

ENTREPRENEURSHIP, INNOVATION AND GENDER.

The construction of projects for entrepreneurship and innovation in the health care and care sectors .

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Elisabeth Sundin, Helix Excellence Centre and Department of Business Administration.
Linköping University, Sweden.

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Introduction

In April 2008 The Swedish Agency for Economic and Regional Growth (NUTEK) published an invitation to apply for money to create and develop programs for “More enterprises in the health and care sector” . The Agency has the commission to stimulate “diversity of suppliers” and therefore “support innovative projects that will work with advice and education to individuals or groups interested in operating publicly funded health care privately”. The stated aims of the program are to develop the support-system, information, advice and education, for these sectors. The activities in the programs “should mainly target employees in publicly funded health care and care organizations and to business advisers”. Applicants taking the responsibility for the implementation of the stated intentions could, according to the text presented, be of different kinds like consultants, professional associations, unions etc.

In the short invitation the program “More enterprises in the health and care sector” is presented as a part of the strategy of the Government to create high quality care. As the absolute majority of the employees in the focused sectors are women it can also be recognized as a part of the strategy to increase the number and share of women as entrepreneurs and small firm owners which has been a program, “Promoting women’s entrepreneurship”, going on and handled by the same agency for some more years.

The program, “More enterprises in the health and care sector” is not the only one with the stated aims. Another was presented almost at the same time by the Ministry of Social Affairs. In the decision handed over to the Agency the situation, with a small number of private providers, is described and the importance of the indicated changes argued for as a question of “innovative solutions, increased productivity and efficiency” not only for the new providers but also giving spill-over effects to the public organizations. The characteristics of the sectors specific demands cooperation which partly is specified in the decision as the Swedish

Association of Local Authorities and Regions (SKL Sveriges Kommuner och Landsting) is mentioned as a partner in the program-work .

As always the national intentions have to be realized, the word implementation can be used, through others. In this paper two projects¹ aiming at promoting new and private providers in health care and care are presented and discussed. The construction of the projects make some interesting comparisons and conclusions possible. We will here concentrate on some aspects;

- the way entrepreneurship is defined and handled
- the stated connections between entrepreneurship and innovation
- the way gender is defined and handled

In the discussion these aspects are discussed and analysed from a theoretical perspective and also compared with the political intentions and ambitions as expressed in the call referred in the introduction.

Frame of reference

Innovation, Entrepreneurship and Small and Medium Sized Firms

Entrepreneurship is nowadays often presented as “ein Mädchen fur alles” in the political debate and of great interest also among researchers (Landström, 2005). Innovation has the same status and sometimes the two concepts are discussed as synonyms. Entrepreneurs is also used as a synonym for small firm owners, as in the programs aiming at promoting women as owner-managers mentioned above, the establishment of new firms consequently as a synonym for entrepreneurship. These practices can also be found in research although the awareness of differences is at hand. For practical reasons researchers “are forced” to these simplifications, and so are politicians and the support- and promoting- system. That said let us turn to the concepts and the phenomenon they concern.

¹ The concept “program” is used for initiatives taken on the national level and “projects” for the initiatives taken to implement the program. In the system here described the concept “program” is used also for the “projects”. The “projects” described in this paper meet many of the criterias for projects stated by researchers experts on projects. See Söderlund, J. (2008) *Projektliv: villkor för uthålling projektverksamhet*. Studentlitteratur.

Innovation is seen as the key-phenomenon both in research and politics for creating economic growth (Lundvall 2002; NUTEK 2008). Innovation are something new – new products, new processes etc. In practical politics innovation are closely connected to technology and products and the innovator often referring to an individual. The last connection is used by Schumpeter (1934) who writes about individuals – but do not restrict the newness to products. In the Schumpeterian perspective innovations could mean new combinations of ideas of many kinds also of ways to organize and taking place in many kind of organizations also in public organizations like agencies and departments. The new combinations could be found in new processes which is an often used distinction also in modern innovation studies and research (e.g. Edquist et. al 2001). Even so the connection to products and industry seem to remain. The individual perspective is however replaced by a system perspective and systems of innovation are used for different levels with applications both on sectors and space (Asheim 2001; Edquist and McKelvey eds. 2000).

The economic potential of innovations is realized by entrepreneurs (Schumpeter 1934). which has been stated also “the other way around” meaning that entrepreneurial processes require some form of innovation. This firm connection between entrepreneurship and innovation disappear when entrepreneurship is used as a synonym for the establishing of any new firms as is often the case both in politics (Lundström et. al 2008) and also in research. The Norwegian Researcher Olav Spilling concludes, as cited by Amble 2010, this when stating that the overlap between entrepreneurship and innovation is relatively small as most innovations take place outside of entrepreneurial businesses. Many new firms are also started without newness in any dimension except the way to earn a living for the starter. “Necessity entrepreneurship” is often of that type (Global Entrepreneurship Monitor 2009) and exists also in the parts of the world where the concept necessity has another less substantial meaning than keeping the hunger away from the family (Sundin 2010).

Also non-entrepreneurial organizations are however of interest in the context of this paper as well as for research and politics. We know, both from the national and the international statistics, that reasons on the individual level are of mainly two types: to earn a living or to realize ideas (Kvinnors och mäns företagande 2009; Global Entrepreneurship Monitor 2009). The first type is sometimes called ‘necessity entrepreneurship’ and the second types connect to ‘opportunity entrepreneurship’. These distinctions are supported by research findings and so are the differences, and similarities, found in statistics between men and women. The

differences follow sex-stereotypical notions as an example concerning the responsibility for children and family (Holmquist & Sundin 2002). Other differences between men and women in businesses are related to the gender segregation of the labor market which, consequently, includes also self-employment and owner-management. Swedish women are to a lower extent than men involved in entrepreneurial activities (which is the expression used by GEM). This is in the public debate and politics often explained by the majority of women being occupied in sectors and organizations dominated by the public sector in line with the Scandinavian welfare model. The line of argument will be found also in the cases below. The programs presented in the introduction aims at decreasing the domination of the public organizations in these sectors and open up for private providers.

Even if many small and medium sized firms are not entrepreneurial firms they can be positive for both individuals, organizations and society. These positive effects were observed and discussed in the early studies of SMEs both in the US and the UK. The so called Bolton Report presented in UK in 1971 put the importance of the small and medium sized firms both on the political agenda and in research. It influenced the Swedish system in the same way (see Ramström 1971 and Småföretagsproposition 1977/78:) and is still on the political agenda as brought to the fore in the Berglund and Thorslund (2010) paper describing documents on how to promote women's entrepreneurship. The main conclusion in these policy documents can be summarized in the expression 'Small is beautiful'.²

Gender and entrepreneurship

Researchers have during more than ten years emphasized the gendering of the entrepreneurial concept as well as the innovation concept. In the Swedish context Helene Ahl (2004 and 2006) and Karin Berglund (2006 and 2007) have made studies and also published in international journals (see also Sundin 2002). The findings and arguments are supported internationally (ex. Calas et al. 2009; Bruni et al. 2004). The same gender bias or gender labels are found on innovations. Also this seems to be an international phenomenon (Blake and Hansson 2005) with its national applications (Nyberg 2009). This practice has

² 'Small is beautiful' was the title of a book published in 1973 written by E.F Schumacher. The book was spread all over the world and influenced many people.

consequences both for individuals, organizations and the society as a whole. They are variations on the “gender-system theme” (Sundin 2002).

Despite the convincing and unequivocal findings the conclusions can not be found in public programs and politics. As a consequence men’s activities and sectors dominated by men are favored over activities and sectors dominated by women. When shown it is not seldom a surprise for the decision makers that think that they act in a fair and gender neutral way. The unintended biases are sometimes arguments for implementing programs, projects and rules with the outspoken attention to support women. However these are not without problems and shortcomings either (Tillmar 2004) . Berglund and Granat Thorslund (2010) make a discourse analyses of some of the programs aiming at supporting women’s entrepreneurship in Sweden. They find the documents presenting the programs sometimes very contradicting and giving individual answers to structural problems and questions (compare Bacci 1999). They also conclude that the programs “constructs the female entrepreneur as less competent and in need of education and counselling”. They also construct a “correct femininity” that do not challenge existing power systems as it leaves “an arena for starting business which is heavy regulated and with little potential for economic growth.” (page 19) The same conclusions concerning resistance against acknowledging structural barriers in public programs is given by Hansson and her co-writers (2010). They analyses programs with other organizations as principal than the ones included in the Berglund and Thorslund study. Katarina Pettersson who has been showing the masculinity of the entrepreneurship in Gnosjö (2002 and 2004) compares, together with Hedin the national support programs for women’s entrepreneurship in the Nordic countries (Pettersson and Hedin 2010). Norway turn out to be using programs for women as entrepreneurs and owner-managers from feminist empowerment arguments while the Danish programs are constructed from neo-liberal standpoints. In Sweden the pattern is mixed as both kind of arguments can be found; as a feminist critique of the current situation or as lines of arguments emphasizing women’s deficiencies and need of support. Pettersson and Hedin presents a method that partly will be used in this study as they analyze the goals and the arguments and how are women positioned

Empirical context - The Swedish health care and care

To understand the cases constituting the empirical studies information on the Swedish health care and care is needed. Health care and care are often discussed as if they were the same. But

there are many differences between them. The twenty-one councils have the responsibility for health care and the around 300 municipalities for care for elderly etc. This construction means that what is talked of as the welfare state is realized through the municipalities and county councils. Sweden is, in the Esping Andersen (1996) terminology Sweden is a 'Scandinavian welfare state'. There are private providers of care and health care but the dominance of public sectors own organizations is manifest. Also the private providers are financed with tax-money

The medical profession is dominating health care while care not is professionalized in the same way. Women are dominating on the lower levels in these sectors and organizations. The occupation "care assistant" is the biggest one on the labor market (Statistics Sweden).

There are strict rules and regulations in many dimensions for these sectors which are compulsory. New Public Management implemented in Sweden in the last decades is an opening for private providers in these sectors up til then if not formally, at least informally monopolized by the public but also followed by new rules and regulations aiming at protect the customers and guarantee quality and control (Ahrne and Brunsson 2004) . The introduction of NPM and its consequences has been and is on the political agenda. Reluctance towards the privatization of the health care and care sector has been spread and "to make profit on the sick" has been questioned.

Method for the empirical studies

Two projects aiming at increasing the number and share of private providers of health care and care are presented. When the money was given to the projects it was conditioned that researchers should follow the work in an active way – not just writing a report after the projects were ended. The author of this report was asked to be that researcher. With one of the project leaders, the one for the Regional Project (RP), the request was the result of old relations and contacts in questions concerning equality in working life. In the other case the relations between the researcher and the responsible organization (the Union for Nurses) was old but new when it came to the project leader.

In line with the agreement the researchers made a number of interviews – each member of the steering committees were interviewed at least two times, the first time by a senior researcher and thereafter by the research leader. The researchers were also present at meetings where the

steering committees met and also at some occasion where the project had activities aiming at giving information and advice to important actors and potential entrepreneurs.

Written material produced in the projects – mainly by the project leaders for the steering committee but also material to be distributed to others like potential entrepreneurs has been read and analysed. The Regional Program and its activities have been presented in local papers and the Union Program has been presented in the journal owned by the union. This material has also been valuable both for descriptions and analyses.

Two reports have been written in Swedish from each of the projects. The first one after the first interviews had been made and the second one at the end of the project. The researcher discussed a preliminary version of the report with the steering committees and got valuable comments that could be used in the final version.

Empirical studies of projects aiming at increasing the number of providers of health care and care in Sweden

Aims of the Regional Project

The Regional Project named New Tag (Nya Tag) has many stated aims. As was mentioned in the introduction it can be seen as a part of an ongoing work for the increasing of enterprises owned and managed by women. The new dimensions are the concentration to health care and care. The region is the County of Västernorrland although situated in the middle of Sweden considered as a part of northern Sweden. The county is heavily dominated by the basis industries forestry and energy. The regional gender regime is traditional and the labor market consequently strictly gender segregated. To highlight these facts are mentioned among the goals of the project. The insight of the situation will give women the ideas to start firms of their own especially women working with health care and care. As a result a higher level of equality between women and men will be reached. Also that is formulated as an aim in the project-application.

To realize the ambitions of the new providers the buyers and financiers, that is the county council and the municipalities, have to respond and change their practice as well as their attitudes. The politicians and officials in the relevant organizations are therefore other key actors for the project. They will be informed so they can change their attitudes both towards private providers and women as owner-managers.

Organization of the Regional Project

The project leader is working for the county administrative board. As no one else volunteered to be responsible for the project the county board had to she says as the county administrative board is the extended arm of the government. The project-leader has been working for and with programs for women as entrepreneurs in many years and has a great competence both in how to work in projects and on how to work with gender related tasks. For Nya Tag she constructed a steering committee that she found adequate. She had to have members from the county council as they have the responsibility for the health care and she also needed members from the municipalities as they are responsible for care. To keep the number of members in the steering committee down she made a selection of three, out of eight, municipalities – the biggest ones. The county and its municipalities is by tradition dominated by the social democrats in this part of country very reluctant towards the propositions from the conservative government. Two of the municipalities had social democrats in leading positions and the third the conservatives. The project leader considered it important to have members with power so she went for the most influential politicians. She also asked the local delegate of the union of nurses representing the employees to be in the committee and the local offices of two organizations representing industry and commerce, The Swedish Federation of Business Owners and Swedish Chambers of Commerce. Two expert organizations, The Swedish Social Insurance Agency and Swedish Companies Registration Office, were included in the committee to cover needs of the expected new owners. As the project leader knew all the recruited individuals she also knew that the gender competence was lacking. She therefore also recruited two consultants, living in the region, with that competence as well as with competence in starting firms and the support system for small- and medium-sized firms.

Entrepreneurship

The concept entrepreneurship is seldom used by the actors leading the project in the region. What the interviewed persons talk about are small firms and the concept diversity of suppliers of care and health care is the one most often used. The importance of diversity is as a rule discussed from both a societal, regional and sector perspective. Seldom the individuals working in the sector are mentioned and when so done not as entrepreneurs. Statements like *“diversity creates competition, and competition is good as it gives everyone a possibility to*

compare themselves with others. Everyone wants to be the best one... Now is the time to implement these possibilities also in the health and care sector” (project leader) – or “it is all about money! The way it works now is not good. Too much administration, too inefficient... Alternatives are good” (The Swedish Federation of Business Owners) The member representing the most peripheral part of the region sees alternative ways of organizing health care and care as a way to survive “we can not go on in the way we have done before. In this part of the country the demographic situation is scaring – the young ones are leaving and just elderly people in the need of care are left. We have to change the ways we think and work. We need both more alternative providers and more entrepreneurship inside the public sector organizations”. As is seen in this citation these representatives also mentioned the importance of keeping the public sector alert. This is an ongoing point of discussion in this steering committee. The leading politicians from another municipality is an outspoken supporter of so called market solutions even resisting intrapreneurship. The discussion is of an ideological-political kind.

The societal perspective is often expressed as good for the citizens both as patients, in need of care and as taxpayers. *“It is good for the patients. They will have a real choice if they can see different ways of running a unit producing care” (Union for Nurses). That alternative providers will be good also for employees is emphasized by one of the steering committee members representing the periphery. “In a small organization they will be listened to and thereby empowered.”*

In the region there is however also some doubts on what will come after the introduction of new providers. Many of them have experienced how newcomers to the region just want to take advantage of the support-system and then leave and they have heard of big international companies establishing themselves in southern Sweden leaving nothing to small entrepreneurs. That make intrapreneurship a positive alternative for the municipalities in the periphery *“I am afraid of these huge organizations. They are like county councils although private. .. We should not move from one big monopoly to another. It has to be small units!”* The small units are also expected to be more efficient. *“If you can decide yourself of the way you work you can do it cheaper. High quality for the patient may not be expensive at all. To be treated nicely and with respect may cost nothing”.* (Swedish Chambers of Commerce)

The special conditions of the health care and care sector is, of course, often discussed in the steering committee as its members have great knowledge on the rules and regulations and how to handle them and cope with them. That the private providers have to have good contacts and trustful relations with the politicians and officials is emphasized over and over again. The employees are seen as the primary group as alternative providers as they have the adequate knowledge both concerning the tasks and on how the system works. The project leader is convinced of that many of these employees have innovative ideas that they not are allowed to implement. On their own they however can do that to the benefit not just of themselves but also of the region and of the country. Age and experience is often seen as an advantage in these respects but could also lead to a hindrance as *“after many years in the public sector organizations the entrepreneurial spirit that may have been there from the beginning is killed. That may be a problem for projects concentrating on employees in the public sector.”*(Consultant). That the contracts given to providers just are for some years may also be a hindrance. If you leave the public sector you leave a secure position behind you. Especially in this part of the country there is “a public sector-spirit” thinks the interviewed persons illustrated by a statement made by the person representing The Chamber of Commerce. *“It is the tradition, the culture. The old system creates suspicion. To make profit from delivering care and health care is presented as wrong”*. However there are changes. Maybe it is just a matter of time states a steering committee member representing the conservatives.

Gender

The Regional Project aimed at increasing the share of women as owner-managers. The focus on women were therefore given to reach the aims. Women working in care and health care are entrepreneurial, and even innovative as expressed by the project leader, but up til now they too often have had to leave the sector to realize their ideas. To inform the entrepreneurial employees that “the time has come” is therefore important. It is of great importance also for the responsible organizations, the county council and the municipalities *“when it comes to the production of welfare it is important that there are individuals who want to work there, not just as employees. That is what it is all about”*.(Municipality, representing the Social democrats). This line of arguments means that also the employees who stay with the public sector organizations will be more innovative and entrepreneurial when they see what the ones leaving do and when they are managed in a new way.

Some members of the steering committee of the Region Project are reluctant to the gender-separating strategy used. The secondary position of women in the Swedish society could give women-only-projects problems. Especially if it is emphasized that programs for women have to include self-confident trainings as it is in Nya Tag.

Aims of the Union Project

The aims of the Union Project was also to “support a multitude of suppliers of health care and care” and thereby create a variety of services, work organizations and practices”. As an outcome the quality in the services produced will increase and so will the number of women owned enterprises. The members of the Union of Nurses are the main target group for the project. They are supposed to have adequate knowledge about the specificity of the sectors which will make them well suited to handle the health care and care system. Through them methods could be developed to go from information to realization. The other steps are inspiration, education, advice and follow-ups. As a label of this process and the steps required is the title Force for Change (Förändringskraft) used.

Organization of the Union Project

The responsibility of the project was by the Department of Social Affairs (Socialdepartementet) given to the Union of Nurses and consequently they selected the project leader. As they did not think they had the capacity to take that role inside the organization they recruited a consultant on part time bases. The consultant was an educated nurse and had been working at the national office of the Union of Nurses. One of the officials of the union were supporting the consultant both in the concrete work and in the planning and strategy discussions.

Two decision had to be taken very early; which other partners that should be included in the work and which part of the country should be chosen as pioneer regions? The partners were partly given in the decision from the Government as the Swedish Association of Local Authorities and Regions (SKL) was mentioned in the decision. Their members have, as was mentioned above, the responsibility for that adequate care and health care is given to the citizens. The others chosen members to the project were Jobs and Society and Swedbank. Jobs and Society Foundation is since more than 15 years a main player in the new-start-field in Sweden. It is financed mainly by private actors and fees from members but also work with and for the public sector. Its image is “private” in contrast to the public actors in the start-up-

business field. It has a network of offices all over the country. The Swedbank is one of the big banks in Sweden also with a distributed network of offices.

The second decision was to decide which part of the country should be chosen when the project was started. The initial intentions was to cover the whole country but as the budget was cut choices had to be made. The decision of the choices were ruled by the organizations regional representation. That was not easy as the situation could vary between the organisations. The interest for the development of private alternatives is varying over the country for the Union of Nurses. Jobs and Society had, as a rule, a “tiny” representation – often just with one single individual that had to be everywhere. They were active and interested, but overwhelmed by work. Swedbank had little experience of the markets for care and health care . Few asked for there services. SKL has as an umbrella, or meta-, organization no authority to order their members, that is municipalities and county councils to really take an active part in the project. The selected municipalities and county councils did send a representative to the project-meetings but their involvement in the work was varying in intensity and interest.

Entrepreneurship

Diversity is the concept dominating the steering committee of the Union Project - not entrepreneurship or innovation. The following statement by the member from Jobs and Society is representative for the standpoints taken: *“It is important for the Swedish economy that something happens in this sector. .. It is important for everyone, for the employees so they can realize their ambitions and working conditions. For the patients; so they can chose among suppliers. For the responsible municipalities and county councils; so they can give a higher quality in health care and care to the citizens. The whole society wins if we get more providers.”*

The employees, the nurses, are mentioned in two different ways in the interviews and discussions. The first one concerns the situation for the ones that stays as employees. With more providers they can increase their salaries as the providers have to compete to get the best ones. The second concern the changes expected both in new organizations and in the old ones. The established system that prevents innovations and entrepreneurial ways of working will vanish. A representative for the union states that *“the power of our members should be put into practice of they could decide over their working practice. Many members I meet tell me*

that if they were allowed to make the decisions it would be better both for them and the patients.” The changes planned and expected are often of a rather humble and every-day-character. *“To give them that little extra”*. But even small changes could mean much for the individual patients and for the satisfaction of the supplier.

The members of the steering committee are, as could be expected, very positive to new providers in care and health care but they are also concerned about what will happen to them as the county councils always “think big” and that big companies will get the big contracts. That is part of the circumstances in these sectors. To change this demands new ways of thinking in all groups. It is not enough to convince employees, the buyers of care and health care also have to be convinced and ready to make adaptations in different dimensions.

The members of the committee are also convinced of that the nurses are well prepared for being owners and managers of new providing enterprises. *“Knowledge means possibilities. We have an university education. We think holistic.. not just in small parts of the body but the whole human being – both her body and her soul”*. One of the representatives from the Union emphasize that the nurses work tasks often means that the step from employment to self-employment or owner-management is a small one. *“There are small differences between working as a district nurse at a medical care centre and to own and manage a district nurse reception”* .

Other members of the steering committee have quite different experiences and tell stories about how nurses are met with suspicion when it comes to management and economics. Some nurses have internalized these *“underdog-thinking... the members of our union are not in the top of the hierarchy in the system. Although we have a high competence we live in the shadow of the medical profession. When medical care centers are discussed medical doctors are, without saying, seen as their owners and/or managers”*. As a consequence of such understandings many nurses lack self-confidence to start a firm of their own and leave their employer and the public sector. To be employed is the *“established way of thinking”* among the majority of nurses according to representants of the union of nurses.

Gender

The Union Project is a project for women – which according to the members of the steering committee follows from the fact that 97% of the members of the union are women. So the project is for the benefit of women even if the project leader expresses a hope of that also the

minority of men will take the chance to get in contact with the project and to establish themselves on the market. The project has to present the special conditions in care and health care but also to take into consideration how women think about entrepreneurship and to be an owner and a manager. A lack of role models is a severe problem. A special kind of cautiousness is expressed in different ways. *“Security is needed when it comes to women. They do not want to chance on the way men do. We must accept that and help women to feel secure. To start an enterprise always means a risk – but we should try to see what women need to dare to take the step”* Consequently programs aiming at reaching women must be arranged in a special way. To present role models is one part. To create space for talks and reflection is another. To develop methods for learning and training is important. The message should also be presented by women – preferably by members of the Union. It is an issue of trust and credibility. *“The informants should talk the language of the informed. You can not send a gang of retired men from the banking sector to meet young women in the care sector. They will not really meet!”*(Project leader).

Discussion

The national programs as well as the presented projects have the ambition to create “More enterprises in the health and care sector”. As the sectors are regulated in different ways employees in the sector are the individuals suited to be the owners and managers of these new enterprises. The programs and projects are not challenging the responsibility of the public sector and the financing through the public sector. Consequently the organizations responsible for satisfying the demand, municipalities for care and county councils for health care, have to use these new providers as suppliers otherwise the suppliers can not survive. The two projects are constructed to include these two key-actor-groups, the nurses and the municipalities-county councils, but in different ways. In the Regional Program some municipalities from the region are recruited to the project and so is the county council. In the Union Program the ‘demand-side’ is represented by the meta-organization for municipalities and county councils, SKL. The union for nurses are taking the responsibility ensuring the involvement of the supply-side while they play a modest role in the other project. As we know from the projects and from the debate around the national programs there are problems both on the supply- and the demand-side in the perspective of “more enterprises in the health and care sector” which is illustrated in the model below.

Actors	Municipalities and county councils	Women – mainly women employed by these organizations
Attitudes towards more enterprises in the health and care sector	Different – from enthusiasm of neo-liberal reasons to resistance and reluctance of different reasons	Different – from enthusiasm of professional reasons to resistance of the same reason and of ideological reasons.
Methods for creating changing attitudes	Involvement in projects Meetings with business associations and consultants Best practice	Involvement in projects to meet key-actors from the demand side. Access to providers of advice and support and training in on how to run a business. Role models Change-attitudes-activities and confidence-training

On the whole the two projects illustrated the mixed picture found by Pettersson in the Swedish working with women's entrepreneurship. The potential clash between neo-liberal enthusiasm and resistance towards a decreasing public sector in the Regional Project is handled through involvement and the care for the region put in the frontline but also through an emphasizing of the importance of entrepreneurship rather than private enterprises. Best practice both from intrapreneurship and private providers are presented.

In the Union Project there is no such different meaning concerning the “more- enterprises” main aim in the steering committee. Just positive municipalities and county councils are joining the regional projects. Through them a number of Best practices are expected. The tensions concerning how to provide health and care are inside the Union for Nurses as the established hierarchy in the sector with the medical profession protecting their position seem to prevent radical changes in, and through, new enterprises. These problems are not at all

mentioned in the Regional Project and the other members in the Union Project give weak responses when the issue is raised.

So new enterprises started by employees are what are wanted. The big private providers expanding rapidly are most often neglected. The project-actors are concentrating in their task even if some of them, mainly the politicians are aware of what is going on in the country.

The concepts “new starters” and “entrepreneurs” are used as synonyms. The only ones really reflecting upon that there are a difference between the two are the representants of the peripheral municipalities that are advocates of intrapreneurship. They see the needs for new ways of thinking – but not new enterprises as a solution. They want to keep the public sector intact. New ways of thinking comes close to innovation. Innovation is, just like entrepreneurship, often considered to be part of the reality in sme:s and the reason why new enterprises are established. The statements given by the members of the steering committees are however very contradicting on this point. When the members reflect over what they are expecting they often emphasize small changes and with caring dimensions and use concepts like “responsiveness” and “close to the customer” – not innovativeness.

These ways of presenting and discussing needs and ideas put forward have strong gender-dimensions. Innovations in the way to organize and in the way to discern and interpret demand is not classified as innovations. The gendering of this concept is not acknowledged and neither is the concept of ”entrepreneurship” and “owner of an enterprise”. The project leader of the Region Project is aware of this but hesitate to bring the issue to the project-agenda herself. She instead recruits helpers to do it, as she thinks it is of importance for the understanding of the conditions and on how to work in a feasible way. In the other project the connection between the semi-professional status of the nurses and the gendering of professional and organizational structures is not given any role in the way the project is handled.

As the projects target employees in health care they target women. The group, women and employees, have some features that has to influence the way the projects are constructed and the activities planned. The experiences of the employees is seen both as something positive and something negative – on the positive side is knowledge in care and in the way the care-system works and on the negative side that they are socialized in a “public sector culture” which means, for example, that they think about themselves as employees not as self-

employed. The common description of the women is therefore that they are risk-averse and in need of help to be released as found in the studies related above. They also lack adequate knowledge on how to run a business and therefore they are supposed to need experts in business creation and how to run a business to help them. It could lead to empowerment but the starting point is without doubt a neo-liberal critique of both the women and the public sector they are inclined to.

In both projects there are however alternative observations and conclusions. The position in the middle of the professional hierarchy is emphasized by the union of the nurses. Their understanding of the strong professional structures is not put on the project agenda. Instead, the strategies for potential providers seem to be to choose business-ideas that are a little bit outside the interest of the profession. That the structure may have gender dimensions is just understood by the gender-competent consultants in the Regional Project.

Conclusions

The aim of the article was to concentrate on some aspects; how entrepreneurship is defined and handled, the stated connection between entrepreneurship and innovation and the way gender is defined and handled. Shortly – entrepreneurship is synonymous with new enterprises and they are, without saying or proving, innovative and started to realize innovations. Consequently new enterprises as providers of health care and care means new ways of meeting the demand for more care. The domination of women among the employees in the sectors make the projects working in and with the sector gender-projects according to the official rhetoric.

Even the most eager advocates demanding change of the health and care sector do not want to change everything- they want to keep the majority of the rules and regulations aiming at protecting patients and they do not want to change the way care and health care are financed. What they ask for is therefore entrepreneurship within a given framework. That is of course always the case. Entrepreneurship as well as innovations and the establishing of new enterprises is always processes in given contexts which individuals as well as organizations have the handle. When it comes to the health care and care sectors in a Scandinavian welfare model the strategy to push employees on the lower hierarchical levels to start enterprises is too reductionist. They can not change the structures. Neither can the single municipality or county council.

Both the projects as well as the programs have many aims – some of them contradicting. The many aims is probably one of the reasons behind the construction of the projects with partners from different parts of society to work together in a way inspired by the Triple Helix concept (although it can also be described as an old Swedish tradition of cooperation and negotiation). As the aims are so many some of them are considered more important than others. The advocates for increasing the number of small and medium sized firms, often with neo-liberal arguments, are dominating the projects strengthened by both by the government and the “zeitgeist”. Aims concerning equality between men and women or the position of nurses in the professional hierarchy are therefore seen as less important.

Small firms as new providers of health care and care financed by taxes is what is emphasized both in programs and projects. The positive thing with these new small firms are mainly discussed on the societal level. In the Regional Project society is above all the region and in the Union Project it is “the economy”. The positive effects will come also for the public sector organizations as the steering committees express a belief in the indirect effects of competition. The arguments are presented in a rather abstract economic way. Individuals are almost invisible even if some of the interviewed did talk about that it is positive for individuals to work in small organizations. All the “classical” advantages of small firms are used while the entrepreneurship concepts are omitted as well as the innovation concepts. The employees, that is women, are the ones that are expected to make the changes needed mainly by starting enterprises. This could mean empowerment of individual women but hardly to changes in gender regimes as long as the gendered dimensions of structures, concepts and activities not is acknowledged. To quote the statement of Berglund and Thorslund Granat the projects advocates individual answers to structural questions – but maybe that is their only alternative.

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