termed the Health Facility Registry (HFR)

According to Dalberg (2011), nearly half of all SME start-ups in Tanzania fail within five years, and only a few grow to become large firms. To evaluate successful entrepreneurship, numerous studies have explored the differences between

entrepreneurs and managers in large organisations (Busenitz & Barney, 1997), examined psychological and personal/demographic differences (Brockhaus & Horwitz, 1986; Low & MacMillan, 1988), and focused on external causes of entrepreneurial behaviour (Acs & Audretsch, 1987; Aldrich & Zimmer, 1986). Unfortunately, there is a paucity of published research on Tanzania's private healthcare SME entrepreneurs and managers to gauge their lived experiences regarding the phenomenon of entrepreneurial performance and strategies to mitigate against existing sustainability, funding, and service delivery challenges such as a lack of skilled human and material resources (Jenniskens et al., 2012). Little is also known about existing entrepreneurial opportunities and how these can be maximised to facilitate the achievement of set child and maternal health improvement targets.

Consequently, the researcher believes that it is important to understand and interpret the phenomenon of entrepreneurial performance as a critical success factor for private healthcare SME entrepreneurs and managers in Tanzania. To achieve this, it is vital to determine study participants' viewpoints regarding lived experiences of their role and the impact on existing private healthcare SME challenges, opportunities, and remedial strategies as a basis to locate a person-centred solution to the existing challenges.

1.1 Background to the phenomenon of entrepreneurial performance among Tanzania's private healthcare SME entrepreneurs and managers

Various universally accepted criteria are used to define SMEs worldwide (Ministry of Industry and Trade, 2002). The size of the firm is widely used to define SMEs, however different countries use different sizes depending on their level of economic development. In Tanzania, for example, the term SMEs is used to mean

Micro, Small and Medium Enterprises (MSMEs). It is, therefore, common to see the two terms used interchangeably in various Tanzanian studies on SMEs (Ministry of Industry and Trade, 2002). For practical reasons, this study focused on SMEs with a size of 5-99 employees.

Hodgets and Kuratko (2002) and Stevenson (2003) described entrepreneurs and entrepreneurial managers as those for whom the principal objectives are to pursue opportunities beyond resources controlled to achieve immediate profitability and rapid growth by employing strategic business and innovative management practices. Schumpeter (1934) adopted four relevant defining categories of entrepreneurial venture behaviour that can be observed as the ability to introduce new goods and services, introduce new methods of production, open new markets and undertake industrial re-organisation. In contrast, Daft (2000) described a small business venture as any small independently owned and operated business that grows during its entire organisational life and does not engage in any marketing and innovation. Furthermore, a small business owner has the sole purpose of achieving personal goals such as obtaining a primary source of income, occupying a significant amount of time, intricately binding family needs and desires, and providing a major extension of the owner's personality.

According to Wiklund and Shepherd (2005), entrepreneurial performance is a multidimensional factor and the subject of recurring debate among management researchers. Previous studies that focused on business performance seem to have failed to reconcile various positions on performance conceptualisation (Aziz et al., 2013; Hayat & Riaz, 2011; Mohd et al., 2012). Nevertheless, many research studies on entrepreneurship have identified the importance of determining the viewpoints of rich informant factors that impact on entrepreneurial performance and ways to

improve the performance of entrepreneurs and managers as essential problems that require attention (McMullan & Kenworthy, 2015; Yang, 2008). According to Hanell (2016), a rich informant is a person who has specialised knowledge and/or expertise in a particular culture or group that researchers identify to gain access, information and ongoing feedback during the collection and gathering of data for interpretation.

Dess and Robinson (1984) and Fairoz et al. (2010) posited two recommendations for researchers to ensure clarity on entrepreneurial performance. First, the selection of the conceptual framework from which the concept of entrepreneurial performance is defined. Second, as Geertz (1973) alluded, a research method that provides a thick description and interpretation of lived experiences that is insightful to the reader. Likewise, previous studies have successfully utilised non-monetary measures such as thick qualitative data to describe and interpret entrepreneurial performance (Abu-Jarad et al., 2010; Dess & Robinson, 1984; Obiwuru et al., 2011). Equally important, this current research study utilized OBE Theory (Smith & Chimucheka, 2014; Stevenson, 2003) as the conceptual framework, hermeneutic phenomenology's data collection methods, and an interpretive phenomenological analysis to provide thick descriptions and interpretation of the outcomes of the study.

The literature is dominated by studies that link SME entrepreneurship to economic growth (Carrie et al., 2002; Chea, 2009; Naude, 2008; Omar et al., 2013; Reynolds et al., 2002; Wenneker & Thurik, 1999). For example, Omar et al. (2013), using a Malaysian manufacturing explorative study on entrepreneurs' and managers' capabilities, found that entrepreneurship served an important function in job creation, economic growth, and the development of various geographic entities, from villages to regions and even to entire countries.

Stevenson (2003) interrogated the phenomenon of entrepreneurship as the pursuit of opportunity beyond resources controlled in the form of non-mutually exclusive opportunities such as pioneering a truly innovative product, devising a new business model, creating a better or cheaper version of an existing product, or targeting an existing product to new sets of customers. Similarly, Ahmed (1998) claimed that innovation is the engine of change, and culture is a primary determinant of innovation. Innovation is the development and implementation of new ideas by people who, over time, engage in transactions with others within an institutional order (Van De Ven, 2006). Innovation is encouraged through appropriate cultural norms and support systems. Therefore, as Mehta and Krishnan (2004) alluded, innovation is a means to strategically position an organisation at a long-term competitive advantage poised for a higher profitable return on resources invested in the venture.

However, the subject of this study was limited to the investigation of entrepreneurial performance as a critical success factor for private healthcare SME entrepreneurs and managers in Tanzania. A striking feature from the various prior debates is a lack of published research on the essence of healthcare entrepreneurial performance within the Tanzanian private healthcare SME market based on informants' perspectives. There is also a general lack of consensus regarding a clear definition of entrepreneurial performance and lived experiences on the phenomenon of entrepreneurial performance in terms of opportunities, challenges, and strategies. Shane and Eckhardt's (2003) OBE Theory underpins this research study. This study is, therefore, important to enable an understanding of the critical factors needed for private healthcare SMEs in the Tanzanian market to drive performance.

1.2 The researcher's perspective

The impetus for this research proposal can be found in two respective areas: personal experiences as a healthcare entrepreneur and continuing research and professional development in the field of entrepreneurship. My personal interest in the phenomenon of healthcare entrepreneurship began three decades ago as private occupational therapy contractor for a national workers' social security insurance company in Zimbabwe. In this role, I was tasked to show initiative in key business entrepreneurial tasks and investment strategies to ensure a profitable return on invested capital. I commenced this role with a combination of excitement and apprehension because of the inherent challenges such as balancing the two potentially non-complementary domains of advocating for my patients' rights as an occupational therapist and meeting all the contractual obligations with the insurer that emphasised cost-savings, early discharge, and early return to work.

Even now I am exploring the concept of entrepreneurial performance and the meaning and realities of practising as a healthcare SME entrepreneur and manager, especially in an economically rationalised and over-regulated health care environment. This area of inquiry became an obvious choice when I decided to undertake a doctoral thesis in business administration.

1.3 Statement of the research problem

There is a lack of published research exploring entrepreneurs' and managers' views of their roles and perspectives on entrepreneurial performance as an important and creative technique for dealing with the complexities in the private healthcare SME environment in Tanzania.

There is a growing change in business research direction within sub-Saharan Africa; from the management of small businesses to one that focuses on entrepreneurial performance and the creation of new SMEs exacerbated by the need to alleviate rising poverty, unemployment rates and falling industrial productivity and revenue earning (Hiskocks, 2005; Mugozhi & Hlabiso, 2017; Njanike, 2019; Nyoni & Banga, 2018; Puhakka, 2007; Turton & Herrington, 2013).

The full scope of private healthcare sector SME activity beyond service delivery and the reasons for frequent failure drawn from the perspectives of entrepreneurs and entrepreneurial managers remains unknown but are likely to be complex (Dana et al., 2018)

Both this research and previous studies have failed to reconcile various positions on entrepreneurial performance conceptualisation and SME failures (Aziz et al., 2013; Hayat & Riaz, 2011; Mohd et al., 2012). To date, the causes of high healthcare SME failure and the definition of failure have been elusive due to a lack of research and the absence of records on SME bankruptcy in Tanzania.

SMEs account for approximately 95% of all business in Tanzania. As Olomi (2006), Pinhold (2008), and Ratten (2016) pointed out, the rate of SME creation in Tanzania is abnormal and far higher than needed by the heavily donor-subsidised economy and is linked to high SME failure rates. Information-rich informants' perspectives have provided little knowledge about how the high SME failure rates impact entrepreneurial performance.

1.4 Research aim and objectives

Overall, the study sought to explore how Tanzania's private healthcare SME managers and entrepreneurs understand and experience the phenomenon of

entrepreneurial performance and factors impacting on their entrepreneurial performance. This aim will be examined through the following objectives:

1. To explore, describe and interpret the phenomenon of entrepreneurial performance through the lenses of lived experiences of Tanzania's private healthcare SME entrepreneurs and managers in terms of their roles and responsibilities to facilitate an understanding of entrepreneurs and managers
2. To articulate common issues experienced by entrepreneurs and managers who participated in this study
3. To inform the future practice, research theory and methodology, and policy formulation of the entrepreneurs' and managers' roles.

The study findings seek to provide guidance on how to improve the performance of entrepreneurs and managers to innovate in their enterprises for longer-term growth and profitability.

1.5 Significance of the study

Tanzania's SME ventures make an important contribution to the nation's economic development, and recent years have seen a rapid growth in the number of SMEs in Tanzania's private health care system. However, sustained operational and financial pressures are reported to be leading to their failure to survive for long periods (Hamisi, 2011; Makoye, 2018; Mamdani & Bangser, 2004). Tanzania's SME ventures account for 95% of all businesses, make an important national economic development contribution and are known to experience high failure rates due to a range of factors (Fatoki, 2012; Fatoki, 2014). One significant internal factor emphasised in the research is the importance of SME managers' or entrepreneurs' ability to effectively deal with strategic planning and the exploitation of

opportunities to maximise profitability, optimize the human capital operational efficiency and create new SMEs. This is also a problem of interest to this researcher with personal experience as a healthcare entrepreneur in Tanzania, which has become an important choice of the research topic for the researcher for further higher degree research.

Entrepreneurial performance capability also referred to in the business management literature as entrepreneurial performance (Clausen, 2011; Hakala, 2015), is a multidimensional phenomenon that is the subject of debate among researchers internationally. Little is known about the link between high healthcare SME failure rates and healthcare entrepreneurs' and managers' entrepreneurial performance. There is also a lack of published research exploring the phenomenon of entrepreneurial performance from the perspective of SME managers themselves. This study will, therefore, seek to generate new knowledge about factors impacting on the sustainability of private healthcare SMEs by illuminating the lived experience of healthcare SME entrepreneurial performance that can be used to inform the adoption of more sustainable models of practice for private healthcare SMEs in Tanzania.

1.6 Structure of the thesis

Chapter One: The Introduction: This chapter introduces the thesis by providing a background to the study, the aims, the significance, the researcher's perspective, and the research methods and theoretical framework. In this chapter, I situate my pre-suppositions by outlining my personal interest, beliefs, and work experiences regarding the study topic. The first chapter provides a structure of the

thesis and concludes with a summary of study limitations and assumptions, including the contents of this thesis.

Chapter Two: The Literature Review: To set the scene for this research, I review recent and relevant literature about studies in the field of SME healthcare entrepreneurship and related fields, including a detailed discussion of the healthcare SME entrepreneurs' and managers' entrepreneurial performance in the context of changes that have occurred in Tanzanian and international private healthcare SME services, and gaps in published research literature. I then discuss contemporary healthcare SME research. The second part of the chapter presents and discusses the theoretical framework chosen to underpin this study, which is Shane and Venkataraman's (2000) Theory of Opportunity-Based Entrepreneurship. Following this, I identify and justify the use of the study framework by reviewing literature that draws on key concepts in Shane and Venkataraman's (2000) Theory of Opportunity-Based Entrepreneurship.

Chapter Three: Methodology and Research Method: In this chapter I provide an overview of the study methodology in terms of the philosophical basis of hermeneutic phenomenology informed by Heidegger (1962) and Gadamer (1975) in relation to the research approach. Then, I expand the discussion by locating and discussing key features of van Manen's (2001) hermeneutic phenomenology as the actual research method used to examine the lived experiences of Tanzanian private healthcare SME entrepreneurs and managers regarding the phenomenon of entrepreneurial performance as a critical success factor. The chapter presents a detailed description of the methods used to identify participants, collect, and analyse data, and ensure the study was conducted in a rigorous and trustworthy manner.

Ethical issues are discussed and addressed, and the limitations of this methodology described.

Chapter Four: Data Analysis: In this chapter, an interpretive phenomenological approach to the analysis of the data is presented. Key themes that emerged from the interview data are identified and supported by participants' quotes. The literature reviewed in Chapter Two is included where relevant, with a focus on interpreting participants' experiences as advised by Butler et al. (2009), Cooksey and McDonald (2011) and Smith (2004).

Chapter Five: Discussion and Conclusions: In this chapter the major findings of the study are presented and discussed in response to the three research questions and what is already known about the topic (based on the literature reviewed in Chapter Two). The implications of the conclusions to policy, theory, methodology and practice are presented in relation to the phenomenon of entrepreneurial performance as it is experienced by the participants. Future research directions are identified. The utility of Shane and Venkataraman's (2000) Theory of Opportunity-Based Entrepreneurship as the framework is discussed. This chapter concludes with a summary of the thesis.

1.7 Summary

This chapter introduced the study by presenting a critique of the background, significance, research problem, aims, and the researcher's perspective. An overview of both the methodology and the theoretic framework chosen to underpin this study have also been provided. The chapter concludes with a summary of the contents of this thesis.

CHAPTER TWO: A REVIEW OF THE LITERATURE AND THE THEORETICAL FRAMEWORK

2.0 Introduction

The purpose of this chapter is to critically review the existing research literature to provide information, background, and insights and identify existing gaps in published literature relevant to the study phenomenon.

This literature review begins with a brief overview of literature identification and modes of access in Section 2.1. Section 2.2 deals with entrepreneurship and the SMEs in Tanzania's economy, which provides a background to the context of the study. Following this, SMEs and the healthcare sector in Tanzania and SME failure are discussed in Sections 2.3 and 2.4 (respectively) in view of key theories and prevailing debates in the literature. Research conducted into the phenomenon of SME entrepreneurial performance is reviewed in Section 2.5 to identify existing knowledge and highlight knowledge gaps to be addressed by this study. Section 2.6 examines the SME managers' and entrepreneurs' role and implications for the phenomenon of entrepreneurial performance. Sections 2.7 and 2.8 provide an overview of the OBE Theory and its justification. The chapter concludes with a summary in Section 2.9.

2.1 Identification of literature and modes of access

The literature was reviewed by searching national and international sources utilising multiple approaches such as the USQ Library catalogue, the USQ electronic library, public libraries linked to the researcher and a computer search of the Medical Literature Analysis and Retrieval System online (MEDLINE), ProQuest, PubMed Online Library, Evidence-Based Medicine Reviews (EBMR), Journal of Economic

Literature (JEL) online classification and Google Scholar available in English. Tanzania Bureau of Statistics (TBS) data were obtained from online sources. Keywords and a combination of keywords utilised in searches between 2010 and 2021 included Tanzania private health care, Tanzania Small and Medium Enterprises, Entrepreneurial performance, hermeneutic phenomenology, entrepreneurship, entrepreneur, entrepreneurial manager, and Opportunity-Based Entrepreneurship. For the most part, this search excluded articles that were not research-based to help to ensure that only relevant current research evidence was reviewed. Where relevant, policy documents were included.

2.2 Entrepreneurship and SMEs in Tanzania's Economy

Entrepreneurship is "the pursuit of opportunity beyond the resources you currently control" (Stevenson, 2013, p. 3). One important factor to note from the definition of entrepreneurship is that entrepreneurship is a process of establishing entrepreneurial SMEs. Okpara and Wynn (2007) perceived entrepreneurship as an act of recognising opportunities, mobilising relevant resources to exploit opportunities, establishing a new consumer service or product, and then extracting profit from the new venture.

According to Darren and Conrad (2009), entrepreneurship and SME management are not the same because entrepreneurship is a process of creating an SME, and management is about the day-to-day running of the business which is critical for SMEs to optimise their daily performance. The justification for entrepreneurship and SME research is grounded in the potential impact they make to national Gross Domestic Product (GDP) in areas of economic growth, job creation, increased productivity, technological innovation, and economic reforms

(Lucky & Olusegun, 2012; Sayedi & Isah, 2013). A review of the literature reveals a plethora of research on entrepreneurial SMEs across many fields of economic development (Carrie & Thurik, 2002; Naude, 2008; Reynolds et al., 2002; Wennekers & Thurik, 1999), employment creation (Naude, 2011), poverty alleviation (Edoho, 2016) and entrepreneurial performance (Puhakka, 2007).

As Mgeni (2015) put forward, entrepreneurship in Tanzania faces many challenges that impact negatively on its contribution to the national economy and reflects social, economic, and political contexts. Dana et al. (2018) contextualised entrepreneurship in Africa as a process of creating something new and then assuming its risks and rewards. Similarly, Hiskocks (2005), Puhakka (2007) and Turton and Herrington (2013) observed, from respective research on SME trends across sub-Saharan Africa, a growing change in business research direction from the management of small businesses to one that focuses on entrepreneurial performance and the creation of new SMEs to find solutions to alleviate rising poverty and unemployment rates and falling industrial productivity and revenue earnings. Carland et al. (2007) and Kuratko and Hodgetts (2007) suggested that an entrepreneurial SME is one that engages in at least one of Schumpeter's (1934) four categories of behaviour: introduction of new goods to the market, profitability, growth, and inventiveness. They are contrasted with small business ventures, which are not dominant in their field, and usually do not engage in any new or innovative practices (Augustine & Baptiste-Cornelis, 2009; Berisha & Pula, 2015).

Although there is no universally accepted definition of SMEs, various universally accepted criteria are used to define SMEs internationally (Ministry of Industry and Trade, 2002; Ward, 2019). Petrakis and Kostis (2012) put forward the European definition of an SME as the classification of micro, small and medium-

sized enterprises made up of enterprises that employ fewer than 250 persons and which have an annual turnover not exceeding 50 million euro, and/or an annual balance sheet total not exceeding 43 million euro. The OECD (2021) defines SMEs as non-subsidiary, independent firms which employ less than a given number of employees. This number varies across countries, with the most frequent upper limit designating an SME as 250 employees.

As Darren and Conrad (2009) argued, several criteria are used to classify SMEs, and the commonly used one is the size of the firm. However, different countries use various measures of size depending on their level of economic development which reflects the industry, country, size, and employment differences (Darren & Conrad, 2009). As an example, in Tanzania, the term SMEs is used to refer to micro, small, and medium enterprises sometimes termed Micro, Small, and Medium Enterprises (MSMEs). It is, therefore, common to see the two terms used interchangeably in various Tanzanian studies on SMEs (Mgeni, 2015; Ministry of Industry and Trade, 2002). For practical reasons, this study focuses on SMEs with a size of 5-99 employees. The SMEs cover non-farming economic activities; mainly manufacturing, mining, commerce, and services (Tanzania SME's Development Policy, 2003). Hudson et al. (2001) summarised several key characteristics for SMEs such as personalised management with little devolution of authority, severe resource limitations in terms of management, finance, and manpower, reliance on a small number of customers, operating in limited markets, informal and dynamic strategies, flat and flexible structures, and high innovatory potential. This is shown in Table 2.1 below.

Table 2.1

Categories of Range of SMEs in Tanzania

Category	Employees	Capital Investment in Machinery (Tshs.)/AUD
Small enterprise	5 – 49	Above 5 mil. to 200 mil. (Above 3,020 AUD to 120830 AUD)
Medium enterprise	50 – 99	Above 200 mil. to 800 mil. (Above 120830 AUD to 483319 AUD)

Source: Gamba (2019)

There appears to be a growing consensus that SMEs exert a major influence on the economy of Tanzania. Together, they contribute about 35% of the country's GDP (Mfaume & Leonard, 2015). There are currently more than one million entrepreneurs in Tanzania running Small, Medium, or Micro Enterprises (MSMEs) responsible for generating up to 40% of total employment. In particular, the creation of new SMEs is critical to sustaining the overall contribution of SMEs to a developing or transition country's economy (Fatoki, 2014; Madatta, 2011).

2.3 SMEs and the healthcare sector in Tanzania

Kapologwe et al. (2019) reported that Tanzania has a battered public healthcare system because of several years of infrastructural and ideological neglect, underfunding, increasing unemployment rates, increasing healthcare demand particularly caused by the high HIV prevalence among the economically and

sexually active 45-49 age groups, high number of maternal mortality deaths, health policy inconsistencies and rising population poverty. There are disparities in health outcomes between the poorest and the richest Tanzanians and those in rural versus urban areas, along with the barriers to services experienced by the poor due to distance, high formal and informal health service charges, poor quality of care, and poor governance and accountability mechanisms (Mamdani & Bangser, 2004; Makoye, 2018; Mgeni, 2015).

On the other hand, Tanzanian private entrepreneurial healthcare SME ventures are enterprises that seek to maximise profitability and expansion beyond the resources they control. Mfaume and Leonard (2004) and Shifman (2014) described the Tanzanian private healthcare SME industry as complex in structure and management, highly disconnected from mainstream Ministry of Health and Social Welfare strategic planning, poorly funded, varied, and significantly large. It is composed of a diverse range of both for-profit and not-for-profit organisations and makes a significant contribution across all health sector levels and health focus areas within the national health system.

According to Madatta (2011), Tanzania has 252 hospitals, 718 health centres, and 6549 dispensaries. Dispensaries represent the lowest level of health care delivery in the country. They are supposed to be run by a clinical assistant and an enrolled nurse who offer basic outpatient curative care to a catchment of between 6000 and 10,000 people. Health centres serve populations of about 50,000 people and are staffed by clinical officers supported by enrolled nurses. Further up the pyramid, district hospitals offer inpatient and outpatient services not available at dispensaries or health centres. Most districts in Tanzania have a government-run district hospital

(Maluka et al., 2018). The full scope of private sector activities beyond service delivery is hugely unknown, diverse, widespread, and complex.

Tanzanian private healthcare entrepreneurial SME ventures are enterprises that contribute significantly to employment creation, public health, income generation, and the stimulation of growth in both urban and rural areas, which in turn reduces poverty, unemployment, and disparities in economic and population health outcomes (Nkonoki, 2010).

As reported by White et al. (2013), the full extent of private health sector activity and contributions to health are typically unknown, excluded, or barely involved in support systems, financial planning, assessments, and reviews of the health system. More so, as the World Bank (2015) reported, private sector healthcare SMEs are not effectively considered or involved in the creation of Comprehensive Council Health Plans (CCHP) at the district level or in vertical program planning efforts. Private facilities (both for-profit and not-for-profit) are inadequately regulated by the municipal health authorities and experience limited incentives support. Nonetheless, private healthcare SMEs are important for supporting livelihoods, job creation, delivering primary health care services across urban and rural communities, as well as for overall prosperity and progress. Therefore, it is important to understand strategies to strengthen the entrepreneurial performance of SMEs and interpret them specifically to local practice contexts to ensure SMEs' success.

Madatta (2011) posited the challenges faced by Tanzania's health care system as extensive because like any country, its healthcare system operates as a subsystem within the broader national economy and is subjected to rapid and

unpredictable growth in service demand and public demand for quality services, increasing healthcare budget expenditures, cost-minimisation, expanding health inequalities, poor coordination of services and rising healthcare epidemics. These factors in the private health sector SME industry present unique entrepreneurial performance challenges for both entrepreneurs and managers who strive to ensure that businesses remain profitable, competitive, sustainable, and relevant to the local population's health outcome targets.

2.4 SME failure

The literature on SMEs and entrepreneurship gives much attention to examining the causes of high failure rates of SMEs. In fact, a higher failure rate is one of the factors differentiating an SME from a small or larger business venture (Fatoki, 2014). Business failure is reportedly difficult to theorise; nonetheless, an understanding of why SMEs succeed or fail is seen to be of critical importance to the health of the global economy (Fatoki, 2014; Fatoki & Garwe, 2010; Hove & Chikungwa, 2013).

The justification for, and character of, entrepreneurship and private healthcare SME research is grounded in the potential impact they make to the domestic economy specific to economic growth, job creation, increased productivity, technological innovation, and economic reforms (Lucky & Olusegun, 2012; Sayedi & Isiah, 2013).

Drawing from Hamisi (2011), Nkonoki (2010) and Ratten's (2016) arguments regarding the perceived contributions of health care SMEs to the Tanzanian economy and public health, is that the concept of healthcare SME entrepreneurial performance as a multidimensional phenomenon whose

interpretation is intertwined with a complex set of contiguous and overlapping constructs such as SME profitability, growth, population health outcomes, new services, employment. wealth creation and innovation. Tanzanian private healthcare SMEs are important for supporting livelihoods, job creation, delivering primary health care services across urban and rural communities, as well as overall prosperity and progress.

Previous studies have failed to reconcile various positions on performance conceptualisation (Abu-Bakar et al., 2012; Hayat & Riaz, 2011; Aziz et al., 2013). According to Aziz et al., (2013), based on an investigation of the relationship between entrepreneurial orientation and the business performance of SMEs in Malaysia, there is a significant positive relationship between entrepreneurial orientation and business performance. Whereas Hayat & Riaz (2011) put forward performance conceptualisation as effective entrepreneurial orientation for entrepreneurs. The entrepreneurial orientation concept is therefore considered important for describing entrepreneur's performance and as a force for the success of entrepreneurs involving innovativeness, proactiveness and risk taking. Mohd et al., (2012) discovered that entrepreneurial leadership style is more effective than managerial leadership styles and the mixed style of leadership in terms of increasing financial performance for Malaysian IT SME Owner-Managers. In Tanzania, 95% of all businesses are SMEs and 50% fail within five years (Nkonoki, 2010; Ratten, 2016).

Similarly, Marsh et al. (2005) pointed to the prevailing concerns in the healthcare industry regarding the need to prove the effectiveness of private healthcare SMEs and linked these concerns to a high number of failures. There is an absence of published research on the study phenomenon. That is why it is stimulating

to find out the viewpoints of Tanzanian private healthcare SMEs entrepreneurs and managers on their roles and entrepreneurial performance, and how they navigate the key daily processes of opportunity formation, opportunity decision, and opportunity exploitation within the Tanzanian context (Shane &Venkataraman, 2000).

Yet, pursuant to Gauld (2001), the challenges faced by Tanzania's health care system are extensive because any country's healthcare system operates as a subsystem within the broader national economy and is subjected to rapid and unpredictable growth in service demand and public demand for quality services, increasing healthcare budget expenditures, cost minimisation, expanding health inequalities and poor coordination of services.

2.5 Entrepreneurial performance of SMEs

Superior performance is the main goal of every SME entrepreneurial venture. Therefore, it is very important to identify the factors that lead to the success of the entrepreneurial SME in terms of introducing a new product or service to the marketplace, growth, profitability, and inventiveness. Briefly, Tidd and Hull (2002) define service products as a series of activities or something tangible or intangible a customer pays for receiving (as cited Susman, Warren and Ding, 2006). Growth may be defined as increase in size, number of employees, assets, capital, sales, and profit of an organisation.

Srivastava (2010) observes that the definition and the growth of SMEs is based on five main parameters which include labour, capital, loan size, fixed assets, and annual sales turnover. As Sayedi and Isah (2013) advised and for feasibility reasons, this study adopted Janssen's (2009) and Machado's (2016) perspective that entrepreneurial SME growth is best measured in terms of the number of employees

and sales turnover. Solé (2012) used both sales growth and the number of employees as non-financial measures of an SME's profitability, with the minimum break-even outcomes as having equal sales and expenditures. Inventiveness refers to SME entrepreneurs' and managers' operational ability to proactively manage employees for creativity to generate new products or services at the unit level (Amabile & Khaire, 2008).

Guo (2003) examined SME entrepreneurial performance and its relevance to the United States of America's (USA's) healthcare organisations, noting that managing entrepreneurial performance is vital for both survival and positive impact on local healthcare needs, particularly for organisations experiencing sustainability problems. In the USA, the entrepreneurial performance problem is compounded by ongoing healthcare reforms that expose the healthcare practice context to constant health policy shifts, increasing acute health care costs and rising consumer healthcare demand. However, most health care research has excluded the subject of entrepreneurial performance and focused instead on the training of healthcare managers (Briggs, 2010), healthcare roles and responsibilities (Paliadelis, 2008), health quality (Forster, 2005) and human resource reforms (Braithwaite, 2005). Previous studies have failed to reconcile various positions on entrepreneurial performance conceptualisation and SME failures (Abu-Bakar et al., 2012; Aziz et al., 2013; Hayat & Riaz, 2011).

Morris et al. (2012) explored the essence of lived experience in terms of the process of setting up of entrepreneurial ventures as a unique phenomenon for every individual that involves a dynamic interplay between cognitive, affective and physiological elements. Dew and Sarasvathy (2007) described the unfolding dynamics of venture creation as marked by emotional highs and lows. Simply put

by Throop (2003) the phenomenon of lived experience as a complex, diverse and an ambiguous concept, which is the content of consciousness that resonates with having a personal touch of what it is like. Furthermore, lived experiences are cumulative and take the form of imagination, sensory, perceptual, in words or symbols (Westhead et al., 2005). However, for the purposes of this thesis study, the lived experiences of entrepreneurs and managers about the entrepreneurial performance phenomenon is informed by Heidegger's (1962) and Gadamer's (1975) hermeneutic phenomenology's viewpoint of Dasein or Being. Heidegger (1962) described the concept of Being as a state of existing with a highly meaningful orientation.

This study's proposed investigation of entrepreneurial performance as a critical success factor for private healthcare provider SMEs in Tanzania is, therefore, important at two levels. First, high SME failure rates are a serious waste of limited healthcare resources. According to Makoye (2018), foreign donations amounted to 48% of Tanzania's national health budget. Second, as the Ministry of Industry and Trade (2002) advocates, it is imperative to seek SME sustainability solutions to minimise the high human and economic costs associated with high private healthcare SME failures.

2.6 Investigating SME managers' and entrepreneurs' roles and performance

Gibb (2005) proposed that entrepreneurs and managers are the core of any entrepreneurial venture as their actions and inactions contribute significantly to healthcare entrepreneurial performance. Busenitz and Barney's (2016) and Sartori et al.'s (2014) investigations on entrepreneurs and entrepreneurial managers' roles described entrepreneurs as those who have founded their own firms for profit making and growth. Schumpeter (1934) and Kurfi and Kurya (2007) viewed entrepreneurs

as innovators who implement changes in the market through combinations of things to produce a new quality product or service rendered to customers, whereas managers were described as SME employees with formal middle to upper-level responsibilities and substantial oversight in at least two functional areas of an SME's operations. Entrepreneurs have been described as risk-takers who relentlessly pursue entrepreneurial opportunities beyond the controlled resources (Akande & Ojukuku, 2008), whereas entrepreneurial managers have been regarded as risk-averse to proffer SME stability, possess formal delegation, and hold the institutional authority to control available resources to maximise profitability and growth (Ogundele, 2007; Rebecca & Benjamin, 2009).

Strikingly, as Shortell and Kaluzny (2010) argued, the healthcare SME industry has unique characteristics apart from other industries, which present a complex management challenge for healthcare entrepreneurs and managers to successfully achieve entrepreneurial performance. First, healthcare is generally perceived both as a public good that is extensively regulated by the government and as a commercial enterprise, which creates policy contention for private healthcare SME entrepreneurs and managers who seek profit maximisation opportunities. Second, as Shortell and Kaluzny (2010) put forward, at all levels, the healthcare industry is significantly impacted by turbulent forces such as the highly disruptive COVID-19 health pandemic, aging of the population, increasing ethnic and cultural diversity, growth of new technology, medical advancements, changes in the supply and education of health professionals, social morbidity that changes from acute to chronic care, and globalisation of the world economy.

Another complexity for SME entrepreneurs and managers is the lack of consensus regarding the definition of SME entrepreneurship in general and

healthcare SME entrepreneurial performance within the developing world as it is generally considered to be an evolving discipline (Edoho, 2015; Hamisi, 2011; Gatewood & Boko, 2009). The multidimensional aspect of entrepreneurial performance makes it difficult for entrepreneurs and managers to set a standard measure of success in their roles. Krueger (2007) posited the essence of being entrepreneurial as a phenomenon that is embodied in meanings that information-rich participants, such as SME entrepreneurs and managers, attach to their everyday positive experiences as experts in driving entrepreneurial performance for SME success. Edoho (2015) examined the subject of SME entrepreneurial performance across Africa and identified abundant natural resources, vast human resources, and vibrant entrepreneurial spirit as key opportunities.

On the other hand, Edoho (2015) discovered that business hurdles such as an unfriendly business climate and discouraging procedures of doing business, poor access to credit facilities, and dilapidated infrastructure mitigated business start-ups, growth, and expansion. Gatewood and Boko (2009) bemoaned the lack of entrepreneurial awareness and depressed capabilities within Tanzania as reasons for entrepreneurs' and managers' failure to identify and exploit the existing entrepreneurial opportunities such as vast natural and human resources into thriving new SMEs to spearhead economic development and wealth creation.

Nevertheless, it is important for both managers and entrepreneurs to possess essential entrepreneurial competencies to improve SME entrepreneurial performance and to effectively deal with the sophistication of planning practices and exploitation of opportunities such as strategic management, market research, finance, managing relationships, and growth strategy, business planning, related

experience, and entrepreneurial skills (Mat & Nasiru, 2013; Mawoli, 2007; McMullan & Kenworthy, 2015; Puhakka, 2007; Scott, 2007; Shehu et al., 2008).

Some research links the failure of SMEs to a lack of these skills among entrepreneurs and managers (Ahmad & Seet, 2009; Phaladi & Thwala, 2008; Valdiserri & Wilson, 2010). In this study, a homogenous sample of 25 practising private healthcare SME entrepreneurs and managers who held at least six months of relevant work experience were selected for the study.

2.7 An overview of the Opportunity-Based Entrepreneurship (OBE) Theory

As reported by Smith and Chimucheka (2014), OBE theory suggests that entrepreneurs seek to exploit opportunities presented by all aspects of the constantly changing environment including the technological, social, and economic aspects. Olyson and Whittaker (2010) defined OBE as the intentional process of pursuing lucrative opportunities through an interconnected process of prospection, opportunity formation, opportunity decision, and opportunity exploitation. Similarly, Shane and Venkatraman (2000) argued that entrepreneurial opportunity processes should be examined along the four dimensions of prospection, opportunity formation, opportunity decision, and opportunity exploitation. Katz and Shepperd (2003), however, posited opportunity formation as the source of all entrepreneurships and the main domain of the entrepreneur and manager. Eckhart and Shane (2003) set out an entrepreneur-opportunity nexus in entrepreneurship and argued that entrepreneurship involves the nexus of the presence of a lucrative opportunity and the presence of an enterprising entrepreneur.

Remarkably, in the dynamic environment, the SME and entrepreneurs are a nexus of new entrepreneurial opportunities that arise from technological, physical,

social, and economic changes. Within this context, SMEs are impacted by the broad dimension factors of the environment, and the success of any SME is dependent on how the entrepreneur or manager can best react to the threats and opportunities presented by the dynamic environment. OBE advocates that entrepreneurs be action-oriented to seize an opportunity whenever it appears without giving any other business a chance to gain a competitive advantage in the market, with an aim of improving their business or establishing a new business.

2.8 Justification of the OBE Theory

This literature review provides evidence that SMEs need to be entrepreneurial to survive and successfully compete, especially within rapidly changing industries such as healthcare (Teece, 2007; Wood, 2019). Yet, little is known about the link between the high healthcare SMEs failure rates, their full scope of activity, and entrepreneurial performance in the Tanzanian context. Dess and Robinson (2006) and Fairoz et al. (2010) posited two recommendations for researchers to ensure clarity on entrepreneurial performance. These are the selection of a theoretical framework from which the concept of entrepreneurial performance is defined and, as Geertz (2003) alluded, selection of a research method that provides a thick description and interpretation of lived experiences that is insightful to the reader.

Previous studies have successfully utilized non-financial measures such as thick qualitative data to describe and interpret entrepreneurial performance (Abu-Jarad et al., 2010; Dess & Robinson, 2006; Obiwuru et al., 2011).

Stevenson's (2013) definition of entrepreneurship as the ability of entrepreneurs and managers to pursue opportunities beyond controlled resources is

rooted in OBE Theory (Shane & Venkataraman, 2000; Stevenson, 2013). At the centre of OBE are the successful entrepreneurs and entrepreneurial managers who excel at identifying and taking advantage of possibilities created by social, technological, and cultural changes (Hakala, 2015; Shane, 2003). In other words, OBE projects entrepreneurs and entrepreneurial managers as experts in advancing entrepreneurial performance.

Murphy and Marvel (2007) recommended that researchers to be cautious in their application of OBE theory because it relies extensively on operationalising opportunities in empirical research, while opportunities only account for part of the entrepreneurial process. Murphy and Marvel (2007) put forward OBE as a basic conceptual middle-range theory to be used when complementing existing research and theory, especially for other aspects of the entrepreneurial process such as entrepreneurial performance. As such, OBE should not be utilised single-handedly, but in concert with other theories, as is the case in this study.

Hakala (2015) posits OBE Theory as having strong foundations in six different dimensions of entrepreneurship which are core principles of entrepreneurial management and firm performance. These are strategic orientation, commitment to opportunity, a commitment of resources, control of resources, management structure, and a compensation and reward system. Shane and Venkataraman (2000) summarised these six dimensions into three broad dimensions: opportunity formation, opportunity decision, and opportunity exploitation. By way of explanation, strategic entrepreneurial orientation is a firm-level strategic orientation that captures an organisation's strategy-making practices, managerial philosophies and organisational behaviours that are entrepreneurial in nature (Hakala, 2015). From this perspective, one is an entrepreneur or

entrepreneurial manager when one moves his/her thinking from being an active thinker to a committed pursuer of entrepreneurial opportunities within the shortest possible timeframe and successfully embraces all the above six dimensions to achieve entrepreneurial venture profitability and sustainable growth (Stevenson, 2013). By way of explaining, the entrepreneurial performance begins with the process or action undertaken by the entrepreneur or entrepreneurial manager in terms of proactive opportunity formation, opportunity decision and opportunity exploitation.

Underpinning the OBE discourse is an emphasis on the use of flexible methodologies that are best positioned to explore and explain the entrepreneurship question by considering the parts and the whole (Eckhart & Shane, 2003). In other words, as argued by Garza (2007), the ontological orientation of the methodology takes into consideration the parts of the phenomenon to gain insight into the whole lived experience. The following section (2.9) is the Summary.

2.9 Summary

This section has demonstrated the relevance and applicability of Shane and Venkataraman's (2000) OBE Theory to contemporary research. The studies cited in this chapter support the applicability of Shane and Venkataraman's (2000) Theory of OBE. This was achieved by firstly demonstrating the relevance of Shane and Venkataraman's (2000) viewpoint of entrepreneurial performance as a positive resource for use by both entrepreneurs and managers of SMEs to achieve work effectiveness and SME profitability, and secondly by entrepreneurial opportunity orientation, formation, decision-making, and exploitation which have been linked to successful SME managers and entrepreneurs in a workplace that empowers them to

achieve success. This section concludes that Shane and Venkataraman's (2000) OBE Theory is relevant to today's healthcare SME industry.

2.10 Conclusion

This chapter has critically reviewed the relevant research literature to provide background and context to the phenomenon of entrepreneurial performance as a critical success factor for SME entrepreneurs and managers in terms of the scope of the complex, multiple-functions, and responsibilities role. This chapter has set the scene for this study by reviewing the literature within the context of the Tanzanian healthcare system and SMEs, SME structural and historical failure perspectives, and the impact of entrepreneurial performance on the entrepreneur and manager role and SME performance issues.

To summarise, several study findings reveal that superior entrepreneurial performance is a significant factor entrepreneurs and entrepreneurial managers to succeed in Tanzania and overseas (Guo, 2003; Madatta, 2011; Mfaume & Leonard, 2004; Mgeni, 2005; Nkonoki, 204; Shifman, 2014). Literature reviewed also situate entrepreneurs and managers and the importance of possessing essential entrepreneurial performance skills as key drivers of SME success (Busenitz and Barney, 2016; Gibb, 2005; Sartori et. Al. 2014). However, research findings reveal that entrepreneurial performance as a multidimensional factor, associated with multiple schools of thought about meanings attached to the lived experience and is a constant debate among researchers, which makes it an important subject for further research (Abu-Baker et al. 2012; Aziz et al. 2013; Dew and Sarasvathy, 2007; Guo, 2003; Hayat & Riazi, 2011; Morris et.al 2012; Throop, 2003). Another area of complexity for further investigation revealed in the literature reviewed is the

understanding and interpretation of entrepreneurial performance within the context of high yearly rate of new SME formations in Tanzania and the high rate of SMEs failures within 5 years, leading to many business closures, high unemployment, and increased poverty (Gatewood and Boko, 2009; Edoho, 2015; Fatoki, 2014; Fatoki & Garwe, 2010; Hamisi, 2011; Sayedi & Isaiah, 2013; Makoye, 2018). Within Sub-Saharan Africa there is growing business research direction from the management of small businesses to one that focuses on entrepreneurial performance and the creation of new SMEs to find solutions to alleviate rising poverty and unemployment rates and falling industrial productivity and revenue earnings (Hiskocks, 2005; Puhakka, 2007; and Turton and Herrington, 2013). However, a significant gap in published research evidence that explores this particular study population and the phenomenon of lived entrepreneurial performance underscores the importance of this investigation.

Section 2 presented and justified the use of Shane and Venkataraman's (2000) OBE Theory as a theoretical framework for this study. The next chapter discusses the study's methodology and research methods.

CHAPTER THREE: METHODOLOGY AND RESEARCH DESIGN

3.0 Introduction

This qualitative, interpretive (Denzin & Lincoln, 2005) study explores the understanding and interpretation of the phenomenon of entrepreneurial performance through the lived experiences of a purposively sampled group of 25 private healthcare SME entrepreneurs and managers in Dares Salaam, Tanzania. Hermeneutic phenomenology (Gadamer, 1975; Heidegger, 1962) provides the philosophical foundation for the application of van Manen's (2001) hermeneutic phenomenology as a practical guide to the research, with Interpretive Phenomenological Analysis (IPA) (Smith, 2004) used to guide the analysis and interpretation of the data.

With its roots in hermeneutic phenomenology, IPA is a deep form of thematic analysis. It is a three-stage interpretation process for making sense of participants' lived experiences based on their interpersonal and intrapersonal perspectives. Smith (2011, p. 10) and Smith and Osborn (2003, p. 51) termed it 'double hermeneutic' because the process involves a hermeneutic circle of interpretation. According to Polit and Beck (2005), the double hermeneutic circle method of analysis is a process that involves a continual review and analysis between the parts and the whole of the text. It is a central feature of ontology in hermeneutic phenomenology and argues that researchers cannot remove themselves from the meanings extracted from the text. In other words, the researcher becomes a part of the phenomenon. Henceforth preconceived ideas or opinions are not bracketed. As advised by Smith (2010), there is a set of research steps that must be taken in the

appropriate order. This double hermeneutic process is explained in this chapter on section 3.74 page 62.

3.1 An introduction to phenomenology

Phenomenology, as an interpretive paradigm, reflects an attempt to obtain an in-depth understanding and interpretation of meanings that people personally attach to everyday events. According to Parry (2001, p. 203) and van Manen (2001, p. 7), phenomenology seeks "to gain a deeper understanding and interpretation of the nature or meaning of our everyday experience". Crotty (1999) and Holroyd (2001) explain a phenomenological method as one that seeks to uncover the meaning of humanly experienced phenomena through the analysis of subjects' descriptions. Garza (2007, p. 338) perceives it in terms of "the flexibility of phenomenological research and the adaptability of its methods to ever-widening arcs of inquiry as one of its greatest strengths".

There are various ways of undertaking phenomenological research. Finlay (2008), during an exploration of the British occupational therapists' lifeworld, portrays phenomenology as a movement that has no strict guiding rules or uniform beliefs. Butler et al. (2009) and Ballinger (2004) associate interpretive phenomenological analysis as a study methodology with complex healthcare practice research. This is the case with the current research study because it acknowledges the influence of the researcher in the research process and resonates with the person-centered nature of the healthcare profession. Therefore, phenomenology is concerned with how human beings understand their world through direct experiences.

Based on the philosophical values, theoretical preferences, and variations in research methods employed in response to the research question, I utilised hermeneutic phenomenology to identify research methods based on the core tenets in Heidegger (1962), Gadamer (1975), van Manen (2001) and Smith's (2004) IPA to understand and interpret participants' perspectives of the study phenomenon. Heidegger's (1962) and Gadamer's (1975) ontological hermeneutic phenomenology are a counter-response, in its abstract state, to Hurssel's (1870) transcendental phenomenology. From this perspective, I chose to provide a reflective account of the key concepts that underpin the study's philosophical paradigm by examining key features as shown in the following section.

3.2 A critical review of transcendental phenomenology and ontological hermeneutic phenomenology

Mohamed (2017), Crotty (1999), and Finlay (2008) describe two major types of phenomenology, namely Husserl's transcendental phenomenology and Heidegger's hermeneutic phenomenology. Both scholars were German and used dense German language marked with variances in translation. Husserl's transcendental phenomenology was further developed by several other scholars such as Colaizzi (1978), Giorgi (2012), van Kaam (1969) and Spiegelberg (1978). These scholars have developed phenomenological research methods that provide broad approaches rather than positivist, objective guidelines based on Husserlian phenomenology with an emphasis on bracketing.

According to McConnell-Henry et al. (2009), Edmund Husserl, the founder of phenomenology and a mathematician, aspired to preserve some semblance of objectivity to gain credibility of his methodology and was keen to prove human

consciousness. He believed the mind and body to be mutually exclusive; suggesting that the mind was directed towards objects with the aim of providing a philosophy of science that provided a foundation for all sciences. Husserl (1870) believed in scientific methods for understanding everyday life experiences and advocated for the bracketing of pre-existing prejudices to view the lifeworld in its original state. Furthermore, Husserl (1870) proposed transcendental phenomenology as a pure thought explanation of the relationship between consciousness and objects of understanding. Barnacle (2001) also described Husserl's view of pure thought as a cognitive activity that refers to being free from pre-assumptions and prejudice and remaining neutral. In this situation, as Velarde-Mayol (2000) and Wrathall (2005) suggest that Husserl's transcendental phenomenology seeks to investigate the process of acquiring knowledge (epistemology) and expressing absolute truth via thick description. Therefore, epistemology is concerned with the process of acquiring knowledge.

Husserlian phenomenology is descriptive, with the intention of raising awareness about the human experience. Husserl concentrated on knowledge and consciousness and, as a mathematician, was motivated to offer objective data. According to Husserl (1870), knowledge stems from conscious awareness, and the human mind is directed towards objects (intentionality). In doing so, he examined the world pre-reflectively and therefore advocated for phenomenological epoche (bracketing). According to Stumpf and Frieser (2008) and Vandermause and Fleming (2011), Husserl believed that it was first necessary for any pre-conceived ideas to be put aside to expose the true essence of the 'lived experience'. By employing bracketing, Husserl advanced the notion of jointly allowing reflection on

the research subject whilst neutralising the existing residue of consciousness to ensure that findings were not vulnerable to the researcher's agenda.

Heidegger (1962), who was Husserl's university assistant, derived inspiration from his mentor's concept of phenomenology and developed his own opposing approach called hermeneutic phenomenology. Martin Heidegger was born in southwest Germany in 1889 to a Catholic family that wanted him to become a priest, but he left a theology course due to a combination of ill-health and a lack of passion (Wolin, 1993). According to Heidegger (1962), at the core of his hermeneutic phenomenology is ontology, which is the study of 'Being' or the study of human existence. His philosophy was based on previous philosophies such as historical hermeneutic and Husserl's transcendental phenomenology. Heidegger (1962) combined key features from the two philosophies into hermeneutic phenomenology. In doing so, he moved the debate beyond the epistemology approach, concerned with the process of acquiring knowledge, to an ontological one with added existential flavour (Dreyfus & Hall, 1992). Heidegger (1962) dedicated his book, Being and Time, to Husserl who supported his career to the very end but Being was a radical contrast to Husserl's phenomenology of conscious activities.

In addition, Martin Heidegger contributed to the development of other philosophical ideas including phenomenology (Merleau-Ponty), existentialism (Sartre), hermeneutics (Gadamer), postmodernism (Derrida) and other fields such as political theory, psychology, and theology (Sandage & Brown, 2018). Heidegger (1962; 1982) developed hermeneutic phenomenology as a reaction to Husserl's transcendental phenomenology, and his central ideas are contrasted with those of Husserl to gain a clear understanding of his core ideas. Overall, Heidegger (1962) believed that people are situated in the world and that all understanding of the world

occurs through human experiences. Based on this viewpoint, Cohen (2000) and Mohamed (2018) advised Heideggerian researchers to undertake an in-depth exploration in the search for clues about hidden meanings pertaining to everyday experiences.

Contrary to Husserl's ideas, Heidegger (1962; 1982) was interested in moving the debate from description to interpretation with an emphasis on deriving meaning from being. The outcome of a hermeneutic inquiry entails understanding and meaning through interpretation. Furthermore, Heidegger rejects the mind-body duality of human existence underpinning Cartesian thought. Johnson (2000) and Rice and Ezzy (1999) explain that Heidegger, instead, advocates for Dasein, a German concept meaning human existence with the entity to ask what it means to be their being or being in the world. Dasein is the concept upon which Heidegger built the entirety of his thinking. Commenting in his book Time and Being on the concept of Dasein, Heidegger (1962) stated:

> Thus, to work out the question of Being adequately, we must make an entity the inquirer-transparent in his own Being. The very asking of this entity's mode of Being; and as such gets its essential character from what is inquired about namely, Being. This entity which each one of us is himself and which includes enquiring and the possibilities of its Being, we shall denote by the term Dasein (Heidegger, 1962, p.27).

In other words, Dasein is the inherent thing that allows humans to wonder about their own existence and to question the meaning of their being in the world. Importantly, in this study, the researcher described in Section 1.2 his prejudices of being in the same world as the study participants regarding the study phenomenon.

As McConnell-Henry et al. (2009) suggest, Heidegger vehemently rejects bracketing and advocates for prior understanding or fore-structure and time context augmented interpretation. Heidegger asked questions that he thought would ultimately result in uncovering the meaning of being. Pringle et al. (2011) and Kelle (2008) underscore the importance of the researcher's prior knowledge and fore structure as the only true way to conduct a hermeneutic inquiry, ensuring that the questions asked are relevant. From this viewpoint, I selected Heidegger's (1962) ontology, which is concerned with the desire to uncover and unravel the meaning of Being. For Heidegger, knowing only came through interpretation and understanding. In doing so, Heidegger (1962) stressed that it is not possible to live devoid of interpretation and that there is a multiplicity of truths.

Time (temporality) and space (spatiality) are pivotal to Heidegger's thinking. According to McManus-Holroyd (2007), Heidegger believed that humans are at all times immersed in their world, and that context impacts heavily on both existence and experience. Time refers to the contextual nature of experience in that past experiences influence both present and future dealings. Heidegger (1962) argues that temporality is central to the concept of Being in that neither knowledge nor experience is gained statically.

Van der Zalm and Bergum (2000) describe the hermeneutic circle as the back-and-forth movement of questioning and then re-examining the text that results in an ever-expanding circle of ideas. The hermeneutic circle relies on the circular movement from the whole to the parts, incorporating the contributions of all by deconstructing and then re-constructing, resulting in a shared understanding. Kincheloe and McLaren (2003) link the hermeneutic circle with symbolic interactionism. For Kincheloe and McLaren the hermeneutic circle is a metaphor for

the dialectic movement between parts and the whole that is reflexive and ongoing, in which people come to develop an understanding of a phenomenon. By utilising the hermeneutic circle, I attempted to 'read between the lines' and uncover the true essence of the experience (Heidegger, 1962). In doing so, I became a legitimate part of the research process. I was already immersed in the research process. I was being in the world of the participant and the research question. This viewpoint is supported by Clouston (2012) and Dowling (2004) who assert that the researcher is as much a part of the research as the participants and that the researcher's ability to interpret the data is reliant on previous knowledge and understanding. Furthermore, Dowling (2004) argues that there is no interpretative research that is free of judgment or influence of the researcher without presuppositions as follows: "We do not, and cannot, understand anything from a purely objective position. We always understand from within the context of our disposition and involvement in the world" (p.32). Similarly, McConnell-Henry et al. (2009) and Smith and Osborn (2005) recommend that it is vital for any researcher who subscribes to the philosophical standpoint of Being–in-the-world attested to by Heidegger to be open and upfront with this viewpoint.

Whilst expanding the debate on hermeneutic phenomenology, an assistant to Heidegger, Gadamer (1975), through his work Truth and Method, adopted and extended an understanding of the concept of hermeneutic phenomenology developed by Heidegger (1962). Gadamer (1975) viewed Heideggerian phenomenology as hermeneutics, implying a process that involves the interpretation of the transcribed text whereby the meanings between the researcher and text become clear. Gadamer (1975) re-interpreted the word pre-judgment positively as an inevitable aspect of understanding. Like Heidegger's idea of fore-structure, Gadamer's point-of-view

involves the process of understanding. According to Gadamer, pre-judgment or pre-suppositions are something one brings into an understanding, but it does not restrict our understanding. Instead, by our pre-suppositions or prejudice, the world opens to us. In other words, all truth or perception is influenced by the pre-existing knowledge possessed on the subject.

Elaborating, Pillay (2002) described Gadamer's view of truth as contextually determined and that everything is understood through interpretation. In this situation, the act of interpretation is an act of encounter (dialogue) between the interpreter and the 'being of the thing' such that the latter discloses itself. All understanding, as Gadamer (1975) perceives it, is, therefore 'trapped' in the hermeneutic circle where everything is 'interpretation, contextual and circular': "Everything that is language has a speculative unity, it contains a distinction, that between its being and the way in which it presents itself, but this is a distinction that really is not a distinction at all" (p.432).

In Gadamer's view, language is a central concern of hermeneutic understanding that is both an instrument and a vehicle of thought, tradition, and Being. The concept of fusing of horizons was introduced by Gadamer (1975), who suggested that each person has a horizon of understanding. By suggesting horizon, Gadamer implied that the sum of all influences makes individuals who they are; including the social, political, and historical contexts in which they live. This horizon is then the focal point from which one perceives the world and all its possibilities and performs any interpretation. Based on this viewpoint, I contextualised the concept of understanding and interpretation within my pre-existing knowledge and prior involvement as a healthcare entrepreneur. In this manner my understanding of the phenomenon was therefore shaped by my professional and working history.

Also, interpretation occurred within a particular horizon that was defined by my prior situated experiences that I conveyed through the art of writing.

3.3 Justification for the selection of Heidegger's (1962) and Gadamer's (1975) philosophy of hermeneutic phenomenology

In this section, the central ideas of Heidegger (1962) and Gadamer's (1975) hermeneutic phenomenology in relation to the understanding of human experience underpin the philosophical and interpretive standpoint of this study. Briefly, Heidegger (1962) shifted Husserl's epistemological view of human experience based on human consciousness and phenomenological reduction to an ontological perspective of understanding the notion of Being. Heidegger's approach is based on the meanings attributed to the existential aspects of Being (Dasein), which is concerned with human existence and the way people organise and make sense of their own existence. From a methodological perspective, this philosophical paradigm was an appropriate framework because Heidegger rejects conventional methodological assumptions when investigating human phenomena. For Heidegger, it is impossible to use objective scientific data to understand the human phenomenon. Pursuant to Heidegger's viewpoints, participants' ontological viewpoints (interpretation) in this study regarding entrepreneurial performance are informed by past experiences (historicality), fore-structure (pre-understandings), (temporality) and context (time and space/environment). In doing so, this research views each story as interpreted work that is being communicated through writing as the final thesis. Consistent with this perspective, Wrathall (2005) pointed out that our understanding is rooted in our definitions.

Similarly, in this thesis I sought to gain knowledge and understanding of the entrepreneurial performance life world of private healthcare SME entrepreneurs and managers using individual semi-structured interviews, field notes and a reflective journal about my personal experiences during the research process. During data analysis I referred constantly to my field notes and reflective journal to obtain my expression of the collected data. As stated previously, I was practising as a healthcare entrepreneur and was, therefore, in the same world as the participants which allowed me to bring previous personal experiences to the study.

Heidegger also addresses temporality as a central feature of Dasein by arguing that human values and culture exist in the process of understanding the idea of Being. In this study, previous experiences of working in the entrepreneur and manager role informed study participants' viewpoints regarding the essence of working in that role and the phenomenon of entrepreneurial performance during individual semi-structured interviews. In addition, contextual factors such as work setting, knowledge, and motivation influenced participants' views on the study phenomenon and were recorded in the form of field notes. On the other hand, Gadamer (1975) extended Heidegger's views by introducing the aspect of language as a vehicle for articulating understanding and underscoring the importance of history in shaping the process of understanding human phenomenon.

Research by Bondoc and Burkhardt (2004) and Unsworth (2011) demonstrate that most health practitioners now have an excellent grasp of evidence-based practice to guide both the clinical and managerial domains of their roles. Nevertheless, McConnell-Henry et al. (2009) and Wilding and Whiteford (2005) identified that neither Husserl nor Heidegger aimed to produce methodologies but offered two abstract theoretical philosophical frameworks that have been used to

underpin methodologies and research. In this context, researchers employing the philosophy of phenomenology face a dual challenge of embracing very distinct concepts, involving the employment of both a pure practical research method and one that adheres to the original abstract philosophy of phenomenology.

Brocki and Weardon (2006), Caelli (2000), Patton (2002), Smith (2004; 2007), Smith and Osborn (2003; 2008), Reynolds (2003) and Starks and Trinidad Brown (2007) stress the importance of a flexible and adaptable methodology that exhibits strong theoretical connections and purpose, combined with a uniform approach to analysis. In essence, there is a need for the approach to be utilised to pursue a particular study that originates from the philosophical implications inherent in the research question. From this perspective, I employed a methodological conceptual triangulation by adopting some core ideas of van Manen's (2001) hermeneutic phenomenology to guide my choice of the research method and design, and Smith's (2004) IPA to understand and interpret participants' perspectives regarding the study phenomenon. In the following section, I explicate the mixed approach to my research methodology to allow a pathway for the reader to follow.

Smith and Osborn (2008) and van Manen (2001) advise interpretive phenomenological researchers to employ research method approaches that originate from the philosophical implications contained in the research question. Wertz (2005) associates the quality of phenomenological research with its power to draw the reader into the researcher's discoveries; allowing the reader to see the worlds of others in new and deeper ways. In other terms, research reports need to accommodate raw data such as participants' verbatim extracts, to provide a chance for readers to draw conclusions about the soundness of the researcher's analysis. To that end, I reflect on existing debates on the use of interpretive phenomenology in healthcare

SME management research in the following section to ascertain its applicability, popularity, and relevance in this area of study and professional practice. In doing so, the process enabled me to set the groundwork needed to identify van Manen's (2001) hermeneutic phenomenology as the practical paradigm to guide the identification and presentation of research methods and Smith's (2004) IPA to understand and interpret participants' perspectives of their lived experiences.

3.4 Debates on the use of phenomenology in healthcare entrepreneurship research

According to Lopez and Willis (2004), the use of phenomenological analysis is mainly grounded in the early 20th Century writings of Edmund Husserl and Martin Heidegger and to developments in psychology, education, and nursing. Central to this paradigm is the notion that one must identify a phenomenon of interest prior to any investigation.

Angel et al. (2018) identified a growing entrepreneurial interest in interpretive phenomenology research since the 18th Century as an underpinning framework focused exclusively on entrepreneurship, the entrepreneurial agents, and their interaction with the business opportunities in the healthcare area. Angel et al. (2018) observed that firm-level conceptions of success and the personal factors that help predict them but have stopped short of investigating what it means to entrepreneurs' and entrepreneurial managers' performance. Research on what success means to entrepreneurs remains scarce (Fisher et al., 2014; Reijonen & Komppula, 2007; Wach et al., 2016). For instance, based on the interpretive phenomenological analysis approach, Mehrabi et al. (2019) explored how healthcare entrepreneurs make sense of their business opportunities. Their findings indicated

that the nature of the entrepreneurship nexus has seven spheres: the entrepreneurs' context-based insights, the entrepreneurs' context-based projections, the entrepreneurs' dispositional attributions, the external facilities in macro levels, the external facilities in micro levels, the entrepreneur's environmentally oriented actions and the entrepreneur's presupposition-oriented actions as the nature of the entrepreneurship nexus.

Kirkwood (2016) found that the success criterion 'personal satisfaction' could signify being satisfied with doing a good job or creative and intellectual satisfaction or satisfaction from achieving goals, indicating that entrepreneurs may assign numerous different meanings to this criterion. Wiklund and Shepherd (2003) found that not all entrepreneurs and managers are growth motivated, suggesting that entrepreneurs and managers use other criteria in addition to firm growth to measure success (Walker & Brown, 2004). What is therefore needed, as Kirkwood (2016) alluded, is a focus on how entrepreneurs and managers understand success. A focus that examines variation in meaning rather than variation in the relative weighting of success criteria, extending the existing literature on entrepreneurial success.

The interpretive phenomenological analysis paradigm allows researchers to provide and interpret participants' viewpoints regarding their lived experiences. As Ajjawi and Higgs (2007) put forward, the purpose of "phenomenological data analysis is to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful" (p. 622) In this situation, as Smith (2011) argues, participants have the opportunity to describe the perceptions of lived experiences, and researchers have the opportunity to interpret these lived experiences.

Within the phenomenological paradigm, there are many strands that focus explicitly on the lifeworld (Ashworth, 2003; Dahlberg et al., 2008) and lived experiences (van Manen, 2001). Hermeneutic philosophies highlight the researcher's role and horizons of interpretation such as in the Reflective Life World Approach (Dahlberg et al, 2008), Interpretative Phenomenological Analysis (Smith, 2004; Smith & Osborn, 2003), Embodied Enquiry (Todres, 2007), Critical Narrative Analysis (CNA) (Langdridge, 2007), and in the Dallas' approach to phenomenological research (Garza, 2007). The heuristic approach adopted by Moustakas (1994) to portray the researcher's role in self-reflection towards producing a creative synthesis to explicate lived experience brought to the fore.

3.5 An introduction to van Manen's (2001) hermeneutic phenomenology.

According to van Manen (2001, p. 28), methodology means the "pursuit of knowledge". The essence of this inquiry is to explore the perspectives and experiences of private Tanzanian healthcare SME entrepreneurs and managers of their roles and identify key characteristics of, and factors impacting their entrepreneurial performance. As such, it is a method of inquiry that supports the humanistic science that "aims at explicating the meaning of the human phenomena… and at understanding the lived structures of meanings" (van Manen, 2001, p. 4). The core tenets of this approach are consistent with the underpinnings of Heidegger (1962) and Gadamer's (1975) hermeneutic phenomenology. Following Heidegger's (1962) and Gadamer's (1975) epistemological and ontological perspectives, van Manen recommends that researchers understand or interpret research phenomena based on their assumptions and make known their pre-understandings in bringing the phenomena into view.

3.6 The concept of pre-understanding influencing interpretation

This study employed a reflective researcher's journal in the form of daily records of observations, experiences, and key issues as they arose during the study. The researcher undertook this process by situating his pre-existing knowledge in accordance with van Manen's (2001) hermeneutic phenomenology which recognises that all understanding is influenced by existing researcher prejudices regarding the phenomena. Briefly, Gadamer (1975) views the process of understanding as a fusion of horizons, implying that understanding is only possible in the context of previous knowledge that researchers bring into the research process. Gadamer (1975) therefore views pre-supposition in a positive manner in terms of its ability to assist interpretation and understanding. In line with Finlay's (2003) proposition, the researcher keeps a reflective journal of pre-understandings throughout this study as a powerful strategy to constantly provoke these pre-understandings. By writing a personal reflective journal, the researcher can examine their personal views and attitudes towards the subject of research.

3.7 van Manen's six research activities

This study sought to explore the perspectives and experiences of private Tanzanian healthcare SME entrepreneurs and managers to gain a deeper understanding of their entrepreneurial performance by "interpreting these meanings to a certain degree of depth and richness" (van Manen, 2001, p. 11). To this end, van Manen (2001, p. 30-31) adopts six research activities to identify, understand and interpret the experience in question. These exist simultaneously in the form of six stages that are ontologically inter-connected: thereby precluding a linear step-by-step manner. The six activities described below provide a sense of order and

structural approach to the research project since they are consistent with the core tenets of the philosophy of hermeneutic phenomenology as proposed by Heidegger (1962) and Gadamer (1975). Briefly, the activities utilised were:

- Turning to a phenomenon that seriously interests us and commits us to the world
- Investigating experience as we live in it rather than as we conceptualise it
- Reflecting on the essential themes which characterise the phenomenon
- Describing the phenomenon through the art of writing and re-writing
- Maintaining a strong and oriented pedagogical relation to the phenomenon
- Balancing the research context by considering parts and whole.

In this sub-section, a discussion of these stages is provided, as is the method employed in this thesis.

3.7.1 Turning to the phenomenon

Van Manen (2001) emphasises that researchers are required to commit themselves to a phenomenon of interest. In explaining the concept of commitment, van Manen (2001) states that "phenomenological research is a being-given-over to some quest, a true task, a deep questing of something that restores an original sense of what it means to be a thinker, a researcher, a theorist" (p. 31).

According to van Manen (2001), formulation of research questions is a process that only succeeds when researchers find interest in the topic. Phenomenological research questions do not ask about relationships of variables, nor do they seek explanations. These questions ask "What is it like to be …? And in the process, they collect a detailed description and interpretation of phenomena under investigation.

This study utilised individual semi-structured interviews to collect information from participants. Burnard (2005) describes the process of interviewing as a continuum that progresses from the structured to the unstructured via the semi-structured. In this context, semi-structured interviews were employed, involving the use of a set of both open and semi-structured interview questions as described in Appendix D.

The research questions of this inquiry in response to the research aim identified in Section 1.4 were as follows.

3.7.1.1 Research questions

1. How do Tanzania's private healthcare SME managers and entrepreneurs view their roles and contributions to the delivery of effective healthcare in Tanzania?
2. Within this context, how do Tanzania's private healthcare SME managers and entrepreneurs understand and experience the phenomenon of entrepreneurial performance and its relationship to the success or failure of their business enterprises?
3. Are there among the participants any common or shared experiences on strategies to strengthen SME healthcare entrepreneurial performance? If so, what are these common issues?

It is anticipated that the findings will help to solve the problem of how to improve the performance of entrepreneurs and managers to innovate their enterprises for longer-term growth and profitability.

3.7.2 Investigating experience as we live in it rather than conceptualise it

In this hermeneutic phenomenological inquiry, I have a personal interest concerning the subject under investigation based on my relevant previous working experiences as a healthcare SME entrepreneur, and interest in the field of study because of the paucity of published research on the study phenomenon in Tanzania. This study's findings allowed me the opportunity to contribute to the body of knowledge about private healthcare SMEs' entrepreneurial performance. In the first section of the research thesis, I explained my presuppositions as described by Heidegger (1992) and Gadamer (1975) to justify the choice of this methodology. In this respect, I have already entered the practice of healthcare entrepreneurs and managers. These presuppositions helped me understand and interpret findings during stages of data collection, analysis, and presentation of study findings.

3.7.3 Reflecting on essential themes that characterise the phenomenon

Describing the research phenomenon:

In this study, participants were selected and recruited based on their ability to provide an in-depth insight into the study phenomenon. The following sections describe the pilot study that was completed as part of the preparation for the data collection process. Key features of the study settings, characteristics of potential participants, and the data collection process are also described.

a) Settings

In this study, the participants contributed to the project in their private time. In this respect, the settings for the interview were chosen by participants according to their convenience. These settings included interview rooms at workplaces and individual work offices. As was expected, this process reassured participants of

adequate privacy which enabled their meaningful engagement in the discussions. Overall, the selected interview setting allowed each participant to feel comfortable and relaxed enough to really tell the researcher 'how it is' as advised by Dearnley (2005, p. 26). Briefly, the chosen setting offered study participants some personal privacy, was informal and considerate of seating arrangements, generally uncluttered and non-distracting; thus, facilitating a high quality of audio recording.

b) Recruitment of participants and their characteristics

In this study, a purposive sampling method was employed to identify and recruit potential study participants. According to Reid et al. (2005) and Smith (2004), the process of data collection in a professional doctorate phenomenological study involves primary in-depth interviews with a small, similar composition and a purposive sample of between 5-25 subjects. As advised by Kvale (2006) and Smith and Osborn (2003), a homogenous and defined sample reflecting specific characteristics of the purpose of the study was recruited. In the first instance, for practical reasons of ease of access to potential study participants, the researcher conducted a door-to-door recruitment process which received an overwhelmingly positive response.

Twenty-five private healthcare entrepreneurs and managers were invited and participated in the study. Their entrepreneurial SMEs engaged in at least one of Schumpeter's (1934) four categories of behaviour: introduction of new goods to the market, profitability, growth, and inventiveness as advised by Carland et al (2007).

First, the researcher identified entrepreneurial SMEs that engaged in at least one of Schumpeter's (1934) four categories of behaviour. Then, two selection criteria for recruiting study participants were employed. The first eligibility criterion used

was that participants were practising entrepreneurs or entrepreneurial managers within entrepreneurial SMEs who have accrued significant experience sufficient to 'tell it as it is' whilst contributing to the debate on the phenomenon of their entrepreneurial performance. This study adopted Jacobs' (2013) advice to recruit participants who have acquired at least six months of working experience as an entrepreneur or entrepreneurial venture manager, which gives significant exposure to the realities of the working world of entrepreneurs or entrepreneurial venture managers.

Second, each of the entrepreneurs or entrepreneurial managers recruited to participate in this study had strategic and operational oversight of entrepreneurial venture workflow operations, growth strategy, profit, and loss, and managing new services or products as advised by Carland et al. (2007) based on Schumpeter's (1934) four categories of entrepreneurial SME, which state that for an SME to be considered entrepreneurial, it must meet at least one category. Following this, an invitation package (Appendices A-D) and supporting letter from the University of Southern Queensland (USQ) were sent (by either email or post) to potential participants. The package outlined study details, the process of consent, and requested that potential participants make direct contact with the researcher should they wish to be part of the study. In addition, a follow-up visit was completed as part of the scheduled interview. Last, private healthcare entrepreneurs and managers who did not meet the above criteria were not invited to participate in the study.

c) The pilot study

Following the USQ human research ethics approval process, I completed a pilot study of the interview questions with a local Sydney-based private healthcare

SME manager/entrepreneur and a Tanzanian-based private healthcare SME manager/entrepreneur situated outside Dares Salaam (the selected area of study). Consistent with Dearnley's (2005), Roberts' (2002), and Sampson's (2004) recommendations, pilot interviews were carried out to test the appropriateness of the interview questions and to refine my interview skills. Sampson (2004) argues that the use of a pilot project in research ascertains the demands and quality of qualitative data in terms of interview questions, time, and physical and fiscal resources. Furthermore, the process was completed in line with Schneider's (2004) and Silverman's (2001) advice regarding the use of pilot studies. These authors advise researchers to employ pilot studies as a guide to identify potential problems and to improve the interviewing process's reliability through pre-testing. In doing so, the process helped to ensure that study participants understood the intended meaning of the questions and the researcher understood the participants' answers.

At the end of these pilot interviews, I asked for feedback regarding interview time allocation, appropriateness of the flow of the interview, and if the questions were relevant to the purpose of the study. This allowed me to compare the outcomes of the two pilot studies to test the appropriateness of the interview protocol and questions, identify and address potential problems, and refine my interview skills. The results from the pilot studies were not included in the main study.

d) Data collection process

Data collection took place between May 2021 and July 2021 to obtain demographic information and conduct individual semi-structured interviews. In this study, participants' perspectives of their experience of entrepreneurial performance in the context of their roles as SME managers and/or entrepreneurs were explored

via individual, face-to-face semi-structured interviews in combination with observation notes and the researcher's own reflective journaling as advised by Burnard (2005) and Marshall & Rossman (2006).

A series of open-ended questions were used to form the basis of each interview. These were followed with some semi-structured prompts to elicit further details as required. Each semi-structured interview took approximately forty-five minutes, and permission was granted by the participant for the interview to be recorded. The content of the interviews was recorded using a digital audio recorder and transcribed by the researcher for analysis. A final draft copy of each interview transcript was sent back to each participant to confirm that it was consistent with his or her perception of what was said in the interview.

In keeping with Patton's (2002) assertions, qualitative researchers employ observation to record people's behaviours and activities as they naturally occur in an interview setting. To offset the gap between what participants stated in interviews and their actual behaviours, I employed observations on issues such as physical setting, key issues that came up during discussions, and non-verbal communications in the form of body language such as nodding and smiling in agreement. In addition, observations enable the researcher to observe firsthand things that participants themselves are not aware of or willing to discuss.

Reflective journaling and initial interpretive analysis of interview data occurred concurrently with interviews. This journal also served as a data collection tool. In this context, the journal helped the researcher re-examine previous experiences by attending to personal feelings and impressions about the study process. It also provided a forum for reflection on the subject under study. I later

translated the journal and observation notes to field notes and included them in a written database for analysis. My intention in this process was to gain insight into the interaction patterns between myself and each participant during discussions. Data collection ceased when saturation was achieved, which is a stage when further collection of data does not yield any new themes (Creswell, 2007). I also carried out a pilot study, as detailed above, as part of the preparation for the main study.

After each interview I thanked the participant and reiterated the study progression stages, my contact details and methods of accessing the final report. To ensure the trustworthiness of this process, I consulted with my supervisors on issues pertaining to the data collection process after each interview.

e) Individual semi-structured interviews

In this study, I employed semi-structured in-depth individual face-to-face interviews to investigate the study phenomenon. I encouraged participants to talk about their experiences with open-ended questions and having each participant complete the consent form (Appendix A). I posed further questions as determined by their responses. I utilized the same open-ended introductory questions for all interviews but changed clarifying questions according to the responses that were provided by individual participants. The literature links the use of in-depth interviews in phenomenological inquiries as data collection tools for depth, vividness, and richness in data collection (Rubin & Rubin, 2005). Also, Alvesson (2003) and Kuhn (2006) portray interviews as symbiotically constructed social discourses whose data is co-produced. In this respect, both the participant and researcher were a vital part of the process.

I offered each participant the opportunity to choose their own pseudonym for use during interviews as advised by Atsalos et al. (2007) and Smith and Osborn (2008). In this instance, the use of self-selected pseudonyms by study participants facilitated a spirit of openness, collaboration and enabled the reciprocal balancing of power between the participants and myself. The interviews took forty-five minutes. A convenient interview schedule was negotiated with each participant. I asked the following open-ended questions to all study participants as a guide and followed up to seek further clarification as needed in a non-judgemental and open way. In this process, as an experienced person-centred therapist and healthcare entrepreneur, I rephrased follow-up questions when the participant was unsure about how to answer. In addition, I used prompts for participants to give full descriptions, with examples and repeat questions when necessary. Smith and Osborn (2008) regard the process of managing power relationships between the researcher and respondents by using constant clarification as a sound interviewing technique.

Open-ended questions:

1. Please share with me about yourself and your practice.

2. What is it like to be a healthcare SME entrepreneur and/or manager in your healthcare entrepreneurial venture and in Tanzania?

3. What does entrepreneurial performance mean to you and what factors impact it within your venture?

4. What would you consider to be the daily and long-term factors that one needs to consider as a healthcare SME entrepreneur and/or manager to drive performance?

5. Have you a sense of where your business will be like in the next five years from now and why?

6. What are your perceptions of the contributions of your role to the delivery of effective healthcare within your Municipality Council and broadly in Tanzania?

7. What opportunities and challenges do you encounter as a healthcare SME entrepreneur and/or manager

7b. Any other issues pertaining to your role, your business, or the broad Tanzanian private healthcare SMEs specific to recommendations on strategies to influence entrepreneurial performance, challenges, opportunities, and new products/or services that you may want to bring to the discussion?

f) Recordings

At the beginning of each scheduled interview, I gained permission for an audio recording to be made from all participants and to write down some key points using the consent form (Appendix A). Wengraf (2001) advises that researchers employ recordings during interviews to capture the data appropriately and to reduce the need to take notes. In this study, I utilised a small comprehensive, reliable, hardly noticeable, voice sensitive audio-device to record interviews.

g) Field notes

During the interviews, I wrote down key points and summarised viewpoints and personal emotions regarding the interview process using some key verbal descriptive phrases as raw data. Then I completed additional comments regarding

the process immediately after each interview. Following this write-up process, I shredded the original raw data that I collected during interviews. However, ethically there is a requirement for me to store such data securely at the university for five years after the study's completion. These constituted my written field notes collected as distinct from the audio recording.

h) The researcher's journal

As recommended by Burnard (2005) and Marshall and Rossman (2006), I kept a journal of events that helped me reflect on each interview and themes as they unfolded during the simultaneous process of data collection and analysis. In this journal, I recorded observations about the process of negotiating the study in the organisation, recruiting participants, location of interviews, personal feelings and impressions about the interviews, interactions, and observations. This journal also served as a data collection tool. In this context, the journal enabled me to re-examine previous experiences by attending to personal feelings and impressions about the study process. It also provided a forum for reflection on the subject under study. Furthermore, reflection on personal feelings, impressions, and attitudes of the data firmly situated me in the study.

In this context, the journal examined my pre-understandings of the topic and a record of activities undertaken after each interview, field notes completed during and after each interview, personal emotions and expression of the data collection and analysis processes, and my interviewing techniques. Broadly, it is punctuated by phrases such as: "Did any new concepts emerge?", "Did I probe the issue adequately and appropriately?", "Did I manage to meaningfully engage the participant?" and "I am on track!" Then, in the process of data analysis and interpretation of field notes

and audio recorded data, I revisited these initial experiences and attended to personal feelings experienced at the time. This process allowed me to situate any meanings that arose from the reflection process and kept me motivated and focussed on the study. In addition, I examined the study findings in conjunction with the purpose of the study, field notes, and journal writings, and integrated these findings into this study. This helped me draw major conclusions, recommendations, implications for policy and practice, future research directions and limitations, and study limitations and their mitigation.

3.7.4 The IPA process: balancing the research context by considering the parts and the whole.

The step-by-step approach of Interpretive Phenomenological Analysis

On completion of all the interviews and member checking, a three-stage IPA data analysis procedure (Smith, 2010) was followed to demonstrate sensitivity to context, commitment and rigour, transparency, and coherence, and highlighted the impact and importance of the phenomenon under study (Smith, Flowers & Larkin, 2009; Yardley, 2008), which is entrepreneurial performance. In this study, I transcribed all raw data and re-read it while reflecting on the themes inherent within them. The resultant interview data and field notes were prepared into written data sheets to enable data analysis.

Stage One involved interrogation of data collected by asking relevant questions specific to the meaning of events, participants' lived experiences, and their viewpoints about the phenomenon. I immersed myself in the data by reading all data collected from the field and all the transcribed data in the form of transcripts several times, as well as listening to the audio recordings. The aim of the second stage was

organising data into themes and identifying patterns or relationships among the themes as suggested by Smith and Osborn (2003; 2008). Smith (2004) portrays this as "good enough interpretation" (p. 8), meaning the research process ensured rigour.

Briefly, after all the data had been collected, the researcher familiarised himself first with the data by reading several times all data collected from the field and all the transcribed copies of data as well as listening to the audio files. This practice gave the researcher a holistic perspective of the data. Merriam (1997) described this stage of analysis as "one of holding a conversation with the data, asking questions of it (sic), making comments and so on" (p.151).

The stage that followed was to code the data. Miles and Huberman (1994) defined codes as tags or labels for assigning units of meaning to the descriptive or inferential information compiled during the study. The initial coding involved writing a descriptive word or phrase next to a given excerpt in order to summarise the excerpt was about. The codes (broad names or phrases) were then grouped and used to create categories. Similar codes were sequentially coloured in the text using the same ink. The text was then divided into meaningful segments and each segment was coded. All the segments that had been coded by a given category were put together in a pile to develop themes. The different categories were then colour coded by use of different ink colours; each colour represented a different category. The colour-coding was done on a computer. The researcher then printed out two copies of the transcripts (written data) with categories colour coded already. The transcripts were cut up and organised into respective piles of the same category. The second printed copies of the transcripts were retained to enable the researcher to identify the original sources of the different categories, which was vital in the interpretation of the data. The piles of different categories were displayed on a long table in the researcher's private study room that

was kept locked to avoid interruption of the data. The different themes were constantly compared and contrasted over a long period. This was done to identify any relationships or differences that existed between categories.

Each pile of each category was analysed again and compared with other data to form bigger categories. The researcher took several days studying, comparing and contrasting the different categories. The time frame allowed the researcher to familiarise with the categories in order to create relationships. Relationships between categories were identified and connections were made. As original categories changed, combined or discarded, new relationships were found, and new categories generated. After the establishment of new relationships between categories, overall themes were identified. During this process new themes were created, existing themes combined or discarded (Gall, Gall & Borg, 2007). The themes allowed the researcher to draw conclusions from the data, determine the implications of the findings and to make recommendations in line with the purpose of the study (Appendix E).

The literature links the use of in-depth interviews in phenomenological inquiries as data collection tools to depth, vividness, and richness in data collection (Rubin & Rubin, 2005). Importantly, I applied contemporary quality in data management principles appropriate for qualitative research to ensure the trustworthiness of study findings such as regular supervision, reflection journal, data triangulation, and member checking interview transcripts (Dearnley, 2005; Finlay, 2006; Kvale, 2006; Smith, 2011). In Stage Three, I extended the second stage results to provide a systematic interpretation of these themes that were then sub-divided into sub-themes supported by enough verbatim extracts from participants and literature reviewed to illustrate both convergence and divergence in how the themes manifested in response to the research questions and purpose of the study.

I employed a selective data coding method to analyse findings from individual interviews. This process of data coding is one of thorough and intensive engagement, which I utilised to develop themes that represented meanings participants attached to the phenomenon under investigation. Data analysis began in the field the moment that I consulted research supervisors about the main themes that emerged, immediately after each interview.

3.8. Quality in the research process

I have now presented and discussed the data collection and analysis tools appropriate for this study. In the next two sections, I address ethical issues and strategies to ensure that the research was credible and trustworthy.

a) Rigour

Rigour in hermeneutic phenomenology research is a controversial topic. The literature contains arguments over philosophical interpretation and a recurring discourse to express fully the criteria of use across Social Science disciplines and authors (Hope & Waterman, 2003; LeVasseur, 2003; Rolfe, 2006; Sandelowski & Barroso, 2002; Turner, 2003; Whitehead, 2004). In this discourse, Hope and Waterman (2003), seek a re-conceptualisation process of validity by pointing to the existence of multiple qualitative paradigms, with each one requiring a unique approach to justify the validity of study findings. LeVasseur (2003), Rolfe (2006), Sandelowski and Barroso (2002), Turner (2003), and Whitehead (2004) stress the value of pedagogy in expressing quality and validity within qualitative research studies. Pedagogy is vital in expressing quality and validity within qualitative research studies. Simply put, the process and essence of writing bring out the concept of quality and validity in qualitative research studies. The mere absence of

consensus on evaluation of rigour within qualitative research paradigms underscores the importance of defining quality, validity, and trustworthiness needed to justify the significant contribution of qualitative inquiries to sound research evidence. According to Creswell (2013), hermeneutic phenomenological researchers should engage in at least two methods to enhance rigour.

In this study, the rigour of hermeneutic SME entrepreneurial performance research is an important issue that has direct implications for the legitimacy of the literature that defined and informed private Tanzanian healthcare SME entrepreneurs' and managers' practice, policy issues, methodological appropriateness, publication, and knowledge transfer. de Witt and Ploeg (2006) and Bryman (2001) simplified the value of the use of rigour in interpretive inquiries, by describing rigour as a process of assessing the trustworthiness of a research study using a set of criteria advocated by some writers for assessing its quality. As Patton (2002) suggests, there are no indisputable criteria to enhance the rigour of qualitative research, but careful consideration should be taken by researchers when employing phenomenological research to provide new knowledge concerning people's interpretation of their experiences acceptable to the professional audience. In this research, I utilized five methods to enhance the trustworthiness of the study findings based on Sandelowski and Barroso's (2002) generic framework on qualitative criteria of rigour. The criteria I employed in this study reflect data credibility, fittingness, and auditability.

First, I employed a member checking study to reassure participants regarding the processes of data collection and data analysis. Following Kvale's (2006), Fleming et al.'s (2003), and Dearnley's (2005) advice, I sent back draft interview transcripts to the participants to enable verification. This process allowed an

opportunity for editing of the draft interview transcript and enabled the researcher to check on the correct representation of the views of study participants. Kvale (2006) and Dearnley (2005) encountered problems such as participants' distress and shock after reading one's own interviews when un-edited transcripts were sent back to participants for verification. Fleming et al. (2003) and Maggs-Rapport (2001) recommend member checking as a sound research practice that increases the validity of study findings.

Second, reflexivity was employed to help ensure the rigour and trustworthiness of the findings. Finlay (2006) and Olesen (2000) link reflexivity as a rigour and trustworthiness strategy that is central to every qualitative inquiry. Following this perspective, I have described my pre-understandings regarding the study phenomenon in the Introduction section. Jackson et al. (2003) based their observations during qualitative inquiries on the process of reflecting on one's own biases, beliefs, and values enabling the researcher to use this self-knowledge as a resource during the study's data analysis. Furthermore, Cook (2001), Finlay (2003), Kahn (2001) and Koch and Harrison (1998) recommend that personal and methodological reflexivity should be included as an element of every investigation and that without it the validity of the research could be undermined.

In this study, I have already explained my own prejudices in relation to the study phenomenon by conceptualising it as a significant research strategy, which is intended to improve my understanding of the collected data. By doing so, I utilized the reflective journal as an additional data collection tool, which enabled me to re-examine my own presuppositions regarding the research inquiry.

Third, I employed data triangulation when I double-checked the data analysis processes by engaging project supervisors to strengthen the credibility of the study as advised by Crist and Tanner (2003); Patton (2002); Turner (2003), and Whitehead (2004). Patton (2002) and Turner (2003) identified four different types of triangulations involving data triangulation, investigator/analyst triangulation, theory triangulation, and methodological triangulation. The process of data triangulation was further described as the use of several data sources. In view of Crist and Tanner‘s (2003) and Whitehead’s (2004) recommendations on decision-making trail, I employed data triangulation in this study by involving the three data sources of interview transcripts, researcher’s journal, and field notes, and obtained feedback from the project supervisors as part of project supervision, after which the findings were compared to ensure that no major themes had been missed.

Last, adequacy and appropriateness of data was another strategy I utilised to ensure the trustworthiness of the findings as recommended by Bryman (2001), Denzin & Lincoln (2005), and Silverman (2005). Denzin and Lincoln’s viewpoint on adequacy is in the context of the amount of data collected rather than the number of participants. According to Denzin and Lincoln (2005) adequacy is achieved when data reaches a saturation point and variation is both accounted for and understood. On the other hand, appropriateness refers to the selection of information that meets the purpose of the study (Denzin & Lincoln, 2005). In this study, I selected participants based upon the set criteria, which helped me to ensure that they were able to contribute useful information on the study phenomenon. I terminated the data collection process when saturation was achieved, implying that further interviews were not generating new information.

b) Ethical considerations

Within qualitative paradigms, addressing ethical issues which may arise because of research is regarded as sound research practice (Denzin & Lincoln, 2005). According to Brooker (2002, p. 121) ethics is "the study of the code of moral principles derived from a system of values and beliefs and concerned with rights and obligations". When research involves human participants, as Kole (2016) asserts, ethical approval must be gained from an ethics committee of the institutions involved, and participants' informed consent is an integral part of the investigation. Prior to commencing data collection, approval for ethics clearance was granted by the two Human Research Ethics Committees: The University of Southern Queensland Human Research Ethics Committee and the National Institute of Medical Research of Tanzania (NIMR). I employed the following ethical principles to establish sufficient rapport and compliance with the human research ethics standards.

First, the research proposal for this study was submitted to the two Human Research Ethics Committees for verification: USQ and Site-Specific Ethical Approval by Tanzania's National Institute of Medical Research (NIMR).

Second, I employed the non-cohesion and non-manipulation principles to ensure a justified research process. The principle of justice (Kole, 2016), stating that researchers should ensure a reasonable, non-exploitative, and carefully considered procedure and fair administration to potential participants, was applied when accessing study participants. Once the NIMR approval was granted by the respective study facilities in Dares Salaam, I sent out invitation packages to potential participants using their respective workplace addresses and requested that those

interested make direct contact with me. I also made a reconfirmation phone call to each participant three days prior to the interview. At the beginning of each interview, I restated the study aims and objectives and attended to other housekeeping issues relevant to the study. In all instances, I also prompted participants to briefly outline factors that motivated them to volunteer their participation in the study.

Third, I complied with the principle of informed consent. In view of being a potential participant in a research study, individuals require enough information to enable them to make an informed decision on whether to participate or not. According to Dearnley (2005, p. 26), informed consent is, "the voluntary and revocable agreement of a competent individual to participate in a therapeutic or research procedure based on an adequate understanding of its nature, purpose, and implications". In this study, I applied the principle of mutual respect (Brannmark, 2017) and the right to individual privacy to seek participants' consent. Within qualitative inquiries, Butler et al. (2009) emphasised the importance of researchers to understand their potential informants' aims and interests to safeguard their self-esteem and respect.

Nevertheless, Shiri (2006) argued that truly informed consent is impossible in qualitative studies because events in the field and the researcher's actions such as following up new and promising leads cannot be anticipated. In this thesis, I, therefore, considered informed consent to be an ongoing negotiated process between myself and each participant. Initially, I provided potential participants with written consent to be involved in the study. This consent process was voluntary and freely given. Participants were given time to read the information and to request any further information or explanations if they so wished. Sufficient information was provided so that participants were able to give informed consent to take part in the study.

A Consent Form for Participants was signed by both the researcher and study participant prior to the commencement of each data collection after I explained the study aims and potential benefits of involvement. In this inquiry, the Information Sheet for Participants and the Consent Form for Participants stipulated that the participant has the right to refuse to answer any questions during the interview by remaining silent, requesting not to be audio-recorded, withdrawing consent without giving a reason and that those they did not want to know about their participation be kept unaware about who took part in the study. In this study, all participants consented to the audio recording of interviews.

Fourth, I applied the principles of anonymity and confidentiality as recommended by Crow and Wiles (2008). Crow and Wiles (2008) suggest that the researcher should build appropriate procedures to protect the anonymity of the participants and protect data from unauthorised access. In this thesis study, the researcher complied with laid down anonymity and confidentiality procedures by keeping all data collected in a non-identifiable format.

Fifth, the principle of respect (Brannmark, 2017) was applied with the aim of protecting the autonomy of participants. Assurance was given that anonymity and confidentiality would always be maintained. I used pseudonyms to replace participants' real names and place names according to participants' consent and preferences throughout all written and reported documentation. Audio recorded and interview data will be kept in a secure, locked cabinet at the principal researcher's office for a period of five years from the date of approval of the research, after which time it will be destroyed. An electronic version of the same data will be kept securely on the USQ computers servers. Only the researchers will have access to the data kept locked the researcher's office. At the end of the study, the researcher destroyed all

raw data with personal information about the participants. I also avoided collecting information that had the potential to identify study participants such as age, names, and employers' names. Prior to each interview I complied with the ethics approval guidelines by being a signatory to the Consent Form.

Sixth, I adhered to the principles of beneficence and humanity as advised by Mawere (2012). Mawere (2012) emphasised the need for researchers to ensure that the information is used based on the pre-study agreements between the researcher and participants. In this study, I applied the principle of 'beneficence' and 'humanity' by adhering to the content of the Information Sheet for Study Participants and Consent Form for Participants pertaining to the use and management of information collected from participants during and after the study. I ensured that the information gathered was used based on the pre-study agreements I established with each participant, which was to produce a research thesis as part of fulfillment requirements for the USQ Doctor of Business Administration degree.

3.9 Conclusion

In this chapter, I provided an overview of hermeneutic phenomenology as both a philosophical and practical guiding framework to the research design and methods. First, I discussed key concepts of the abstract hermeneutic phenomenology as informed by Heidegger (1962) and Gadamer (1975) in relation to the investigation places of human experience. This was done because researchers who ascribe to the philosophy of phenomenology have failed to provide an indisputable phenomenological method in an objective sense and, on this basis, it was not an easy task to achieve in this study. As recommended by van Manen (2001), it was instead

my task as the phenomenological researcher to seek and make available a phenomenological research method that was consistent with the abstract philosophy.

Following this argument, I then justified the inclusion of Heidegger's (1962) and Gadamer's (1975) philosophical framework in its abstract state in relation to the phenomenological investigation of entrepreneurial performance as a critical success factor for private healthcare SME providers in Tanzania by undertaking a critical review of previous phenomenological healthcare entrepreneurship research. This process helped to set the foundation for adopting van Manen's (2001) hermeneutic phenomenology as a practical guide to the study's research method and design and Smith's (2004) IPA to understand and interpret participants' perspectives. I chose van Manen's (2001) hermeneutic phenomenology's six research activities to identify and describe the research methods and design, and Smith's (2004) IPA to understand and interpret the lived experiences of study participants because they are consistent with the abstract philosophical framework and were most appropriate to interpret the research findings.

Specifically, I first pilot tested this method to examine the appropriateness of the interview questions, its ability to respond to the research questions and to meet the purpose of the study. In addition, employing this method allowed me to explicate my pre-understandings about the study phenomenon. I was also able to describe the process of recruiting study participants and their characteristics and to describe interview settings, which enabled me to fully understand the process of data collection and to interpret the findings. Then I was able to address the trustworthiness of the study and ethical issues that presented during the research process and their mitigation, which improved the trustworthiness of study findings.

In the following chapter, I present the IPA trail and emerging themes, and their interpretation in view of the literature reviewed in Chapter Two.

CHAPTER FOUR: INTERPRETIVE PHENOMENOLOGICAL ANALYSIS

4.0 Introduction

In this chapter, 25 participants' perspectives of their working experiences as private healthcare SME entrepreneurs and managers are explored in the form of themes. The data analysis in this chapter seeks to provide answers to the following three research questions and address the three study aims, from the participants' perspectives: How do Tanzania's private healthcare SME managers and entrepreneurs view their roles and contributions to the delivery of effective healthcare in Tanzania? Within this context, how do Tanzania's private healthcare SME managers and entrepreneurs understand and experience the phenomenon of entrepreneurial performance and its relationship to the success or failure of their business enterprises? Are there among the participants any common or shared experiences on strategies to strengthen SME entrepreneurial performance? If so, what are these common issues?

The purpose of this study was first to describe and interpret the lived experiences of entrepreneurs and managers as they relate to the entrepreneurial phenomenon and its relationship to the success or failure of their business enterprises. Second, to articulate common issues experienced by entrepreneurs and managers who were involved in this research. Then, to make the resulting knowledge available for future practice and policy formulation as it pertains to the private healthcare SME entrepreneurs' and managers' role in relation to strengthening SME entrepreneurial performance.

The first section of this chapter provides an overview of the IPA method, demographic analysis, and statistics to guide the reader along the decision trail utilised to draw themes based on the collected data. The exploration of data using IPA (Deanet al., 2006; Smith 2004) led to the generation of themes. The themes are not discrete entities and can include some overlaps (Denzin 2005). Five themes were identified as: the scope of the entrepreneur and manager role, implications of this role for the entrepreneurial performance role, multiple challenges facing the entrepreneur and manager role, opportunities, and strategies for the future. Twelve sub-themes emerged from the IPA with the aim of describing and interpreting the participants' viewpoints as elaborated in this chapter. The outcomes are discussed in conjunction with contemporary research and literature evidence drawn from Chapter Two as advised by Clouston (2012), Cooksey and McDonald (2011), Smith (2004), and Reid et al. (2005). Cooksey and McDonald (2011:531) assert that,

> It is now common practice to combine results and discussion … the discussion aspect of this chapter should focus on interpretation, and not on drawing of conclusions, generalisations, speculation, or implications. What you want to accomplish is to display the meaning of what you have learned to the reader (Cooksey and McDonald, 2011, p. 531).

Dean et al. (2006) and Reid et al. (2005) underscore the importance of this form of analytical interpretation in IPA research as vital in gaining useful insights into the data specific to private healthcare SME entrepreneurs and managers, which can result in wider relevant implications for the findings.

By following the process of providing verbatim extracts supported by the literature reviewed in Chapter Two, my intention was to create a pathway for the reader to follow.

Table 4.1

A response to research questions

Themes & Sub-themes	Corresponding Research Question Met
Theme 1: Scope of the entrepreneur and manager role Sub-theme 1.1: Existing tensions Sub-theme 1.2: Power relationships	1. How do Tanzania's private healthcare SME managers and entrepreneurs view their roles and contributions to the delivery of effective healthcare in Tanzania?
Theme 2: Implications of the role on the entrepreneurial performance phenomenon Sub-theme 2.1: Participants' perspectives of their role on entrepreneurial performance Sub-theme 2.2: Participants' perspectives of their lived world	2. Within this context, how do Tanzania's private healthcare SME managers and entrepreneurs understand and experience the phenomenon of entrepreneurial performance and its relationship to the success or failure of their business enterprises?
Theme 3: Multiple challenges of the entrepreneur and manager roles Sub-theme 3.1: Operational business challenges Sub-theme 3.2: Strategic business challenges	
Theme 4: Opportunities Sub-theme 4.1: Mission to serve local communities Sub-theme 4.2: Vital link between hospital services and the local communities' healthcare needs Sub-theme 4.3: Steppingstones to future ownership of private healthcare SMEs	
Theme 5: Strategies for the future Sub-theme 5.1: Entrepreneurial performance competencies needed Sub-theme 5.2: Strategic supports needed to promote business success Sub-theme 5.3: Establish TQM frameworks for business success	3. Are there among the participants any common or shared experiences on strategies to strengthen SME entrepreneurial performance? If so, what are these common issues?

As shown in Table 4.1 above, the first four themes and nine sub-themes that emerged from this study addressed the first two study aims and research questions. The last theme, Theme 5: Strategies for the future, and corresponding Sub-theme 5.1: Competencies needed, Sub-theme 5.2: Strategic supports needed to promote business success, and Sub-theme 5.3: Establish total quality management frameworks for business success, addressed the third study aim. Briefly, the emerging five themes and 12 sub-themes that are supported by verbatim extracts and the literature reviewed in Chapter Two, describing the scope of the private healthcare SME entrepreneur's and manager's role are: the scope of the role in terms of tensions and power struggles, implications of the nature of the role and its relationship to entrepreneurial performance as a critical factor for SME success or failure, and operational and strategic challenges. Participants also identified existing opportunities in terms of having open access and less-regulated practice which allowed them a chance to go the extra mile on a mission to make a difference in the communities they serve. They indicated that their practices were a vital link between local communities and public hospital services because they provided the first line of health care.

More so, the multifaceted role offered them broad work experience to prepare managers to become business owners. The role, therefore, provided a key steppingstone for them into opportunities for promotion. Finally, the participants suggested some strategies for coping with both operational and strategic challenges that affected their enterprises and the support needed to promote business success. One strategy that several participants brought forward was the need to manage private healthcare SMEs for continuous quality and service improvements to ensure the constant achievement of desired success.

Data emerged from interviews with each participant, plus the researcher's field notes and reflective journals. These field notes and reflective journals described and re-constructed the researcher's experiences of the process in a manner consistent with Gadamer's (1989) viewpoint of 'fusion of horizons', Heidegger's (1962) 'hermeneutic circle' process and Smith's (2004) IPA, which acknowledges the researcher's presence and influence in the research process. This facilitated some specific interpretation of participants' stories where it was appropriate.

4.1 An overview of the Interpretive Phenomenological Analysis technique

Denzin and Lincoln (2005) described qualitative research methods as a way of understanding any phenomenon about which little is known, by gaining new perspectives on things about which much is already known or gaining more in-depth information that may be difficult to convey quantitatively. As Patton (2002) points out, the design of this hermeneutic phenomenological study depended on the purpose of the inquiry and the nature of the information that I regarded as both important and the most credible to respond to the research questions.

To understand social actions, researchers must grasp the meaning that actors attach to their actions by seeking to "gain access to people's common-sense thinking and interpret their actions and their social world from their point of view" (Bryman 2001, p. 14). There are no methods according to Denzin and Lincoln (2005) and Patton (2002) that are agreed upon for data analysis in phenomenological studies to draw conclusions and verify their strength. It has also been stated that there are no absolute rules except for researchers to do their best to represent the data and communicate what it revealed given the purpose of the study. In view of this argument, Boucher (2001), Finlay (2006), and Moran (2000) advised researchers of

the importance of describing the way research findings will be represented from the outset of the research process. This, according to these authors, is vital because the process of exploring alternative forms of data representation in an academic context is a political act that challenges long-established and revered traditions.

In this data analysis section, before opting for IPA, I considered another research method: storytelling (Welch, 2001). This approach seeks to gain access to the lived world of the participant's personal experiences using stories. However, I discarded the storytelling approach because it does not provide concreteness of Being (Wertz, 2005). Wertz (2005) posits concreteness in terms of key qualities in the data that can describe details about the person's lived situation rather than an abstract view of the experience. In this study, as Larkin et al. (2006) suggest, I was looking for a data analysis approach that involved an ongoing cyclical process to integrate into all phases of the project, beginning with interviews. This approach could also give voice and make sense of the phenomenological interpretation process by examining the transcriptions, including participants' verbatim extracts, and categorising emerging themes through a process of analysing and grouping the data, to address the aims of the study.

Following Briggs' (2010) representation of findings from an exploration of the lived experiences of Australian health services managers in their role, plus Cooksey and McDonald's (2011) recommendations, this study's findings are represented in the form of themes that are constantly punctuated by verbatim extracts and literature evidence reviewed in Chapter Two.

The data were analysed using an IPA (Dean et al. 2006; Smith 2004; Smith & Osborn 2008). As Butler et al. (2009), Clouston (2012), Dean et al. (2006), Denzin

and Lincoln (2005), Smith (2004), and Neuman (2006) postulate, I employed this approach to uncover the knowledge that was latent in the data regarding the lived experiences of working as a private healthcare SME entrepreneur and manager, rather than applying a template through which the data was examined or tested. This approach shared many of the features of thematic analysis (van Manen, 2001) and was consistent with the central ideas of abstract hermeneutic phenomenology (Heidegger, 1962; Gadamer, 1975).

Equally important, IPA acknowledged my presence and influence in the research process as the researcher in a manner that is philosophically consistent with the person-centred nature of healthcare practice. Smith (2011) postulates that there is a noticeable gap in the IPA health-related literature at present and underscores that IPA has much to contribute to the understanding of a lived experience. As previously stated, the approach involved a thorough and intensive engagement with the data. It consisted of preparing a written database containing all collected data (field notes, observational notes, researcher's reflective journals, and interview transcripts), shifting and classifying it in numerous ways whilst looking for themes and ideas as advised by Butler et al. (2009), Clouston (2012), Smith (2004) and Smith and Osborn (2008), to translate these into a narrative account of working as an entrepreneur and manager and the relationship of the role to the phenomenon of entrepreneurial performance.

The process was iterative and non-linear as described by Bouma (2000), Charmaz 2006, Clouston (2012), Minichiello, et al., (2000), Smith (2004), Smith and Clayton (2009), and Smith and Osborn (2008). In its presentation, the data analysis followed van Manen's (2001) suggested framework for thematic analysis and Clouston's (2012) and Smith's (2004) IPA, Boucher and Holian's (2001), and

McMillan and Schumacher's (1997) analytic induction, and was further advised by Colaizzi (1978), and Miles and Huberman's (1994) coding and classification process. Kvale (2006) referred to this classification as meaning categorisation. What emerged needed to be validated by participants in the form of returning copies of draft interview transcripts to confirm that they were authentic. I obtained validation from the participants when they confirmed the accuracy of the data in the transcribed interviews without requesting that any changes be made.

IPA began during data collection, which allowed me to refine the interview questions and pursue emerging issues, as suggested by Smith (2004). As advised by Campbell and Morrison (2007), the thrust of this analysis was to organise the data into themes and identify patterns or relationships among these themes. After all the data had been collected, I immersed myself by reading all data collected from the field and all the transcriptions several times, plus listening to the audio recordings. This practice gave me a holistic perspective of the data. This stage of analysis was described by Merriam (1988) as, "one of holding a conversation with the data, asking questions of it (sic), making comments and so on" (p. 151).

In a related viewpoint, Heidegger (1962) attributed this process of phenomenological data interpretation as a hermeneutic circle. I obtained themes by constantly comparing and contrasting gathered data. This process allowed me to build thick descriptions and interpretations, themes, and sub-themes that had direct relevance to the study phenomenon. I then constantly compared and contrasted the different themes over a long period. This was done to identify relationships or differences that existed between themes. During this process, new themes emerged, and some existing themes were combined or discarded. I have included as part of

my thesis Appendix E to demonstrate my capacity to engage in rigorous data analysis.

In this study, analysis began in the field in a similar manner to Briggs (2010), when I identified the main themes that appeared to emerge immediately after each interview, but the overall analysis was done after all data were collected and transcribed. I proceeded with the dual data collection and analysis of all the transcribed interviews. The purpose of the ongoing data analysis was to determine the stage at which saturation was reached, and at that point data collection was terminated. In this study, I transcribed all the audio-recorded data and compiled the notes obtained from the field in the form of a reflective journal.

After the establishment of new relationships between the themes, I drew conclusions from the data, determined the implications of the findings, and made recommendations in line with the purpose of the study. Data were collected until saturation was reached, implying a data collection stage involving the development of a strong sense of the experiences of study participants regarding the phenomenon. In this study data, saturation was reached in the 25th interview and after consulting with project supervisors. At this point, data collection was terminated. Themes identified at this interpretive stage acknowledged that the essence of working as an entrepreneur and manager and their viewpoint of the phenomenon of entrepreneurial performance as a critical success factor is a complex process that is not only challenging but presents multiple opportunities, requiring competencies and structural and practice changes.

As previously stated in Section 3.7, I did not return the themes to the participants for comments. However, following Kvale's (2006) and Dearnley's

(2005) advice regarding study rigour, I employed member checking. I sent back draft interview transcripts to the participants for verification which allowed an opportunity for editing of the draft interview transcripts and tracking the correct representation of the views of study participants. In this study, none of the participants requested any amendments to the interviews.

4.2 Analysis of demographic data

In Table 4.2 below, a summary of the participants' pseudonyms, ranges of work experience, number of employees, nature of business, work setting, years of business operations, educational profiles, and gender is provided. A total of 25 practising private healthcare SME entrepreneurs and managers in urban Dares Salaam participated in the study. For clarification, entrepreneurs identified themselves as SME owners and managers as SME employees with management oversight of the businesses. Eleven of these had worked as both entrepreneurs and managers for more than 10 years, and one of these with a nursing background had been managing a private hospital with 70 acute patient beds and various specialties for 30 years. The remaining 14 participants had entrepreneurial and managerial work experience ranging between one and seven years. At the time of the study, all participants were actively employed as entrepreneurs or managers in their respective fields of private hospitals, health centres, retail pharmacies, private clinics, dispensary clinics, and dispensary pharmacies.

Key to Table 4. 2 Terms and Abbreviations

Abbreviation	Interpretation
AGE	Age-range of participant
B-Y	Number of years business has been operating
EDUC	Level of education achieved by the participant
E	Entrepreneur
Loc	Suburb name in Dares Salaam Tanzania where SME is located
M/F	Male/Female
MN	Manager
MN C/O	Manager (Clinical Officer)
MN-Hos	Hospital Manager
MN-MD	Manager (Medical Doctor)
MN-PhT	Manager (Pharmacy Technician)
MN-RN	Manager (Registered Nurse)
N/A	Nursing Assistant
Pha-Tech	Pharmacy Technician
Pharm	Pharmacist
R-Y	Number of years working in the role
Spe. MD	Specialist Medical Doctor
STAFF	Number of employees formally employed by the institution
Type	Type of SME such as Dis-P (Dispensary pharmacy), Dis-C (Dispensary Clinic), HC (Health Centre), RET (Retail Pharmacy), Alt M (Alternative Medicine clinic), Hosp (Hospital)

Table: 4.2

Demographic Data

No.	Pseudonym	DATE	Mn/E	M/F	AGE	EDUC	STAFF	R-Y	B-Y	LOC	TYPE
1	Tanya	14/5	Mn	F	30-40	Cert	<5	12	3	Sinza	Dis-P
2	Mary	15/5	EN	F	30-40	Dip	<5	10	4	Mabibo	Dis-P
3	Moses	15/5	MN-MD	M	50-60	Dip	6-10	12	10	Mabibo	Dis-C
4	Sofia	15/5	MN-PhT	F	30-40	Dip	30	2	10	Mabibo	HC
5	Gabriel	15/5	MN-MD	M	20-30	MD	30	3	10	Mabibo	HC
6	Blessing	15/5	MN C/O	M	50-60	Dip	5-10	10	12	Mabibo	DIS-C
7	Ester	18/5	MN	F	30-40	Dip	<5	12	5	Sinza	DIS-P
8	Jay	18/5	EN	M	40-50	Degree	<5	10	10	Sinza	DIS-P
9	Bakari	18/5	EN	M	40-50	PHD	<5	10	5	Sinza	RET
10	Chris	18/5	MN	M	40-50	Spe. MD	5-10	3	4	Sinza	Alt M
11	Andrew	18/5	MN-MD	M	30-40	MD	5-10	2	19	Sinza	DIS-C
12	Brian	19/5	MN-MD	M	30-40	MD	10-12	3	10	Sinza	DIS-C
13	Ivy	20/5	MN-RN	F	40-50	RN	2	10	10	Temeke	DIS-P
14	Nyoni	20/5	E	M	40-50	Pham	2	10	5	Temeke	RET
15	Rita	20/5	E	F	40-50	RN	2	6	5	Temeke	RET
16	Eva	20/5	MN-Hos	F	60-70	RN	70	30	20	Temeke	Hosp
17	Boaz	20/5	MN	M	30-40	MD	11	2	3	Temeke	Dis-C
18	Mercy	20/5	MN	F	20-30	Pha-Tech	2	1	5	Temeke	RET
19	Job	21/5	MN	M	40-50	Pha-Tech	2	3	4	Sinza	RET
20	Charity	21/5	E	F	40-50	N/A	1	6	6	Sinza	Dis-P
21	Sharon	21/5	E	F	40-50	RN	2	2	3	Manzese	Dis-P
22	Gloria	21/5	E	F	40-50	N/A	2	10	10	Manzese	Dis-P
23	Tilda	21/5	MN	F	20-30	Pharm	2	7	10	Manzese	RET
24	Tina	21/5	MN	M	40-50	Pha-Tech	1	2	24	Manzese	Dis-P
25	Anne	21/5	MN	F	20-30	N/A	1	5	1	Manzese	Dis-P

4.2.1 Entrepreneurs as SME owners

This sub-section reviews the characteristics of the study participants who identified themselves as SME owners running their own enterprises. Eight out of 25 study participants were SME owners, which is 32% of the study population. Gibb (2005) and Onstenk (2005) put forward the concept of the entrepreneur as referring to SME owners and linked them to identified entrepreneurial competencies needed to start an SME, operating the SME in the market, and sustaining it. These competencies constitute a structured and integrated ability to perform entrepreneurial activities adequately and to solve entrepreneurial problems. Another point to take note of is that the entrepreneurs as SME owners' age range was 30-50 years, the average number of years working in the role was 9.5 years and the median age in the role was eight years. Of these, five were females and three males, and their academic qualifications ranged from certificate to a doctorate. All entrepreneurs as SME owners operated either a dispensary or a retail pharmacy. All but one entrepreneur-run SME had been in operation for more than six years and they were spread evenly across urban Dares Salaam.

Table 4. 3

Entrepreneurs as SME Owners Participants

Participant	**Mary**	**Jay**	**Bakari**	**Nyoni**	**Rita**	**Charity**	**Sharon**	**Gloria**
Yrs in Operation	10	10	10	10	6	6	2	10
Yrs in Role as EN	4	10	5	5	5	6	3	10
EDU	Dip	Degree	PHD	Degree	Dip RN	AIN-Cert	RN-Dip	AIN-Cert
Location	Mabibo	Sinza	Sinza	Temeke	Temeke	Sinza	Manzese	Manzese
Staff	2	15	3	2	2	1	2	2
Biz Type	DIS-PH	DIS-PH	Retail	Retail	Retail	DIS-PH	DIS-PH	DIS-PH
Gender	F	M	M	M	F	F	F	F

4.2.2 SME managers as SME employees

This sub-section provides an overview of the characteristics of study participants who were employed as SME managers with the sole responsibility of providing the operational management of the private health services on behalf of SME owners. Seventeen out of 25 study participants were managers, which is 67% of the study sample. These were non-SME owners employed as SME managers. The theme of a manager as an entrepreneur is concerned with SME management roles such as planning, organisation, financial management, leadership, and control (Lucky, 2012). Ten out of 17 managers were aged between 20 years and 40 years.

4.2.3 SMEs

Five of the facilities whose participants were interviewed were dispensary clinics that employed between one and 11 employees. Only one facility was a specialty alternative medicine clinic, the only one in Dares Salaam and among only four established in Tanzania to provide alternative natural medicine. Two were identified as health centres, five retail pharmacies, eleven dispensary pharmacies, five dispensary clinics, and one as a private hospital. Out of these SMEs, the health centre in Mabibo and the private hospital in Temeke had 30 employees and 70 employees respectively, whereas other SMEs employed far fewer employees in ascending order of their size: pharmaceutical dispensaries, dispensary clinics, retail pharmacies, and health clinics.

Chu et al. (2010) offered business growth as a term that is used to refer to various things such as an increase in total sales volume, increase in production capacity, increase in employment, increase in production volume, increase in the use of raw material and power. Delmar et al. (2003) posited that various scholars use

employment as an important indicator when measuring business performance. Davidsson et al., (2010) and Yeboah (2015) centralise employment creation as a key factor that influences business growth for SMEs. In this study, health centres and private hospitals were large; provided a variety of services, were inactive operation for many years and employed more employees than other types of healthcare SMEs.

Study participants' viewpoints captured their lived experiences and are presented in this chapter as five main themes and seven sub-themes with supporting quotations and works included in the literature review. These themes, however, are not discrete entities but have some overlaps as they capture the scope and notion of working as an entrepreneur or/and manager and the phenomenon of entrepreneurial performance.

4.3 Overview of study themes

Theme 1: Scope of the entrepreneur and manager role

Sub-theme 1.1: Existing tensions

Sub-theme 1.2: Power relationships

Theme 2: Implications of the role on the entrepreneurial performance phenomenon

Sub-theme 2.1: Participants' perspectives of their role on entrepreneurial performance

Sub-theme 2.2: Participants' perspectives of their lived world

Theme 3: Multiple challenges of the entrepreneur and manager roles

Sub-theme 3.1: Operational business challenges

Sub-theme 3.2: Strategic business challenges

Theme 4: Opportunities

Sub-theme 4.1: Mission to serve local communities

Sub-theme 4.2: Vital link between hospital services and the local communities' healthcare needs

Sub-theme 4.3: Steppingstones to future ownership of private healthcare SMEs

Theme 5: Strategies for the future

Sub-theme 5.1: Entrepreneurial performance competencies needed

Sub-theme 5.2: Strategic supports needed to promote business success

Sub-theme 5.3: Establish TQM frameworks for business success

Study participants' viewpoints about working as a private healthcare SME entrepreneur or entrepreneurial manager and implications of the role on the phenomenon of entrepreneurial performance as a critical factor were based on their relevant previous work experience. These viewpoints captured their lived experiences and are presented in a flow chart in Figure 4.1 to demonstrate the relationships that existed among different themes, and below as themes with supporting quotations from participants to help establish the data analysis trail. The thrust of the Figure 4.1 analysis is to organise the data into themes and identify patterns or relationships among themes. Briefly, it reveals that Theme 5: Strategies for the future is the superordinate theme that seeks to remedy multiple challenges identified in the entrepreneur or manager role, interpret the multidimensional entrepreneurial performance phenomenon from study participants' informed

viewpoints, and maintain inherent business sustainability and expansion opportunities; categorized as Themes 1 to 4.

Overall, the scope of the Tanzanian private healthcare SME entrepreneur or manager role and the essence of entrepreneurial performance are described in themes that reflected tensions, power issues, challenges, opportunities, and strategies for the future. On the one hand, study participants perceived organisational contexts such as the Ministry of Health and local government healthcare regulatory bodies as less supportive in terms of access to funding opportunities, strategic information needed to coordinate private and public healthcare services, private healthcare expansion support systems and financial resources needed to undertake their roles as private primary healthcare gatekeepers.

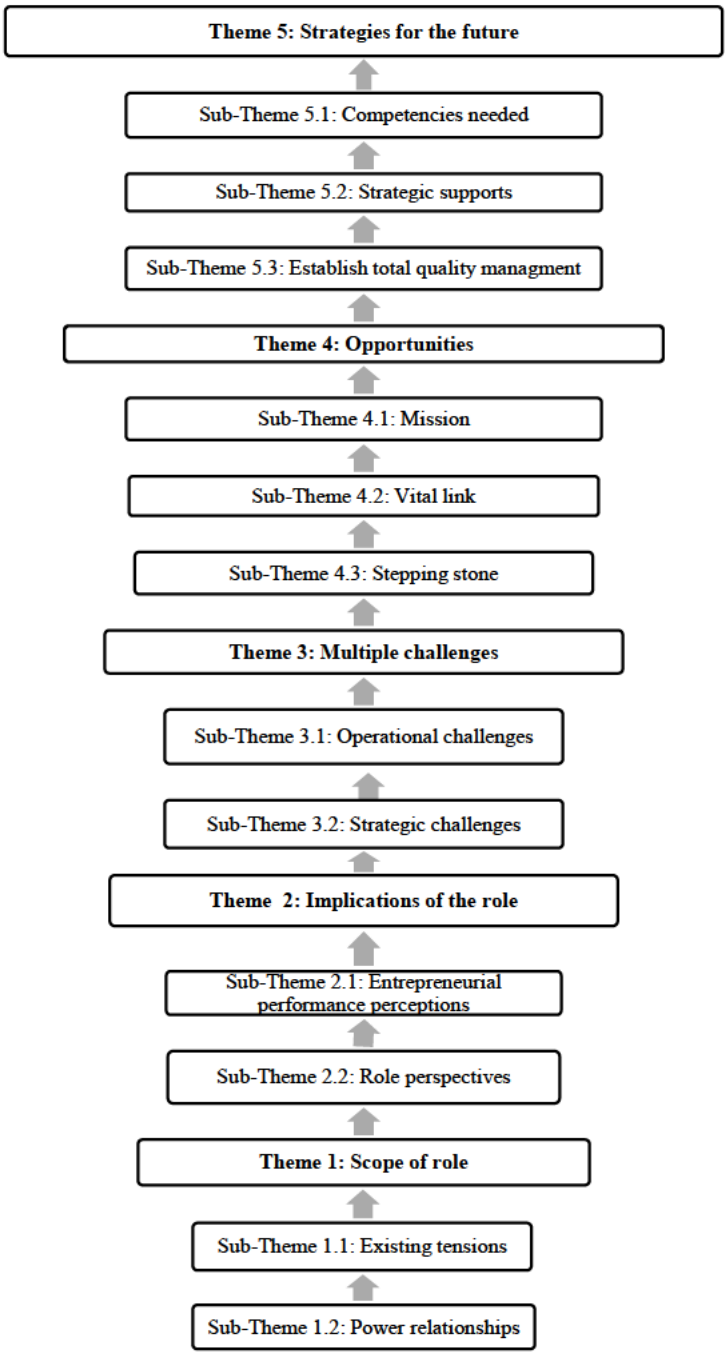
On the other hand, participants' perspectives revealed that their working environments presented several SME growth opportunities. These opportunities were expressed as increased product sales, increased private patient inflows and high profits.

Study participants also identified multiple challenges in their role as an entrepreneur and manager such as communication obstacles, inefficient operations, unmet workload demands and work-based conflicts. Furthermore, participants expressed entrepreneurial management skills as essential for them to manage the process of entrepreneurial opportunity identification, formation, and execution in a timely manner. Nevertheless, study participants' mixed experiences of working in the entrepreneurial and managerial roles presented relevant working experiences. In turn, the resultant competencies assisted study participants to make sound recommendations for Tanzanian private healthcare SMEs' structural, operational,

and strategic changes and key entrepreneurial skills that could enhance entrepreneurial performances of both entrepreneurs and managers as a critical success factor.

Figure 4: 1

Interpretive Phenomenological Analysis Flowchart



4.3.1 Theme 1: Scope of the Tanzanian private healthcare SME entrepreneur's and manager's role

Introduction

There are two sub-themes that describe the scope of practising Tanzanian private healthcare SME entrepreneur's and manager's roles. These are portrayed by participants' perspectives of their lived experiences in the role as existing tensions and power struggles, respectively. First, tensions were mainly attributed to participants' perceptions of a mismatch of the entrepreneur's and manager's roles and responsibilities as elaborated in the first sub-theme. The tension was also attributed to the existence of a mismatch between managers' constant busy schedules and poor monthly remuneration which they attributed to the poor appreciation of their efforts by their employers. Second, participants alluded to the existence of intra-professional and inter-professional power struggles. These power struggles were exhibited in various practice facilities in the form of miscommunication and power issues between professional sub-groups who worked in various practices.

Sub-theme 1.1: Existing tensions

In this study participants discussed how they struggled to meet practice demands in a work environment, they perceived as challenging because the role lacked clear practice boundaries and there were complex expectations from key stakeholders. There was constant uncertainty in their daily work schedules, and constant customer complaints were identified by participants as a source of anxiety and tension. During the interviews, many participants described their role as broad and they often worked alone especially for pharmaceutical services as exemplified by the following perspectives:

> One of the challenges we face in the private sector is the inconvenience of redistribution payments. You often find yourself arguing with the bosses at the end of the month when there is a drop in revenue. Then you find the wages too late until you get in the middle of next month. You argue every day with the boss until you get your wage. Bosses give priority to their businesses at the expense of our welfare when financial resources are in short supply. (Bakari)

Eva expressed the workplace challenges as complex but was culturally driven to provide the best possible healthcare amidst those challenges:

> There are many challenges in the private sector: from dealing with clients' grievances, low pay, and higher government taxes but you know most of us Tanzanians are very compliant and culturally sensitive, so we put ahead of our essential needs the value in caring for patients. (Eva)

For Eva, the complex workplace environment was a source of tension and a hindrance to achieving the entrepreneurial performance agenda. She perceived this workplace complexity as a driving force for her to always strive to provide the best possible healthcare.

In this situation, Bakari and Eva both viewed the private healthcare SME work context as complex and a source of tension, poor remuneration, high taxes, and poorly supported and regulated by government agencies. These perspectives affirm previous research findings that suggest that entrepreneurship in Tanzania faces many challenges that impact negatively on its contribution to the national economy and reflects social, economic, and political contexts (Mgeni, 2015). Fewer resources, constant workplace conflict, and high workload were considered as complex factors

that contribute to high premature SME failures, which is consistent with relevant previous research findings (Dalberg, 2011; Makoye, 2018; White et al., 2013).

These findings support the tenets of OBE Theory (Hakala, 2015; Shane & Venkataraman, 2000): opportunity formation, opportunity decision, and opportunity exploitation, which contend that tenets must be present in the workplace where entrepreneurs and entrepreneurial managers are experts in advancing entrepreneurial performance.

Sub-theme 1.2: Power relationships

The issue of existing power relationships in the scope of the entrepreneur's and manager's role was in the form of a perceived lack of positional authority that was attributed to the expanded roles and responsibilities of managing shared clients. Alexander (2005) described cross-function clients as health consumers that are managed by different health providers and often unknown to those providers. In this study, all participants described their roles as highly challenging and complex. The most challenging areas of the role in terms of power relationships for Boaz were a four-phased lived experience. First, the idea of providing facility leadership to clients commonly shared between practices was identified as complex and marked by consumer dissatisfaction, thus hindering the process of getting the job done:

> The cost of treatment is now very high, and patients pay close attention to every treatment approach utilised. Often you find that the patient from another health facility is treated differently for his illness. Then when he comes to your facility you find a different care plan. When you try to explain the differences to him it becomes another contested area causing tensions amongst practitioners and the patient in question. This scenario often

> degenerates into instant patient dissatisfaction and strain inter-professional relationships. (Boaz)

Second, power struggles were reflected in clinical decision-making tasks such as treatment plans between practitioners. These areas revealed existing power dynamics between different health practitioners because the decisions that participants like Boaz took were often inconsistent with their professional colleagues' expectations. Despite this, they understood that part of managing people involved having to make evidence-based decisions:

> You find a client that has another doctor seeing them visiting us. We undertake clinical investigations and come up with different outcomes. That is an area that needs further clarity from colleagues so that we implement best practice principles instead of shortcuts in healthcare plans meant to boost patient numbers and serve treatment costs. It is criminal and difficult terrain to resolve. (Boaz)

According to Hunsaker and Hunsaker (2009), the essence of managing people is focused on creating high-performing teams. It involves effectively managing performance, relationships, motivating, delegating, providing feedback, and completing appraisals. Last, evidence is drawn from one participant, Gloria, who expressed an existing conflict between regulatory authorities and entrepreneurs and managers in areas of non-conforming to set practice standards. This was viewed as a constant and challenging experience for her, in part because she received repeated infringement notices and payment charges laid against her. In her view, Gloria linked existing power relationships in professional teams to non-compliance with regulatory authorities' practice standards expectations:

> Government regulatory authorities perform unannounced visits to our facilities to check licensing and permits. We often clash and they often penalise us and reprimand us saying 'if you find another certificate and higher qualification, maybe you can prescribe as doctors do. For now, you are not allowed to prescribe certain drugs. (Gloria)

What is apparent from Gloria's contribution is the operational challenge private healthcare facilities exclusively face from regulatory authorities in terms of unannounced visits and penalties. What is therefore needed is that the long-term planning process of individual health care firms must closely examine how institutional level entrepreneurial performance strategy shapes the path of attainment of identified better health care benchmarks, growth, and population outcomes.

For example, Orr and Scott (2008), using an Institutional Theory in Sociology Perspective to inform an inductive analysis of the drivers of unforeseen costs in 23 large global projects, examined the process by which managers come to terms with project-level variation in the institutional context and generate a response to that variation in terms of generated business practices or norms that reduce conflict and promote stakeholder conformances in health policy formulation. These generalized business findings stress that the institutional environment in a country, in this case the regulatory environment, affects the distribution of entrepreneurial activity across the formal and informal sectors of an economy. Simply put, what should priority setting in healthcare resource allocations demonstrate: equity, transparency, consistency, or professional or lay values?

The participants' viewpoints suggest that tensions and power struggles exist in the private healthcare SME entrepreneurial and managerial roles and have a direct impact on entrepreneurial performance. Previous research findings support the

contention that an entrepreneur's effectiveness is compromised by tensions and power struggles in the role and work context (Olomi, 2006; URT, 2003).

According to Njaya (2015), informal SMEs face significant challenges that affect their growth, and these challenges vary from country to country but are very similar in nature. These challenges relate to limited access to finance and credit for SMEs (Khan, 2015; Porumboiu, 2016; Zeparu & Baz, 2014), lack of management skills, experience, and high cost of professional accounting services, and are some of the main factors why new informal SMEs fail (Lutfi et al., 2016; Maseko & Mnayani, 2011).

Other informal SME challenges are poor location, information asymmetry, and poor networking as explained by Jay:

> The business is struggling to advertise and that's a challenge. The location is very poor. My pharmacy shop is in a little hidden away. You know I must fight to advertise so that it is easy for someone to locate it and get the drugs they need. I have a lot of medicine every time someone comes to get the medicine. There is every medicine on the shelves. (Jay)

Dahl and Sorenson (2007) and Mario (2018) argue that geographical proximity is one of the variables that contribute to enhanced environmental scanning, enabling new SMEs to have access to buyers and suppliers. In other words, networking helps SME owners to tap into the means of production by ensuring reduced information asymmetry and supports SME legitimacy which positively influences the firm's ability to borrow from outside sources. More so, informal SMEs face poorly defined legal and regulatory frameworks that lead to

unstable trading conditions and environments non-conducive to SME development (Atherton et al., 2008; Charoensukmongkol, 2016; Welter & Smallbone, 2006).

In Tanzania, most SMEs are micro-enterprises employing less than five people having been established as a survival strategy (Olomi, 2006). The survival rate of these emerging SMEs is also low; with just 5% surviving the first five years of operation.

According to URT (2003) despite its contributions to income and employment creation, Tanzanian SMEs are currently faced with two levels of constraints: those acting as barriers to general operations such as a lack of access to credit, low education level of entrepreneurs, and those impeding growth such as a lack of managerial, marketing and production skills and regulatory constraints stemming from the difficulty of obtaining legal status.

4.3.2 Theme 2: Implications of the entrepreneur and managerial role on entrepreneurial performance

Introduction

Participants in this study defined their role as a balancing act involving juggling the workload demands of the dual role. This role feature was regarded by many participants as a challenging and complex phenomenon because of the competing priorities associated with the management of dual components' roles and responsibilities. Communication was regarded as important and needed to be carried out in a transparent and consultative manner to support joint decision-making processes. Responsibilities ranged from providing direct patient care, indirect patient care by supervising delegated staff workloads and providing professional

consultancy on clinical issues and completing managerial tasks such as monitoring allocated work units' budgets, and human and material resource management.

The role of entrepreneur and manager was viewed by Anne as a pathway to make a significant positive mark in the health sector for local communities. She regarded the essence of success and entrepreneurial performance at a more personal level of being divinely called to work specifically in the field. Anne also portrayed those years of work experience in the field earmarking her commitment to the entrepreneurial performance agenda. Simply put, Anne stated:

> I am a nurse assistant pharmaceutical manager. I have five years of working experience. I love this service for it is a service not like any other. It is a calling because it is a service where I save human lives. (Anne)

Onstenk (2003) put forward key concepts in entrepreneurship, namely creativity, risk-taking, originality, autonomy, internal locus of control and boldness, the entrepreneur as manager, and the entrepreneur as an entrepreneur. According to Onstenk (2003), the entrepreneur as manager theme, which resonates with several study participants, is concerned with the SME management roles of the entrepreneur such as planning, organisation, financial management, leadership, and control. Furthermore, Lucky (2012) identified additional entrepreneurial management skills needed for an entrepreneur as a manager to succeed such as having a broad scanning perspective and an eye for implications, recognising opportunities and threats to an SME business environment, alertness, networking, and boldness. According to Esther, a dispensary pharmacist manager with three years of working experience, the implications of the scope of entrepreneur and manager role on entrepreneurial performance as a critical success factor for private healthcare SMEs are broad

ranging. At one end, she recounted high-quality customer service as a central feature to the success of every private enterprise because it creates satisfied, new customers and increases business profits:

> I strive to provide good customer service we strive so that when a customer comes, he does not miss the medicine and he gets good service, and it is easy for the customer to come every day and he becomes an ambassador for other people to come and buy medicine. Even for those who come in need of medicine and do not have the money I try to give him half a dose so that he can get the starting dose so that before he finishes, he returns to the basics to start the dose. We cannot return the patient without medication. (Ester)

For Brian, both a charge Clinical Officer and site manager, the implications of the multidimensional role were summarised as being able to balance the complex operational supply and demand resource issues for the two components of his role:

"When I come to work every day the first thing, I get is a report I then attend to patients after that I go on with other administrative activities" (Brian).

These perspectives show that participants viewed themselves both as entrepreneurs and managers with a strong connection to their professional orientation. Consistent with the respondents' viewpoints, is previous research evidence by Shane and Eckhardt (2003) who set out an entrepreneur-opportunity nexus in entrepreneurship and argued that entrepreneurship involves the nexus of the presence of a lucrative opportunity and the presence of an enterprising entrepreneur. Arguably, in a dynamic environment, the SME and entrepreneurs are a nexus of new entrepreneurial opportunities that arise from technological, physical, social, and economic changes. In doing so, SMEs are impacted by the broad

dimension factors of the environment, and the success of any SME is dependent on how best the entrepreneur or manager can react to the threats and opportunities presented by the dynamic environment.

Sub-theme 2.1: Participants' perspectives of their lived world

The Tanzanian private healthcare SME entrepreneurs and managers who took part in this study overwhelmingly described their role as one that involves coordinating a range of clinical and non-clinical activities in their capacity as entrepreneurs and managers. In this practice context, they worked both in multidisciplinary teams and in isolation. Specifically, these responsibilities included facility cleaning duties, administrative tasks, direct patient care and indirect patient care. Grace, giving a dispensary manager's perspective of the implication of the role in terms of the multifaceted components revealed that: "I do the cleaning. I look for medications that I do not have in stock. Then I resume normal activities" (Grace).

Similarly, Ester, another dispensary pharmacist manager had this to share:

> I am a dispensary pharmacist manager. I am responsible for ordering and prescribing medications to ensure that available medications are not contaminated with other viruses. For a dispensary we must buy better retail drugs than the general ones to keep ahead of our competitors. (Ester)

Elaborating, Joe expressed this role component in terms of workload complexity as follows:

> My first responsibility is to make sure all essential medicines are available. If they are not available, I place new orders. I also ensure that their storage is appropriate. As pharmacist and manager, I also prescribe new medications as well as working through the backlog of patients from yesterday. (Joe)

Furthermore, Gabriel, an entrepreneur with 15 years of business practice experience elaborated on the role as follows: “There is accounting, staff and product management, strategic planning, and filling out various reports for sending to municipalities and health ministry” (Gabriel).

Yet Bakari, both owner and resident medical officer with three years of practice experience, identified the role and his practice as an opportunity to collaborate with both the workforce and the community to enhance both health-related and business goals:

> I am a medical officer and an owner of this health clinic. I have been here for about three years. We provide various services including testing services and medicine delivery as well as listening to the patient and giving him or her appropriate treatment for the problem. Being in this health industry is something I love but it is also something that helps me right now in life and I am happy to provide services to the community around me through the profession I studied. (Bakari)

Similarly, Andrew expressed the challenge of the role in the form of the competitiveness of the operating terrain for dispensary pharmacies: “I am here at my drug store. I have been operating the drug store for 20 years now. I am struggling to sell medicine. I am looking for a profit, but it is elusive” (Andrew).

These viewpoints relating to Sub-theme 2.1 are supported by Madatta (2011), who links SME failures to several obstacles which are related to the limited capacity of people who start and operate the businesses in terms of attitudes, motivation, exposure, skills, and experiences. Also synonymous with the participants’ perspectives of their lived experiences as SME entrepreneurs is Gibb’s (2005)

viewpoint of the concept of the entrepreneur as an SME owner that is linked to the identified entrepreneurial competencies needed to start an SME, operate it in the marketplace and sustain it. These competencies constitute a structured and integrated ability to perform entrepreneurial activities adequately and to solve entrepreneurial problems. Importantly, this study identified that capacity limitation is exacerbated by the effects of other problems such as a cumbersome regulatory framework, limited access to finance, poor product sales, and working premises.

Durand (2005) posits that there are key fundamental requirements any SME should meet to become successful. One such requirement is that a business needs to break even, where it makes neither a profit nor a loss. A successful SME can cover its labour cost and is able to make a profit. Strikingly, many study participants expressed in Sub-theme 2.1 constant low business incomes, poor funding, and low salaries for employees as perennial problems for most SMEs. The implications of study participants' viewpoints about the entrepreneurial performance phenomenon are examined in Sub-theme 2.2.

Sub-theme 2.2: Participants' perspectives of entrepreneurial performance

Study participants' perspectives of the essence of their business venture's success suggest that the concept is multidimensional both in definition and practice. The literature also confirms that entrepreneurial performance is a multidimensional phenomenon because of variations in experiences, available opportunities, and interpretations of experiences by both SMEs managers and entrepreneurs (Darren et al. 2009). However, previous research outcomes position both entrepreneurs and managers at the centre of SME entrepreneurial performances (Durand, 2005; Stoof, 2005). The operational definition of entrepreneurial performance, simply put

forward as success for the purpose of this study, is that success is an achievement of goals and objectives by an individual or firm.

Participants' viewpoints show that the phenomenon of entrepreneurial performance, which was referred to as SME success, is a contested one. In their responses, participants defined the phenomenon of entrepreneurial performance, which they construed as the success of a venture, as a personal calling that involves serving clients passionately even at the expense of making profits. In addition, participating managers and entrepreneurs achieved job satisfaction each moment they were able to provide services with a more customer-oriented approach. In doing so, participants felt strongly they were accomplishing a mission to make a significant positive change to community health. Fundamental to this discourse of mission to make a difference were factors such as effective communication, professional expertise, strategic planning, timely decision making, and excellent customer care competencies. The role of private healthcare SMEs was also intended to provide a strong alternative private primary healthcare service to public health enterprises simply as a primary choice for customers.

The researcher observed that most of the private medical and pharmaceutical facilities were located within residential communities and had extended operating hours which improved community access to their services. The responsibilities ranged from providing direct patient care, operational management, strategic management, and completing managerial tasks such as monitoring budgets, inventory, and human and material resource management. According to Bakari, the essence of success is broad ranging, personalised, and strategic:

> Being in this health industry is something I love but it is also something that helps me right now in life. I view success as when I happily provide services to the community around me through the profession I studied and provide services that are good to improve the health of Tanzanians and keep the workforce well so that we can jointly achieve set objectives with society at large. (Bakari)

On the other hand, Mary, a dispensary pharmacy entrepreneur with 15 years of practice described the phenomenon of entrepreneurial performance from a strategic public health perspective as follows:

> Success is beyond financial figures. It is when you help the community to avoid various serious health outbreaks by treating patients and providing preventive measures to suppress potential health pandemics. That is how we help the community. (Mary)

Elaborating on the entrepreneurial performance domain complexity, Tilda explained: “It's being passionate about what you do and making a marked difference in clients’ lives and health. It's about saving passionately and making a positive difference to every patient seen” (Tilda).

The viewpoints expressed by participants demonstrate that SMEs operate within an environment that is dynamic, turbulent and offers great challenges; where some of these challenges present not only opportunities to SMEs but are also a major source of problems. Elsewhere, participants pointed to government and economic conditions as major contributors to SME failure in managerial action, incompetence, and experience. Globally, research evidence shows that the importance of good leadership is becoming increasingly apparent in the healthcare industry as managing

success takes a critical role in most health care operations (Beer & Nohria, 2000; Firth-Cozens & Mowbray, 2010; Larsson, 2010).

Studies show that 14.5% of small businesses fail due to a lack of management competence or management experience (Flusche et al., 2001). Correspondingly, study participants underscored the importance of professional expertise as an essential competence for effective and competitive private healthcare enterprise as expressed by Jay, the entrepreneurial medical doctor, and Jay, the entrepreneurial pharmacist:

> The main reason I am succeeding as a pharmacist is that I have expertise in drugs and in managing a range of diseases. So, I am here to help people get the best services that are evidence-based. This marks a difference from other non-professional entrepreneurs. (Jay)

As for Moses, a medical doctor trained entrepreneur, medical training was essential to achieve success:

> First, what makes me proud in my practice is when someone comes and has a problem. You give him medicine after two days and he comes back and says you gave me medicine. It helped me a lot. I went to another place, but I did not recover but when you gave me your medicine it helped me a lot. That to me is the hallmark of success as a medical practitioner. (Moses)

In addition, the role was depicted as complex in terms of undertaking strategic planning, managing inventory, administrative tasks, and clinical excellence as a solo practitioner or only member of the profession. Previous research reveals that most SME managers and entrepreneurs lack formal strategic management approaches and resort to informal management of their facilities to ensure growth

and sustainability (Winch & McDonald, 1999; Youssef et al., 2002). The SMEs will be more likely to engage in informal management practices than to adopt sophisticated planning and control techniques (Martin & Staines, 1994).

Tilda, who had worked as a technician managing a dispensary pharmacy for three years was unable to make any suggestions to address the various challenges encountered within and outside the scope of her role as follows: “It's being passionate about what you do and making a marked difference in clients’ lives and health” (Tilda).

For Charity, entrepreneurial performance is a success story of providing essential community health services especially when public hospitals fail to do so: “It means that we provide essential services to the community as a viable alternative to hospitals. Many customers come to us after failing to secure essential treatment drugs at hospitals” (Charity).

On another hand, Job perceived success in the context of an SME being able to show dedication to serve local communities to their satisfaction, even in the face of challenges: “It is a very important service that we provide to the community around us. This call is dedicated to all the people around us” (Job).

The private healthcare SME entrepreneur and manager role was described as a fully encompassing one that involved providing direct patient care, implementing strategic plans, administrative tasks, stakeholder management and creating a collaborative practice environment needed to provide safe services. Overall, the role sought to create an enabling framework for clinical excellence by undertaking customer care coordination, participating in quality improvement activities, resource

management, boundary spanning duties, coordinating staff development activities, line management and management of people.

4.3.3 Theme 3: Multiple challenges in the entrepreneur's and manager's role

Introduction

The participants' perspectives of challenges faced in the private healthcare entrepreneur's and manager's roles are twofold. The entrepreneur and/or manager role is faced with a myriad of operational challenges. Several study participants explained that both the role of manager and entrepreneur on one hand, and private SME facilities experienced a wide range of operational bottlenecks compounded by a lack clarity in the form of funding issues for low-income clients, low pay, lack of capital to fund programs, patients' lack of knowledge about existing services, and referral pathways for patients between public and private institutions.

Sub-theme 3:1: Operational challenges

Participants identified that working as a private healthcare SME entrepreneur or manager demanded that one have key competencies such as entrepreneurial management of human, clinical, financial, and physical resources in areas such as conflict resolution, workforce planning, budget management, advocacy skills, marketing, advanced clinical medical and pharmaceutical skills, and time management to ensure quality service delivery. Anne's lived experiences mirror entrepreneurs and managers in front line management roles who face a lack of key management and leadership competencies needed for the roles. Anne identified lack of leadership skills in terms of equitable resource allocation, conflict resolution skills, entrepreneurial opportunity identification and effective negotiation skills as key challenges:

> In my business area, I encounter situations where a patient comes in and needs treatment, which you find you are incapable of providing a product I do not have. You then advise on an alternative treatment plan then the client becomes rude and violent. These clients come with specific drug names they find on the internet in their minds and conflict arises when you make a different treatment to his. It is repetitive and the violence at workplaces is a disturbing trend. (Anne)

Moses further explained the existing supply and demand challenges faced in retail and dispensary pharmacies. He said that there is a government policy that regulates the sale of certain medicine in community-based pharmacies which many community residents are not aware of. For Moses, that lack of understanding of governing business policies by potential clients was a source of contention:

> Sometimes there are medicines in the dispensary that we are not allowed to give due to a person's blood group, so you find them available only in the government facilities. We are not allowed to serve a client and if you prescribe a different medicine to what they want they grow very violent. At times you must refer him to another hospital pharmacy to get the medicine, but they then grow even angrier as most patients are afraid of further clinical tests and associated costs imposed on them at public hospitals. (Moses)

In a related manner, Gloria's and Tina's experiences underscore the importance of human and physical resource management skills in terms of conflict resolution, operational planning, team-building skills, communication skills, flexibility, and health education to get the job done:

> We are used to giving full dose and half-dose you find a patient comes in, he needs a quarter of a dose which is something we are not able to enforce. Another patient comes and is told a certain medicine on the street that he comes to buy and when you give him a different medicine, he becomes violent. That too is a very worrying trend. (Gloria)

Adding to the debate on operational challenges, Tina recounted:

> The patient needs medication without tests. The client comes and tells you that I feel sick, and that the disease is different. Most patients like to buy drugs with a brand name. If you try to advise them, they become difficult to understand. (Tina)

Explaining further, Sharon described private clients' behaviour as challenging and identified lack of financial resources needed to purchase health care as the main source of their lack of cooperation:

> If you decide to send them to the hospital for tests, people refuse to go to the hospital for tests, especially for the malaria test. Yet they need to take medicine. There are tests that do not show malaria. It's a drug whose price is so high that even to defend it is difficult. (Sharon)

These perspectives are important in that previous research findings link an overarching image of health managers and entrepreneurs as products of a career shift from clinical positions, with professional and management ideological conflicts that require a mental shift to enhance and acquire new competencies (Pilling & Stacey, 2004; Reedy & Learmonth, 2000). In this study, participants expressed broad operational problems that exposed their limited managerial and entrepreneurial skills needed to exploit problems for new SME products and services. There was a need

for participants to be flexible in their work approaches as they demonstrated specific management competencies to get the job done. Confirming this, are observations by Bisset and Tidd (2015) who argued that SMEs are learning institutions that undergo a dynamic cycle of changes in response to market forces such as new technology, new competitors, new conflicts, new acquisitions, or mergers, pricing policy, and political forces. Similarly, for managers and entrepreneurs, the context of realising newly created SME value is subject to a range of strategic internal and external processes such as a clear strategic leadership and direction, ability to recognise and seize opportunities (Awondun, 2008; Ogundele, 2007), a commitment of resources, opportunity execution (William, 2009), innovativeness, knowledge-based and open organisations, and proactive linkages with key stakeholders (Delma, 2006; Shane & Venkataraman, 2000).

Sub-theme 3:2: Strategic business challenges

There are expanded roles and responsibilities in the entrepreneur and manager role, which contribute to unmet workloads, communication barriers, and restricted business expansion opportunities. As Brinkerhoff (2003) explains, one source of sustainable entrepreneurial performance involves effectively managing the increasing decision-making influence of active and powerful stakeholders on issues such as health services governance, financial resource allocation and control of patient services. In this study, participants said that they faced several strategic challenges:

> What really makes these pharmacies fail is that the landlords are not fair with facilities' lease agreements. Most are in a desperate financial position so much that when they see you get more customers, they start to raise rents. There are so many disregards for property rights, which call for an urgent

> government intervention to regulate these rental prices because once they see you start getting more customers, they start raising rentals. (Sharon)

Synonymous with Berglund's (2007) and Coso's (2004) perspectives of an entrepreneur and manager, participants in this study experienced strategic challenges that revealed their lack of in-depth knowledge and understanding of a business's socio-political and economic environment which are essential capabilities for the effective management of business risks. Under such limited work conditions, poor product sales, low wages, entrepreneurial management capabilities, and high government taxation, participants like Tilda, Charity, and Job felt helpless and frustrated when they were unable to meet workload expectations:

"Also, government taxes we pay are very high compared to the sales we get. We are left with nothing struggling even to pay wages" (Tilda)

> Another challenge we face is difficulties in getting practicing permits from the government. Pharmacies in the city do not easily receive permits as the government still prefers pharmacies to stay outside the city, where there is not much business for us. (Charity)

> My name is Charity. I am a nurse owner. I have five years of experience. The challenges we face are reduced, customers. There is no business for us despite having extended operating hours. There are significantly depleted monthly incomes and subsequent low salaries for staff members. (Charity)

"The challenge is that you work when it comes to the end of the month, and you are waiting to be paid your dues. The pay is very poor" (Job)

According to Jensen (2001), a focus on SME value-addition to create new customers and increase profits is a defining feature of entrepreneurial performance.

To achieve this effective performance, Welch (2005) investigates the power of positive surprise that promotes the expansion of an individual entrepreneur or manager's job horizons to include bold and unexpected boundary-spanning activities, new concepts, and workload processes, that surpasses individual, unit, and organisation's overall performance. Therefore, SMEs must develop and implement sustainable processes and strategic techniques that are focussed on the effective use of organisational resources to support managers and entrepreneurs to enhance both customer and stakeholder value at a competitive advantage. Simply put, employees must understand and make decisions about their core business activities that promote improvements in both customer value and the overall worth of a business enterprise from the owner's perspective using unique advantages such as cost leadership or product differentiation that other businesses are unable to replicate.

As argued by Viljoen and Dann (2000), low-cost producers, based on cost-leadership principles, allow businesses to sell their products or services at a lower price than competitors. Product differentiation involves services that have characteristics that are superior to those of competitors such as superior quality, customer service, delivery performance, or product features such as innovation. A hybrid competitive advantage occurs when businesses integrate cost leadership and product differentiation (Wright et al., 1992). Simply put, businesses that subcontract their structure and development resources to other businesses to reduce both fixed and manufacturing costs employ a dual competitive advantage. Bakari highlighted her lived experiences as follows:

> One of the challenges we face in the private sector is the inconvenience of redistribution payments. You often find yourself arguing with the bosses at

> the end of the month when there is a drop in revenue maybe then you find the wages too late until you get in the middle of next month. (Bakari)

The economic importance of a profitable SME, thus a healthy workforce, is undoubtedly pivotal to the survival and wellbeing of any business venture. For many SMEs researched in Tanzania, recent international economic turbulence and healthcare events created complex management puzzles for Tanzanian SMEs. These puzzles have been related to the scarcity of resources, operational uncertainty, and new work-based challenges in pursuit of safe, value for money, and responsive health services. According to Webster (2009), the only valid definition of a business purpose is to create new customers based on two unique distinguishing functions of marketing and innovation.

As Culey (2014) posits, organisations that strive to win and delight customers have shareholders benefiting handsomely yet experience the opposite results in a doom-loop of employee disengagement with subsequent loss of business profitability. The 'doom loop' refers to the symbiotic relationship between employers, policymakers, and employees. In this study, Ivy expressed frustration at the laws that prohibited the marketing of services which made her practice invisible and inaccessible by potential customers: “By law, we are not allowed to advertise our healthcare business. So, we experience the problem of reduced visibility to our clients. Our clients do not know about us” (Ivy).

These factors effectively reinforce that entrepreneurial success is a function of the ability of an entrepreneur or manager to see opportunities in the marketplace, initiate change, and create value through specific solutions and new products (Foriwaa & Akuamoah-Boateng, 2013). Embedded within the entrepreneurial

success discourse, is the perspective of an entrepreneur as an expert in strategic planning and choices (Venkataraman & Sarasvathy, 2001), context-specific opportunity identification, allocation of resources, and risk management (Shane & Venkataraman, 2000). Overall, the participants' work experiences provided little opportunity to develop skills in human and material resource management or the specialist entrepreneurial skills needed to succeed.

4.3.4 Theme 4: Opportunities

Introduction

In this section, I situate entrepreneurial performance within the OBE framework (Smith & Chimucheka, 2014) in terms of job accomplishments as an indication of the ability of an entrepreneur or manager to effectively execute the three dimensions of entrepreneurship: opportunity formation, opportunity decision, and opportunity exploitation. This perspective resonates with OBE by Shane and Eckhardt's (2003) assertion that the success of any SME is central to the capacity of the entrepreneur or manager to identify, exploit and monitor new opportunities. Katz and Shepperd (2003) posited opportunity formation as the source of all entrepreneurships and the main domain of the entrepreneur and manager. Shane and Eckhardt (2003) set out an entrepreneur-opportunity nexus in entrepreneurship and argued that entrepreneurship involves the nexus of the presence of a lucrative opportunity and the presence of an enterprising entrepreneur.

Strikingly, in this dynamic environment, the SME and entrepreneurs are a nexus of new entrepreneurial opportunities that arise from technological, physical, social, and economic changes. Within this prevailing context, SMEs are impacted by the broad dimension factors of the environment, and the success of any SME is

dependent on how well the entrepreneur or manager can react to the threats and opportunities presented by the dynamic environment. In this context, as is the case with findings from an investigation of entrepreneurs and small business owners (Wiklund & Shepherd, 2004), participants with low opportunities experienced low self-esteem, limited aspirations, and limited upward influence. In saying this, I associated the presence of opportunities in workplaces as linked to greater work productivity and enterprise. Therefore, I argue that workplaces that provided study participants with the chance to make strategic decisions and inventiveness get the job done.

Sub-theme 4:1: A mission to make a difference to local communities' healthcare outcomes

Despite the tensions identified in the role, the participants revealed that their work context was an opportunity for them to make a difference to the role and their local communities. Bakari indicated that they were driven by intrinsic motivation, positive community health improvement contexts, and a professional value system as manifested by their loyalty to strong professional values:

> Being in this health industry is something I love but it is also something that helps me right now in life and I am happy to provide services to the community around me through the profession I studied and provide services that are good to improve the health of Tanzanians and keep the workforce well so that we can moving forward with society at large. (Bakari)

Many participants supported Rita's perspectives regarding their contribution and interpretation of the entrepreneurial performance discourse as an opportunity to demonstrate their commitment to establishing a significant mark in their careers: "It

is a very important service that we provide to the community around us. This call is dedicated to all the people around us" (Job).

Participants' viewpoints regarding their everyday work experiences revealed that the healthcare system had become commercialized to restrict high costs of care and create more profits. More so, the resultant integration of clinical and financial subjects in a field of health care that has traditionally been perceived as a common public consumer product in form of good health care has heightened the issue of economic rationalisation among several health care stakeholders.

According to Daniels (2000), an issue in healthcare funding priority setting is the overall responsibility for resource allocation as it relates to the public, consumers, or patients in the decision-making process for maximum population health improvements.

Participants had opportunities to coordinate patient care, undertake some administrative tasks, manage designated clinical resources, and plan budgets that improved their enterprises to achieve success. Gloria explained: "It is a great contribution to the community health status and if you see people coming, we have services to provide to support the public healthcare system" (Gloria).

Several study findings affirm that success is driven by entrepreneurial orientation (Lumpkin & Dess, 2001; Wiklund & Shepherd, 2004). According to Lumpkin and Dess (2001), the concept of entrepreneurial orientation consists of five dimensions: autonomy, innovativeness, risk-taking, proactiveness, and competitive aggressiveness. Autonomy is defined as an independent action by an individual or team aimed at bringing forth a business concept or a vision and carrying it through to completion.

Sub-theme 4:2: Vital link between communities and public hospitals

Study participants perceived their primary health services as a vital link, essential for addressing the gap between local communities and public health services as it relates to secondary health care. Their role involved completing a range of activities as solo practitioners or single members of their professional groups such as cleaning facilities, administration, resource management, direct customer care, and strategic planning. Globally, as Anderson and McDaniel (2000) observed, health care resources are becoming increasingly scarce due to multiple factors such as the COVID-19 pandemic and the earlier global financial crisis. These created a marked interdependence between administrative issues and clinical issues, importing conflicting non-clinical decisions into clinical practice domains in the search for a balance of economies of scale.

Notwithstanding existing challenges, the role of private healthcare SMEs was highly regarded. For Tilda, Tanya, and Sofia, it provided a vital link for organisations to deliver safe patient services:

> “It's being passionate about what you do and making a marked difference in clients’ lives and health” (Tilda)

> “It's about saving passionately and making a positive difference to every patient seen. It is a great contribution to the community health and if you see people coming, we have services to provide” (Tilda)

> “I see it as something I love because it is a ministry that I really love is in my heart” (Tanya)

> “My patients enjoy my service and give it to the therapist they say I am healed, and I am happy” (Sofia)

Other participants, Gloria, and Charity described the importance of an SME to the healthcare needs of their local communities as shown by increasing monthly product sales: “We are still in business because consumers value our health services” (Gloria) and “You find in the hospital there is no medicine they are told to come to buy here” (Charity).

Sub-theme 4:3: Steppingstones for managers into full-time business owners

Elaborating on managerial learning opportunities, participants described their involvement in managerial tasks such as leading quality improvement tasks, service management, quality improvement projects, and advocating for clients to receive high-quality health services. These are shown in Moses’s experiences below. In addition, Ester identified the work context as providing adequate exposure to stepping into full-time entrepreneurship and business ownership. Moses described this as follows:

“I am a dispensary Clinical Officer. I am responsible for managing the facility and patients. I am highly satisfied when my patients give us positive feedback. It motivates me to do better in my role” (Moses)

Expanding on managerial activities in the role, Blessing explained it as follows:

> The good services we provide we also strive to be closer to our customers’ needs. We sell drugs that are cheaper drugs that anyone can buy and be a client advocate. We strive and continue to provide good services to other new customers. (Blessing)

Despite the role having multiple components such as administrative, clinical, and managerial, Jay perceived the management component of the role and his

previous management experience as an opportunity to set apart his retail pharmacy competitively to generate a constant profitable income:

> I am very grateful to have a profitable pharmacy. I get more than enough for my personal needs and daily we sell plenty of medicine ahead of our competitors. There are just too many pharmacies in this area now. I have more than 20 years of work experience as a pharmacist across public hospitals and in private practice. I bring that expertise to my workplace when dealing with professional, entrepreneurial, and operational management issues and set me apart from my competitors. I am very thankful. (Jay)

As McDaniel and Driebe (2001) observed, there is a rapid rate and pace of growth for health organisations as complex adaptive systems. Healthcare organisations constantly experience non-linear structural and service reforms, which are characterised by high consumer demand for its services and a dwindling resource base. Weight (2001) links successful complex adaptive systems to their ability to strategically deploy key resources to front-line management roles as an interface between organisations and local communities. This perspective is true for Tanzania's private healthcare SMEs that must constantly adapt operations, strategies, and engagement with customers. As previously reported by the participants, SMEs deployed several strategies to ensure consistent sustainability, such as extending operational hours, strategically positioning their businesses within residential areas, and providing high-level customer care.

Private healthcare SMEs were highly regarded by participants for contributing a significant improvement to local communities' healthcare needs. Professional expertise and high-level customer care allowed participants to leverage

their public healthcare peers, creating a competitive advantage. There was a commitment to provide and stand out in the services they provided to their clients to ensure that all their customers received care. For study participants, their SMEs became active learning environments through knowledge sharing, scarce resource co-management, and consulting each other on matters of service provision. As Ester explained:

> Here we always provide a good service and strive to meet customers' needs each time. We consult other peers if we need professional advice or to check the availability of certain products or services. We sell drugs that are cheaper drugs that anyone can afford, and these happy customers become our ambassadors. We always advocate for our clients to receive the best care at every encounter with our services. We strive and continue to provide good services to other new customers. (Ester)

Perspectives from study participants underscored stakeholder management as a key value proposition for their businesses. For many participants, direct engagement with service stakeholders created work satisfaction and, in the process, created new satisfied customers and added new business profits. Importantly, through direct interface with consumers, SME entrepreneurs and managers were able to identify the key services needed by consumers and the key methods of service delivery. For example, to improve cost-efficient utilisation and enhance positive consumer experiences, study participants explained that collaboration with other providers, establishing efficient customer flows, and maintaining healthy customer-provider relationships were regarded as important.

4.3.5 Theme 5: Strategies for the future

Introduction

In this section, I postulate that study participants were better informed to 'tell it as it is' the lived experiences of working as private healthcare SME entrepreneurs and managers in urban Dares Salaam. Based on this notion, my assumption was that the same participants were in a better position to prescribe and recommend appropriate strategies needed for future practice and policymaking involving the entrepreneurial performance phenomenon as a critical success factor for entrepreneurs and managers. I also considered that my position in the research process, as previously described in Chapter One, was a symbiotic one as I had already entered the working world of these participants. My role in this process was to make sense of and interpret these participants' perspectives on their lived experiences, in a manner that is easily accessible to the reader. In this study, entrepreneur and manager participants suggested various strategies to rectify the challenges they faced and to manage existing opportunities in their role. These strategies are expressed in the form of recommendations for the future of the entrepreneur and manager roles and implications for private SME success as skills and knowledge about the roles, issues requiring government intervention, and service and quality improvements needed to generate and sustain new customers and profits.

Sub-theme 5:1 Competencies needed

From this study, it is evident that for many participants, working as a private healthcare SME entrepreneur or manager was a challenging and often traumatic experience characterised by a steep learning curve. The lack of business networking,

support, work-related violence, and associated resource-restricted organisational contexts placed pressure on practitioners to develop innovative ways to manage scarce resources and challenging client behaviours and provide quality patient care. Participants found it challenging to accomplish everyday work schedules and worked overtime to maximise client access to their services.

Overall, participants perceived a lack of adequate material and human resources, reduced capacity for clients to pay for private healthcare services, a lack of knowledge about existing services, and legislated regulations which became a source of conflict. In addition, low wages, high government taxes, and their diminished positional authority were also viewed as sources of conflict. Several participants identified the need to develop both managerial and entrepreneurial competencies in the form of relevant skills and knowledge to execute the sound human, financial and clinical practices needed to achieve profitable entrepreneurial performances (Wikland & Sheppard, 2005). These competencies involved an ability to manage people, delegate tasks, make decisions, manage change processes, communicate effectively with key stakeholders, and effective entrepreneurial opportunity execution.

Findings of previous studies indicate that communication is one of the relevant competencies for entrepreneurship (Onstenk, 2003). Participants described communication competence as including written negotiation, collaboration, conflict management, interpersonal facilitation, consultation, implementing practice procedures, and managing people skills, as Eva described her lived experience:

> It is important for all relevant stakeholders to increase health education as part of every service delivery with a particular focus on educating the

> communities about pharmacy, drugs, and medication procedures. This way it enhances citizens' understanding of and compliance with prescribed medication. (Eva)

Another essential entrepreneurial skill is organising competency. Man, and Lou (2000) put forward the organising competencies as related to managerial functions such as planning, organising, leading, motivating, delegating, and controlling strategies. Expanding further on competencies, Eva identified and described the organising competency as: "There are procedures for reporting on machines, cleaning, inspecting expired drugs, inspecting pharmacies that I follow every day. These are essential competencies" (Eva). Whereas Moses underscored the value of strategic competencies to get the job done as follows: "We always have facility policies and procedures regarding every essential activity to help keep our practice safe, so we follow those guidelines" (Moses). As Man and Lou (2000) alluded, the strategic competencies deal with the setting, evaluating, and implementing the strategies of the firm.

Several participants reported adopting coping strategies to manage daily workplace challenges such as high workloads, poor funding, noncompliance with lease agreements by property owners, workplace violence from some customers, and low sales. Based on these experiences, participants recommended to those aspiring to succeed as entrepreneurs and managers, to possess professional expertise such as nursing, pharmacy, and medicine on one hand, and entrepreneurial performance expertise such as entrepreneurial opportunity orientation competencies on the other hand. By definition, the opportunity competencies are related to identifying, assessing, and seeking market opportunities (Man & Lou, 2000).

One significant entrepreneurial competence is relationship competence. According to Man and Lou (2000), relationship competencies embrace the ability to build, keep and use networks with all the firm's stakeholders. In this study, Moses provided a succinct analysis of competencies and the entrepreneur and manager role recommendations below:

> First, I become very satisfied in my work when someone comes and has a problem. You give him medicine then after two days he comes back and says you gave me medicine. It helped me a lot. I went to another place, but I did not recover but when you gave me your medicine it helped me recover. Be both a professional expertise and have a business mindset to continue generating more income. (Moses)

Sofia used the professional memory pathway that spanned almost five years to reiterate key positive patient experiences that are needed to achieve entrepreneurial performance. This finding is synonymous with conceptual entrepreneurial competency. Man et al. (2002) described conceptual competencies as referring to the abilities that are reflected in the behaviour of the entrepreneur associated with intuitive thinking, innovative behaviour, assessment of risk, and the need to have a different view of the market. From Sofia's perspective:

> I am the manager selling drugs and prescribing drugs. I also offer counselling services from a private room. I have five years of working experience. I have identified that many patients do not know how to take care of their health. Many of them, for example, do not follow medical advice. My suggestion is to educate more patients and encourage them to visit health services on time if they are not feeling well. (Sofia)

Man, and Lou (2000) posited organisational commitment as a valuable skill needed by entrepreneurs and managers to achieve effective entrepreneurial performance. The commitment competencies are the abilities that drive the entrepreneur to work hard and face the difficulties involved in sustaining the business. Similarly, commitment skills in terms of participants' ability to provide high-level customer care by making sure that all services, conflict resolution, and products are customer-oriented, were highly rated by Ester for creating and sustaining new business customers:

> I strive to provide good customer service. We strive to put the customers first in planning, service provision, and when resolving grievances so that when a customer comes to our facility, he does not miss the medicine and he gets good service. It is possible to have satisfied customers return to buy from us regularly and the satisfied customer becomes an ambassador by recruiting other people to come and buy our medicine. (Ester)

It was equally important, in Mercy's viewpoint, for every customer to have a positive experience with every service received regardless of ability to pay by offering flexible treatment options:

> It is largely lack of capital needed to stock cheap pharmacy drugs and, in the process, improve access by our consumers to affordable health care. For example, many clients cannot afford to buy full treatment courses of malaria drugs. Malaria is a serious regional health challenge that forces consumers to consider non-scientific traditional medicine. (Mercy)

Mary approached this sub-theme by reviewing the role of health education in empowering customers to understand the various services provided and how to

navigate the highly disjointed and under-funded private healthcare sector. She regarded the value of effective communication and empowering customers to take charge of their healthcare needs highly: "My suggestion is to educate more patients about our services and encourage them to visit health services on time if they are not feeling well" (Mary).

Prior research portrays one's ability to effectively deal with opportunities through the dynamics of an organisational setting as the principal factor determining success as an SME manager or entrepreneur, thereby enabling the people concerned to be actively and enthusiastically involved and successful (Talebi, 2007; Welsh & Maltarich, 2004).

For Tanya, effective entrepreneurial performance, and meaningful professional competencies such as conflict management, organisational skills, and decision-making, were effective strategies to succeed in the role:

> In my practice, I face almost the same clients every day as we are situated close to a residential area. Then general administrative tasks, shelving, record keeping, attending to clients, planning, health and safety issues, and customer care. The challenges I face in my job are that you find a client coming in with his credentials you find you are serving another client and then you try to direct him to wait he grows very agitated. High workload issues and abusive clients are challenges we face. (Tanya)

Some of the research links the failure of SMEs to a lack of these skills among entrepreneurs and managers (Ahmad & Seet, 2009; Phaladi & Thwala, 2008; Valdiserri & Wilson, 2010). Therefore, as argued by McMullan and Kenworthy (2015), it is important for both managers and entrepreneurs to possess essential

entrepreneurial competencies to improve the entrepreneurial performance of SMEs and to effectively deal with the sophistication of the planning practices and the exploitation of opportunities such as strategic management, market research, finance, managing relationships and growth strategy, business planning, related experience, and entrepreneurial skills.

Similarly, in this study, entrepreneurial formation skills, organisational skills, job flexibility, people and change management skills and staffing resources were identified as key empowerment resources needed by the study participants to get their job done. Intuitively, the availability of these resources in their workplaces resembled entrepreneurial performance for participants, which resulted in them achieving positive organisational outcomes.

Sub-theme 5:2 Strategic supports needed to promote business success

Synonymous with dual first-line health management roles are key characteristics such as an expansion in the position's roles and responsibilities, lack of practice jurisdiction delineation between the two components of the role, and lack of adequate formal entrepreneurial management skills needed to achieve effective entrepreneurial performance (Busenitz & Barney, 2016; Kurfi & Kurya, 2007). Organisationally, entrepreneurs are those who have founded their own firms for profit-making and growth, whereas managers were described as SME employees with formal middle- to upper-level responsibilities and substantial oversight in at least two functional areas of the SME's operations (Rebecca & Benjamin, 2009). In this study, participants struggled to negotiate and develop their own managerial and entrepreneurial acumen as expressed previously by Tina when she identified a lack of conflict resolution skills and an inability to exploit the existing operational challenges into another business opportunity such as an additional counselling

service. The challenge related to their inability to equitably manage scarce resources around consumers' needs versus the reality of existing services.

Whilst describing problems associated with working in private healthcare practices such as lack of a comprehensive pension scheme for retirees because of lack of adequate funding and diminished business incomes, Mary put forward some coping strategies:

> For example, for many of these seniors are retired and some you find are not working full time at home they do not have any income and it would be good if there were mechanisms to help them not only in government but also in the private sector they would arrange for us to treat them for example, available to children over the age of five and they are the ones with the biggest challenges because incomes are becoming increasingly difficult. (Mary)

Mfaume and Leonard (2004) and Shifman (2014) described the Tanzanian private healthcare SME industry as complex in structure and management, highly disconnected from mainstream Ministry of Health and Social Welfare strategic planning, poorly funded, varied, and significantly large. It is composed of a diverse range of both for-profit and not-for-profit organisations and makes a significant contribution across all health sector levels and focal areas within the national health system. In this study, participants pointed to limited access to national health insurance by both private healthcare SME providers and the public as an indication of the disjointed healthcare system. Many participants felt disconnected from the public health insurance organisers and with no permits to accept health insurance clients, many patients were missing out on their services. Also reported was a

significant loss of potential income by private health providers who did not have any health insurance permits:

> Access to health insurance services is important but now it is very limited. To establish health insurance is very bureaucratic many people and they do not have health insurance. There are a few ones with medical insurance and health insurance. At present we can't treat them, so we refer them somewhere else, and they do not take it well. If we can get access to be considered to serve health insurance clients, it will expand our business and services to the communities too. (Moses)

Prior research findings identify the existing disjointed relationship between private health SMEs and the local government's regulatory health system. As the World Bank (2015) reported, private sector healthcare SMEs are not effectively considered or involved in the creation of Comprehensive Council Health Plans (CCHP) at the district level or in vertical program planning efforts. Private facilities (both for-profit and not-for-profit) are inadequately regulated by the municipal health authorities and experience limited incentives support. One participant, Tanya, shared her lived experience with the public health system:

> The challenge for the government is that it is too slow to give a person a permit and they also set thresholds as if you have not completed these things, they cannot give a permit to a person. Most people and private practices do not have insurance permits. Yet most patients in Tanzania cannot afford private healthcare and they rely on insurance. If they fail to access private healthcare, they visit several unregulated traditional healthcare services that often puts their health at risk and turn up again at our doors in a serious health

> condition. In this area there are many such traditional health services on the streets. (Tanya)

Previous research indicates a higher failure rate as one of the factors differentiating an SME from a small or larger business venture (Fatoki, 2014). Business failure is reportedly difficult to theorise. Nonetheless, an understanding of why SMEs succeed, or fail is seen to be of critical importance to the health of the global economy (Fatoki, 2014; Fatoki & Garwe, 2010; Hove & Chikungwa, 2013). Similar sentiments regarding problems associated with SME failures and a glaring lack of property rights for rented facilities were echoed by Sharon. She expressed the fragile property lease agreements that property owners willingly manipulated or terminated without any consultation. Sharon perceived the problem of a lack of property rights as a complex, confronting and challenging to deal with, and requiring urgent government intervention:

> What really makes these pharmacies fail is, the landlords are not able to comply with rental leases, and they are desperate for money. When they see you get a few more customers they start to raise rent. They are very unreliable, and it hurts our businesses as we end up constantly relocating premises. (Sharon)

Sharon also stressed the need for government intervention in regulating prices for essential medicine especially for treating the widespread health problem of malaria. Many customers were said to default on their malaria healthcare plans due to unaffordable drug prices. She expressed the need to reduce product pricing for entrepreneurs to win more customers. She also urged government to reduce income tax for private healthcare providers because of reduced incomes:

> If you decide to send them to the hospital for tests, people refuse to go to the hospital for tests, especially for the malaria test. My advice is to reduce the price of malaria medicine and reduce government taxes. The challenges we face are reduced, customers. There is no business. Also, as private health care providers, we get low wages and business incomes. (Sharon)

At one facility, the entrepreneur, Mary, emphasised the need for income health insurance and government support for retired private health practitioners whom she said were living in abject poverty. She pointed out that dwindling business incomes for private healthcare providers make it difficult to make sound financial life savings.

Supporting Mary, Rita underscored the need for establishing employee income insurance cover to cater to post-employment needs:

> Workers need to be insured for financial (income) cover when jobs are terminated because if you look at the government the workers have been cut off. The reason for the job cuts in public health institutions it's because there is a lot of duplication of services and better pay by the private sector, which is becoming a bit of a challenge for them. These job cuts are all because of national rising and falling incomes. (Rita)

As Smith and Chimucheka (2014) argued, OBE Theory suggests that entrepreneurs seek to exploit opportunities presented by all aspects of the constantly changing environment, including technological, social, and economic aspects. On one hand, Katz and Shepperd (2003) posited opportunity formation as the source of all entrepreneurship and the main domain of the entrepreneur and manager. Shane and Venkatraman (2000) argued that entrepreneurial opportunity processes should

be examined along the four dimensions of prospection, opportunity formation, opportunity decision, and opportunity exploitation. At the centre of OBE is that successful entrepreneurs and entrepreneurial managers excel at seeing and taking advantage of possibilities created by social, technological, and cultural changes (Hakala, 2015; Shane, 2003). In other words, OBE projects entrepreneurs and entrepreneurial managers as experts in advancing entrepreneurial performance.

Sub-theme 5:3: Establish quality and service improvement initiatives

In this study, the entrepreneur and manager role from participants' perspectives is a mixture of a transformational and transactional leadership style that involves implementing continuous and quality improvements and line management of business operations, strategies, networks, teams, and supply and demand issues to succeed beyond set targets. However, for these private enterprises' entrepreneurs and managers to perform beyond expected entrepreneurial performance outcomes for the role, the process also involves daily transactional leadership activities such as total quality management, entrepreneurial opportunity identification and execution, performance monitoring, supervision, and effective communication with all stakeholders.

The justification for and character of entrepreneurship and private healthcare SME research is grounded in the potential impact they make to national GDP in areas of economic growth, job creation, increased productivity, technological innovation, and economic reforms (Lucky & Olusegun, 2012; Sayedi & Isiah, 2013). Findings revealed that, for both managers and entrepreneurs, transformational leadership is a popular management style that expresses two opposite dimensions known as transformational and transactional leadership styles. Perhaps, as argued by Khoshhal and Guraya (2016), by synthesising transformational and transactional

leadership qualities, a hybrid total quality leadership can be established. By definition, a leader in total quality management is a person who inspires, by appropriate means, sufficient competence to influence a group of individuals to become willing followers in the achievement of organisational goals (Khoshhal & Guraya, 2016). In this context, Gibb (2005) put entrepreneurs and managers at the core of any entrepreneurial venture as their actions and inactions contribute significantly to healthcare entrepreneurial performance.

Put simply by Akande and Ojukuku (2008) and Ogundele (2007), this view assumes that entrepreneurs are risk-takers who relentlessly pursue entrepreneurial opportunities beyond the resources controlled, whereas entrepreneurial managers are regarded as risk-averse and proffer SME stability, possess formal delegation, and have institutional authority to control available resources to maximise profitability and growth. In this manner, entrepreneurial leadership becomes real in the process of identifying, framing, and defining the reality of entrepreneurial performance for entrepreneurs and managers, and there is a clear distinction between entrepreneurs and managers based on the presentation of a business's vision. Both transformational and transactional leadership styles co-exist in practice contexts that demand the use of effective leadership and management to achieve desired organisational goals. Consistent with the literature evidence is Rita's comment on the role and value of private entrepreneurs and managers, their links with public peers, and the importance of private healthcare SMEs to achieve optimum economic and healthcare improvements at national levels:

> In general, there is a need for service operations improvements and strategic planning in our dispensary hospitals, when it comes to providing education

> and better services dispensaries across the public and private domains entrepreneurs and managers need to collaborate with each other. (Rita)

Tilda put forward her viewpoint about the entrepreneurial manager role as follows:

> I am a pharmacy technician and I have two years of working experience managing pharmaceuticals. It's being passionate about what you do and making a marked difference in clients' lives and health. I do housekeeping tasks such as cleaning and shelving, I look for medications that I do not have. Then I resume normal administrative activities such as dispensing medications, planning and coordinating purchases. It is a bit of everything. (Tilda)

Several participants involved in this study regarded effective opportunity identification, execution, and monitoring as essential skills for one to succeed in the entrepreneur's and managers' roles. Second, as the Ministry of Industry and Trade (2002) advocates, it is imperative to seek SME sustainability solutions to minimise the high human and economic costs associated with high private healthcare SME failures. It was reported that the constant operational and strategic challenges (in the private healthcare sector) of low incomes, poor compliance with property rights for rentals, challenging client behaviours, lack of government engagement with private healthcare SMEs in planning, monitoring, and funding were strategic to the role and demanded effective professional expertise and health services management skills. Several participants indicated that challenges were frequent, complex, unavoidable and unpredictable, with a subsequent impact on personal and structural arrangements of the delivery and management of private healthcare SME services. Therefore, both entrepreneurs and managers are consistently expected to be experts in identifying

prevailing service gaps and operational and strategic challenges as fertile grounds for new business innovations in terms of new services identification, diversification, and rebranding as shared by one of the participants:

> Being in this health industry is something I love but it is also something that helps me right now in life and I am happy to provide services to the community around me through the profession I studied and provide services that are good to improve the health of Tanzanians and keep the workforce well so that we can moving forward with society at large. (Bakari)

Whilst acknowledging that private healthcare SMEs' operational and strategic challenges are likely to continue, it is essential for entrepreneurs and managers to develop innovative new operational business and product solutions and adopt sustainable strategies such as private healthcare SMEs strategic networks, policies, and business expansions, as succinctly expressed by Ivy:

> Challenges exist. I am a medical doctor coming to work here and owning a retail pharmacy. I needed to study for a year again because once you come to this environment as a regular doctor one only believes in treatment instead of the whole person approach covering medicine, social, pharmaceuticals, and personal interests. Also, there are strategic challenges when opening and operating these businesses, especially when dealing with non-compliant clients, government corruption, lack of government engagement of private SMEs in strategic planning, funding, and collaborative monitoring. Whilst we applaud the government for encouraging the extensive opening of new clinics and pharmacies in every district, there is a need to set clear policy guidelines that cover also private healthcare enterprises as the case with

> public health facilities. There is a policy gap, and it is up to entrepreneurs and managers to embrace positively this business opportunity through networking, implementing more services and products, and establishing pro-business procedures. (Ivy)

In this situation, Ivy emphasised the importance of identifying challenges as an entrepreneurial opportunity to establish more services, products, and work-related operational and strategic policies to leverage reduced income flows and diversify to optimise sustainability and profitability. Ivy's perspectives are backed up by previous research findings by Marsh et al. (2005) who pointed to the prevailing concerns in the healthcare industry regarding the need to prove the effectiveness of private healthcare SMEs and linked these concerns to high failures. Study participants underscored the existing regulatory marketing ban for all health services as a significant challenge affecting their business success. For Jay, for one to succeed in a highly competitive and over-subscribed Tanzanian private healthcare SMEs practice context, it was important to effectively market existing services:

> The business is struggling to advertise and that's a challenge. My bad shop is in a little hidden away. You know I must fight to advertise unseen so that it is easy for someone to locate it and get the drugs that are needed. I have a lot of medicine that remains unsold. Every time someone comes to get the medicine there is every medicine, they want on the shelves that is well-priced. Many people can order and resale for a small profit. (Jay)

According to Shane and Venkataraman (2000) the effectiveness of an entrepreneur or manager is determined by their ability to navigate the key processes of opportunity formation, opportunity decision and opportunity exploitation within

the Tanzanian context. It is also indisputable that an SME's superior performance is the main goal of every entrepreneurial venture. Therefore, it was very important to identify the factors that led towards the success of entrepreneurial SMEs in urban Dares Salaam. Likewise, Solé (2012) used both sales growth and the number of employees as non-financial measures of an SME's profitability, with the minimum break-even outcomes as having equal sales and expenditures. On the other hand, Amabile and Khaire, (2008), underscored inventiveness as a measure of entrepreneurial performance, referring to SME entrepreneur's and managers' operational ability to proactively manage employee for creativity to generate new products or services at unit level. Given the constant failures by Tanzania's private healthcare SMEs to achieve set financial and expansion targets, it was essential for participants to manage entrepreneurial performance for both survival and positive impact on local healthcare needs.

4.4 Conclusion

In this study participants provided a mixed reaction to the experiences of working as entrepreneurs and managers. Both the entrepreneur and manager roles were described as multifaceted and involving administration, clinical, strategic, and operational management responsibilities. On one hand the multiplicity of the role was identified as beneficial. In this case, participants found meaning and reward in producing positive community healthcare outcomes, profit-making and business growth through coordinating care, providing expert customer care, and improvising care when resources were in short supply. Participants, especially managers, were empowered by having access to strategic planning components of their enterprises and being allowed to undertake the full operational management responsibilities of

the enterprises. These participants viewed the role as building a strong career foundation into full-time business ownership positions.

Furthermore, the participants exhibited a commitment to the journey as SME entrepreneurs and managers, which made a difference to the provision of quality healthcare services. On the other hand, working in the multiple-component SME entrepreneur and manager role was perceived as a source of tension and power dynamics. This was the situation because the various components were perceived as demanding high-level entrepreneurial management competencies, extended working times, work-based customer complaints, low pay, and set income targets for some managers. Power tensions were visible within healthcare facilities during encounters with various stakeholders. Nevertheless, participants revealed that despite the challenges they faced, they were highly motivated to provide the best possible healthcare to their local communities.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.0 Introduction

The preceding chapter presented the findings of this study and identified themes that demonstrate key issues drawn from Tanzania's private healthcare SME entrepreneurs' and managers' perspectives of their working lives and interpretation of entrepreneurial performance. The findings of this study have vital implications for policy and practice in relation to the general private healthcare SME entrepreneurial and management workforce, and for the phenomenon of entrepreneurial performance. The study findings align with contemporary literature reviewed in Chapter Two that describes the Tanzanian private SME healthcare industry as vital to employment creation and poverty alleviation on one hand. On the other hand, previous research outcomes have posited Tanzania's private healthcare system as complex in structure and management, highly disconnected from mainstream Ministry of Health and Social Welfare strategic planning, as poorly funded, varied, and significantly large (Mfaume & Leonard, 2004; Nkonoki, 2010; Shifman, 2014).

Previous studies have failed to reconcile various positions on performance conceptualisation (Abu-Bakar et al., 2012; Hayat & Riaz, 2011; Aziz et al., 2013). The study implications namely: implications to the practice of private healthcare SME entrepreneurs and managers, implications to the entrepreneurial performance policy formulation, and implications to the OBE theoretical framework and study methodology are discussed at a later stage in this chapter. Study findings revealed the participants' reality of the private health care system, the experiences and challenges they face in the entrepreneur's and manager's role, and how they manage

these challenges. Study participants' perspectives on solutions to the challenges they face in both the health system and the role were similar.

In this chapter, the major conclusions and the study findings are discussed and interpreted with the use of phenomenological principles in the context of the purpose of the study and key constructs of the selected theoretical paradigm presented in Chapter Two. The major conclusions and findings are discussed in relation to the existing contemporary literature that was critically analysed in Chapter Two. The utility of the theoretical framework chosen to assist in understanding the study conclusions is discussed, and future research directions are identified. This chapter concludes with a summary of the study outcomes in relation to the aims described in Chapter One.

5.1 Overview of major conclusions

The five major conclusions drawn from this study are presented below and discussed in terms of how they address the purpose and aims of the study (as provided in Chapter One). The main purpose of this study was to explore the perspectives and experiences of private Tanzanian SME healthcare entrepreneurs and managers regarding their roles and identify key characteristics of, and factors impacting on their entrepreneurial performance. In this context, the study investigated the lived experience of entrepreneurs and managers and their perspectives on the entrepreneurial performance phenomenon to gain an understanding of the entrepreneurial role and explore the scope and responsibilities involved in the role. The first four study conclusions address the first study aim that seeks to reveal the essence of working as an entrepreneur and manager and its link to the phenomenon of entrepreneurial performance. The fifth study's conclusion addresses the second study's aim to explore common issues experienced by private

healthcare Tanzanian SME entrepreneurs and managers in their roles, and the factors impacting their entrepreneurial performance. In doing so, the fifth study conclusion will address the practice of, and implications for, health policy specific to the professional sub-culture group that is under investigation.

The first study conclusion based on Theme 1 in Chapter Four is that the SME entrepreneur and manager role is a multifaceted frontline role that has inherent tensions based on multiple administrative, strategic, and operational managerial components. Theme 1 showed that the scope of the entrepreneur and manager role contains existing tensions and power dynamics. The expanded role was occupied by senior clinicians from professional sub-cultures such as pharmacy, nursing, and medicine. The entrepreneur and manager role involved a wide range of responsibilities in areas of administration, clinical governance, information management, operational management, stakeholder management, performance management and monitoring, and quality improvement. The role is expected to maintain profitable business operations, professional and practice standards, contribute to effective healthcare, and perform at an advanced level.

These practitioners, as previously discussed in Chapter Two and as Hakala (2015) explained, are entrepreneurs or entrepreneurial managers, only when one moves their thinking from being an active thinker to a committed pursuer of entrepreneurial opportunities within the shortest possible time frame and successfully embraces all the above six dimensions to achieve entrepreneurial venture profitability and sustainable growth. This is theorised by the OBE Theory (Eckhart & Shane, 2003) that defined entrepreneurial performance as a concept that begins with the process or action undertaken by the entrepreneur and entrepreneurial manager in terms of proactive opportunity formation, opportunity decision, and

opportunity exploitation. At the epicentre of OBE Theory is the key tenet of opportunity orientation, whereby entrepreneurs and managers as subject experts, can view the tensions in their roles as an opportunity to create new services or redesign their services. In doing so, they flip challenges and setbacks into possibilities and opportunities to make a difference as changemakers through multi-purpose entrepreneurship and innovation.

The second conclusion, as reflected by Theme 2 in Chapter Four, is that the entrepreneur's and the entrepreneurial manager's role is a balancing activity that juggles the workload demands of the multifaceted role. This role feature was regarded by many participants as a challenging and complex phenomenon because of competition in priorities to manage the several component roles and responsibilities. Theme 2 and subsequent Sub-themes 2.1 and 2.2 discussed the implications of the role for entrepreneurial performance in terms of the responsibilities that ranged from providing direct patient care, indirect patient care by supervising delegated staff workloads, providing professional consultancy on clinical issues, and completing managerial tasks such as monitoring allocated work unit budget, and human and material resource management. The role of entrepreneur and manager was viewed by study participants as a pathway to make a significant positive mark in the healthcare sector for local communities. Participants regarded the essence of success and entrepreneurial performance at the more personal level of being divinely called to work specifically in the field. These perspectives show that participants viewed themselves both as entrepreneurs and managers with a strong connection to their professional orientation, and the entrepreneurial performance phenomenon as a personal and contested one.

The third study conclusion is that participants are dissatisfied with multiple operational and strategic challenges in the role due to a lack of clarity regarding funding issues for low-income clients, high taxation, low pay, lack of capital to fund programs, and patients' lack of knowledge about existing services and referral pathways between public and private institutions. This conclusion is drawn from Theme 3 which reviewed the existence of multiple challenges and functions in the entrepreneur and manager role in terms of participants' lack of key human, clinical, financial, and physical resources in terms of conflict resolution, workforce planning, budget management, advocacy skills, marketing, advanced clinical medical and pharmaceutical skills, and time management to ensure quality service delivery. Consistent with this study conclusion, the OBE Theory (Shane, 2003) discussed in Chapter Two posited that successful entrepreneurs and entrepreneurial managers excel at identifying and taking advantage of possibilities created by social, technological, and cultural changes. OBE Theory advocates that entrepreneurs are action-oriented to seize an opportunity whenever it appears without giving other enterprises a chance to gain a competitive advantage in the market with the aim of improving their businesses or establishing new businesses.

Study participants described facing structural role and practice challenges such as people management, communication obstacles, non-compliances with facility lease agreements by landlords, high government taxation, poor locations for their facilities, and constant policy and structural changes to the delivery of healthcare services. In this study, participants explained broad operational and strategic problems that exposed their limited managerial and entrepreneurial skills necessary to exploit problems and turn them into new SME products and services. There was a need for participants to be flexible in their work approaches as they

demonstrated specific management competencies to get the job done. Previous research findings link SMEs as learning institutions that undergo a dynamic cycle of changes in response to market forces such as new technology, new competitors, new conflicts, new acquisitions or mergers, pricing policy, and political forces (Bisset & Tidd, 2015). Importantly, for managers and entrepreneurs, the context of realizing newly created SME value requires strategic leadership skills for opportunity formation (Awondun, 2008) and a commitment of resources needed for opportunity execution (William et. al. 2009).

The fourth conclusion is that the study participants were on a mission and intrinsically motivated to make a significant contribution to their local community's health status. The participants enjoyed autonomy in their practice as single practitioners or single members of their professions within small multidisciplinary teams that give them easy visibility to their customers and other stakeholders.

The final conclusion is that there are strategies for enhancing the future entrepreneurial performances of private healthcare SME entrepreneurs and managers in Tanzania. This conclusion, as shown by Themes 4 and 5 in Chapter Four, describes several opportunities and strategies that exist in the entrepreneur's and manager's roles and expresses study participants' experiences in the roles in a positive sense. Theme 4 positively identified the entrepreneurial manager role as one that offers career advancement opportunities into full business ownership, acting as a vital link between local communities and secondary public hospital services, as a steppingstone into full-time entrepreneurship and autonomous practice.

Theme 5 put forward several strategies for the future of the role such as competencies needed, and strategic supports needed to promote business success.

Several participants identified the need to develop both managerial and entrepreneurial competencies in the form of relevant skills and knowledge to execute sound human, financial and clinical practices needed to achieve profitable entrepreneurial performances.

In this study, participants pointed out limited access to national health insurance by both private healthcare SME providers and the public as an indication of the disjointed healthcare system. As Shane (2003) argues, entrepreneurial performance begins with the process or action undertaken by the entrepreneur and entrepreneurial manager in terms of proactive opportunity formation, opportunity decision, and opportunity exploitation. Therefore, what is needed to influence an effective entrepreneurial performance for entrepreneurs and managers with specific competencies and strategic supports at the enterprise level. These conclusions led to the following overview of key study findings that will be discussed in more depth and located within the current body of knowledge about such roles and the literature reviewed in Chapter Two.

5.2 Discussion of key study conclusions

In this section, study conclusions are discussed within the context of the existing literature reviewed in Chapter Two. As discussed, healthcare practice is a complex adaptive process, in which entrepreneurs and managers have to demonstrate their entrepreneurial performance ability to improve SME entrepreneurial performance and deal effectively with the sophistication of planning practices and the exploitation of opportunities such as strategic management, market research, finance, managing relationships, and growth strategy, business planning, related experience, and entrepreneurial skills (Mawoli, 2007; McMullan & Kenworthy, 2015). Conversely, the failure of SMEs is linked in some of the research

to a lack of these skills among entrepreneurs and managers (Ahmad & Seet, 2009; Phaladi & Thwala, 2008; Valdiserri & Wilson, 2010).

The first major conclusion is that the SME entrepreneur's and manager's role is a multifaceted frontline role with inherent power dynamics and tensions based on multiple administrative, strategic, and operational management components. The participants described their main function as providing strategic planning, operational management of human and clinical resources, financial monitoring, and managing physical resources to enhance effective coordination of care and other business functions. This conclusion and the study findings of Sub-theme 4.1: Mission to make a difference in community health status and Sub-theme 4.3: Steppingstones into full SME ownership support the existing literature. For example, changes within the market through combinations of things to produce a new quality product or service rendered to customers, whereas managers were described as SME employees with formal middle to upper-level responsibilities and substantial oversight in at least two functional areas of SME operations.

In this study, the role of an entrepreneur and/or manager is described as multidimensional in structure and practice, having oversight over the entrepreneurial orientation competency areas of innovativeness, autonomy, risk-taking, proactiveness, competitive aggressiveness, performance management, service delivery, planning, entrepreneurial identification and formation, and people management. As Oshodi et al. (2019) argue, autonomy is defined as an independent action by an individual or a team aimed at bringing forth a business concept or vision and carrying it through to completion. Innovativeness refers to the willingness to support creativity and experimentation. Risk-taking means a tendency to take bold actions such as venturing into the unknown, new markets. Proactiveness is an

opportunity-seeking and forward-looking perspective. The competitive aggressiveness dimension, particularly for the overcrowded SME Dares Salaam market, reflects the intensity of a firm's efforts to outperform industry rivals (Lumpkin & Dess, 2001). The participants viewed these as competing priorities, influencing their experiences of the entrepreneur and manager role.

According to Madatta (2011), the essence of superior entrepreneurial performance is linked to entrepreneurial opportunity orientation alertness, which relates to the entrepreneur's ability to recognise opportunities that arise. For study participants, the various dimensions of the job entail the juggling of competing responsibilities which is expressed in terms of existing tensions and power relationships. This situation was interpreted by participants as frustrating because of an overwhelming workload related to the expansion of roles and responsibilities. The first conclusion of this study certainly supports this view as the participating entrepreneurs and managers described the tension caused by having multiple functions of the role with minimum or no support given to them.

Participants indicated that they found their role challenging because of the multiple responsibilities involving operational management, strategic management, opportunity orientation, formation, decision-making, and opportunity exploitation. In addition, the entrepreneurial managers indicated that their employers expected them to demonstrate astute leadership capabilities and income generation abilities needed to increase sales, communicate, implement an SME's service delivery and growth vision, process information, and manage data. More so, participants stated that they were required to lead continuous quality improvement projects as part of total quality and performance management processes.

These study participants shaped their everyday responsibilities and access to strategic organisational information, support, opportunities, and resources. Likewise, prior research by Braithwaite (2004) and Gamble et al. (2009) indicated study participants feeling tension and frustration related to time, role clarity, and the lack of adequate power to make key organisational changes whilst also carrying an overwhelming caseload.

Relevant aspects of the economics of healthcare such as the establishment of clinical governance frameworks and healthcare budget cuts increased existing pressure on those in first-line management roles. Anderson and McDaniel (2003), Braithwaite (2005; 2006), Braithwaite and Westbrook (2005), Lin and Robinson (2005), O'Dowd (2005), and Segal and Bolton (2009) argue that these reforms have led to the creation of dual roles that involve health care organisations combining administrative and clinical responsibilities within a single role to reduce human-related costs. In this study, Theme 1, which is the basis of the first study conclusion, depicts economic rationalisation in the healthcare sector as an important factor, prompted by a rise in health care costs because of an escalation in demand for health services and an increasing decline in health care resources, which has given rise to the need to interconnect administrative, financial, social, and clinical issues. In an industry where there are dwindling resources and an increasing consumer base, there is a need to adopt cost-saving measures for resource utilisation such as combining clinical, social, financial, strategic, and operational management.

Globally, there have been constant financial pressures from the COVID-19 pandemic; prompting business closures, travel, and international business restrictions, and changed business transactions to contactless processes as a health and safety precaution. The researcher was equally impacted negatively as

international travel restrictions caused delays in the data collection process. The case for Tanzanian SMEs is unique in the sense that Tanzania chose to remain open for business and everyday life, and officially reported that it was COVID-19 free (Magufuli, 2020). Therefore, the issue of COVID-19 and its economic impact on local businesses was neither raised nor discussed by any of the participants during interviews.

The second conclusion, as reflected in Theme 2 in Chapter Four, is that the role requires the balancing of workload demands of a multifaceted role; that the entrepreneur and manager roles are blurred in terms of practice boundaries and positional authority. This conclusion was evident in the following Theme 2 and Sub-themes 2.1 and 2.2, where the participants were clearly frustrated with expanded responsibilities and opaque practice boundaries. Consequently, these participants' perspectives of the essence of the success of their business ventures suggest that the concept is multidimensional both in definition and practice. The literature also confirms that entrepreneurial performance is a multidimensional phenomenon because of variations in experiences, available opportunities, and interpretations of experiences by both SME managers and entrepreneurs (Darren & Conrad, 2009).

Similarly, Gibb (2005) proposed that entrepreneurs and managers are the core of any entrepreneurial venture as their actions and inactions contribute significantly to healthcare entrepreneurial performance. In their responses, participants defined the phenomenon of entrepreneurial performance, which they construed as the success of a venture, as a personal calling that involves serving clients passionately, even at the expense of making profits. In addition, participating managers and entrepreneurs gained job satisfaction each moment they were able to provide services in a more customer-oriented manner. In doing so, participants felt strongly

that they were accomplishing a mission to make significant, positive changes to community health. Fundamental to this discourse of mission to make a difference were factors such as effective communication, professional expertise, strategic planning, timely decision making, and excellent customer care competencies.

Previous research findings on the entrepreneur and manager roles by de Koning and Brown (2001) underscore the entrepreneurial orientation as positively associated with opportunity alertness. Shane (2000) discovered that people recognise opportunities related to the information and knowledge they already possess. He also noticed that entrepreneurs can and will discover opportunities through the recognition of available opportunities rather than through exploration.

Another point to note from the third study conclusion is that participants were dissatisfied with the constant operational and strategic challenges they encountered in their roles. This was evident in Theme 3. In this study, more than half of the participants identified their professional orientation as nursing assistants, nurses, or pharmacy technicians and as holding a professional certificate and diploma qualifications. Important to note, whilst it does not disqualify participants from holding the role of entrepreneur or manager, none of the 25 participants held a management or entrepreneurship-related qualification. It is, therefore, clear from the demographic figures that study participants lacked the relevant entrepreneurial competencies needed to implement entrepreneurial formation, execution, and evaluation processes. As for entrepreneurs and managers, their roles demand that they identify opportunities in the market, and the lack of required skills limited their entrepreneurial orientation and interpretation of entrepreneurial performance.

Participants in this study's perspectives of challenges faced in the private healthcare entrepreneur's and manager's roles have two faces. First, it is concerned with a perception that private SME entrepreneurs and managers are divorced strategically from the strategic planning portfolios of the national healthcare system and relegated to mere spectators in the scheme of achieving strong entrepreneurial performance. Second, there is a common viewpoint that both the entrepreneur and manager roles in private SME facilities face a myriad of operational bottlenecks compounded by a lack of clarity in the form of funding issues for low-income clients, low pay, lack of capital to fund programs, patients' lack of knowledge about existing services and referral pathways between public and private institutions.

Previous research studies firmly positioned both entrepreneurs and entrepreneurial managers at the centre of entrepreneurial orientation with the responsibility to recognise and accept entrepreneurial opportunities as they present in the marketplace (Smith & Chimucheka, 2014). Consequentially, for participants to undertake opportunity formation, decision, and exploitation processes, a set of key entrepreneurial and managerial competencies have been identified as important for the task (Olyson & Whittaker, 2010). However, study participants' demographics reveal that study participants lack the identified entrepreneurial competencies, and as a result, were overwhelmed with strategic and operational bottlenecks. It can be argued that these bottlenecks presented a range of opportunities that needed to be exploited and executed innovatively as new services, new products, and new ways of doing business.

Globally, the healthcare industry is an area of health policy contention among various stakeholders, constant policy shifts, and continuous political debates about how to allocate resources, structure, and operate it (Shortell, 2005). Anderson and

Driebe (2000) conducted an international investigation of healthcare systems and found them to be complex adaptive systems and concluded that roles such as those of entrepreneur and manager for private healthcare SMEs were central first-line management roles experiencing change processes while marked by diminishing health care resources. This was regarded by these authors as important for organisations that needed to contain escalating health care budgets and deliver quality integrated patient services simultaneously. In other words, an increase in health care costs and diminishing health resources has prompted the need to combine management, financial and clinical roles, which challenges historical management and power structures in organisations.

Furthermore, the health management literature describes healthcare as becoming an increasingly scarce commodity, thereby making demand and supply a central framework for analysing health care utilisation by researchers (Palmer & Short 2010). Therefore, the third conclusion identifies the multidimensionality in the entrepreneur and manager role as a by-product of the need to manage diminishing health care resources cost-effectively.

The fourth conclusion was that the study participants were on a mission, and intrinsically motivated to make a significant contribution to their local community's health status. Participants discussed autonomous practice and experiences of opportunities to coordinate patient care, undertake some administrative tasks, manage designated clinical resources, and budget planning as important factors that improved their enterprises' ability to achieve success. Their success in the role was, therefore, driven by an entrepreneurial orientation which consists of five dimensions: autonomy, innovativeness, risk-taking, proactiveness, and competitive aggressiveness as revealed by Sub-theme: 4.1 (Lumpkin & Dess, 2001). Participants

perceived their role in their mission to establish a mark in community health as the vital link that covers an existing service gap between local communities and public secondary health services such as district hospitals.

In this study, participants reported problems with non-coordinated public hospital patients' inter-referrals that left many patients without proper care. Private healthcare SMEs provided for this gap in health services. Moreover, participants viewed their role as autonomous and their workplaces as appropriate places to promote professional growth. In this manner, workplaces were described by participants as places of vital learning opportunities that they needed to step into full-time business ownership. As part of their learning, participants described their involvement in managerial tasks such as leading quality improvement tasks, service management, quality improvement projects, and advocating for clients to receive high-quality health services. Themes 4 and Sub-themes 4.1, 4.2, and 4.3 in Chapter Four clarified this point based on participants' viewpoints of the opportunities available in the entrepreneur and manager roles. This conclusion resonates with Eckhart and Shane's (2003) Theory of OBE that projects successful entrepreneurs and entrepreneurial managers as experts who excel at identifying and taking advantage of possibilities created by social, technological, and cultural changes. Hakala (2015) posits OBE Theory as having strong foundations in six different dimensions of entrepreneurship which are core principles of entrepreneurial management and firm performance. These are strategic orientation, commitment to opportunity, the commitment of resources, control of resources, management structure, and the compensation and reward system.

By way of explanation, strategic entrepreneurial orientation is a firm-level strategic orientation that captures an organization's strategy-making practices,

managerial philosophies, and organisational behaviours that are entrepreneurial in nature (Hakala, 2015). From this perspective, one is an entrepreneur or entrepreneurial manager when one moves his/her thinking from being an active thinker to a committed pursuer of entrepreneurial opportunities within the shortest possible time frame and successfully embraces all the above six dimensions to achieve entrepreneurial venture profitability and sustainable growth (Stevenson, 2013). Importantly, study participants revealed that they were intrinsically motivated to make a difference through their roles. Similarly, one of the key tenets of OBE Theory (Shane & Eckhardt, 2003) is opportunity orientation, which emphasises the vital quality for entrepreneurs to be intrinsically motivated to boldly pursue entrepreneurial opportunities.

The final conclusion is that there are strategies for enhancing the future entrepreneurial performances of private healthcare SME entrepreneurs and managers in Tanzania. This conclusion, as shown by Themes 4 and 5 in Chapter Four, describes several opportunities and strategies that exist in the entrepreneur's and manager's roles. Theme 4 positively identified the entrepreneurial manager role as one that offers career advancement opportunities into full business ownership, acting as a vital link between local communities and secondary public hospital services, as a steppingstone into full-time entrepreneurship and autonomous practice. Theme 5 put forward several strategies for the future of the role such as competencies needed, and strategic supports needed to promote business success. Work-related violence, the lack of business networking, lack of support, and associated resource-restricted organisational contexts placed pressure on practitioners to develop innovative ways to manage scarce resources, challenge clients' behaviours and provide quality patient care. Participants found it challenging

to accomplish everyday work schedules and worked overtime to maximise client access to their services.

Overall lack of adequate material and human resources, reduced capacity for clients to pay for private healthcare services, lack of knowledge about existing services and legislated regulations, low wages, high government taxes, and associated positional authority were viewed as sources of conflict. Several participants identified the need to develop both managerial and entrepreneurial competencies in the form of relevant skills and knowledge to execute the sound human, financial and clinical practices needed to achieve profitable entrepreneurial performances. Wikland and Sheppard (2005) posited these competencies as an ability to manage people, delegate tasks, proactiveness, risk-taking, decision-making, innovativeness, managing change processes, communicating effectively with key stakeholders, and effective management of opportunity formation and execution.

In this study, participants underscored the importance of enacting strategic support systems such as professional networking, advocating for reductions in government taxation or receiving taxation subsidies, access to the national health insurance funding, salary increases, clarity in inter-referral pathways for customers, and effective stakeholder management. For example, participants pointed to limited access to national health insurance by both private healthcare SME providers and the public as an indication of the disjointed healthcare system. Many participants felt disconnected from the public health insurance providers and without permits to accept health insurance clients, which meant that many patients were missing their services. Another strategy for the future of entrepreneurial success of private

healthcare SMEs was the importance of establishing TQM frameworks, both as policy and practice guidelines for entrepreneurs and managers.

By definition, TQM describes a management approach to long-term success through customer satisfaction (Gharakhani, et al., 2013). Central to TQM is a whole organisation quality and continuous improvement process where customers will receive what they expect based on key principles such as customer focus, total employee engagement, service delivery pathways, service integration, a systems approach, evidence-based decision-making, and effective communications. In this study, the entrepreneur and manager role, from participants' perspectives, is a mixture of transformational and transactional leadership styles that involves implementing continuous and quality improvements and line management of business operations, strategies, staff motivation, managing quality, networks, teams, and supply, and demand issues to succeed beyond set targets.

Another important factor to take note of from the study is the increasing sophistication of the healthcare consumer as healthcare choices and knowledge increase. Participants encountered problems with consumers who presented their Internet-based healthcare choices ahead of their prescribed healthcare plan. According to Culley (2014), the rise of the internet and e-commerce has prompted the creation of virtual organisations and ushered in multiple consumer choices, thereby forcing businesses to evolve and adapt to achieve better ways to compete and collaborate for improved business outcomes. Within these rapidly changing and unpredictable business practice environments, customers and shareholders make increasingly strong demands on businesses for specific products to obtain value for money services. It is therefore important, as Webster (2009) argued, for private healthcare SMEs in Tanzania to focus and orientate the future of their enterprises on

the key strategies of marketing and innovation as the bottom line in creating new customers and sustainable profits.

For Drucker (2005), a focus on every employee's contribution to high-quality customer care is critical to achieving whole of business effectiveness in terms of direct results, building organisational values, and re-affirmation through marketing, building, and developing leaders for tomorrow. To this end, Jensen (2001) proposes an enlightened stakeholder theory in terms of a business's vision, strategy, and tactics as a long-term market value maximisation approach, which both unites participants in the organisation and becomes the scorecard for managers to assess a business's success or failure in achieving a competitive advantage. In other words, healthcare organisations maximise their corporate values by paying particular attention to the needs and interests of stakeholders.

For a private healthcare entrepreneur and manager in an environment of turbulent change and scarce resources, effectiveness entails being sensitive and responsive to the proximate environment, thus making customer orientation and employee engagement the essence of management and a unique distinguishing tenet of business culture. In other words, authentic entrepreneurs and managers utilise principle-centered leadership to understand the real drivers of business success, which is a long-term perspective that centralises meaningful employee engagement on the delivery of customer value at every stage, using clearly defined values and ethical decision-making principles. Meaningful stakeholder engagement reflects integrated value delivery team structures where the focus is on customer value to achieve outstanding performance.

Similarly, by clarifying entrepreneur and manager roles and responsibilities, organisations can create an enabling and engaging environment for study participants whose values are directly linked to customer values. Following this process, on the one hand, private healthcare SMEs present a value proposition that seeks to identify key entrepreneurial performance values, customers, and key customer care qualities. and on the other, the stakeholder management approach creates a profit proposition that also identifies the design and cost-efficient monetary value services customers are prepared to pay for, and the people proposition whose central feature is on aligning and engaging employees to willingly contribute their best efforts to deliver profitable customer value. For example, improving cost-efficient healthcare utilisation, consumer service experiences, collaboration with other providers, patient–flows and patient-physician relationships are important.

One proposition made by study participants was effective government funding support for public consumers and the provision of national health insurance permits to private providers to accept the care of those consumers insured. At issue, is that of healthcare resource rationing amid the constant key issues of cost-containment for certain products such as the high cost of malaria drugs, the views of the dissatisfied consumers, and the healthcare system's ability to implement these measures. It is argued that the process of cost containment in the healthcare sector is achieved by providing effective clinical resource management, increased provider accountability, and cost-effective health service delivery practices (Beer & Nohria, 2000; Clouston, 2012; Law & Boyce, 2003).

According to Lewis (2005) health typifies a strongly contested policy sector with media coverage of the latest health crisis ensuring that health rarely escapes the public's attention as governments, health service delivery organisations, health

insurers, professionals, consumers, and the public stake claims and make demands. The turbulence of health politics and policymaking is sometimes so violent that observers struggle to understand the nature of debate among those who fund, organise, and deliver health care. In other words, health policy that transacts mainly within the political environment is a non-linear chaotic process that is marked by dual contrasting discourses such as a generally agreed public perception of the deteriorating standards in healthcare provision and management and a remarkable increase in life expectancy. Similarly, there have been sustained global policy and fiscal pressures for businesses, including SME healthcare services, to demonstrate unique customer-oriented entrepreneurial performance capabilities in terms of opportunity alertness, marketing, and innovativeness influenced by the recent global COVID-19 health crisis, leading to business closures, travel restrictions, budgetary shortfalls, and constant operational challenges for survival. For several healthcare SME managers and entrepreneurs, this entails effectively managing the constant health policy shifts in view of shifts in social and economic practices to ensure business sustainability and viability.

The next section explores the utility of Shane and Eckhart's (2003) Theory of Opportunity-Based Entrepreneurship to expand on the essence of working as an entrepreneur and manager and its link to entrepreneurial performance as a critical factor to the success of SMEs.

5.3 The utility of Eckhart and Shane's (2003) theory of opportunity-based entrepreneurship

This research drew on OBE (Eckhart & Shane, 2003) to assist in understanding and interpreting the lived experience of entrepreneurs and managers. This section explains the utility of the theoretical framework to this study, and the

synergy between the study aims, methodology, and theoretical framework. At the centre of OBE is the concept that successful entrepreneurs and entrepreneurial managers excel at identifying and taking advantage of possibilities created by social, technological, and cultural changes (Hakala, 2015; Shane, 2000).

Hakala (2015) posits OBE Theory as having strong foundations in six different dimensions of entrepreneurship, which are core principles of entrepreneurial management and firm performance. These are strategic orientation, commitment to opportunity, the commitment of resources, control of resources, management structure, and a compensation and reward system. Shane and Venkataraman (2000) summarised these six dimensions into three broad dimensions: opportunity formation, opportunity decision, and opportunity exploitation. These three key OBE Theory dimensions define the essence of entrepreneurial performance discourse and the characteristics of an effective entrepreneur and entrepreneurial manager. By way of explanation, strategic entrepreneurial orientation is a firm-level strategic orientation that captures an organisation's strategy-making practices, managerial philosophies, and organisational behaviours that are entrepreneurial in nature (Hakala, 2015). At the heart of entrepreneurial orientation are five dimensions: autonomy, competitive aggressiveness, innovativeness, proactiveness, and risk-taking (Eckhart and Shane, 2003). Major findings and conclusions from this study specific to the role of private healthcare SMEs as a vital link between public health institutions and their surrounding communities and as a career steppingstone for SME managers reveal a striking resemblance to the five entrepreneurial orientation dimensions. Therefore, this study builds on OBE Theory to gain insight into the working world of private healthcare SME entrepreneurs and managers and its link to the phenomenon of entrepreneurial performance.

While there are many modernist perspectives exploring the issue of entrepreneurial performance in SMEs as discussed in Chapter Two, Eckhart, and Shane's (2003) theory was selected as the most appropriate for this study because it identifies the organisational role constructs of entrepreneurs and managers instead of individual qualities as key factors influencing entrepreneurial performance as a critical success factor for both participants and their enterprises. As a result, OBE Theory helps to explicate the notion of the entrepreneur and manager's role, which is a multi-faced frontline entrepreneurial management role, as reflected in the different activities described by the study participants. First, OBE project entrepreneurs and entrepreneurial managers as experts in advancing entrepreneurial performance by describing the scope of the role as strategic, broadened in terms of responsibilities, and one that deals with tensions and power dynamics. Second, OBE Theory portrays it as one that demands a set of key entrepreneurial competencies needed to get the job done. Theme 5 describes the key competencies needed as proactiveness, inventiveness, risk-taking, communication, people management, evidence-based decision-making, and continuous quality improvement. OBE (Eckhart and Shane, 2003) Theory has advanced the researcher's understanding of entrepreneurial orientation as an essential competency that is needed by study participants to achieve success, and this study has extended OBE Theory to portray both entrepreneurs and managers' roles as vital links between public health facilities and local communities and to propel SME managers towards full-time entrepreneurs.

5.4 Implications for entrepreneurs' and managers' practice

This section addresses the study's implications for policy and practice in private healthcare service SMEs relevant to the purpose of this study. The major

study conclusions and findings underscore the critical challenges, entrepreneurial opportunities, and entrepreneurial performance surrounding the phenomenon of working as an entrepreneur and manager in a complex practice environment. This demonstrates how the conclusions inform policy and practice changes.

In this study, many participants reported having no clear job descriptions and operating only according to set financial profits and cost-containment targets. It is, therefore, vital for entrepreneurs and managers to achieve clarity in their position descriptions to understand role expectations.

Consistent with the second, third, and fourth study conclusions, the first implication for practice relates to the existing discrepancy between the expectation for entrepreneurs and managers as experts in entrepreneurial orientation and formation, opportunity decision and exploitation, and the reality of the entrepreneur and entrepreneurial manager roles as described by these participants. In this study, participants perceived their role as multidimensional in structure and function, with major tensions and power dynamics and operational and strategic bottlenecks which do not spearhead SME entrepreneurial performance as a critical success factor, specifically to urban Dares Salaam Tanzania and at an international level. This mismatch between practice expectations and the reality of practice was consistently identified by several participants as an ongoing source of conflict for them. Their perception of a lack of adequate entrepreneurial management competencies and the entrepreneurial orientation to identify and translate multiple organisational challenges into opportunities was constantly identified as a work dissatisfaction factor. This is likely to be a product of a lack of understanding of the full scope of the entrepreneur and manager role in terms of the multiple component responsibilities and their link to entrepreneurial performance.

Furthermore, study participants expressed experiencing tensions in their everyday roles in the form of communication obstacles caused by non-complying stakeholders. This study finding is synonymous with global SME research trends that identify the central theme in healthcare SME entrepreneurial performance as being at the cockpit of turbulent change where a myriad of problems exist, ranging from scarcity and rationing of health resources, increasing consumer demand for health services and the burgeoning significance and influence of stakeholders on the delivery and management of health services (Mard et al., 2004; Miles, 2012). As a remedy, Miles (2012) advocates for managers and entrepreneurs to adopt a stakeholder management paradigm to managing customer care as a basis for establishing a customer complaints policy framework needed to improve customer service and for resolving complaints based on careful planning, facts, and objective data. Whereas Mard et al. (2004) centralise quality management as a prominent strategic benchmarking imperative for driving a business's strategic value as measured in form of strength of market position, the effectiveness of new product development, effectiveness of the executive compensation policies, level of customer satisfaction, quality of investor communications, quality of products and services and strength of corporate culture. It is, therefore, imperative for organisations to proactively identify customer needs and expectations and the organisation's role in providing the service or product to fill these needs. Specifically, healthcare service SME entrepreneurs and managers need to establish relationships with clients based on customer values as well as manage and coordinate the key ingredients in a service culture.

A customer-oriented healthcare service SME's effectiveness and survival is premised on its ability to provide high-quality customer services through a process

of careful planning, feedback on service effectiveness, efficiency, and equity, and then use subsequent feedback outcomes to monitor and implement corrective customer service actions. Finally, healthcare service SMEs should be reviewed and reported based on customer service outcomes in accordance with organisational requirements. Shewhart (2008) recommends the PDCA (Plan-Do-Act-Check) cycle as a total stakeholder quality management system that empowers entrepreneurs and managers to take ethical responsibility for planning and implementing decisions to ensure that service improvements are consistently retained.

As Gardner et al. (2005) argue, the stakeholder management approach for healthcare organisations reflects a self-based model of an authentic leader and follower development process that underscores the value and process of development of authentic followership and its relationship with authentic leadership. By way of explanation, the key focus is that through increased stakeholder self-awareness, self-regulation, and positive modelling, effective organisations influence the development of authenticity in both leaders and followers. In turn, followers' authenticity contributes to personal well-being and the attainment of sustainable and measurable organisational performance based on identified realistic business goals.

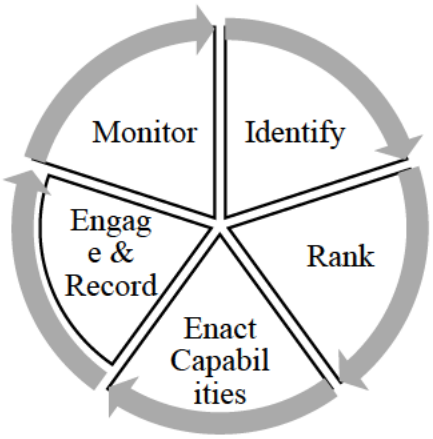
The critical factors to enable employees to unlock stakeholder value and to determine essential stakeholder priorities involve establishing a unique approach for identifying, ranking, and communicating with each stakeholder. In addition, a whole organisation engagement strategy is needed to engage each stakeholder proactively. Then, using metrics or quantitative data obtained from the stakeholder power scorecard to monitor progress, measure each stakeholder's impact, and track each stakeholders' influence and performance against established organisational strategy and performance gaps. Following this process, enact enabling capabilities for each

organisational unit by establishing useful empowerment structures such as strategic access to entrepreneurial opportunities information, strategic resources for entrepreneurs and managers to support their pursuit of existing opportunities, positional authority for timely and profitable opportunity decision-making, and exploitation of opportunities. The empowerment structures are essential factors to support SME employees to achieve record-high customer satisfaction and direct results.

Finally, the collected data is aligned with the organisational strategy and identified future business opportunities through various decentralized clinical governance frameworks that resonate with customer and stakeholder expectations as summarised in the pie-chart in Figure 5.1 below. A major study conclusion on strategies for the future and study finding Sub-theme 5.1: Entrepreneurial performance competencies needed underscored the importance for both entrepreneurs and managers to demonstrate the capacity to identify key stakeholders and prioritise their customer-satisfaction needs to build the honest and loyal customer base needed for business success and survival. Figure 5.1 depicts the quality improvement cycle that study participants completed as part of their everyday working world as shown by Themes 1 to 4.

Figure 5.1

Adapted Identify-Classify-Empower-Execute-Monitor Process Improvement Cycle



Source: Abson (2022) adapted from Shewhart (2008)

By way of explanation, SMEs enact capabilities for committed frontline managers and entrepreneurs to make fast decisions in their local markets in terms of identifying new opportunities, ranking key stakeholders according to the potential return on resources invested by organisations, and then engaging and recording ongoing engagement outcomes to enable continuous performance monitoring. Following this process, managers and entrepreneurs gain effective entrepreneurial leadership capabilities needed to implement key decisions about the bargaining power of suppliers and customers. This enables the evaluation of business attractiveness in terms of long-term profitability based on a careful identification of threats from new entrants, alternative business competitors, and rivalry among similar businesses. To compete in a global economy, SMEs must move towards higher quality, shorter service provision cycle times, smaller batch sizes, greater variety in product mix, and cost reduction (Collier, 2003).

From this discourse, as Brignall and Ballantine (1996) attest, stakeholder management becomes a multidimensional performance measurement system that gives SMEs an outward-looking focus, competitor-centered and customer-focussed approach to service provision at a dual cost-leadership and product differentiation strategic and sustainable competitive advantage. This approach to entrepreneurial performance management re-orientates SMEs from a control focus towards an improvement focussed system, which centralises any performance gap as a resource to manage threats from new entrants and stakeholder influence and exploit new opportunities.

Katz and Shepperd (2003) posited opportunity formation as the source of all entrepreneurship and the main domain of the entrepreneur and manager. Therefore, the following recommendations are made to assist in enhancing the status of those in frontline managerial and entrepreneurial roles in the discipline of entrepreneurship. In this study, it was important for the participants to have strategic information and key entrepreneurial competencies, resources such as access to tax subsidies and funding, support in the form of professional networks, marketing, access to national insurance scheme permits, and established entrepreneurial opportunities to enable them to perform their role effectively. It is suggested that by seeking role clarification in terms of understanding the full scope of their role and its implications for entrepreneurial success, the study participants could seize the opportunity to identify the prevailing opportunities in the market and convert these into new services, products, and innovations.

In this study, the scope of the entrepreneur and manager role was described by the participants as having multiple functional dimensions with responsibilities stretching across administrative, customer care, operational management, strategic

management, clinical practice, budget management, and stakeholder management. According to McDaniel and Driebe (2001), this unusual interdependent relationship is vital for private healthcare SMEs entrepreneurs and managers who practise within complex adaptive environments to improve both consumer and organisational outcomes. In this regard, policymakers need to encourage SME entrepreneurs and managers to embrace practical quick-fix approaches to new health policy implementation and health management practices to meet healthcare demand and reduce costs instead of pursuing desired professional role autonomy when delivering patient care. This process should be achieved by establishing clear workplace instructions and core role competencies as a guide to safe practice.

Third, given the paradigm shift in economic policy and practice in Tanzania where 95% of the economy is made of SMEs and high formal unemployment rates, it is equally vital to understand the purpose and implications this has on business success and the entrepreneur and manager role as a by-product of historical events in Tanzanian health economics that emanate from repetitive health sector structure and practice reforms. On one hand, theory evolution is a slow and methodical process that drives changes in contemporary evidence-based health care practice, thereby making it challenging to keep abreast of evidence-based practice to inform both practice and health policy for health professionals who operate in these volatile environments. These constant changes present the professional educational system with a challenge to teach effective roles and functions to new healthcare SME entrepreneurs and managers as they will be required to lead sound SME entrepreneurial performance functions in adaptable, flexible, and dynamic ways. In this study, participants felt they lacked adequate entrepreneurial and managerial

skills to manage the constant operational and strategic business challenges encountered in their daily operations.

Despite this, the foundational knowledge of healthcare professionals' practice, the key tenets of SMEs' entrepreneurial success, and the essence of clinical excellence, according to Gibb (2005) and Fatoki (2012), are based on person-centred practice and the empowerment of clients to gain independence by managing a chosen career. In this context, it could be anticipated that entrepreneurs and managers would seize the private healthcare sector challenges as an opportunity to transform private healthcare SMEs into thriving primary healthcare that becomes the consumers' choice and an employer of choice for aspiring managers and entrepreneurs.

One way to achieve this objective is for the study participants to embrace the challenges which resonate with professional entrepreneurship beliefs of entrepreneurial opportunity orientation, opportunity formation, opportunity decision and exploitation, through newly acquired entrepreneurial competencies, and re-structuring their practice using research evidence to justify their contributions to other healthcare stakeholders and policymakers on a case-by-case basis. Furthermore, in the context of the economic, political, social, global, and historical factors that impact the high failure rates of private health sector SMEs and their repetitive form, entrepreneurs and managers are urged to familiarise, adapt, and reposition their practice to remain relevant in the health industry.

Based on the third and fourth study conclusions, effective operational and strategic management, risk-taking, proactiveness, financial management, opportunity identification, people skills, and personal management skills are essential for the success of the entrepreneur and manager's role. Participants in this

study viewed defective cash flow management as a significant challenge whose outcome was described as a significant decline in cash with the business being unable to cover wages or repayment obligations to banks for loans or suppliers for purchased goods and services.

On the other hand, participants described their practice as autonomous in terms of key decision-making, strategic planning, and the operational management of their enterprises. Most participants expressed that they were intrinsically motivated, even during several workplace challenges, to always strive to provide the best care possible to achieve positive population health outcomes. The participants regarded their service as a divine calling to serve people. In this respect, participants experimented with several quality and service improvement initiatives to achieve success. In other words, for study participants, entrepreneurship as a calling was not focused merely on becoming financially successful. It also implied being a good person and helping others. This practice provided them with the much-needed work experience to full time entrepreneurship. It was seen as imperative for entrepreneurs and managers to possess skills that are collectively referred as entrepreneurial orientation competencies to continue to provide safe and profitable services. These attributes included effective communication, team leadership, performance management, human, physical and financial resources management, risk-taking, inventiveness, professional expertise, time management, organisational skills, and analytic and conflict resolution skills.

Participants also viewed the bulk of their role as leading development of quality and service improvement practices as part of the process of total quality management. Therefore, acquiring effective entrepreneurial orientation competencies at enterprise-level through targeted organisation-based training is

essential for the successful practice of the entrepreneur and manager in pursuit of sustainable, effective, entrepreneurial performance.

The final study conclusion suggests key strategies identified for the future of the private healthcare SME entrepreneurs' and managers' roles and its connection to the discourse of entrepreneurial performance as a critical factor for success. In this regard and as a practice change recommendation, entrepreneurs and managers need to evaluate their practice from the perspective of the prevailing sustainable entrepreneurship models and management practices that favour resolving social and environmental issues to boost new and loyal satisfied customers.

Teece (2010) stated that a successful and innovative business model must attract new customers or encourage existing customers to consume more. Furthermore, Teece (2010) put forward the essence of a business model as defining how the enterprise delivers value to customers, entices customers to pay for value, and converts those payments to profit. Then, as part of their opportunity formation, decision-making and exploitation responsibility, entrepreneurs and entrepreneurial managers need to practise based on these evaluation findings, contemporary research evidence, and best management practice approaches for sustainable profit-making enterprises by creating core value for money services and products in collaboration with the consumers.

Commenting, Malhotra and Khanna (2009) underscore the value of collaborative innovation for businesses using non-conventional business execution strategies that empower customers with risk-managed consumer choices, equity of access to core business services and cushion firms from depleting profit margins. In this instance, entrepreneurs and managers collaborate with customers using

stakeholder intelligence obtained via service-use feedback mechanisms to plan, re-structure services and plans to evaluate existing services.

Sawhney et al. (2005), expand the discourse of co-value creation from a strategic e-commerce business imperative where businesses collaborate with both customers and their competitors to achieve collaborative innovation on new product development. In this manner, customer and competitor engagement in the entire five-stages: New product development process of ideation, concept development (front end and strong customer engagement stages that utilize web-based focus groups, suggestion boxes, advisory panels, virtual communities, Web-based idea markets, surveys, and questionnaires), product design, product testing and product introduction (deep backend stages of product testing) (Ulrich & Eppinger, 2003) transacts in closely-knit virtual communities. This approach to stakeholder engagement permits businesses to access new customer-base frontiers and to gain knowledge about their competitors in a flexible, interactive, low-cost, broader, richer, and timely scale that creates and sustains a competitive advantage (Ianstiti & Levian, 2004).

By following this process, private healthcare SMEs create ongoing customer dialogue, foster strong personalised customer relationships, absorb social customer knowledge and knowledge of potential lead users or competitors' customers, as well as access to unbiased customer knowledge and useful insights into opportunities that lie beyond the business's immediate field of view. This approach has the potential to increase the creation of new SMEs. To that end, Samson & Gloet (2013) posit proven business innovativeness as a key profit driver for successful organisations and innovation-driven economies in terms of higher revenue growth, higher levels

of cash-flows, cost advantages, long-term competitive advantage, profitability, and productivity.

Anderson and McDaniel (2000) attributed the new client-centred approach of healthcare sector resource allocation as a major shift from the previous provider-friendly one which involved the disbursement of resources based on providers' needs rather than patients' needs. The provider-driven approach contrasted with client-centred care principles. To that end, as Baum (2000) and Finlay (2003) allude, study participants should seize the opportunity provided by the imminent changes in healthcare SME business models and systems to carefully evaluate and position their practice to ensure that it continues to be sensitive and symbiotic to both market forces and patients' needs.

In this study, a significant number of participants demonstrated effective self-awareness when they interacted with customers to ensure that their clients received essential services at every encounter. Avolio and Gardner (2005) and Matuska (2010) posit self-awareness as a key feature that defines the essence of leadership authenticity for SME entrepreneurs and managers. Moreover, these authors view self-awareness as a relational concept that has two aspects. The first seeks to understand how individuals manage their emotions and the second is one's level of empathy and ability to productively manage relationships with others. Similarly, self-awareness is central to establishing an authentic leadership and follower style needed to get the job done. Ancona et al. (2007) underscore authentic leadership characteristics of sense-making and the ability to build honest relationships as enabling capabilities to create an action-oriented vision of a business needed to cultivate inventiveness.

Intuitively, Llopis (2014) identified transparent communication, the ability to break down silos and enable boundary-less organisations, honest workplace connections, and a strong change management foundation strategy as the four most effective ways leaders solve problems. To succeed in this role, it is vital for SME entrepreneurs and managers to understand and interact successfully with others. Simply put, to open up to new ideas from others requires the ability to build, mend and sustain relationships with others based on one's own self-evaluation of self-awareness. Inspirational leadership is vital to drive constant healthcare industry policy and structural reforms at the institutional level. It entails the ability to influence others, transparent communication, a change management catalyst, management of conflicts, and establishing sustainable teams. Importantly, Hunsaker and Hunsaker (2009) link these qualities directly to organisational performance.

5.5 Implications for policymakers

In this study, entrepreneurs and managers were expected to be experts in dealing with the surprise of each day's work by constantly monitoring responsibilities associated with all domains of the role; identifying and exploiting opportunities in the marketplace to achieve business success. Whilst role uncertainty can prompt innovativeness in practice (Postrel, 2000), conclusions drawn from this research and prior research evidence have associated lack of role clarity with increased workplace tensions and unmet workload demands (Atwal 2002; Moore et al., 2006).

According to Woods and Joyce (2003), amongst start-up businesses, a frequent cause of business failure is a lack of adequate and appropriate market research. Market research is required to help businesses identify their customers and inform them of the size of the potential customer base, to determine what price

customers might be prepared to pay and to suggest how demand for the product or service will change according to the price charged.

Research will also inform them about their competitors and their likely reaction to a new entrant to the marketplace. In a new business, this information is vital to enable the company to calculate whether it will make sufficient gross margins to cover its overheads and finance costs and make an adequate profit. More established businesses will have addressed some of these issues. However, they need to be constantly aware of how their marketplace is changing, what their competitors are doing and planning, who can be the potential new entrants to the marketplace, and how they will affect their trade (Jennings & Beaver, 2005).

Previous research findings from an investigation of determinants of SME growth in Ghana by Yeboah (2015) underscore that the educational qualification of the entrepreneur and the size of the enterprise have the most significant influence on SME growth. As a policy recommendation, it is vital for SME policymakers and regulators to set up essential competencies as a standard requirement for entrepreneurs and managers of SMEs. It is hoped that such a policy will encourage both entrepreneurs and managers to be formally or informally educated on key entrepreneurial performance competencies needed to reduce SME failure rates and to advance their business growth.

The fifth study conclusion identified strategies for the future role of private healthcare SMEs and specifically for entrepreneurs and managers to remain established as a vital link between local communities and public health services. To this end, at the policy level, entrepreneurs must not be driven solely by financial motives and must also avoid the inertia that comes with operating a business

enterprise for a very long time. In this study, most SME managers held very poor professional qualifications and none of the participants had prior entrepreneurship or management training. However, Gibb (2005) strategically positioned entrepreneurs and managers as key drivers for business success. To achieve this, entrepreneurs must involve very competent people and other key stakeholders to advance the growth of their enterprises. It is, therefore, imperative for policymakers to focus beyond structural SME reforms and instead invest in funding research that is concerned with designing and implementing user-friendly workplaces, using practice guidelines and professional development training programs for use by entrepreneurs and managers to leverage the exiting gap in entrepreneurial performance competencies. This process ensures that SMEs are operated by competent personnel who can identify and exploit opportunities that are latent in the market.

Elaborating on the process of establishing workplace guidelines, Beer and Nohria (2000) argue that they should reflect shifts in key user-friendly SMEs' resources and support allocations to entrepreneurs and managers to ensure that they have adequate skills, supports, and power needed to achieve sustainable business success.

When considering the role of entrepreneurs and managers as drivers of entrepreneurial performance for healthcare SMEs, it is suggested that policymakers better support the role by re-aligning corresponding structural and policy empowerment factors in the form of ensuring adequate access to structural lines of organisational resources, and responsibilities for effective identification and exploitation of latent market opportunities as discussed in Chapter Four. In this study, most participants worked without any formal written job description. To this

end, perhaps a consultative and restructured entrepreneur and manager role with clear practice boundaries and embedded with adequate empowerment measures will help organisations to realise constant success.

However, based on repetitive high SME failure rates in Tanzania (Mgeni, 2013) and current study findings and conclusions, together with recommendations for the practice of entrepreneurs and managers and policy issues, it is vital for future research directions to take into consideration the existing gaps in policy and the practice of the private healthcare SME's entrepreneur and manager role.

5.6 Implications for entrepreneurial performance theory

There is a plethora of research evidence on the high failure rate of SMEs in Tanzania and globally (Ahmad & Seet, 2009; Phaladi & Thwala, 2008; Valdiserri & Wilson, 2010). The important role of SMEs suggests that an understanding of why firms fail and succeed is valuable to the stability and health of the economy (Garter et al. 1999).

Globally, SME entrepreneurial performance is of immense interest to economic public policymakers due to its impact on economic development. Gaining insight into factors influencing the success of new ventures and other entrepreneurs has implications on prospective entrepreneurs, their advisors, and their investors. To this end, Aldrich, and Martinez (2001) put forward the importance of research that stresses how successful entrepreneurs differ from others and how they manage to create and sustain successful organisations despite severe obstacles.

Within the entrepreneurial performance discourse as informed by OBE Theory (Eckhart & Shane, 2003), the central theme is on private healthcare SME entrepreneurs and managers as autonomous experts in driving the code of essential

healthcare SMEs reforms to optimise their entrepreneurial performances. Previous research findings by Gibb (2005) identified successful entrepreneurs and entrepreneurial managers as experts who are well versed in the opportunity orientation at the enterprise level with proven competencies in opportunity formation, opportunity decision-making, and opportunity exploitation. In this study, participants revealed their intrinsic drive to exceed standard service delivery and obtain satisfied customers as a measure of their success. Findings and conclusions from this study also show that participants lacked key entrepreneurial competencies mainly in areas of operational and strategic management. What is, therefore, needed for the future of entrepreneurs and private healthcare SMEs is an OBE (Eckhart & Shane, 2003) theorised hybrid entrepreneurial performance model that identifies dimensions for both the success and failure of SMEs. This thesis fills this need by development of the model represented in Figure 5.2 that explains the perspectives of study participants and their interpretation of entrepreneurial performance as in terms of how they viewed success and failure at practice and policy making levels.

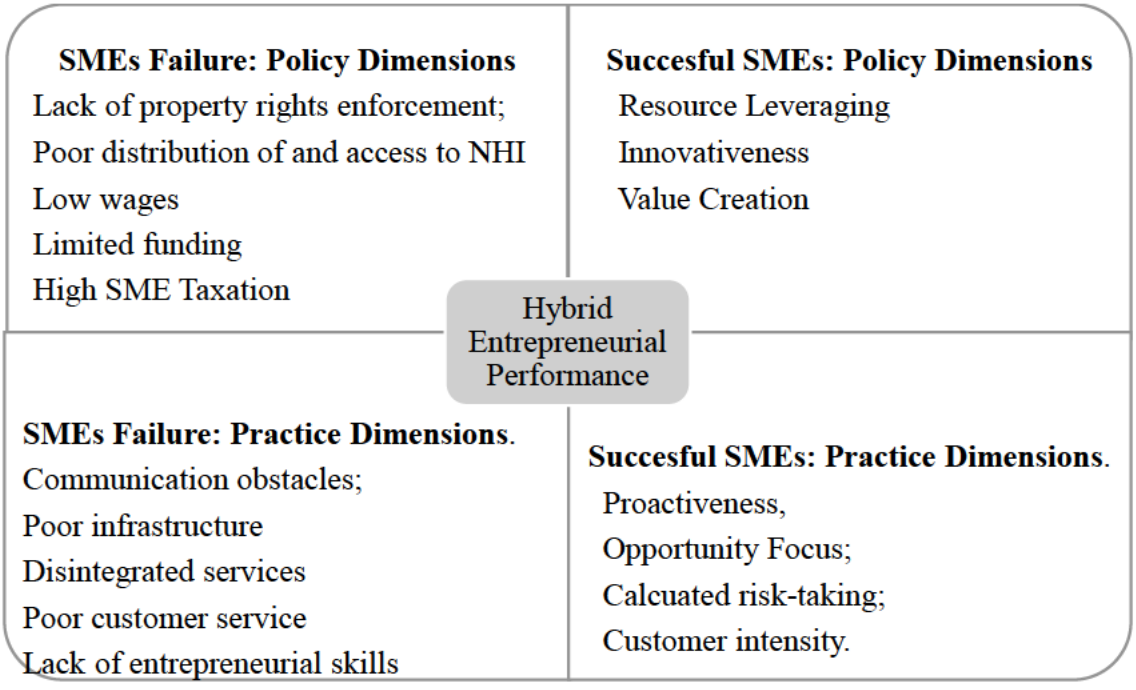
According to Hisrich & Ramadani (2017) successful SMEs embrace a new paradigm of entrepreneurial marketing anchored in key dimensions: proactiveness, opportunity focus, calculated risk-taking, innovativeness, customer intensity, resource-leveraging, and value creation. Synonymous with entrepreneurial marketing are low-cost and innovative marketing strategies for SMEs such as guerrilla marketing, ambush marketing, buzz marketing, and viral marketing that entrepreneurs and managers can employ to replace traditional management principles (Hamali, 2015).

Equally important for the hybrid entrepreneurial performance model are dimensions of SME failures to inform entrepreneurs, policy advisors, and investors

of why and how there is a high SME failure rate in Tanzania and globally. Previous research and current study findings reveal that healthcare SMEs struggle to survive in Tanzania (Madatta, 2011; Mgeni, 2015) because of a lack of funding of SME programs, lack of strategic management skills, low incomes, communication obstacles, lack of entrepreneurial competencies and lack professional networks. It is hoped that such a model will clearly articulate what is needed to avoid failure or stimulate success both at the policy and practice level as informed by OBE Theory. Figure 5.2 below proposes this hybrid model of entrepreneurial performance.

Figure 5. 2

Proposed Hybrid Entrepreneurial Performance (EP) Model



Source: Abson (2022)

Figure 5.2 above is a proposed hybrid entrepreneurial performance model that integrates key SME dimensional factors that influence both SME failure and SME success. Central to the model is a proposition that critical success and failure

factors for entrepreneurs and managers to influence entrepreneurial performance exist at individual and non-individual levels, as shown above. Equally important to note is that the failure or success of SMEs impact at two main levels, namely policy and practice levels. This entrepreneurial performance quadrant model seeks to highlight what success or failure looks like at policy and practice levels for entrepreneurs and managers based on the current study findings and previous research findings (Busenitz & Barney, 2016; Kurfi & Kurya, 2007; Orser & Riding, 2002).

On the left are two quadrants for factors that influence SME policy and practice failures. On the right are two quadrants for dimensional factors that influence SME policy and practice successes. The model is drawn from previous and current research findings and conclusions that revealed entrepreneurs and managers as experts in opportunity orientation and can draw important lessons from SME failures and successes for use in establishing their own unique service delivery and planning models. At issue in the hybrid entrepreneurial performance model is the ability or lack thereof that enables entrepreneurs and managers to prioritise and effectively exploit available entrepreneurial opportunities, resources, knowledge management, and strategic lines of communication into new businesses and products.

Across the globe, the subject of priority setting in healthcare funding, as the main foundation for achieving global strategic healthcare regulation benchmarks, moves the discussion beyond institutional structural parameters because of the complexity of the healthcare industry both as a commercial and public consumer good, the high risk to life issues, multiple active stakeholders, and the need to curtail rising health care budget expenditure costs. To date, Henisz and Swaminathan

(2008) considered that healthcare resource allocation priority setting initiatives to collect stakeholder voice intelligence for SMEs have taken place in expenditure vacuums or economically restrictive budget systems, which present a unique challenge for managers attempting to identify sources of additional resources.

First, Henisz and Swaminathan (2008) interrogated the influence of the developed world's institutions such as healthcare firms on international business by drawing key insights from comparative health politics, entrepreneurship, industrial organisation, marketing, political economy, sociology, strategic management, and even international business. This viewpoint is particularly relevant given the high fluidity of healthcare professionals as key economic, social, political, and historical 'movers and shakers' across many economies.

Second, the long-term planning process of individual healthcare SMEs must closely examine how institutional level performance strategy shapes the path of identifying better health care benchmarks, financial goals, growth values, and population health outcomes. In doing so, healthcare organisations' accreditation benchmarks have become central drivers of institutional health policy change for several SMEs at both individual and national levels.

In this study, several participants were dissatisfied by the process, frequency, and complexity of the regulatory processes imposed on their SMEs by government agencies. Participants also struggled with priority setting for economically restricted healthcare resources in pursuit of entrepreneurial opportunities.

For example, Orr and Scott (2008), used an Institutional Theory in Sociology Perspective to inform an inductive analysis of the drivers of unforeseen costs in 23 large global projects. The researchers examined the process by which managers

come to terms with project-level variation in priority setting of resources at the institutional context and generate a response to that variation in terms of generated business practices or norms that reduce conflict and promote stakeholder conformances in health policy formulation. The study findings stress that the institutional environment in a country, in this case, the regulatory environment such as the Treasury, affects the distribution of entrepreneurial activity across the formal and informal sectors of an economy. Simply put, what should priority setting in a private healthcare SME funding demonstrate: equity, transparency, consistency, or professional or lay values?

On the other hand, Burns (2014) adopted a systems perspective of transitioning healthcare SME priority setting such as Tanzania's health care system, where there is little health insurance or other forms of risk pooling, little regulation and accountability of providers, questionable efficiency, and a predominance of fee-for-service payment by analysing some invariant principles across cultural contexts of healthcare systems based on the logic of an Iron Equilateral Triangle. Burns (2014) posited the iron triangle as a balancing act among intermediate outcomes involving some inevitable cultural trade-offs in pursuing goals or vertices in the triangle such as efficiency or cost containment, high-quality care, and patient access.

In this study, participants were dissatisfied with the high costs for certain essential medicines such as malaria drugs because most of their customers were unable to purchase them. According to McEachern (2014), SME profit-maximising behaviour is a shared key feature of productive and allocative efficiency in a perfect competitive market-sensitive economy. In other words, the allocation of resources is efficient when each commodity's price equals its marginal cost and is achieved when it is impossible to change the allocation of resources in such a way as to make

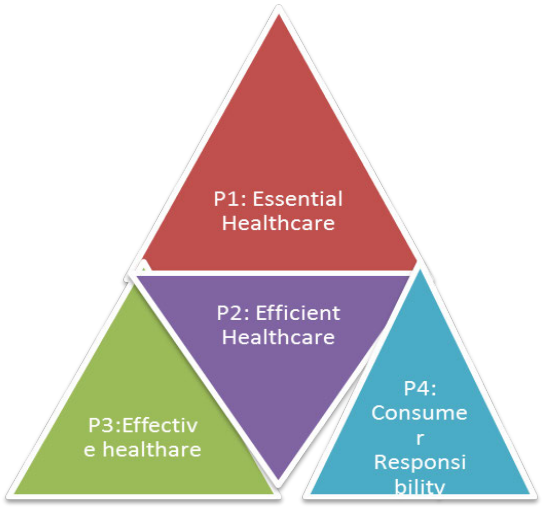
someone better off without making someone else worse off. In other words, allocative efficiency is premised on producing consumer-oriented valuable products which meet customers' expectations (McEachern, 2014). The profit maximising behaviour process entails businesses embarking on making the right stuff by producing more of the same goods and less of others in a manner that satisfies stakeholders' expectations and needs. On the other hand, McEachern (2014) attributed productive efficiency to situations when businesses produce at the least possible cost and is achieved in either a competitive or monopoly market.

Therefore, I propose that, by measuring and aligning the three key strategic business value anchors, strategy in the form of a permitted healthcare contract, customer care, and system capacity reviews; healthcare SMEs achieve a maximum financial priority setting value which is portrayed as essential care, allocated as Priority One (P1). Then for SME entrepreneurs and managers, by reducing labour costs, streamlining the workflow for re-engineered business processes and common administrative systems, improving data centre operations through consolidation, open innovation, and downsizing, an efficient healthcare environment, denoted as Priority Two (P2), can be established. And, effective healthcare SMEs, assigned Priority Three (P3) is achieved through cooperative business and information technology planning, implementing cost-effective health care processes in the form of new technology, outsourcing some assignments and functions, and redesigning the development and support processes. Finally, by restructuring and reorganizing the information technology functions as the basis for minimising consumer responsibility in meeting healthcare costs, SME managers and entrepreneurs can establish the least expensive healthcare service shown as Priority Four (P4).

Figure 5.3

The Healthcare Resource Priority Setting Triangle

SME Growth Strategy



Consumer Voice Systems Capacity

Source: Abson (2022)

The Healthcare Resource Priority Setting Triangle has been developed through this study as the basis for allocating scarce private healthcare resources by entrepreneurs as policymakers or SME managers. Figuratively, Figure 5.3 is an equilateral triangle that has sixty degrees at each of the three angles, whereby policy initiatives that expand one side to contract to less than sixty degrees force one or two angles to contract beyond sixty degrees. This healthcare resource tool provides a balanced framework for allocating scarce healthcare resources to entrepreneurs and managers when establishing essential, efficient, effective, and low-cost health services. To strive to achieve this balance in any given practice context, private

healthcare SME managers and entrepreneurs need to be adept at negotiation, collaboration, stakeholder empowerment, and entrepreneurial orientation.

Figure 5.3 is, therefore, a hierarchical conceptualisation of a healthcare resource priority-setting tool that measures and aligns key business strategy in the form of clear choices such as low pricing, integration, or sub-contracting approaches on one hand; and on the other, considers stakeholders' perspectives in the form of actionable consumer intelligence which is strategic feedback information used when planning and designing models of private healthcare SMEs. This tool, then, benchmarks SME capabilities in terms of skills, resources, funding, infrastructure, policy, and reviews internal and external work processes in proximity to key business competitors to achieve competitive advantage in both cost leadership and product differentiation. This competitive advantage is reflected in the form of business growth, profitability, and client outcomes.

Figure 5.3, as a unique health care resource allocation tool, acknowledges the importance of partnerships, participation of key stakeholders and evidence-based decision making, and sound resource allocation and utilisation to move the SME performance agenda away from operational and strategic bottlenecks identified by participants in this study when setting up relevant services. In doing so, Figure 5.3 offers a strategic perspective for setting customer-focussed health resource priorities for use by business entities to reprioritise health resources and services, collect actionable customer voice intelligence, identify internal weaknesses, and improve upon them as the basis of achieving both allocative and productive resource efficiency. It is, therefore, essential for SME managers and entrepreneurs to determine the right thrust and mix of the three angles to achieve the right balance in resource allocation. This thesis fills this need by development of the model

represented in Figure 5.3 that discusses a unique approach for use by both entrepreneurs and entrepreneurial managers to allocate scant SME healthcare resources needed to improve the equity of access by consumers to their services and SME operational efficiencies. As a result of this, it is envisaged that gains from SME operational efficiencies will assist each SME to achieve business growth, increased profitability and better client health outcomes.

It is, therefore, hoped that the hybrid entrepreneurial performance model when used in conjunction with the healthcare resource prioritising tool will further explicate interpretations and understandings as to how and why some entrepreneurs and managers succeed and others fail in driving the entrepreneurial performance phenomenon.

5.7 Implications for theory and methodology

Underpinning the OBE discourse is an emphasis on the use of flexible methodologies that are best positioned to explore and explain the entrepreneurship question by considering the parts and the whole (Eckhart & Shane, 2003). In other words, as argued by Garza (2007), the ontological orientation of the methodology takes into consideration the parts of the phenomenon that offer insight into the whole lived experience. Murphy and Marvel (2007) put forward OBE as a middle-range theory that is complementary to existing research and theory, especially about other aspects of the entrepreneurial process such as entrepreneurial performance. As such, OBE should not be utilized single-handedly, but in concert with other theories.

Similarly, in this study, I sought to understand the phenomenon of entrepreneurial performance through the lived experiences of a purposively sampled group of 25 private healthcare SME entrepreneurs and managers in Dares Salaam,

Tanzania. Hermeneutic phenomenology (Gadamer, 1975; Heidegger, 1962) provided the philosophical foundation for the application of van Manen's (2001) hermeneutic phenomenology as a practical guide to the research, with IPA (Smith, 2004) used to guide analysis and interpretation of the data. With its roots in hermeneutic phenomenology, IPA is a deep form of thematic analysis, which is a three-stage interpretation process to make sense of the participants' lived experiences based on their interpersonal and intrapersonal perspectives.

Overall, Heidegger (1962) believed that people are situated in the world and that all understanding of the world occurs through human experiences. Based on this viewpoint, Cohen (2000) and Mohamed (2018) advised Heideggerian researchers to undertake an in-depth exploration in the search for clues about hidden meanings pertaining to everyday experiences.

Contrary to Husserl's ideas, Heidegger (1962; 1982) was interested in moving the debate from description to interpretation with an emphasis on deriving meaning from being. The outcome of a hermeneutic inquiry entails understanding and meaning through interpretation. Furthermore, Heidegger rejects the mind-body duality of human existence underpinning Cartesian thought. Johnson (2000) and Rice and Ezzy (1999) explain that Heidegger, instead, advocates for Dasein, a German concept meaning human existence with the entity to ask what it means to be, their being, or being in the world. Dasein is the concept upon which Heidegger built up the entirety of his thinking. Commenting in his book, Time and Being, on the concept of Dasein, Heidegger (1962:27) stated:

> Thus, to work out the question of Being adequately, we must make an entity the inquirer-transparent in his own Being. The very asking of this entity's

> mode of Being; and as such gets its essential character from what is inquired about namely, Being. This entity which each one of us is himself and which includes enquiring and the possibilities of its Being, we shall denote by the term Dasein (Heidegger, 1962, p.27).

In other words, Dasein is the inherent thing that allows humans to wonder about their own existence and to question the meaning of their being in the world. In this study, I utilised semi-structured interviews as the main data collection tool to investigate the 25 SME managers and entrepreneurs about the lived experiences of their role and how that influenced the phenomenon of entrepreneurial performance as a critical factor for business success. Findings were drawn as themes derived from transcribed interviews into written databases that allowed me to draw major study conclusions. I then discussed these study conclusions in view of the literature reviewed in Chapter Two. This practice allowed me to identify key factors that have implications on policy, practice, the OBE theoretical framework and hermeneutic phenomenology as the empirical study methodology that I employed.

As McConnell-Henry et al. (2009) suggest, Heidegger vehemently rejects bracketing, and advocates for prior understanding or fore-structure and time context augmented interpretation. Heidegger asked questions that he thought would ultimately result in uncovering the meaning of being. Pringle et al. (2011) and Kelle (2008) underscore the importance of the researchers' prior knowledge and fore structure as the only true way to conduct a hermeneutic inquiry, to ensure that the relevant questions are asked. From this viewpoint, I selected Heidegger's (1962) ontology, which is concerned with the desire to uncover and unravel the meaning of Being. For Heidegger, knowing only came through interpretation and understanding.

As a result, Heidegger (1962) stressed that it is not possible to live devoid of interpretation and that there is a multiplicity of truth.

Time (temporality) and space (spatiality) are pivotal in Heidegger's thinking. According to McManus-Holroyd (2007), Heidegger believed that humans are at all times immersed in their world, and that context impacts heavily on both existence and experience. Time refers to the contextual nature of experience in that past experiences influence both present and future dealings. Heidegger (1962) argues that temporality is central to the concept of Being in that neither knowledge nor experience is gained statically. Likewise, participants in this study interpreted their lived experiences in the role and the notion of entrepreneurial performance based on their work experiences.

I also interpreted their interpretations of their lived world based partly on my prior suppositions and made these accessible to the reader as a research thesis. Nevertheless, whilst I had previous entrepreneurial experiences in the same sector, the study findings provided new understandings particularly relating to the importance of meeting in person rather than through electronic communication to complete any form of business engagement in Tanzania.

Van der Zalm and Bergum (2000) describe the hermeneutic circle as the back-and-forth movement of questioning and then re-examining the text that results in an ever-expanding circle of ideas. The hermeneutic circle relies on the circular movement from the whole to the parts, incorporating the contributions of all by deconstructing and then re-constructing, resulting in a shared understanding. Kincheloe and McLaren (2003) link the hermeneutic circle with symbolic interactionism. For Kincheloe and McLaren the hermeneutic circle is a metaphor for

the dialectic movement between parts and the whole that is reflexive and ongoing, in which people come to develop an understanding of a phenomenon. By utilising the hermeneutic circle, I attempted to 'read between the lines' and uncover the true essence of the experience (Heidegger, 1962). In doing so, I, therefore, became a legitimate part of the research process. I was already immersed in the research process. I was being in the world of the participant and the research question. This viewpoint is supported by Clouston (2012) and Dowling (2004) who assert that the researcher is as much a part of the research as the participants and that the researcher's ability to interpret the data is reliant on previous knowledge and understanding. Furthermore, Dowling (2004, p. 32) argues that there is no interpretative research that is free of judgment or influence of the researcher without presuppositions.

5.8 Limitations of the study

In any research, there are limitations and parameters with restrictions often outside the control of the researcher, and in that respect, this study is no different. Hermeneutic phenomenology, as an interpretive approach, endeavours to make the meanings that circulate in the world of lived experience accessible to the reader.

There are several qualitative data analysis approaches in use within interpretive inquiries. A narrative analysis approach, for example, focuses on the structure and meaning of the participants' language (Biggerstaff & Thompson, 2008), and thematic analysis (van Manen, 2001) on standard inductive analysis that lacks depth. These methods could have reduced the quality and depth of analysis needed to produce rich data.

In this study, the key quality in the data I was searching for was concreteness. According to Wertz (2005), concreteness is achieved when researchers utilise details of the person's lived situation rather than their abstract interpretations to explore the individual's lived experience. There was potential for this study to experience credibility concerns, as Patton (2002) alludes, because semi-structured interviews were utilised as the main data source. To counter this limitation, I employed multiple data collection tools such as reflective journals, drafted interview transcripts and field notes. I also employed member checking, sending back draft interview transcripts to study participants to check that they reflected what took place during the interview. This process allowed for any changes to be implemented and improved the trustworthiness of the study findings. I also used reflective approaches to interrogate my own subjectiveness about the research process. This opened the research process to scrutiny by peers and academic research supervisors throughout the study.

There were also potential limitations relating to power relationships that existed during interviews. Reflecting on power relationships between the researcher and interviewee, Kvale (2006) considered interviews to be hierarchical, thus leading to asymmetrical power distribution. Clarke (2006) and Nunkoosing (2005) saw the use of interviews as challenging and almost impossible in terms of distinguishing truth from authenticity and gaining non-coercive consent because of the existing asymmetrical power relationships. In this study, I avoided this power imbalance by employing member-checking and paying attention to the preparation stage of data collection. As part of the preparation phase, I invited participants to select their preferred interview settings and to nominate preferred interview schedule times that provided adequate confidentiality, privacy, and meaningful participation during

interviews. I also familiarised myself with the audio recording device and interviewing techniques using repetitive practice sessions involving the audio device and employed a pilot study. This pilot testing of research interview questions formed part of the preparation stage. Furthermore, I paid attention to the context by always employing an informal dress code which created an informal atmosphere.

The interpretive phenomenological analysis assumes that interpretations are always grounded and local to the population being studied (Giocomini, 2001; Hammarsley & Mairs, 2004; Higginbottom, 2004; Mays & Pope, 2000; van Manen, 2001). In this study, I recruited a population of private healthcare SME entrepreneurs and managers whom I viewed as information-rich informants. My inclusion criterion for participation in this study was being an experienced and practising private healthcare SME entrepreneur and/or manager with strategic and operational responsibilities which enabled participants to 'tell it as it is'. These conclusions were contextual and cannot be broadly generalised.

Last, a major limitation of this study is the limited sample size. For the pragmatic reasons of the length of candidature, Covid-19 induced international travel restrictions delays in data collection, and a lack of funding to support this study, this research was limited to a specific group of participants whom I was able to access and who met the inclusion criteria. The study was limited to a sample of participants chosen purposively from those practising within urban Dares Salaam district's private healthcare SMEs. As discussed earlier, this sample size was appropriate for a qualitative study of this nature where the aim is to gain insights rather than draw general conclusions.

5.9 Future research directions

This study has explored the lived experiences of private healthcare SME entrepreneurs and managers in urban Dares Salaam. The following questions arise from the study for further exploration:

i) Would recruiting targeted study participants in possession of documented opportunity orientation competencies have any impact on the outcome of the study?

Findings and conclusions from this study recommended specific critical success factors that can be classified as individual and non-individual skills. To improve our understanding of why and how some entrepreneurs succeed more than others, this study proposed a hybrid performance model which identifies what SME failure and success look like. While exploring why and how other entrepreneurs and managers fail while others succeed was outside the scope of this study, the current study findings can be compared with the findings of a similar study to explore the phenomenon of entrepreneurial performance or failure for those working as an SME entrepreneur and manager at an international level.

ii) What composition of entrepreneurial leadership development and management program curriculum would prepare entrepreneurs and managers for the role?

In this study, the participants struggled to manage the operational and strategic challenges that emerged in their workplaces. A review of study participants' demographics reveals that most participants had basic tertiary qualifications, and none received formal entrepreneurship training. However, previous research findings (Inyang, 2002; Pasanen, 2003) and those of the current

study identified key entrepreneurial leadership competencies that are essential for one to achieve effective entrepreneurial performance (see Chapter Four). They suggested further training in health sector entrepreneurial leadership and management as a strategy to enable them to adequately discharge their roles and responsibilities as healthcare SME entrepreneurs and managers. However, it is unclear from study findings and conclusions what components of entrepreneurial leadership and management skills training need to be provided. Therefore, further research could focus on specific entrepreneurship leadership and management and educational curriculum development to provide insight into the learning needs of these participants specific to their work contexts.

iii) What models of practice guide private healthcare SME entrepreneurs and managers?

Another area of potential further study is the entrepreneurial and managerial reasoning process of SME managers and entrepreneurs in the urban Dares Salaam district of Tanzania to establish how they make their decisions when managing their SMEs. In this study, participants struggled to address the various operational and strategic challenges they encountered in the role, which participants perceived as precluding the utilisation of the traditional professional practice models that are more humanistic in nature. Several participants expressed being personally challenged and frustrated by constant operational management challenges, high consumer expectations versus dwindling resources, lack of relevant competencies, multifaceted role, and high role expectations in an environment marked by poor funding.

According to Beer and Nohria (2000), Braithwaite (2005), Briggs (2009) and Nkonoki (2010), for health management and entrepreneur roles, leading change, risk-taking, managing for quality and stakeholder management have become an important managerial responsibility because of the constantly high failure rate of SMEs and increasing inter-SME market competition. To this end, healthcare managers and entrepreneurs have attempted to implement several changes to their management with limited success (Axelrod, 2000; Bishop, 2000; Mercer, 2000; Pascale, Millemann & Gioja, 2000). Furthermore, financial targets and incentives are often used as key drivers for change, to align the interests of management with those of SME shareholders.

The use of high SME employee participation as a bottom-up approach to creating a sustainable competitive advantage to safeguard shareholders' long-term interests is another avenue for future research. Change percolates from the bottom up and is highly sustainable because of high employee involvement in solution design. Ideally, as Bass (2003) argues, it is desirable for entrepreneurs and policymakers to possess backstage team leadership skills to effectively lead new delivery models and new products such as an ability to create urgency, build support, and alleviate anxiety through team motivation, empowerment, and communication. It is on this basis that further investigation is required to evaluate participants' self-perception regarding opportunity orientation, formation, decision, and exploitation to ensure that appropriate support systems are implemented.

iv) What value is there for focussing SMEs on entrepreneurial performance ahead of many other critical success factors to achieve better consumer and business outcomes pertaining to the delivery of private healthcare services?

There is a plethora of research evidence from previous studies on the success factors of SMEs at a global level (Chawla et al, 2010; Chong, 2012; Ng and Kee, 2012; Nikolic et. al., 2015). As an example, Nikolic et al. (2015) classified all factors that attribute to SMEs success into two groups: individual factors and non-individual factors. Individual factors cover entrepreneur characteristics such as owner and manager skills, personal characteristics, gender, and motivation. Non-individual factors refer to internal factors (marketing, ability to compete, technology, and innovation) and external factors (limited finance, market conditions, and intensive competition). Inter-disciplinary scholars agree on the importance of SME success in employment, wealth creation, poverty alleviation, social and economic development (Abdullabi, et. al, 2015; Autio, 2005; Omri et. al, 2015). Factors that determine SME success have attracted the attention of and continue to focus debate by these scholars, practitioners, and policymakers. As Omri et.al (2019) argue, and vital for this study, current and future research areas should focus on the key components of each of the critical success factors to extrapolate on the phenomenon of business success. This study investigated entrepreneurial performance as a critical success factor for SMEs and drew several conclusions as discussed in this chapter (Chapter Five). As a future research aspect, it is important to explore the value of entrepreneurial performance ahead of many other critical success factors to achieve better consumer and business outcomes pertaining to the delivery of private healthcare services.

5.10 How the purpose of the study was met

Overall, the study investigated the phenomenon of entrepreneurial performance through the lived experiences of a purposively sampled group of 25 private healthcare SME entrepreneurs and managers in Dares Salaam, Tanzania. The study also sought to make information on factors that may impact SMEs'

entrepreneurial performance and the study population's recruitment, retention, and professional development available to other entrepreneurs, managers, and policymakers.

This study has presented a detailed analysis of the phenomenon of working as an entrepreneur and manager and its link to factors impacting entrepreneurial performance in terms of the multiple role functions as discussed in Chapters Three and Four based on participants' perspectives and the researcher's journal of events.

Eckhart and Shane's (2003) OBE Theory was used as the theoretical framework, while van Manen's (2001) hermeneutic phenomenology and Smith's (2004) IPA were chosen as the most appropriate methodology to achieve the study aims. This chapter has discussed suggestions for policy and practice changes for private healthcare SME entrepreneurs and managers by extrapolating on the scope of the role, identifying opportunities, challenges, and strategies to assist the participants to better cope in the role and achieve sustainable business success. The findings revealed that there are multiple factors influencing the scope of the entrepreneur and managers' role, implications for the phenomenon of entrepreneurial performance, implications for policy and practice, implications for the research methodology, and strategies for the successful future of the role.

The conclusions show that the private healthcare SME entrepreneur and manager role is a complex and unique frontline entrepreneurial leadership and management role that operates autonomously within a complex adaptive system. Study participants faced several challenges such as a lack of entrepreneurial and managerial skills, being risk-averse, dissatisfaction with low pay and poor business incomes, high government taxation, poor infrastructure, and the impact of constant

policy shifts on their practice. However, there were also some positive outcomes such as being accepted by the consumer of their services, career advancement opportunities into a full-time entrepreneurial role and business ownership, and autonomous practice.

It is expected that the outcome of this study, while not generalizable, will inform policy and practice by resonating with private healthcare SME entrepreneurs and managers in similar positions and identifying issues relating to entrepreneurial performance, the future of participants' recruitment retention, and professional development needs.

5.11 Conclusion

This chapter has presented five study conclusions and discussed them in the context of the literature reviewed in Chapter Two and the selected theoretical framework. Suggested changes for policymaking and practice of private healthcare entrepreneurs and managers were also discussed. These study conclusions see the notion of entrepreneurial performance as vital to the success of private healthcare SMEs but also multidimensional in its interpretation, articulation, and sustainability.

The role of entrepreneur and manager was also examined based on participants' lived experiences and revealed as autonomous in practice and facing multiple operational and strategic challenges and opportunities. A range of factors clearly contributes to this. The role of Eckhart and Shane's (2003) Theory of Opportunity-Based Entrepreneurship as the study's theoretical framework was provided to explicate its utility for understanding the conclusions of this study. The study also extended the OBE Theory. Following this, suggested future research

directions in the private healthcare SME entrepreneur and manager role and its link to the entrepreneurial performance phenomenon were presented and discussed.

One unique contribution of this study, as shown by Figures 5.2 and 5.3, is that it has attempted to holistically explore the essence of working as a private healthcare SME entrepreneur and manager in urban Dares Salaam and the scope of this role in terms of the multiple components, while linking to entrepreneurial performance using a hermeneutic phenomenology methodology as informed by Heidegger (1962), Gadamer (1975), Smith (2004) and van Manen (2001). No other study has explored this topic in this manner.

This study provides opportunities for further investigation of the roles of private healthcare SMEs using other methods and sample sizes to explore the validity of the findings. It is expected that the findings and conclusions of this study will assist in the development of future Tanzanian private healthcare SME successes and improve the overall opportunity orientation, decision, and exploitation competencies in their practice, and extend to other areas of similar practice. Finally, the results of this study show that participants struggled to negotiate and develop their own managerial and entrepreneurial acumen as expressed by their lack of conflict resolution skills and inability to exploit the existing operational challenges into another business opportunity such as an additional counselling service.

I hope that the outcomes of this study contribute to the development of effective entrepreneurial performances by private healthcare SMEs, better able to meet the needs of the communities they serve.

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APPENDIX A

Consent Form for Participants

Thesis Proposal Title

Investigating entrepreneurial performance as a critical success factor for private small-to-medium (SME) healthcare providers in Tanzania: A hermeneutic phenomenological study

Project Researcher:

Simon Abson

Supervisors:

Prof Karen Trimmer & Dr. Yvonne Findlay

1. I confirm that I have read and understood the Plain Language Statement for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason or experiencing any disadvantage such as punishment
3. I understand that the interview will be taped and agree to it being recorded on audiotape.
4. I understand that if any publications arising from the research refer to me, my business, or my family then pseudonyms will be used and that I will be otherwise unidentifiable.
5. I agree / do not agree (delete as applicable) to take part in the above study.

Name of SME _____

Name of Participant (print) _____ Date / /

Signature _____ _____

Researcher (print) _____ Date / /

Signature _____ _____

1 for participant; 1 for researcher

APPENDIX B

Participants' Information Sheet

Project Details

Title of Project:	Investigating entrepreneurial performance as a critical success factor for private Small-to-Medium (SME) healthcare entrepreneurs and managers in Tanzania: A hermeneutic phenomenological study
Human Research Ethics Approval Number:	H20REA033

Research Team Contact Details

Principal Investigator Details

Dr. Simon Abson
Email: [redacted]
Telephone:
Mobile: [redacted]

[Supervisor Details / Other Investigator Details]
Professor Karen Trimmer
Email: Karen.Trimmer@usq.edu.au
Telephone: +6174631 2371

Dr. Yvonne Findlay,
Email: Yvonne.Findlay@usq.edu.au
Phone: Telephone: +61746311665

Description

You are invited to take part in a research study entitled: Investigating entrepreneurial performance as a critical success factor for private small-to-medium Enterprises' (SME) healthcare entrepreneurs and managers in Tanzania: A phenomenological study

Before you decide whether to take part in this study, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

This project is being undertaken as part of the University of Southern Queensland Doctor of Business Administration. Entrepreneurial ventures seek to maximize profitability and expansion beyond the resources they control. Research emphasizes the importance of the SME manager or entrepreneur's managerial ability to effectively deal with the sophistication of the planning practices and the exploitation of opportunities to enable the people concerned to be actively and enthusiastically involved and successful. There have been sustained operational and financial pressures within the Tanzanian private healthcare SMEs leading to high failures to survive beyond the initial five years. Yet, little is known about the link between the high healthcare SMEs failure rates, their full scope activity and entrepreneurial performance. There is a lack of relevant published research investigating the study phenomenon. This thesis proposal fulfils the gap.

Overall, the study aims to explore the perspectives and experiences of private Tanzanian SME healthcare entrepreneurs and managers about their roles and identify key characteristics of, and factors impacting on, their entrepreneurial performance. To address the research aim, the study has the following two over-arching research questions:

1. How do Tanzania's private healthcare SME managers and entrepreneurs view their roles and contributions to the delivery of effective healthcare in Tanzania?

2. Within this context, how do Tanzania's private healthcare SME managers and entrepreneurs understand and experience the phenomenon of entrepreneurial performance and its relationship to the success or failure of their business enterprises?

3. Are there among the participants any common or shared experiences on strategies to strengthen SME entrepreneurial performance? If so, what are these common issues?

Participation

It is up to you to decide whether to take part, as participation is entirely voluntary. If you do decide to take part, you will be given an information sheet and asked to sign a consent form. If you decide to take part you are still free to withdraw at any time prior to the analysis of data, without experiencing any disadvantage, nor being required to explain. If you withdraw from the study, any information you may have provided will be retained.

If you choose to participate in this study, you will be asked to take part in a face-to-face individual interview at a mutually agreed date, time, and venue. Each interview will last for sixty minutes. Open-ended questions will be used to form the basis of the interviews These may be followed with some semi-structured prompts to elicit further details if required. The content of the interviews will be recorded using a digital audio recorder, written notes, and observations by the researcher.

Should you agree to take part in the study you will be asked to sign a consent form prior to the interview. Each participant's names and any information about his or her location will be replaced with pseudonym of your choice to maintain anonymity. A draft copy of the interview transcript will be sent to you, to confirm whether it is consistent with your perception of the interview and to allow editing. All information collected from you during the research will be kept strictly confidential.

Expected Benefits

It is anticipated that the findings will help to solve the problem of how to improve the performance of entrepreneurs and managers to innovate their enterprises for longer-term growth and profitability. Briefly, to date, the phenomenon of entrepreneurial performance, causes of failure and the definition of SMEs failure from the perspectives of healthcare SMEs entrepreneurs and managers globally and within Tanzania is not known because of lack of research in the field. It is therefore anticipated that the study outcomes will further inform readers and researchers about the phenomenon of private healthcare SMEs' entrepreneurial performance from the perspective of the lived experience of the phenomenon among a purposive sample of private healthcare SME entrepreneurs and managers in Tanzania. It is also anticipated that the study outcomes will inspire further debate on the phenomenon of entrepreneurial performance as it applies in so-called developing and transition economies in Africa.

Specifically, there are anticipated contributions at three levels: Firstly, it is expected that study outcomes shall provide guidance at policy level for the Tanzania local council health policy makers to understand the process and importance of consulting private healthcare SMEs entrepreneurs and managers to gain insight into the interpretation and implementation of sound, sustainable, and efficient SME healthcare entrepreneurial performance frameworks. Secondly, it is expected that the study findings will be significant at practice level for healthcare SME entrepreneurs and managers to adopt and implement sustainable models of practice that support effective SME entrepreneurial performance that reduces the overall SMEs failure rates. Thirdly, the findings will contribute new knowledge to existing literature on SME entrepreneurial performance in the context of the Tanzania's private healthcare SMEs that will help to inform future research directions needed to enact new ways into the creation of new SMEs in developing and transition economies such as Tanzania.

Risks

Participation in this study is voluntary. As part of the research process, you will be made aware of the availability of project supervisors and methods to access them, should there be need for independent verification, questions, or concerns about the study before or after interviews. The researcher will constantly consult the two project supervisors to jointly reflect, discuss the process and outcomes of each interview to minimise the risks involved in this project.

If you experience any discomfort or anxiety during or following interviews, you will be given information on how to access free counselling services available at public hospitals near your practice areas. Prior to each interview and as part of housekeeping tasks, the researcher will outline the free counselling support available to you and how it can be accessed should any need arises

Privacy and Confidentiality

All comments and responses will be treated confidentially unless required by law.

The data from the study will be used to write a thesis in partial fulfilment of a Doctor of Business Administration degree. The thesis will be stored at the University of Southern Queensland Library. A summary of the results of the research will be also available to all participants. In the thesis and in any subsequent peer reviewed publications, each participant, his/her business and identifying features will be identified only by pseudonyms.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland's Research Data Management policy.

Consent to Participate

The return of the completed participant invitation form (Appendix C) by email to the principal researcher is accepted as an indication of your consent to participate in this project. Should you agree to take part in the study you will be asked to sign a consent form prior to the interview. Each participant's names and any information about his or her location will be replaced with pseudonym of your choice to maintain anonymity.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information

APPENDIX C

Participant Invitation letter for USQ Research Project

Project Details	
Title of Project:	Investigating entrepreneurial performance as a critical success factor for private small-to-medium (SME) healthcare providers in Tanzania: A hermeneutic phenomenological study
Human Research Ethics Approval Number:	

Research Team Contact Details	
Principal Investigator Details	**[Supervisor Details / Other Investigator Details]**
Dr. Simon Abson Email: [redacted] Telephone: Mobile: [redacted]	Professor Karen Trimmer Email: Karen.Trimmer@usq.edu.au Telephone: +6174631 2371 Dr. Yvonne Findlay, Email: Yvonne.Findlay@usq.edu.au Phone: Telephone: +61746311665

Description

Dear

Thank you for considering participation in this project. A central part of the process involves me meeting with individual participants to interview them. To organize the interviews I need to know the dates, days, venue, and times that would best suit you. Please note all interviews will be conducted outside working hours. Listed below are a range of start times and venue options, please select one

or more that are convenient for you. Make your own suggestions if the options are not suitable.

Date Ranges (1 April- June 30, 2020). Please select:

Times:	Venue Options: Own Choice:
12-1pm	Researcher to provide:
4: 30 pm	Other (specify)……
5pm	
5:30pm	
Any other time	Specify ……
Days: Monday----------	Tuesday…….
Wednesday----------	Thursday…….
Friday…….	Saturday……
Sunday…….	

After selecting the time and venue that is convenient for you, please return this information using email at: [redacted]

Please keep a copy of the consent form. I will confirm the interview by email three days before your selected date for the interview.

Thank you for your time and co-operation

Yours faithfully

Dr. Simon Abson

Consent to Participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to a member of the Research Team prior to participating in your interview.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.

APPENDIX D

Participant Interview Questions for USQ Research Project

Title of Project:	Investigating entrepreneurial performance as a critical success factor for private small-to-medium (SME) healthcare providers in Tanzania: A hermeneutic phenomenological study
Human Research Ethics Approval Number:	

Research Team Contact Details

Principal Investigator Details

Dr. Simon Abson
Email: [redacted]
Telephone:
Mobile: [redacted]

[Supervisor Details / Other Investigator Details]

Professor Karen Trimmer
Email: Karen.Trimmer@usq.edu.au
Telephone: +6174631 2371

Dr. Yvonne Findlay,
Email: Yvonne.Findlay@usq.edu.au
Phone: Telephone: +61746311665

Description

1.Please share with me about yourself and your practice.

2.What is it like to be a healthcare SME entrepreneur and/or manager in your healthcare entrepreneurial venture and in Tanzania?

3.What does entrepreneurial performance mean to you and what factors impact on it within your venture?

4.What would you consider to be the daily and long-term factors that one needs to consider as healthcare SME entrepreneur and/or manager to drive performance?

5. Have you a sense of where your business will be in the next five years from now and why?

6. What are your perceptions of the contributions of your role to the delivery of effective healthcare within your Municipality Council and broadly in Tanzania?

7.What opportunities and challenges do you encounter as a healthcare SME entrepreneur and/or manager?

7b. Any other issues pertaining to your role, your business, or the broad Tanzanian private healthcare SMEs specific to recommendations on strategies to influence entrepreneurial performance, challenges, opportunities, and new products/or services that you may want to bring to the discussion?

Consent to Participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to a member of the Research Team prior to participating in your interview.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.

APPENDIX E

IPA DECISION-MAKING TRAIL

Project Details	
Title of Project:	Investigating entrepreneurial performance as a critical success factor for private small-to-medium (SME) healthcare providers in Tanzania: A hermeneutic phenomenological study
Human Research Ethics Approval Number: H20REA033	

Ink Codes (Categories and Themes):

Category A: Purple: Views on entrepreneurial performance phenomenon

Category B: Red: Nature of work/working experiences/role interpretation

Category C: Orange: Opportunities/strengths associated with working as an entrepreneur and manager

Category D: Blue: Recommendations

Category E: Green: Role challenges

Interview 9

Date: 18/5/21

Participant (Entrepreneur): Bakari

Bakari: BK

Simon: SA (Researcher)

English Version

SA: Thank you very much for agreeing to participate in this study. Yeah. As you are aware, this study seeks to explore the entrepreneur's role, opportunities, challenges, and any recommendations regarding the role. I also seek your views regarding the meaning of business success in your own terms

SA: Yeah. I am also an entrepreneur and would like to explore your perception of this role. The other reason is to gather your recommendations regarding the role, opportunities, challenges and hopefully the information will be insightful to other entrepreneurs and managers. (BK: Smiles in agreement). Before we start, do you have any questions pertaining to the study that you may want to ask?

BK: Yeah (smiles): Nothing at all, it was all clear.

SA: Thank you very much. Firstly, may I ask what prompted you to agree to participate in this study?

BK: Yeah. I saw it as essential, personally, and professionally as an entrepreneur working as a retail pharmacy owner, which is different from my background as a medical doctor, to contribute to our private businesses. Also, I am interested in finding out how others experience their day-to-day workload and what constitutes their role and success of their enterprises. I felt really privileged to participate in this study and I am happy to share some of the opportunities and challenges I encounter in my role. **(Category A: Theme 1: scope of the role)**

SA: Thank you Bakari for the explanation. Now may I find out in your own words, what it is like being an entrepreneur? How would you describe your experiences?

BK: It is a challenging role because every day is different although in my practice, I face almost same type of clients every day as we are situated close a residential area. The challenge is in getting a balance among various competing tasks (Category E. Theme 3: Challenges). Then general administrative tasks, shelving, record keeping, attending to clients, planning, health and safety issues and customer care. (Category B. Theme 1: Scope of role)

SA: Thank you very much. You stated that it is quite challenging mainly because it involves various components. (BK: yeah): Would you like to tell me more of what is involved in these components?

BK: General administrative tasks, shelving, record keeping, attending to clients, planning, health and safety issues and customer care. I am the medical officer of this center I have been here for about 3 years. We provide various services including testing services and medicine delivery as well as listening to the patient and giving him or her appropriate treatment for the problem (Category B. Theme 1: Scope of role)

SA: So, BK, what I understood is that the role involves planning, administrative tasks, keeping records, customer care, clinical excellence and workplace health and safety (yeah). Is there anything to add?

BK: no

SA: What is it like to be a healthcare SME entrepreneur and/or manager in your healthcare entrepreneurial venture and in Tanzania?

BK: Being in this health industry is something I love but it is also something that helps me right now in life and I am happy to provide services to the community around me through the profession I studied and provide services that are good to improve the health of Tanzanians and keep the workforce well so that we can moving forward with society at large. (Category A. Theme 2: Implications of role on entrepreneurial performance)

SA: Is there anything else to add?

BK: No

SA: What does entrepreneurial performance mean to you and what factors impact on it within your venture?

BK: It means that we provide essential services to the community as a viable alternative to hospitals. Many customers come to us after failing to secure essential treatment drugs at hospitals. It's about saving passionately and making a positive difference to every patient seen (Category A. Theme 2: Implications of role on entrepreneurial performance)

SA: What would you consider to be the daily and long-term factors that one needs to consider as healthcare SME entrepreneur and/or manager to drive performance?

BK: The things I focus on at work are discipline at work, listening to patients and making sure I serve them in the best possible care, providing education to patients as well as subordinates. My job is to care for patients and to ensure they get consistent good health care. (Category B. Theme 1: Scope of role)

SA: Have you a sense of where your business will be in the next five years from now and why?

BK: I have been working here for 3 years but this business has been in existence for 20 years now. That time frame speaks volumes about sustainability. We have a willing and wide consumer base for healthcare in Tanzania and with government improvements in enrolling more people and private healthcare facilities into the National Health Insurance Scheme, I foresee expansion and growth. I also believe there will be more SMEs established then. Profit making will continue to be an oscillating factor as it stands now. (Category D. Theme 5: Strategies for the future)

SA: What are your perceptions of the contributions of your role to the delivery of effective healthcare within your Municipality Council and broadly in Tanzania?

BK: I strive to provide good customer service. We strive to put customer first in planning, service provision and when resolving grievances so that when a customer comes to our facility, he does not miss the medicine and he gets good service. It is possible to have satisfied customers return to buy from us regularly and the satisfied customer becomes an ambassador by recruiting other people to come and buy our medicine. (Category B. Theme 2: Implications of role on entrepreneurial performance)

SA: Anything else to add?

BK: Oh yes. We often consult with our neighbours, for example, if a customer complains that there is a drug that is creating problems for a customer, I call my neighbour and ask him why this drug is so bad, and the customers are asleep, and I hear his thoughts (Category C. Theme 4: opportunities)

SA: What opportunities and challenges do you encounter as a healthcare SME entrepreneur and/or manager?

BK: The challenge for the government is that it is too late to give a person a permit and they also set thresholds as if you have not completed these things. We cannot give a permit to a person. For example, most people do not have insurance until someone comes to get insurance for more than six months. growing up it's a little hard to get patients we get a little san asana those cases and most patients in Tanzania you know they rely on insurance. All the other issues you have with this business. In this area there are many social services on the streets. Also, there are strategic challenges when opening and operating these businesses especially when dealing with non-compliant clients, government corruption, lack of government engagement of private SMEs in strategic planning, funding, and collaborative monitoring. (Category E. Theme 3: challenges). Whilst we applaud the government for encouraging extensive opening of new clinics and pharmacies in every district (Category C. Theme 4: opportunities), there is need to set clear policy guidelines that cover also private healthcare enterprises as the case with public health facilities. There is a policy gap, and it is up to entrepreneurs and managers to cease positively this business opportunity. One of the challenges we face in the private sector is the inconvenience of redistribution payments. You often find yourself arguing with the bosses at the end of the month when there is a drop in revenue maybe then you find the wages too late until you get in the middle of next month. You argue every day with the boss until you get your wage. Bosses give priority to their businesses at the expense of our welfare when financial resources are in short supply. (Category E. Theme 3: Challenges)

BK: Also, we always provide a good service and strive to meet customer' needs each time. We consult other peers if we need professional advice or to check availability of certain products or services. We sell drugs and provide healthcare cheap that anyone can afford, and these happy customers become our ambassadors. We always advocate for our clients to receive the best care at every encounter with our services. We strive and continue to provide good services to other new customers (Category C. Theme 4: opportunities)

SA: Any other issues pertaining to your role, your business, or the broad Tanzanian private healthcare SMEs specific to recommendations on strategies to influence

entrepreneurial performance, challenges, opportunities, and new products/or services that you may want to bring to the discussion?

BK: It is largely the lack of capital to expand our services that is a key challenge. Another problem is if you must pay third party employees, you must work hard to increase income. Many times, across SMEs employees receive their wages late because suppressed business incomes. The inter-SMEs competition for the same customers is very strong and only innovative ones carry the day. Many SMEs have now extended their working hours and more dispensaries have now established their facilities right inside residential areas to optimize visibility and access to their services. On another level, there is no government incentive to promote or support SME growth or survival. Rather government is now the main tax collector regardless of suppressed incomes, taxation is very high, and payment is unavoidable. We only meet government agencies when they chase their taxes, otherwise we are on our own amid so many challenges. (Category E. Theme 3: Challenges)

SA: (Mhhh). Thank you. Anything else on recommendations?

BK: On recommendations, Workers need to be insured for financial (income) cover (pension) when jobs are terminated because if you look at the government the workers have been cut off. The reason for the job cuts in public health institutions it's because there is a lot of duplication of services and better pay by the private sector, which is becoming a bit of a challenge for them. These job cuts are all because of rising and falling incomes. In general, there is need for service operations improvements in our dispensary hospitals, when it comes to providing education and better services dispensaries across the public and private domains need to collaborate with each other. (Category D: Theme 5: Strategies for the future)

SA: Anything else?

BK: No

SA: Thank you very much for your contribution and time taken to share information regarding your working world experiences. I will email you a draft copy of the transcript to ensure that the report is a true reflection of what transpired.

BK: No problem.

APPENDIX F

USQ HREC Approval Letter

OFFICE OF RESEARCH
Human Research Ethics Committee
PHONE +61 7 4687 5703| FAX +61 7 4631 5555
EMAIL human.ethics@usq.edu.au

3 April 2020

Doctor Simon Abson

Dear Simon,

The USQ Human Research Ethics Committee has recently reviewed your responses to the conditions placed upon the ethical approval for the project outlined below. Your proposal is now deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research, 2007 (updated 2018)* and full ethical approval has been granted.

Approval No.	H20REA033
Project Title	Investigating entrepreneurial performance as a critical success factor for private Small-to-Medium (SME) healthcare entrepreneurs and managers in Tanzania: A phenomenological study
Approval date	5 March 2020
Expiry date	5 March 2023
Status	**Approved with standard conditions**

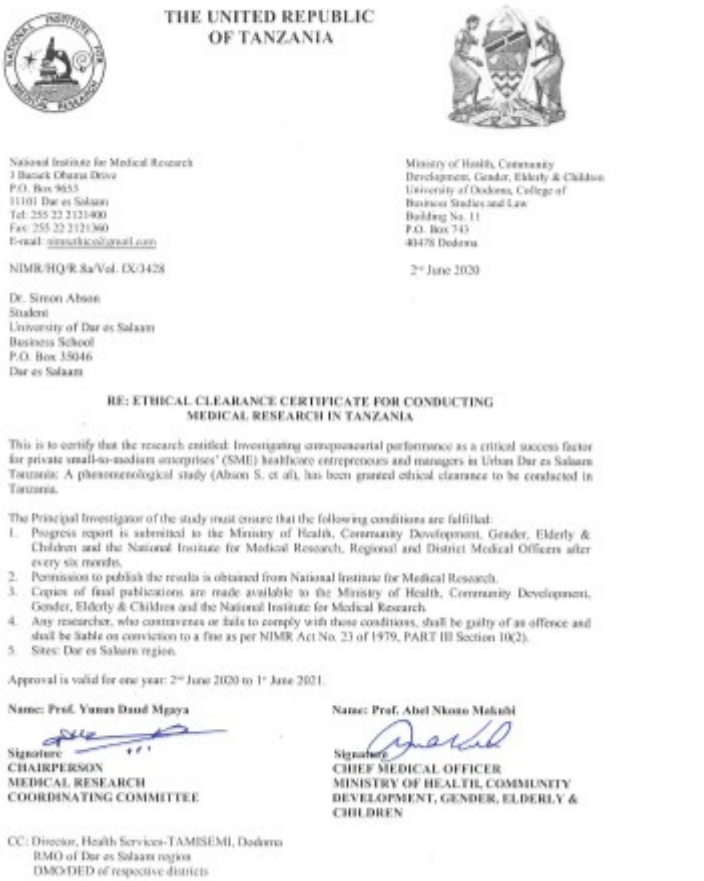
The standard conditions of this approval are:

(a) responsibly conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal;
(b) advise the University (email: ResearchIntegrity@usq.edu.au) immediately of any complaint pertaining to the conduct of the research or any other issues in relation to the project which may warrant review of the ethical approval of the project;
(c) promptly report any adverse events or unexpected outcomes to the University (email: ResearchIntegrity@usq.edu.au) and take prompt action to deal with any unexpected risks;
(d) make submission for any amendments to the project and obtain approval prior to implementing such changes;
(e) provide a progress 'milestone report' when requested and at least for every year of approval;
(f) provide a final 'milestone report' when the project is complete;
(g) promptly advise the University if the project has been discontinued, using a final 'milestone report'.

For (d) to (g) forms are available on the USQ ethics website:
https://www.usq.edu.au/current-students/academic/higher-degree-by-research-students/conducting-research/human-ethics/forms-resources

APPENDIX G

NIMR HREC Approval Letter



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NIMR/HQ/R.8a/Vol. IX/3428

2nd June 2020

Dr. Simon Abson
Student
University of Dar es Salaam
Business School
P.O. Box 35046
Dar es Salaam

RE: ETHICAL CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: Investigating entrepreneurial performance as a critical success factor for private small-to-medium enterprises' (SME) healthcare entrepreneurs and managers in Urban Dar es Salaam Tanzania: A phenomenological study (Abson S. et all), has been granted ethical clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is submitted to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III Section 10(2).
5. Sites: Dar es Salaam region.

Approval is valid for one year: 2nd June 2020 to 1st June 2021.

Name: Prof. Yunus Daud Mgaya
Signature:
CHAIRPERSON
MEDICAL RESEARCH
COORDINATING COMMITTEE

Name: Prof. Abel Nkoso Makubi
Signature:
CHIEF MEDICAL OFFICER
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY & CHILDREN

CC: Director, Health Services-TAMISEMI, Dodoma
RMO of Dar es Salaam region
DMO/DED of respective districts