THE ROLE OF ENTREPRENEURSHIP EDUCATION IN DETERMINING SUCCESS OF SELF-EMPLOYED PROFESSIONALS IN ZIMBABWE: THE CASE OF MEDICAL DOCTORS IN PRIVATE PRACTICE.

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION

FEBRUARY 2019

GRADUATE SCHOOL OF MANAGEMENT

UNIVERSITY OF ZIMBABWE

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Declaration

I, ……., do hereby declare that this dissertation is a result of my own investigation and research, except to the extent indicated in the Acknowledgements, Bibliography and comments included in the body of the report, and that it has not been submitted in part or in full for any other degree to any other university.

……	**……**
Student Signature	**Date**
……	**……**
Supervisor Signature	**Date**

Dedication

A special dedication goes to my husband Albert and my daughter Joan. You remained loving, supportive and patient to allow me sufficient time to focus on my MBA program.

Acknowledgements

I acknowledge the grace of God that has taken me this far. Many embarked on this MBA journey but not all made it to the finishing line.

My gratitude goes to Dr. Maravanyika, my supervisor, for his dedication and enthusiasm that led to the completion of this work. I also appreciate all the medical doctors who contributed to this research regardless of their busy schedules.

My appreciation goes to my mum for her love, my sister Praise for being my voice of reason and maintaining my sanity, my brothers Bright and Prince for all the craziness you bring to make my life amazingly full. I sincerely appreciate the Nyamhunga family particularly baba Imlah; who walked this journey before me; for encouraging me not to quit. I am grateful to my friend Svosvai (Edith) for her support through the years. I also have much appreciation to the wonderful friends and classmates I met along the MBA journey; Rose my day one, Nancy, Fari, Steve, Des – thank you!

Abstract

The main purpose of this research project was to discover the role that entrepreneurial education plays in determining success of self-employed professionals in Zimbabwe looking at medical doctors in private practice. The general conclusion from literature is that entrepreneurial education equips individuals with knowledge, skills and capabilities to establish and maintain successful businesses. Literature has however been limited to other parts of the world and hence this study had an aim of filling this research gap by critically appraising entrepreneurial education in the Zimbabwean context. Information gathered from this research and its applications were aimed at benefiting medical practitioners in private practice, Institutions of higher learning and entrepreneurs in Zimbabwe at large. The study adopted an exploratory case study design of medical doctors in private practice. Face-to-face interviews using were conducted with practitioners in different specialties using an interview guide to collect empirical data. The interview guide had unstructured questions that enabled the gathering of in-depth information also leaving room to probe for clarity on any responses. The research employed a qualitative research philosophy and the collected data was analysed through data displays in the form of Content Analytic Summary Tables. The study established that entrepreneurial education can lead to the success of medical doctors in private practice. However, the study also established that: medical practitioners are not aware of the fact that entrepreneurial courses can be beneficial to any profession as they want tailor-made courses; medical training courses lack business modules as they were designed with doctors as employees in mind and not as employers; medical doctors lack awareness of entrepreneurial programs being offered by institutions of higher learning. The recommendations in light of these findings are that: there must be tailor-made courses to assist doctors running private practices; entrepreneurial modules should be made part of the medical curricula; institutions of higher learning should have awareness campaigns to promote the programs that they offer and their respective fees.

ACRONYMS

AHFoZ	-	Association of Heath Funders of Zmbabwe
CUT	-	Chinhoyi University of Technology
MDPCZ	-	Medical and Dental Practitioners' Council of Zimbabwe
MSU	-	Midlands State University
NGO	-	Non-Governmental Organisation
UZ	-	University of Zimbabwe
ZACH	-	Zimbabwe Association of health Funders of Zimbabwe

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Entrepreneurial education commenced being taught in universities as early as the 1970s with the introduction of MBA programs, however, recently the field has gained the limelight in the face of growing unemployment and economic depressions constantly faced (Katz, 2003). Katz further adds that traditionally, the education curricula groomed individuals to be appropriate employees but in the world of today educational qualifications alone are no longer adequate for a graduate to succeed, they have to be coupled with other personal skills such as confidence, initiative, innovativeness or creativity, which comprise the entrepreneurial spirit. Thomas and Barry (1994) summarise the purpose of entrepreneurial education stating that it seeks to fuel entrepreneurship drive, encourage calculated risk taking, encourage business start-ups and develop a positive attitude towards change.

Isaacs et al. (2007) define entrepreneurship education as the purposeful intervention that is made by an educator in the life of the learner to equip them for survival in the dynamic environment of the business world. Cooper and Lucas (2007) are of the view that entrepreneurial education enhances a student's self-efficacy, which is an enduring belief that one has the ability to carry out the tasks expected of an entrepreneur. They note that individuals with a low self-efficacy are least likely to start their own entrepreneurial ventures as they do not believe they have what it takes to succeed. Gwija et al (2014) also reveal that low self-efficacy is the reason why some individuals prefer paid employment over starting their own businesses and therefore entrepreneurial education could impart skills and knowledge to turn individuals towards an entrepreneurial mind-set. Kritskaya and Shneor (2015) in their study of former students of entrepreneurship reveal that more than half of the students that underwent entrepreneurial education had benefited from their studies and had gone on to establish their own businesses.

There are other scholars who have a divergent view point on entrepreneurial education and emphasize that it is of little benefit. Yang (2016) asserts that university professors cannot teach entrepreneurship as they have theoretical knowledge which is of less relevance in the field of entrepreneurship. He further argues that entrepreneurship is based on creativity and its effectiveness relies on the ability to see things differently from others hence it cannot arise from mass production thought style emphasised in schools. Fenton and Barry (2011) also

reveal that entrepreneurial subjects were highly theoretical and were of little benefit to students who needed practical and usable knowledge.

Most studies on entrepreneurial education reveal that the education helps students who underwent the training to set up their own businesses and it also prepares them to manage the businesses by developing characteristics needed by an entrepreneur. This is supported by Dutta et al (2011) who assert that entrepreneurship education steers prospective entrepreneurs towards development by providing them with a combination of knowledge, skills and capability to establish and maintain new enterprises. It is also essential to note however, that most studies entrepreneurial education were conducted in other parts of the world for example Charney and Libecap (2013) studied former students of the Berger Entrepreneurship Program in the United States of America; Fenton and Barry (2011) made their study on entrepreneurship students in Ireland and Gwija et al (2014) made their studies in South Africa. The available literature has a weakness as it does not address the research questions in this investigation. The purpose of this study is to establish the role entrepreneurship education plays in determining success of self-employed professionals focusing on medical doctors in private practice.

The remainder of the chapter will give a background to this study, the statement of the problem, objectives of this study, research questions and put forward a research proposition. The chapter will also give the significance of the study, assumptions, the scope of the study, ethical considerations and concludes by giving a structure of this research.

1.2 Background

1.2.1 Background of the medical sector in Zimbabwe

In Zimbabwe there are 3 institutions of higher learning offering medical training; the University of Zimbabwe (UZ), National University of Science and Technology (NUST) and recently Midlands State University (MSU) (MDPCZ, 2018). public health institutions as employees while some are absorbed by the private health sector or Non-governmental Organisations (NGOs). The Public Health Sector is the largest provider of medical services in Zimbabwe and it is also the largest employer (Mugwagwa et al, 2017). They add that the government on its own cannot manage to serve the growing population of more than 15 million people due to multiple political, economic and social difficulties. According to

Mudyarabikwa (2000) the major challenges the government of Zimbabwe faces in retaining its status as the major healthcare provider include fiscal deficits, heavy external debts, shrinking donor funds and public health looting by civil servants. Mission hospitals, non-governmental organisations and for the private sector, therefore, compliment the government in providing health care to its citizens.

According to Mugwagwa et al (2017) mission hospitals aid government efforts in ensuring accessibility to health care by providing service in the rural areas of Zimbabwe which account for about 80 percent of the total population. The Zimbabwe Association of Church Related Hospitals (ZACH) (2016) report that mission hospitals and clinics contribute more than 35 percent to the national health delivery system. It is also reported that mission hospitals and clinics are reported to also account for 68 percent of the rural health care delivery system providing service to the underserved, marginalised and vulnerable communities in Zimbabwe.

Funding for the operations of mission hospitals largely depends on the government which pays for the medical personnel and supplies some of the drugs; mother churches, however, are key players in the funding of the hospitals and clinic (Mudyarabikwa, 2000). He adds that mission hospitals due to their location in the rural parts of the country suffer from lack of key medical personnel who prefer to work in medical centers. Furthermore, the general standards of mission hospitals are way lower than government or private hospitals which makes them less attractive to the workforce. Most mission hospitals resort to hiring of medical professionals abroad which keep their services afloat.

There is a high attrition of experienced health professionals from government and mission hospitals into the private sector or beyond the borders due to poor conditions of service and remuneration (Sanyanga, 2015). The private sector has always been active in Zimbabwe but historically catered for the upmarket patients on health insurance policies locally known as Medical Aid Societies. According to Mudyarabikwa (2000) in 1980 the government moved to close the private medical sector as it was seen to emphasize inequalities in accessing medical care. The for-profit agenda of private health service providers was against the government objective of promoting equity among citizens. This move to close the private sector was later revoked as it was unacceptable to citizens who could afford private care.

Mugwagwa et al (2017) notes that private sector fees are determined by what the market can bear and not what is in the best interest of the consumer as is with public pricing. In the recent months in Zimbabwe due to shortages of foreign currency and worsening economic meltdown, most doctors in private practice have been charging shortfalls in United States Dollars hard cash which is now accessible on the black market at exorbitant rates (Daily News, 2018).

Growth of private medical services is underpinned by the health insurance system; medical aid societies. NAMAS (1998) reveal that 75 percent of pay outs are for the private sector. According to the ZimHealth website only 10 percent of the Zimbabwean population has the capacity to make monthly contributions to health funders. The Association of Healthcare Funders of Zimbabwe (AHFoZ) website reveals that there are 27 registered medical aid schemes. The biggest medical aid societies in the country are Premier Service Medical Aid (PSMAS), CIMAS and First Mutual Life (FML) which cover up to 90 percent of the people on health insurance. Some of the oldest health funders like Premier Service Medical Aid (PSMAS) grew from a membership of under 1 000 in 1931 to over 600 000 in the recent years (Mudyarabikwa, 2000).

Up until 1988 medical professionals employed by the government could not engage in private practice even outside their normal working hours, however, it only resulted in a high staff turnover (Mugwagwa et al, 2018). The government later repealed this restriction as a strategy to retain employees who were ending up seeking employment beyond the borders or joining the private sector. Mugwagwa et al (2017) further add that civil servants who are into private practice were also given right to co-use government facilities by admitting their patients at government hospitals and using operating theatres and equipment. Most private players have the expertise but lack the necessary infrastructure and essential equipment to achieve higher supply of care to the public (Sanyanga, 2015). As the private sector has become more liberal, private medical surgeries have spread to cater for the once marginalized sectors of society such those in high density suburbs and peri-urban areas.

According to Sanyanga (2015) the government is a key player in the sustenance of private medical sector in Zimbabwe and it offers subsidies to the private sector as follows:

i) Tax credits - The government provides tax relief on incomes as cushion against the high cost of land and erection of appropriate structures from which medical services can be safely

provided. This subsidy allows the small providers to accrue reasonable incomes to progress and increase their capacity to offer a wider range of services.

ii) Tax Relief - The government through the Income Tax Act also offers tax relief to subsidize private health providers who purchase new or replace their tools of trade and equipment. The objective is to ensure that patients access quality services with the providers employing appropriate equipment as dictated by developments in medical technology.

iii) Co-use of public facilities - The government provides subsidies for the private providers by giving them access to public facilities at central and tertiary hospitals for their patients. Private patients requiring services such as maternity or other expensive and complicated procedures such as Radiotherapy can access these services while admitted a private patients in central hospitals. Although the patients are charged the public sector fees for admissions, the providers themselves are not charged for using the public facilities and equipment. However, there is an arrangement for them to attend to government patients free of charge in return which makes it a win, win situation.

iv) Low user fees in Public Facilities – Private users enjoy the lower fees of using public equipment although they liberally charge their patients higher prices. This arrangement saves them a lot of money in comparison to if they had to access facilities in private centers.

v) Liberalized private practice – The fact that medical doctors can both work for the government and operate their private practice gives them immense benefits financially. They stand to benefit from their government salaries which are reliable and also make gains in their for-profit private practices. Before 1988 civil servant had no liberty to be in private practice whilst they were still on government payroll however noting the government's inability to compensate health workers well the government had to be lenient. This also worked in minimizing brain drain and people leaving the public sector to join private practice.

1.2.2 Porter's Five Forces on Private Medical Sector in Zimbabwe

1.2.2.1 Industry Rivalry

The medical industry is not homogenous as there are various fields of specialization, some with more players than others. However, competition is rife for General Practitioners as there are thousands of them operating in the country. What makes rivalry in private practice even more rampant is that the biggest health funders, CIMAS and PSMAS now operate their own private clinics which offer general practitioner services and pharmaceuticals.

Table 1.1: Distribution of medical doctors in Zimbabwe

MEDICAL SPECIALTY	NUMBER
Dental Practitioners	228
Medical Practitioners	1 841
Cardio Vascular & Thoracic Surgeons	3
Clinical Immunologists	1
Community Physicians	30
Dermatologists	5
Family Practitioners	7
Forensic Pathologists	1
Haematologists	4
Maxillo-Facial Oral Surgeons	10
Neuro Surgeons	14
Obstetricians and Gynaecologists	99
Ophthalmologists	37
Oral and Maxillofacial Pathologists	1
Orthodontists	4
Orthopaedic Surgeons	24
Ortorhinolaryngologist	10
Pathologists	15
Paediatricians	55
Periodontists	1
Physical Medicine Specialists	1
Physicians	89
Plastic and Reconstructive Surgeons	3
Prosthodontists	1
Psychiatrists	23
Radiologists (Diagnostic)	25
Radiotherapists and Oncologists	14
Surgeons	56
Urologists	16
Venereologists	2

TOTAL	**2 620**

Source: MDPCZ (2017)

1.2.2.2 Threat of Substitutes

The private sector faces a threat of being substituted for government or mission hospital services. It is increasingly becoming difficult for an ordinary Zimbabwean to afford private health care locally (Daily News, 2018). Patients tend to opt to become government patients when it comes to expensive procedures such surgeries or cancer treatment. The private health care sector in Zimbabwe is also challenged by neighbouring countries such as Botswana or South Africa whose healthcare system is much more advanced than Zimbabwe (Newsday, 2018). Countries such as India are now the hub of medical tourism especially for cancer related treatments as it is much cheaper to access treatment there than anywhere else in the world (indiahealthcaretourism.com, 2017). Furthermore, their equipment is state of the art and their treatment methods are cutting-edge in comparison to Zimbabwe. There is also a new threat of traditional medicines and imported herbs which some people opt for and claim to be more effective than modern medicine.

1.2.2.3 Bargaining Power of Suppliers

The major supplier to private medical operations is the medical funders known as medical aid societies as the majority of patients receiving private care are on these schemes. The health funders determine the rates at which they will pay service providers for services rendered. They tend to compare regional rates with those charged in Zimbabwe then determine a reasonable fee although the situation in Zimbabwe is peculiar to any neighbouring country currently. The medical sector also relies largely on imported products for even basic consumables such as latex gloves or syringes. Most of the equipment used comes from countries like the United States and China and therefore in this current situation where there is a shortage of foreign currency, the private sector faces many challenges.

1.2.2.4 Bargaining Power of Buyers

The buyers have power as they have options to pick from ranging from seeking treatment outside the country, seeking cheaper alternatives to using traditional medicines. In most cases if a patient is not satisfied with a doctor's opinion, they seek a second opinion because switching costs in the medical field are low.

1.2.2.5 Threat of new entrants

It is easy for a qualified medical professional to start their own practice for as long as they meet the required standard by the MDPCZ. For General Practitioners for example, they should have completed their 2-year internship and a full GME year to be eligible for an unrestricted practicing certificate. Considering that over 200 medical and dental students are churned out each year from Zimbabwe Medical Schools and over 50 with master's in medicine Degrees each year, it is clear that the threat of new entrants is high.

1.2.3 Background to entrepreneurial education in Zimbabwe

Zimbabwe like other countries regards entrepreneurship as a panacea to growing unemployment; a result of shrinking formal employment, and increasing poverty levels (Nani, 2016). Nani goes on to point out that the Government of Zimbabwe went on to adopt recommendations by the 1999 Nziramasanga Commission to include practical subjects in the educational curricula, entrepreneurship included. The purpose was to produce graduates with the ability to create their own jobs after leaving formal education. However, the challenge noted by Nani (2016) in teaching of entrepreneurship was that adequate time was not being allocated to the subject for the whole entrepreneurial process to be followed through. Nani (2016) notes that subjects such as Mathematics and Languages were being given more time to be taught revealing that practical subjects were viewed to be of lesser importance.

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Rigwema (2004) noted that in some government high schools in Zimbawe entrepreneurship was being taught but the emphasis was on getting students to pass examinations and not so much about imparting entrepreneurial knowledge. Rigwema (2004) reveals that teachers admitted to only preparing students for the exam and not to empower them to start their own

business. The concept of entrepreneurship had not fully been embraced in the surveyed schools indicating that it was still a neglected phenomenon. Just like was noted by Gwija et al (2014) that in South Africa there are no studies which investigate teaching methods of entrepreneurship education from primary to tertiary school level, the same can be said for Zimbabwe.

Hosho (2013) conducted a study with the intention of establishing the effectiveness of compulsory entrepreneurial education at the Chinhoyi University of Technology (CUT). The scholar revealed that entrepreneurship course failed to create an impact and influence students to take entrepreneurial challenges as most still suggested that they would pursue paid employment. Another finding was that the education was failing to match students' skill expectations with their skill acquisition. He suggested that the entrepreneurial curricula needed revision for it to become more appropriate and effective to mould enterprising individuals who are highly innovative. Hosho (2013) reveals in this study that the level of understanding on what entrepreneurship entails was still low among students including those undertaking entrepreneurial courses. He suggested that institutions offering entrepreneurial courses had to come up with innovative curricula that suited the demands of the students in an environment with shrinking job opportunities.

1.3 Statement of the Problem

Literature reveals that educational qualifications on their own are no longer adequate for a graduate to succeed as they are face with many challenges in the world of today; they have to develop some personal skills such as confidence, innovativeness and creativity (Katz, 2003). Thomas and Barra (1994) revealed that entrepreneurial education was the way to address this challenge as it imparted the entrepreneurial spirit which gives an individual the ability to creatively solve problems, take calculated risks and develop a positive attitude towards change.

The Background of the study (Section 1.2.1) reveals how extremely competitive the private medical industry in Zimbabwe is. This therefore makes it difficult for a doctor without the entrepreneurial abilities to succeed in such an environment. The Deloitte (2016) report on World Economic Forum on Africa reveals that the challenges in Africa are not economic but the inability to transform challenges into profitable ventures The background to

entrepreneurial education in Zimbabwe (Section 1.2.2) reveals the challenges in the teaching of entrepreneurship itself in the country whereby some scholars reveal that it is not being given adequate time to be taught and is largely theoretical. This might therefore mean that although entrepreneurial education is said to be beneficial in studies that were conducted in other parts of the world, in Zimbabwe it is a different case.

Without proper entrepreneurial training most doctors in private medical practice will fail to achieve success, their greatest potential or sustain the operations of their businesses. Furthermore, without the entrepreneurial spirit some practitioners might fail to get the courage to start their own private practices due to the fear of taking risks or failure. Entrepreneurial education is taken to be the answer to the stated challenges although in Zimbabwe it is not clear if the doctors have access to effective education. The purpose of this study is therefore to establish the role of entrepreneurial education in determining success of self-employed professionals in Zimbabwe particularly medical doctors in private practice.

1.4 Research Objectives

Main Objective

To establish the role of entrepreneurial education in determining success of Zimbabwean doctors in private practice.

Sub Objectives

1 To establish if medical practitioners have an understanding of entrepreneurial education.

2 To find out medical doctors' perception of formally taught entrepreneurship education in Zimbabwe

3 To determine if medical practitioners are aware of the benefits they can attain from entrepreneurial education

4 To assess the challenges medical doctors face in accessing entrepreneurial education in Zimbabwe.

1.5 Research Questions

Main Research Question

What the role of entrepreneurial education in determining success of Zimbabwean doctors in private practice?

Subsequent Questions

1 Do medical practitioners have an understanding of entrepreneurial education is?

2 What are medical practitioners' perceptions of formally taught entrepreneurial education in Zimbabwe?

1 Are medical doctors are aware of the benefits they can attain from entrepreneurial education?

4 What are the challenges medical doctors face in accessing entrepreneurial education in Zimbabwe?

1.6 Research Proposition

There is limited access to entrepreneurial education for Zimbabwean medical practitioners in private practice.

1.7 Significance of the Study

The study offers an in depth investigation on whether self-employed professionals need entrepreneurial education for them to realize success in their business enterprises. It is beneficial to medical professionals in Zimbabwe who will get to understand what it takes to succeed. As Nagral (2012) puts it, the medical field has become highly corporatized and commercial; without any business or entrepreneurial knowledge survival becomes very challenging in private medical practice.

The research is also be critical to policy makers who are concerned with growth of the Zimbabwean economy. Entrepreneurship is a key driver of economic growth and

understanding the role entrepreneurship education plays in fostering venture start-up and development cannot be ignored. Entrepreneurship education can result in development of entrepreneurs in the country who will start business with the potential of creating employment and contributing to the national fiscus.

Institutions of higher learning also stand to benefit from this research as they are the ones who develop curricula for imparting entrepreneurial education. This research suggests ways in which entrepreneurial education can be improved to address key challenges in the market. Most institutions of higher learning are criticized for developing curricula that does not address challenges in the market, this research gives an eye-opener on how curricula can be improved. This study also contribute to the reduction of the gap in the current literature pertaining to the contribution of entrepreneurial education in the success of self-employed professional mainly looking at medical doctors. The research also made an empirical contribution in testing a theoretical linkage between entrepreneurial education and success of self-employed professionals

1.8 Scope of the Study

This study will be carried out and limited to Harare Metropolitan Province. This is because Harare has the largest population of medical practitioners in different fields as compared to other provinces. In Harare Province medical practitioners from General Practitioners to different medical specialists can be found making it easier to access opinions from doctors in different sectors of the medical field.

1.9 Ethical Considerations

1. Participants to the study engaged willingly and only with their informed consent.
2. The researcher observed all protocol before conducting the research.
3. The researcher upheld anonymity of participants by not requesting personal identification information.
4. There was be no manipulation of the researcher and participant relationship.
5. The researcher did not impede or undercut standard organizational processes, practices and procedures.

1.10 Structure of the Research

Chapter 1

The Chapter introduced the whole research and also gave a background to the study being undertaken. Justification of the research and its scope were outlined. In this chapter a conceptual framework was also outlined.

Chapter 2

This chapter focuses on the literature review and the researcher seeks to put to light what has been written before concerning the area under research. The literature review seeks to establish gaps in the literature that are yet to be researched and also to justify why the current research is necessary

Chapter 3

The third chapter is the methodology chapter that reveals how the research will be carried out. It outlines the methodology that will be used for this research, explaining the data collection tools and methods.

Chapter 4

This chapter will discuss the findings from the data that would have been collected. In this chapter the theoretical framework will be applied to try and explain the findings so as to give an interpretation to them.

Chapter 5

The final chapter of this research concludes the research and also gives recommendations for further research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to gain an understanding of the existing research and debates relevant to the field of entrepreneurship and entrepreneurship education. According to Tahir (2015) literature review justifies the reason why the research is necessary. He adds that literature review demonstrates familiarity with the field of study and it is that knowledge that assists in identifying the gap which the research will fill. The literature review will assist in getting a better understanding of how research findings are presented and discussed in the entrepreneurship discipline. The chapter picks some theories of entrepreneurship and goes on to define entrepreneurship and the entrepreneur from the various scholarly perspectives. Furthermore, it outlines what entrepreneurial education is, its challenges and its benefits. Entrepreneurial education is examined in the medical field and also entrepreneurship in the Zimbabwean perspective.

THEORETICAL LITERATURE

2.2 Overview of Entrepreneurship Education

According to Katz (2003) entrepreneurship education started in Japan with Shigeru Fijii who introduced entrepreneurship education at Kobe University in Japan. Katz (2003) notes that the education drastically grew and to date hundreds of Universities across the globe particularly in the United States offer entrepreneurial courses and training. The continued increase of business education as a field of study resulted in integration and rational approach to those who aspired to be entrepreneurs by introducing entrepreneurship studies (Katz, 2003). Although entrepreneurship is said to have come a long way many researchers state that the field of entrepreneurship education is still young and emergent. Entrepreneurial education can be defined as the structured formal conveyance of entrepreneurial knowledge (Young, 1997).

Isaacs et al. (2007) define entrepreneurship education as the purposeful intervention that is made by an educator in the life of the learner to equip them for survival in the dynamic environment of the business world. Mwangi (2011) believes that entrepreneurship education aims at supporting graduates or aspiring entrepreneurs to the set up or operate their own entrepreneurial ventures and not seek paid employment elsewhere. He adds that the imparted

education seeks to capacitate an individual by unleashing their entrepreneurial capabilities. Entrepreneurial education is effective when it starts at an early age where pupils acquires a positive attitude towards enterprise, business management skills and entrepreneurial spirit in school (Nieuwenhuizen and Groenewald, 2008). They argue that an entrepreneurial culture is nurtured at home, from a family business and further developed in higher education and training institutions

The Nigerian Education Research and Development Council (NERDC) (2004) define entrepreneurial education as the processes encompassing, in addition to general education the acquisition of entrepreneurial skills, attitudes, understanding, and knowledge in various sectors of economic and social life. According to Dogan (2005) entrepreneurial education and a personal desire for entrepreneurship in individuals results in the presence of successful entrepreneurs and their increase in society. Young entrepreneurs receiving university education should be provided with entrepreneurship education focusing on mentality, consciousness and skills. In this respect, more courses should be provided in relation to entrepreneurship especially in universities.

Education plays a significant role in developing a student's entrepreneurial mind set however it is of paramount importance for development of teaching and learning approaches which strengthen students' entrepreneurial self-efficacy (Cooper and Lucas, 2007). Self-efficacy is an enduring belief that one has the ability and capacity to carry out the tasks expected of them, in this case being those of an entrepreneur. Gwija et al (2014) reveal that Black South Africans lack self-efficacy to start-up a businesses compared to other races in the country. They noted that black entrepreneurship graduates opted for paid jobs instead of creating their own employment revealing the essence of entrepreneurial self confidence in starting a business which must be taught for entrepreneurial education to be effective. Nicolaides (2011) is of the view that Black South Africans have a legacy of Apartheid and inferior quality education which resulted in them having very little opportunities to successfully run their entrepreneurial ventures.

Lucas and Cooper (2007) further state that grooming of self-efficacy can only be achieved by employing innovative approaches to teaching and learning which stimulate students and develop their self-confidence and commitment to pursuing entrepreneurial careers. According to Cotton and Gibb (1998) there are seven ways that are effective with regard to entrepreneurial learning; and these are:

(i) by doing

(ii) through experience

(iii)by experiment

(iv)by risk taking and making mistakes

(v) through creative problem solving

(vi) by feedback through social interaction

(vii) by role playing.

There are researchers in support of the notion that entrepreneurial learning is effective when done experientially. Kolb (1984) is one scholar who concurs that entrepreneurial knowledge is gained or created through experience. Cope and Watts (2000) argue that the best means for students to learn about enterprise is by them having a hands on experience. They go ahead to highlight that genuine participation of students in the learning process is significant and has lasting effects on entrepreneurial intentions and embed self-efficacy levels of a student. It is their assertion that skills and attitudes associated with entrepreneurship are cultivated in the process of running an entrepreneurial venture or in the workplace. However due to resource constraints in most institutions of higher learning, practical teaching of entrepreneurship is not widespread.

Dutta et al (2011) assert that entrepreneurship education steers prospective entrepreneurs towards development and by providing them with a combination of knowledge, skills and capability to establish and maintain new enterprises. According to Rae (2010) education is critical for the creation of an understanding of entrepreneurship and for developing entrepreneurial capabilities, and to contribute to entrepreneurial identities and cultures at individual, collective and social levels. Individuals who receive a basic entrepreneurship education providing competencies in administrative terms are much more likely to engage in an entrepreneurship activity in the future (Rae, 2010).

Thomas and Barra (1994) explain that entrepreneurship education and training programmes have the following objectives:

- the attainment of knowledge and skills in the field of entrepreneurship
- exploration and fuelling of entrepreneurial drive, talent and skills
- encouraging calculated risk-taking
- the developing of positive attitudes towards change
- encouraging start-ups and growth of existing ventures.

According to Paço et al (2015) through adequate entrepreneurship education, an individual acquires the skills and knowledge needed for establishing and developing a new business. It is not what students learn about entrepreneurship that moulds their desire to be entrepreneurial but rather what they learn about themselves and their own capabilities. Sanchez (2011) states that education is necessary to steer students with entrepreneurial intentions towards entrepreneurship, furthermore, going through the courses enables them to see their own deficiencies in terms of entrepreneurship and determine the qualities requiring improvement.

Entrepreneurship education is a life-long learning course, which encompasses five stages, namely, fundamentals, competency awareness, creative applications, start-up, and growth (Macaulay 2008). According to Macaulay (2008) the initial stages, entrepreneurs should be provided with essential skills such as recognising career choices; understanding economics and free trade. Training to discover entrepreneurship capabilities and understanding of the difficulties of employers are done at the competency awareness stage. At the creative applications stage, entrepreneurship competencies, application of specific occupational training and learning how to create new businesses is done. It is expected that at the start-up stage, the apprentice entrepreneur becomes self- employed; develop policies and procedures for a new or existing business. Finally, during the growth stage, they should be able to solve business problems efficiently and probably lead an existing business to expansion.

2.3 Challenges of Entrepreneurial Education

The lack of a unique concept of entrepreneurship education results in various opinions on what the goal of such education should be, how it must be organized, which methods of teaching are used and who is competent to participate in performing the entrepreneurship education programs (Oberman, 2013). According to Gibb (2009) the absence of an accepted definition poses fundamental challenges such as the controversy arising from the different objectives and varieties of entrepreneurship education considered in the various studies.

The lack of a standard definition of entrepreneurship makes it difficult for there to be uniformity in curricula design and delivery. Fenton and Barry (2011) state that the ambiguity in the conceptual and assessment approaches of entrepreneurship in institutions is as a result of lack of accepted paradigms or theories of entrepreneurship education and the apparent

shortcomings in the definition of entrepreneurship. Entrepreneurship education is a complex field which makes it almost impossible for the field to be studied and explained in a classroom environment then replicated by all students of entrepreneurship just like any other subject.

Hannon (2006) claims that there has been excitement to introduce as many entrepreneurship programmes in higher education as possible that educators forgot to examine academic approaches suitable for educating the growing or aspiring entrepreneurs. A study conducted by Fenton and Barry (2011) on Irish students in institutions of higher learning reveals that the students found entrepreneurship education highly theoretical and they stated that lecturers used business plans as the main teaching tool which was ineffective for students lacking prior exposure to an enterprise. Solomon (2007) is of the view that to produce graduates capable of opening businesses, creating employment and wealth; tertiary institutions require academic expertise combined with a practical focus on entrepreneurship which is what is lacking. Ryan (2008) suggests that entrepreneurship education is teaching centred instead of it being learning-centred thus depriving students of real world context of entrepreneurship.

In the view of Smith (2008) objectives of the entrepreneurial education were not being achieved as there was a mismatch between skills acquired at the university and those required by the students. He postulates that entrepreneurial skills were poorly developed within the university setting and students considered the entrepreneurship curriculum inappropriate. Ndedi (2009) suggests that institutions of higher learning lack business incubators which can assist students to link theoretical training to practical exposure. These incubators can provide both management technical assistance to upcoming entrepreneurs which would assist in addressing business related issues.

Ndedi (2009) also noted that most entrepreneurship/business students lacked technical skills or hands-on experience that was necessary for creation or innovation of new products and services. The study reveals that this was opposed to engineering, information or design students, who possessed practical skills but lacked entrepreneurial knowledge. A balance between technical and entrepreneurial skills was a key competency of an entrepreneur and it lead to creativity and innovation. Renowned entrepreneurs such as Bill Gates, Michel Dell, Steve Jobs or Mark Zuckerberg relied on their creativity and innovation not their theoretical knowledge which resulted in them creating some of the biggest companies in the world.

According to the OECD (2008) institutions of higher learning focused entrepreneurship teaching on traditional business management instead of stimulating growth-oriented entrepreneurship. They add that lecturers had to impart business growth strategies that relate to internationalization and finance. Furthermore, they had to ensure that skills necessary in entrepreneurial success of an individual were developed such as opportunity recognition, risk-taking, strategy, leadership, negotiation, building strategic partnerships and protection of intellectual property. Fenton and Barry (2011) state that entrepreneurship education is frequently cited as a solution for increasing supply and quality of entrepreneurs; however, there has been limited research to substantiate claims that graduates benefit significantly from entrepreneurship education. It is therefore necessary to evaluate the effectiveness or efficacy of entrepreneurship education in institutions of higher learning.

According to Fanton and Barry (2011) despite the significant public expenditure in the developed countries on integrating entrepreneurship education in institutions of higher learning, very little is known about the degree to which it successfully fosters and encourages entrepreneurial activity. Research by Souitaris et al. (2007) discovered that there was inadequate information on the effects of entrepreneurship programs on student's subsequent behaviour after their studies. However their study revealed that entrepreneurial programs increased entrepreneurial intentions of a student. The study which was conducted among science and engineering students revealed that during their entrepreneurial studies, students experienced key moments of inspiration that drastically changed their minds and made them desire to become entrepreneurs. Entrepreneurship programs induced the creativity of students which is a key part of the entrepreneurial process and an attribute shaping the entrepreneurial behaviour.

2.4 Benefits of Entrepreneurial Education

Entrepreneurship education has a critical goal of increasing employment with the alarming unemployment rates in the world (European Commission, 2010). With the growing unemployment rates, a generation of employment creators not employment seekers are needed. Young people have to be equipped with proper entrepreneurial skills so as to create more jobs as opposed to seeking for a paid employment. There are global economic challenges that can only be resolved by good business management skills, entrepreneurial spirit and courage, the ability to identify and exploit existing opportunities in the business

environment (Pittaway and Cope, 2007). For companies to survive turbulent business environments in which they exist their workforce needs to acquire new skills that enable them to swiftly adapt to new conditions and possible career changes; this is fostered by teaching business management skills and entrepreneurship.

Reynolds et al (2005) note that there is a link between education and entrepreneurship whereby they indicate that people with lower levels of education were less likely to participate in entrepreneurial initiatives. Universities as potential sources for the development of entrepreneurial behaviour among students had a major role in entrepreneurship education and training. Grecu and Denes (2017) assert that in the current economic situation, academic knowledge of a subject was no longer sufficient for a new graduate as students required skills and abilities that increase their chances of being employed. The requisite skills include retrieval and handling of information; communication and presentation; planning and problem solving; and social development and interaction. During entrepreneurial training these skills must be imparted to give individuals the ability to recognize commercial opportunities, self- esteem, knowledge and skills to act on them.

According to Gibb (2005) notes that entrepreneurial studies are not only relevant to students wishing to start their own ventures but to the modern employee. This is because social changes have altered the manner in which employees conduct their daily duties where they now require more independence and freedom of decision making in performing their tasks and with the rising of project based and virtual working, the daily activities of many workers resemble those of entrepreneurs. Sedlan-König (2012) believes that the anticipated outcome of entrepreneurship programs is not solely related to initiating business ventures, but to developing skills that would be useful to youth in complex and ambiguous situations, regardless of the professional field or career of they pursue. Understanding the role of entrepreneurship education has also changed from last century's emphasis on theoretical management related knowledge and is now biased towards the development of personal qualities. Gibbs (2005) further notes that the core of an enterprise is supported by an individual with an entrepreneurial spirit thus teaching should focus on promoting that spirit.

According to Rengiah (2016) companies are increasingly shifting their structure from concentration towards decentralization due to the development of entrepreneurship and the entrepreneurial mind-set. Rengiah (2016) adds that entrepreneurship plays a significant role of being a social glue that connects main street activities to high-tech innovation. The

globalised world economy pushes organizations to be highly competitive, to be productive and flexible which are factors closely associated with entrepreneurship. In the world of today supporting entrepreneurship is closely associated with fostering a country's competitiveness given the technological change which intensifies global competition brought about by globalization and economic liberalization (Afolabi, 2015).

Linan (2007) states that entrepreneurship is an important driver for economic growth and innovation in countries. During the last few decades, entrepreneurial education has received more attention across the globe due to the discovery that there is a positive correlation between entrepreneurship and economic growth (European Commission, 2010). According to the Innovation Task Force (2010) growing and fostering of entrepreneurial activity is crucial for the development of sustainable economies. Indigenous entrepreneurial ventures are essential in stimulating the growth of the Gross Domestic Product (GDP), job creation and export growth. It is the responsibility of the governments and policy makers to create an enabling environment that gives individuals and companies the confidence to create economic activity and employment. Renginah (2016) states that the link between entrepreneurship and economic growth can easily be highlighted by facts and can also be demonstrated by common sense, observation or just by simple intuition.

According to Carey and Matlay (2007) entrepreneurship education encourages the founding of new businesses by students and alumni by equipping them with critical decision-making skills that enhance their success in the job market. Furthermore, the entrepreneurial mind-set increases the transfer of technology to the market, from the university, through the development of technology-based business plans and student involvement with technology licensing. It also creates the link between academic and business communities. Entrepreneurship education is based on activities that convert ideas into economic opportunities (Nicolaides, 2011). Nicolaides (2011) adds that as a source of innovation inspiration, entrepreneurship boosts economic competitiveness and increases productivity. Furthermore, an entrepreneurs' creativity and innovation is capable of transforming the socio-economic landscape through fabrication of new technologies, products and services, to meet society's needs.

Henry et al (2003) are of the view that higher education institutions have a strategic role to play in increasing the supply of entrepreneurial talent that creates new businesses. Traits that can be taught in these institutions include creativity and innovation, passion, willingness to

take calculated risks, self-confidence, determination and perseverance, need for independence, persuasiveness, tolerance for uncertainty and ambiguity, imagination, high need for achievement, internal locus of control, and so on (Nieman and Nieuwenhuizen, 2009). The government though unable to create entrepreneurs nor employment in the private sector plays a part by creating policies favourable to new businesses, less repressive taxes and regulations, effective education and investment in research and development (Henry et al, 2003).

World Bank (2006) report affirms that starting a business is an escape from poverty for the majority of people. Entrepreneurial firms enable millions of people, including minorities, women and immigrants to enter the economic mainstream by providing them with access to pursue economic success. Entrepreneurship therefore is a necessity in developing countries where unemployment rates are critically high and there is need for job creation and self-employment. Awogbenle and Iwuamadi (2010) concur to this notion where they note that entrepreneurship is increasingly accepted as an additional strategy for job creation and a measure to improve economic independence of the youth. Nafukho and Muyia (2009) believe that socioeconomic development and advancement of human capital can be achieved through investing in entrepreneurship education and training.

Paco et al (2015) summarise the benefits of entrepreneurial education as follows

- gives a feeling of independence and self-confidence to individuals
- enables the recognition of alternative career options
- broadens the individuals' horizons by enabling them to better perceive the opportunities
- provides the knowledge that individuals will use in developing new business opportunities.

2.5 The relationship between entrepreneurship education and success

Business and entrepreneurial education fosters the development of skills and experience that affect the likelihood of individuals to exploit business opportunities existent in the public domain and increase the potential of success in their business ventures (The Innovation Policy Platform, 2013). According to Isaacs et al (2007) the accrual of entrepreneurship skills nurtures the progression of capabilities associated with the increased propensity towards innovative ventures and the capacity to absorb knowledge and recognise its commercial

possibility. Isaacs et al (2007) also add that the accessibility and provision of entrepreneurship educations can transform society's perception towards entrepreneurial activity and contribute to the growth of a culture that rewards business creativity and innovation in both monetary and non-monetary ways.

Ndedi's (2009) asserts that, in the past few decades the upsurge in entrepreneurship in the United States can be attributed to the emergence of training centres and higher education institutions offering entrepreneurship courses. Nafukho and Muyia (2009) are of the view that sponsoring entrepreneurship education and training is an effective strategic method which advance human resources for the promotion of socio-economic development of a country. The main objective of entrepreneurship education is to develop job-creators who have the ability to take calculated risks, break new grounds and innovate, instead of job-seekers who might find themselves unemployed after leaving tertiary education institutions (Nieuwenhuizen and Groenewald, 2008).

Owusu-Ansah and Fleming (2002) indicate that industrialised economies acknowledge entrepreneurship education and training as the key driver to economic growth of a country. They add that the education influences the emergence and sustenance of entrepreneurial ventures and their success. Isaacs et al (2007) state that education in isolation cannot completely equip entrepreneurs to be successful business owners, however, it increases their chances of success in their businesses. Garavan & O'Cinneide (1994) state that there is a strong correlation between education level achieved and high income over a lifetime. It is their assertion that education in general is associated with preventing future high levels of long-term unemployment. There is also evidence of a positive relationship between education and training programmes and the number of venture start-ups.

According to Gibb and Cotton (1998) the modern day business environment is more complex than ever before with deregulation, new forms of governance, mounting environmental concern and human rights issues which have to be dealt with. There are also issues to do with decentralisation, downsizing, strategic alliances and mergers which all contribute to an uncertain business climate at the organisational level. Individuals are personally faced with employment issues, more responsibility at work and more stress arising from managing credit and securing finances for their future (Gibb and Cotton, 1998). Gibb and Cotton (1998)

therefore emphasise that entrepreneurial skills and abilities are necessary skills that people should have for them to be able to deal with life's current challenges and an uncertain future.

According to Foxcroft et al. (2002) education is the significant factor which influences progression of an entrepreneurial venture beyond the start-up phase. Their assertion is that an entrepreneur's level of education is seen to have an impact on the average number of jobs they create. Driver et al (2001) established that entrepreneurs with a higher level of education created more jobs than those with lower levels of education or no education at all. Driver et al also brought out other factors that were observed to impair entrepreneurial progress and these include a negative attitudes towards entrepreneurship, lack of entrepreneurial role models, low levels of confidence, lack of initiative and creativity; entrepreneurship as a career choice; and a fear of failure. They add that many of these factors could be impacted upon by education.

2.6 Entrepreneurship and entrepreneurial education in the medical field

Guo and Buss (2006) affirm that little attention has been given to entrepreneurship in health sector due to its unique nature. Unlike in other businesses where the profit motive drives entrepreneurship, health care looks at a broader societal mission of promoting health and well-being of the public. There is also a difference in structure, culture, financing and delivery of services which pose as barriers to entrepreneurship compared to other sectors. Health institutions tend to adhere to certain standards and structures which results in inefficiency and impeded entrepreneurial progress. Furthermore, in dealing with human services, behaviours and attitudes of health care practitioners are cultivated by organizational missions and culture and are rarely based on personal gain or motives which is limiting to entrepreneurship. Entrepreneurial behaviour tends to conflict with culture and expected behaviours of established organizations.

There is also a dearth of financial resources which prevent entrepreneurial risk-taking projects. Grazier and Metzler (2006) are of the view that entrepreneurship is lacking in the health delivery sector largely due to financing while it is visible in sectors such as genomics and pharmaceuticals. They add that innovation within the health sector will lead to products or processes that improve quality of care, accessibility, and continuity of services delivered

within and across facilities and communities. They further add that innovations in the medical field can be so small that they can go unnoticed. Health institutions have to explore alternative models of capital acquisition currently used in non-health care ventures to encourage entrepreneurship. Alternative sources of funding include venture capital, commercial lending, and government funding or joint ventures.

Phillips and Garman (2014) state that the health care system is primarily patient care driven and therefore investment in new and risky opportunities has not gained momentum. There is also a lot of collaboration among health institutions and practitioners which makes it very difficult to compete amongst themselves. To promote entrepreneurship activities in health care, firm-level opportunities must be incorporated in which entrepreneurial managerial behaviours are incorporated with appropriate organizational culture and structure. Health care quality can be improved when health care organizations transform themselves into opportunistic and innovative firms through the entrepreneurship processes.

However Nagral (2012) has a different view of the medical sector where he argues that the field is fast moving away from its traditional purpose of public service but is increasingly becoming highly corporatized and commercial. He further adds that the rise of private medical practices poses increased opportunities, monetary benefits and freedom from the bureaucracy of state institutions for medical practitioners although it is a cut-throat competitive field. Nagral (2012) puts it that there is an emergence of new areas of specialisation which are driven by a grand alliance of industry, media and sections of the medical profession. He notes that the growing concerns and interests are currently focused on the entrepreneurial aspect of medical practice with doctors becoming "Glamorous stars of medicine". Medical-preneurs as Nagral (2012) puts it keep identifying gaps in the market and creating innovative ways of applying their medical expertise for example in cosmetic or weight loss surgeries.

According to Linan (2007) the health care sector is one of the most prominent economic sectors since the demand for health care services is increasing due to longer life expectancies and changed lifestyles. A great share of health care professionals are employees however there are some specialists (e.g. doctors, dentists or psychotherapists) who also operate as entrepreneurs. The increasing demand for health care services can be dealt with by increasing the number of entrepreneurs in the sector which therefore reduces the pressure on state budget and ensures a sustainable health care system. Increased demand for health care

services also means opportunities for job-creation and enterprise. It goes to show how critical entrepreneurship in the medical sector is, practitioners have to come up with innovative ways to offer service to the general public but at the same time making financial gains.

More often than not, the approach to entrepreneurship education is generalised forgetting that different target groups need different approaches. Specific, field-related entrepreneurial knowledge is often lacking. There is general information such as economic and business related knowledge that pertains to everyone however, but different areas of specialisation have different needs. In the health sector alone there is a wide range of professions with different needs such as general practitioners, specialised doctors, nurses, dentists or leaders of health care organisations. A great part of health professionals like doctors and nurses in hospitals are employees and it is generally thought that entrepreneurship skills are irrelevant for them. This, however, is a miscalculation, considering that the aim of entrepreneurship education is not only create new entrepreneurs but also increase people's entrepreneurial spirit and give them an appreciation of economic processes in the world.

There is a clear and recognised need to introduce entrepreneurship education in all fields of specialisation, including health care. Ndedi (2009) supports this viewpoint stating that it is necessary for all students to be exposed to entrepreneurship education so that opportunity recognition could not only occur for business students but also for students from other disciplines. This resounds with Burke's (2006) assertion that entrepreneurs arise from all walks of life. In many parts of the world guidelines have been set for introduction of entrepreneurial education in the health sector however, it is questioned on whether the educators in the health care sector really understand the needs and opportunities related to enterprise or they just following orders when they offer entrepreneurship education. It is important that the few resources available will not be spent to no avail and educational institutions offer high-quality and efficient entrepreneurship education in their health care programmes.

2.7 Measures of entrepreneurial success

Scheers (2016) is of the view that dependable measures of success are often not available making the definition of success for an entrepreneurs a daunting task. Chandler and Hank (1998) indicate that there are two approaches to understanding entrepreneurial success, the economic approach and the psychological approach. The economic approach is based on the

organisation's performance indicators such as sales profits, employee growth or return on investment. However, the psychological approach recognises the importance of an entrepreneur's personal motives, goals and aspirations. Lukes and Laguna (2010) point out that when defining and measuring entrepreneurial success, the intangible aspect of success should not be left out.

Georgievski et al (2010) purport that beyond profit generation and maximisation, entrepreneurs value personal initiative, autonomy, independence, work enjoyment and high achievement. Furthermore, they strive to maintain a positive relationship with their employees, customers, for social recognition and contribute positively to their societies. Orser and Dyke (2009) state that entrepreneurial success is a complicated phenomenon as it includes financial and non-financial aspects in defining it. They also point out that data on performance of entrepreneurs is scarce and private, furthermore their financial statements are normally manipulated for tax avoidance. Orser and Dyke (2009) reveal that entrepreneurs themselves suffer from the halo effect where they tend to judge themselves positively when asked about the performance of their businesses.

Table 2.1: Measures of entrepreneurial success

Personal Success Criteria (Psychological)	***Organisation Success Criteria (Economic)***
Self-enrichment	Venture survival
Autonomy	Increase in employee base
Monetary Security	Return on Investment
Interesting Responsibilities	Cash Flow
Being one's own boss	Growth of sales
Status\ prestige	Growth of market share
Social relationships with employees and customers	General company performance and growth
Provision of a product/ service	Performing better than rivals

Source: Richard et al (2009)

Carland et al (2014) state that the organizational success of entrepreneurs is extremely affected by their managerial aptitudes; decisions are largely grounded on their personal skills and intuition rather than on analysis of data. They add that entrepreneurs have a tendency of following a 'react and adapt' attitude and fire-fighting strategies hence their managerial styles are highly personalised. In growing ventures strategic planning is seen to be lacking as emphasis is on short term horizons thus performance measurement processes and tools are different from those of larger companies (Littunen, 2010). Littunen (2010) adds that, the performance measures should be well defined, resource effective simple and easily collectable, otherwise the effort needed in computing would be higher than the advantage attained. Vesper (2010) is of the same view suggesting that the standard employed to measure entrepreneurial performance should be consistent, objective, relevant and uncomplicated.

2.8 Empirical Literature Review

Gwija et al (2014) carried out a study to establish the link between entrepreneurship education and business success among youth in South Africa. Their study also sought to establish perceptions of youth entrepreneurs to entrepreneurship education and its importance in the success of their business ventures in Khayelitsha. They found that 44.2% of the participants disagreed that entrepreneurship education and training enabled the setting up of their businesses, while 42.9% indicated otherwise. 10.4% strongly agreed, while a mere 2.6% of the participants strongly disagreed with the statement. All the participants in the study concurred that entrepreneurship education and training could play a big role in the success of any business. Gwija et al (2014) noted that a large proportion of the participants strongly agreed that entrepreneurial skills would boost chances of success in their businesses, while the rest agreed. The participants of the study unanimously agreed that they needed managerial skills toboost the chances of success in their businesses.

A study carried out by Charney and Libecap (2013) on the graduates who completed the University of Arizona's Berger Entrepreneurship Program between 1985 and 1999 determined that entrepreneurial education had an effect on generating enterprises and creating welfare. The main objective of the study was to reveal whether or not entrepreneurship education had an impact on outcome of the students who underwent the studies. The study concluded that entrepreneurship education had a positive impact on individuals' risk taking,

and an inclination to be self-employed or generate income/welfare generation. Entrepreneurial graduates were said to earn higher than non-entrepreneurial graduates; 10 percent higher monthly income on average. The entrepreneurship graduates were also discovered to have more personal assets than other graduates.

Charney and Libecap (2013) also revealed that people who had undergone entrepreneurial training were three times more likely to create a new business venture than their non-entrepreneurship business school cohorts. Their study also established that entrepreneurship education increased the probability of an individual being instrumentally involved in a new business venture by 25 percent as compared to non-entrepreneurship graduates. In their research they revealed that entrepreneurship students were 11 percent more likely than were non-entrepreneurship students to own their own businesses after graduation.

Kritskaya and Shneor (2015) conducted a study to establish whether entrepreneurship education had an effect on students' entrepreneurial intentions. Their findings revealed that 53 percent of the participants felt entrepreneurship education and training had enabled them to set up of their businesses while 47 percent felt that it had not. They also noted that entrepreneurship education significantly contributed to the growth of small emerging firms. On average, emerging companies that were owned by or employing entrepreneurship graduates had more than five times the sales and employment growth than those that employed non-entrepreneurship graduates. Furthermore, entrepreneurship graduates employed in large firms earned significantly more than non-entrepreneurship graduates, approximately 27 percent higher. They also reveal in their study that among self-employed entrepreneurship graduates, nearly 23 percent of them owned a fast growing high-technology firm compared to less than 15 percent of non-entrepreneurship graduates.

2.9 Research Gap

The empirical studies that the researcher reviewed aimed to establish the link between entrepreneurial education and business success among the youth in South Africa. The other studies sought to reveal whether entrepreneurship education has an impact on the outcome of students that attained it. Another study examined the effect entrepreneurship education on students' entrepreneurial intention. These studies on entrepreneurial education were done beyond the borders of Zimbabwe in countries that have a different environment than the one in Zimbabwe. It is therefore critical to examine the situation on the ground in the Zimbabwean context. Furthermore, this study is unique in that it primarily focuses on the role

of entrepreneurial education in determining success of medical doctors who have private practices in Zimbabwe.

2.10 Theoretical Framework

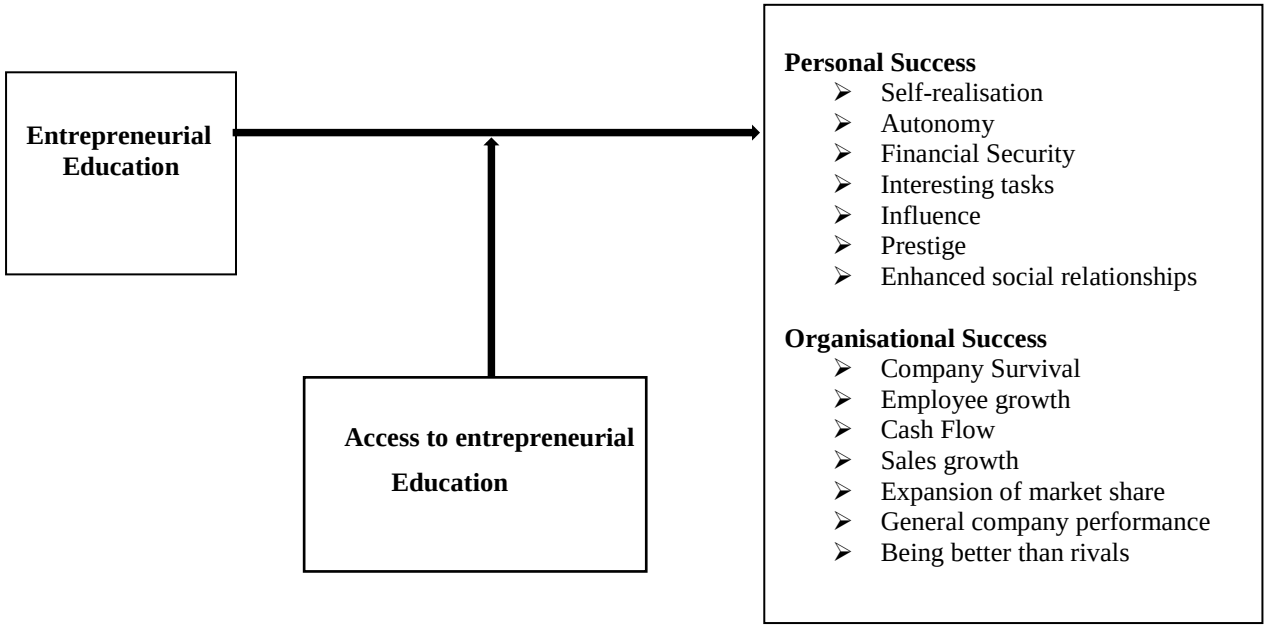

Fig 2.1: Study Theoretical Framework

2.11 Conclusion

This chapter looked at theories that were propounded on entrepreneurship from different scholars, it also established the various definitions that have been put forward on entrepreneurship and entrepreneurial education. In this chapter a critique was given to entrepreneurial education looking at studies that were conducted in different part of the world, It remains clear that the role of entrepreneurial education in determining success of self-employed professionals Zimbabwe has not yet been examined and this therefore makes this study relevant.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

Research methodology refers to the several steps that are implemented by a researcher in studying a research problem also explaining the reasons behind choosing those particular steps (Kothari, 2004). This chapter will outline the research design and the rationale behind the particular design. Furthermore, the research philosophy that was used in the research will be explained the go further to research strategy. The chapter will explain the research design encompassing the sampling techniques, data collection methods and instrument and lastly the data analysis techniques and validation employed.

3.2 Research Design

Research design is a strategic framework for action that bridges between research questions and the accomplishment or implementation of the research strategy (Durrheim, 2004). A research design is a procedural plot that is assumed by a researcher to answer research questions in an effective way (Vagner, 2007). The scholar further adds that the research design defines the sort of analysis to be carried for the desired results to be attained. Yin (2003) states that the research design guides the researcher in the process of collecting, analysing and interpreting data thereby allowing a researcher to draw inferences concerning causal relations among variables under investigation. Trochim (2007) puts forward that a research design encompasses the following:

1. Identification of the study design for example as a comparative, cross-sectional or random control.
2. Details of how the study population was identified
3. The sampling methods used in the study
4. Method of data collection used in the research work
5. Ethical considerations

This study is an exploratory case study whereby Seawright and Gerring (2008) define it as the intensive qualitative or quantitative analysis of a single unit or small number of units to understand a larger class of similar units. The rationale behind an exploratory case study is that it aims to investigate distinct phenomena where preliminary studies are lacking. The role

of entrepreneurial education in determining success of self-employed professionals in Zimbabwe has no prior investigations making a case study necessary

3.3 Research Philosophy

There are two methods that are applied in carrying out research and these are quantitative or qualitative approach (White, 2000). The two methods can however be combined to form another research philosophy called triangulation. The qualitative and quantitative methods are both valid and useful, they are not mutually exclusive, and it is possible for a single investigation to use both methods (Best and Khan, 1989). The enquiry process in science is the similar regardless of the method that is used and the retreat into paradigms effectively dampens debate and impedes progress (Hammersley, 1992). Silverman (2000) argues although qualitative and quantitative approaches are often evaluated differently, quantitative research is more often deemed superior because it is value free.

3.3.1 Quantitative Approach

Lincoln (2005) define quantitative research as a methodology that makes useful descriptions of observed phenomena and describes the likely association between descriptive surveys, longitudinal developments or correlational research designs. Information generated from a quantitative research approach can be generalized to a large group and the data is quantifiable (Burns and Bush, 2014). Bush and Burns further reveal that quantitative data seeks to test theory and thereby takes a deductive approach. According to White (2000), quantitative research is an iterative process through which evidence is evaluated, and theories and hypothesis are refined and tested. According to Burns (2000) quantitative research is concerned with the gathering and analysis of data in numeric form and it has an emphasis on relatively large-scale and representative data sets

3.3.2 Qualitative Approach

Qualitative research according to Bradley (2013) is a complete method that incorporates techniques that endeavour to gain an understanding of the presence of attitudes and opinions. According to Bradley (2013) the research of this nature is concerned with gathering and analysing information in as many forms, primarily non-numeric, as possible and it explores in as much detail as possible to achieve depth rather than breadth. Blaxter et al (1996) state that qualitative research makes use of methods such as observations, discussions and projective approaches which give an indication of the dominant feeling. Bendassolli (2013) adds that qualitative methods build theory and therefore are inductive meaning that they justify experience-based scientific conclusions. On the other hand, Silverman (2000), explains that qualitative research is often treated as a minor methodology and further goes on to suggest that it should only be contemplated at early or exploratory stages of a study and can thus be used to familiarise the researcher with a setting before the serious sampling and counting begins.

3.3.2.1 Merits of Qualitative Methods

According to Blaxter et al (1996) qualitative research is an interactive process in which the researcher immerses themselves in the setting under study. Qualitative research aims at understanding experiences as nearly as possible as its participants feel it or live them (Sherman and Webb, 1988). Silverman (2000), adds on that the merits of this approach is that it provides a deeper understanding of social phenomena than would be obtained from purely quantitative data. In the same vein, Mark et al (2005) state that qualitative methods are flexible in comparison to quantitative methods thereby allow more room for clarification and probing during interaction between the researcher and the respondent.

3.3.3 Selecting the Suitable Approach

The difference between qualitative and quantitative research is that qualitative research generates, in-depth and valid data that contributes to the understanding of the context while quantitative research generates information that is quantifiable and generalizable to a large population (Denzin and Lincoln, 2005). Quantitative research approach is directed to

problems that are precisely described and for which the researcher requires numeric data to explain cause and effect relationship (Denzin and Lincoln, 2005).

The qualitative research method was deemed appropriate for this research as the responses that were required to answer the research questions required in-depth information that could only be attained from personal interviews (Silverman, 2000). Punch (1998) puts emphasis on the knowledge payoff of a research philosophy by stating that the method that will make the researcher learn more about the topic and one which will produce more useful knowledge must be chosen.

3.4 Research Strategy

There are various ways of conducting research which include case studies, experiments, surveys or archival research Yin (2003). Each of the methods poses its own peculiar merits and demerits depending on three (3) conditions which according to Yin (2003) are as follows:

i) The focus whether on contemporary or historical phenomena

ii) The kind of research question

iii) The level of control the investigator has over the behaviour of phenomena under study

The purpose of this study is to establish the role entrepreneurial education plays in determining the success of self-employed professionals using the case of medical doctors in private practice. Yin (2003) states that a case study is applicable where 'how' and 'why' about a contemporary set of events are asked and where the investigator has little or no control over behavioural events.

Table 3.0: Relevant situations for different research strategies

Strategy	**Form of research question**	**Requires control of behavioural events**	**Focuses on contemporary events**
Experiment	how, why?	Yes	Yes
Survey	Who, what, where, how many, how much?	No	Yes

Archival analysis	Who, what, where, how many, how much?	No	Yes/No
History	how, why?	No	No
Case study	how, why?	No	Yes

Source: *Yin, 2003*

Yin further states that a case study is an empirical inquiry that investigates a modern phenomenon within its real-life setting, particularly when the boundaries between phenomenon and the context are not apparent and in which multiple sources of evidence are used. This study examined entrepreneurial education for medical doctors in private practice. The researcher also chose a case study strategy because it gives detailed qualitative accounts that help to explore or describe the data in real-life environment, furthermore, case studies help to explain the intricacies of real-life situations which may not be captured through experimental or survey research (Zaidah, 2003).

3.5 Prejudices against the Case Study Strategy

The case study is critiqued by Yin (2008) for its lack rigor; however, he adds that the lack of rigor can be reduced by using other strategies since there are a number of methodological texts that provide researchers with specific procedures to follow. White (2000) in defence of the use of case studies states that there is a difference between a case study research and a case studying teaching where case study teaching involves making changes to the research material in order to establish a concept more effectively, which is not permissible in case study research.

Yin (2008) also critiques case studies for providing little basis for scientific generalisation. He, however, goes further to establish that case studies like experiments are generalizable to theoretical propositions and not to populations or universes. The goal of a case study therefore is not to represent a sample or enumerate frequencies but to expand and generalise theories.

3.6 Data Collection

3.6.1 Population

According to Polit and Hungler (1999), population refers to an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. In this research, the population was made up of all medical doctors ranging from general practitioners to all forms of specialties who have a private practice of their own.

3.6.2 Sampling Strategy

Sampling strategy is the process of selecting a portion of the population, in your research area, which will be a representation of the whole population (Landreneau, 2011) . According to Betram and Christiansen (2014), there are two major types of sampling methods which are non-probability and probability sampling. Non-probability sampling methods are appropriate for qualitative studies and are relatively fast, cheap and easy to measure (Maholtra, 2011). In this study a purposive sampling technique was used since the technique permits the researcher to identify and choose the individuals to include in the sample (Betram and Christiansen, 2014). Doctors from different areas of specialty were chosen using the purposive sampling technique as this allowed for views from different sectors of private medical practice

3.6.2.1 Purposive Sampling

Purposive sampling is a non-probability sampling technique that is selected based on characteristics of a population and the objective of the study (Palys, 2008). Palys further adds that purposive sampling is synonymous with qualitative research and is also known as judgmental, selective, or subjective sampling. The sampling strategy involves grouping participants according to pre-selected criteria relevant to what the researcher wants to know and achieve (Denzin and Lincoln, 2005).

3.7 Research Instruments

3.7.1 Questionnaires

McLeod (2018) defines a questionnaire as a research instrument consisting of a series of questions for the purpose of gathering information from respondents. In this research an interview guide was drafted using semi structured and unstructured open ended questions.

These enabled the researcher to attain in-depth information and also provide room for probing for further clarification. Pretesting of the research instrument was done before the full study was conducted in order to establish if it served the intended purpose and to also establish if questions were clear to the interviewees. The interviews were done face to face at the private surgeries of the doctors.

3.7.2 Personal Interviews

Personal interviews are data collection method where an interview guide containing a list of pertinent questions for investigative enquiry is used (Salant and Dillman, 1994). The researcher used personal interviews to eliminate bias and also make the research cost effective. These interviews were conducted with medical doctors from different specialties who run their private medical surgeries to obtain relevant information pertaining to entrepreneurial education.

3.8 Data Analysis

According to Neuman (2006) there is no standard procedure in qualitative data analysis in a qualitative research. This research followed steps from Schutt (2014) which are as follows:

1. Documentation of the data and the process of data collection
2. Organization/categorization of the data into concepts
3. Linking of the data to show how one concept may influence another
4. Validation of data by evaluating alternative explanations, disconfirming evidence, and searching for negative cases
5. Representing the account (reporting the findings)

3.9 Conclusion

This chapter laid out the research methodology which guided how this research was carried out. The research adopted a qualitative research philosophy which is concerned with understanding behaviours and attitudes of the subjects under study. The chapter also revealed and justified the case study research strategy as it is relevant to this particular research. Personal interviews were conducted using an interview guide containing semi-structured and unstructured questions. The data was analysed by putting it into different concepts then establishing how each concept may affect the other. In the following chapter the researcher discusses and analyses the findings of the research.

CHAPTER 4: RESULTS AND FINDINGS

4.1 Introduction

This chapter is a presentation of research findings from the data that was collected using personal interviews guided by a questionnaire. The researcher employs summary tables to analyse the data. Furthermore, the results in table form will then be explained and discussed revealing their inferences and association with literature. Each question that was posed to the interviewees and the response given will be covered in this chapter.

4.2 Doctors in private practice

The section is sub-divided into sub-sections of interviews carried out with doctors in different specialties.

4.2.1 Key Respondents

Face to Face interviews were done with medical doctors in different specialties who were chosen through purposive sampling. The doctors interviewed included a paediatrician (PD) a radiotherapy oncologist (RO), a physician (PH), a Gynaecologist (GY), a maxillofacial surgeon (MX), an Orthopaedic Surgeon (OS), a general surgeon (GS), an anaesthetist (AN), an ophthalmologist (OP), a urologist (UR) and a general practitioner (GP). The researcher picked different specialties, however, there are some areas of specialisation that are not represented. The respondents were selected because they all have private medical practices that they are currently running. To add on to that, some of them have been in the medical field for many years which makes them knowledgeable enough to share their experiences and information which is crucial to this study.

4.2.2 Section A: Demographic Information of the Respondents

Table 4.1 Demographic information of interviewees

Respondent	Age Range	Area of specialty	Duration in private practice	Other businesses
GP	25-35	General Practitioner	6	Yes
UR	Above 56	Urology	25	Yes
OP	25-35	Ophthalmology	12	No
AN	46-55	Anaesthetics	10	Yes
GS	46-55	General Surgery	25	Yes
OS	36-45	Orthopaedic surgery	5	Yes
MX	Above 56	Maxillofacial Surgery	32	No
OG	25-35	Obstetrics and Gynaecology	4	Yes
PH	36-45	Physician	5	Yes
RO	Above 56	Oncology	24	Yes
PD	46-55	Paediatrics	20	Yes

The interviewees ranged from those who have been in private medical practice for 4 years up to those who have been practicing for 32 years. The different areas of specialty picked by the researcher sought to give a balanced view in the medical sector and to obtain rich information from the perspectives of individuals in different fields. It was also established in the above table that some of the medical doctors had other business ventures other than their private practices which meant that they had an understanding of entrepreneurship. The interviewees represented different age ranges from the 25-35 up to those above 56.

4.2.3 Section B: Understanding of entrepreneurial education

The purpose of the research was explained to the interviewees and also how their responses were going to contribute to the research. Sections of the interview guide were elaborated to the interviewees so as to ensure that they provided answers that were relevant to the subject matter under study.

Question 1: What motivated you to establish your own private practice?

Table 4.2 below shows the answers provided by the respondents.

Table 4.2: Motivation behind being self-employed

Respondent	Response
GP	I was motivated by the need to increase my income and also being self-employed
UR	You cannot live on government salary. I had 3 children in private school and each needed more than I earned working for the government per term
OP	I needed to raise extra income
AN	I was motivated by remuneration. That which you get in formal employment is not adequate
GS	Money and also the need to assist patients access treatment with no delays
OS	Need to help and provide a service without infrastructural restrictions that are in the State hospitals
MX	I needed extra income, salary is not adequate
GY	Complimenting my salary.
PH	Need to expand financial income and exposure to conditions.
RO	Poor remuneration by the employer
PD	The income from my regular establishment was not enough to meet my day to day financial needs

The responses in Table 4.2 show that almost all the respondents were motivated to become self-employed by financial factors. UR, AN, RO and PD explicitly brought out that formal employment did not pay them enough to meet their needs. UR went on to explain that he had

3 children in private school back then and what he was getting from the government was not enough to pay for a single child's fees. The other interviewees OP, MX, GY and PH stated that private practice was a way to raise extra income or compliment their salaries. These responses are in line with Alton (2015) who established that money is on the top five motivations why people would want to start their own businesses. The World Bank Report (2006) also affirms that starting a business is an escape from poverty for the majority of people as it enables millions of people to enter the economic mainstream by providing them with access to pursue economic success. GS and OS mentioned however that they were driven by the need to offer better medical care without infrastructural inhibitions and also to give patients quicker access to treatment unlike in State owned hospitals. The GP from another perspective mentioned the need to be self-employed as a driver for starting a private practice.

Question 2: What is your definition of success in medical practice?

Table 4.3: Definition of success

Respondent	**Response**
GP	Good cliental numbers with numerous new patients and retaining old clients
UR	Looking at a patient, giving right diagnosis and getting the expected outcome. Also going further and being innovative like when there is a new method of treatment, I am the one who comes up with it thereby advancing medical knowledge
OP	Giving quality healthcare and getting good outcomes. It is also getting a good financial return.
AN	It is maintaining a good name with patients and other practitioners also attaining adequate remuneration to sustain a comfortable life
GS	A high patient turnover. No or few litigation cases and expansion of the medical practice
OS	Being able to treat a patient successfully and realising financial gains in the process.
MX	The satisfaction that I get from seeing my patients. For me success is not monetary but achieving that which I set out to do

GY	It is my ability to achieve my goals with patients and also to expand my practice.
PH	It is seeing enough patients to sustain the practice.
RO	It is self-actualisation and being comfortable to achieve a reasonable quality of life, also the ability to cater for oneself during retirement
PD	Having adequate numbers of patients to sustain a business in health practice.

The responses in Table 4.3 shows that there are varied definitions of success among doctors in private medical practice. GP, GS, RO and AN all pointed that success as a practitioner was having many patients which enables them to sustain and grow the practice and gain financially. From another perspective UR and OS mentioned treating the patient successfully or getting an expected outcome from patients as a measure of success. AN stated that maintaining a good name with patients and other doctors defined his success, RO talked of self-actualisation and a better-quality life while MX stated that success is the satisfaction, he attains from seeing his patients. Orser and Dyke (2009) state that measures of entrepreneurial success are complicated as they included financial and non-financial aspects. Chandler and Hank (1998) also state that there are two approaches to understanding entrepreneurial success; the economic approach and the psychological approach. From the above responses economic success is relates financial gain, growth or sustenance of the medical practice and having many clients. From the psychological approach, success is linked to self-actualisation, satisfaction from seeing patients or maintaining a good name with patients and colleagues.

Question 3: What is your understanding of entrepreneurial education?

Table 4.4: Understanding of entrepreneurial education

Respondent	**Response**
GP	Basic financial education teaching students what is profit or what is loss?
UR	It is education that teaches someone to successfully run a business and even their personal life aspects like time management or people skills.
OP	I think is synonymous with equipping someone with knowledge for business success.

AN	I have little understanding, but I think it is education that prepares somebody for business life.
GS	I think it business administration education teaching someone how to manage staff, accounts or time.
OS	It is wisdom to make decisions that result in profit
MX	I think education that teaches someone to set up a business and run it successfully
GY	I think education that teaches someone to have business acumen.
PH	It is that aspect that deals with the understanding of the financial side of a business including human resources
RO	It is teaching to understand business ethics, financial literacy and effectiveness of a business venture
PD	The discipline of teaching young people on ability to identify business opportunities

In Table 4.4 participants gave a variety of definitions as to what they thought entrepreneurial education is. UR, GY, OP and MX brought out that they thought entrepreneurial education is imparting business knowledge or training for successful running of a business. Their understanding of entrepreneurial education is in line with Isaacs (2007) who states that entrepreneurial education is a purposeful intervention made by an educator to equip a learner for the dynamic business environment. GP and PH stated that they understood entrepreneurial education to mean financial education or financial literacy as RO put across. OS linked it with wisdom to make decisions that result in profit while PD pointed that it is teaching that enables identification of opportunities. Interviewees gave varied responses pertaining to what entrepreneurial education is therefore supporting the assertion by Gibbs (2009) and Fenton and Barry (2011) put forward that there is a lack of a standard or accepted definition of entrepreneurship education.

Question 4: Prior to starting a private practice, were you ever exposed to business or entrepreneurial training, either formally or informally? If yes, has it helped you in running your medical surgery?

Table 4.5: Prior exposure to prior entrepreneurial training

Respondent	Response
GP	No
UR	I never had formal business training. I only learnt from observing my superiors when I was still a junior doctor. It made it easier when I finally started running my own practice.
OP	None
AN	No training
GS	I have attended workshops organised by our medical association. They at times invite people like bankers, insurers or accountants to teach us on investing or accounting, they have been quite useful
OS	Yes, I had informal training. My parents were successful business people in their own right. I can say it has helped me to make wiser decisions.
MX	I never had any training; I can say I have trained myself over the years. That which works, I do again, that which does not, I do not repeat
GY	I never had any training
PH	No
RO	No training
PD	No formal training was provided through my formative years.

Responses in Table 4.5 above show that the majority of medical practitioners who run private practices have never had prior exposure to business. As was stated by interviewee MX, running his practice has been based on repeating that which works and avoiding that which does not. This is in sync with Littunen (2010) who states that entrepreneurs follow a 'react and adapt' attitude and fire-fighting strategies which put emphasis on short term horizons. Of the eleven respondents only the OS, the GS and the UR stated they had received some prior

entrepreneurial training. The OS revealed he had been informally trained from growing in an enterprising family and the UR stated that he learnt by observing how his seniors ran their practices. The GS stated that he had learnt from attending business workshops organised by their professional associations. All the three doctors who revealed that they had received some entrepreneurial education concurred that it had helped them in running their businesses. This finding supports Dutta et al (2011) who affirmed that entrepreneurship education steers prospective entrepreneurs towards development and by providing them with a combination of knowledge, skills and capability to establish and maintain new enterprises.

Question 5: In your own opinion, what skills are vital to running a successful practice?

Table 4.6: Essential skills for running a successful practice

Respondent	**Response**
GP	Good people skills and financial discipline
UR	Understanding that medical practice is a business. There is need to know the services that you offer and how popular they are in terms of what the market deems essential and desirable.
OP	I think managing finances and being good to patients
AN	One should have professional conduct and also be business minded where you have the capacity to meet your set targets. Furthermore one needs to be able to manage accounts and be a good financial manager
GS	You have to be an expert in your field then you should be a good manager. You should be able to manage staff, manage complaints and other work related issues
OS	One has to have managerial skills and the technical know-how
MX	You need financial management skills like paying your bills and taxes on time then human resources management, how to retain staff and keep them motivated etc.
GY	Business knowledge is vital
PH	You need good sound clinical skills and business skills as well
RO	Bookkeeping, Financial Literacy, marketing and communication skills are

	important
PD	Accounting skills, interpretation of tax laws and general managerial skills

The above responses in Table 4.6 show that medical practitioners view different skills to be essential for running a private practice. For the AN, the GS, the OS and the PH there had to be a combination of the professional skills whilst possessing business or management skills. This finding is in line with Ndedi (2009) who noted that a balance between technical and entrepreneurial skills was necessary for an entrepreneur as it led to creativity and innovation. The GP, the OP and the RO had a similar perspective where they stated a combination of good people skills and financial discipline or literacy to be of importance. Other practitioners pointed management skills, book keeping or accounting or marketing to be essential for success in private practice. All the responses illustrate that having medical knowledge alone is not enough to successfully run a medical practice, the commercial aspect was vital. Grecu and Denes (2017) note that in the current economic situation, academic knowledge of a subject was no longer sufficient for a new graduate, they also needed entrepreneurial skills.

4.2.4 Section C: Perception of formally taught entrepreneurship in Zimbabwe

Question 1: What is your view of formally taught entrepreneurial education currently being offered in Zimbabwe? How useful do you think it would be to you?

Table 4.7: Usefulness of formally taught entrepreneurship to a doctor

Respondent	**Response**
GP	I think our business education is not need specific to what a doctor requires. Doctors are not receiving any business training at the moment
UR	Doctors need business education, but they are not getting it. We are struggling that is why you see some running three surgeries at once, it is because they are not making enough money. Doctors run businesses badly and a number of us are subsiding our practices from finances from other sources and we continue making losses.

OP	I think if I enrolled for one of the programs I would actually benefit.
AN	Business education for doctors is a need, but it is not there. A significant number of us despite earning a lot of money during our productive years, once we retire, we become paupers. I think it is due to lack of business education.
GS	Doctors need business induction as they start their private practice because although you are a medical doctor there are business issues that can affect your practice if left unaddressed. One needs an understanding that they are venturing into a business that can make a profit or a loss.
OS	I think the education will help me in running my practice and other businesses that I own
MX	It must be very useful. Doctors moneywise die poor because they concentrate on the practice and patients and nothing else. I am told you can invest a dollar and get a million afterwards, but we do not have that knowledge.
GY	It will be very useful. We need to learn how to manage resources better
PH	I think the education is too general, it does not speak to our needs as doctors.
RO	It will be very useful. I think as doctors we are generally bad at managing money, even managing ourselves as a profession. That is why you see us involved in strikes over money almost every year.
PD	I am not aware of where business teaching for doctors is being offered.

In the above responses, the GP and PH expressed that they thought formally taught entrepreneurial education being offered in Zimbabwe was not need specific and too general hence did not speak to the needs of doctors. These sentiments are supported by Smith (2008) who stresses that there is a mismatch between skills acquired at the university and those required by the students. AN, MX, UR and RO revealed that doctors struggle to manage their money and some retire or die poor because they lack education. The UR revealed that at times doctors subsidise their operations with income from other sources and do not realise that they continued to run losses These interviewees went on to establish that entrepreneurial

education for doctors was a need, but it was not there. The sentiments are shared with the PD who stated that she was not aware of anywhere in the country where business teaching for doctors was being offered. OS and OP had a different opinion however as they stated that they would benefit from enrolling for one of the programs on offer unlike others who assumed that they would not benefit as it was the programs were not specially formulated for doctors.

Question 2: In your experience of running a private practice, which area has been the most challenging that you think can be improved by access to entrepreneurial education?

Table 4.8: Most challenging area in running a private medical practice

Respondent	**Response**
GP	I guess financial planning, financial discipline and tax.
UR	I think the major challenge is understanding the whole aspect of the business side of medicine. Medicine is personal, people visit a doctor because they like him personally so there is need to be taught how to create goodwill
OP	Accounting has been challenging, for me would need help with that and navigating around tax issues
AN	Accounting and tax issues are challenging. I didn't know there are what I called tax-rebates which I could have enjoyed earlier had I known them
GS	Probably how to properly invest the money that you are making so as to grow or probably have enough when you retire
OS	I think would benefit from being taught effective managerial skills.
MX	Investment, I am close to retirement but when I look back, I feel that I should have done more with my money
GY	How to market ourselves and manage human resources
PH	I need financial understanding and knowledge on taxation
RO	Financial literacy and knowledge on business ethics.

PD	I think I lack accounting skills and knowledge on taxation. Even if I have someone to do my books, I still need an understanding

The responses in Table 4.8 above show the different areas that medical practitioners considered to be the most challenging in running their private practices. GP and RO mentioned that they had challenges and needed help with financial literacy and tax issues. PD, OP and AN stated that their major challenge was in Accounting. GS and MX stated that investment, decision-making was their major challenge while OS stated effective managerial skills and GY stated Marketing and Human Resources issues. These responses show that the major challenges medical practitioners have in running their practices can be addressed by attaining entrepreneurial education. UR stated that understanding the business side of medicine was the major challenge. Cotton (1998) add that entrepreneurial skills and abilities are necessary skills that people should have for them to be able to deal with life's current challenges. They state that the modern-day business environment is more complex and volatile than ever before leading to employment issues, more responsibility at work and more stress arising from managing credit and securing finances for the future.

Question 3: How can entrepreneurial education be improved to suit your needs as a medical doctor?

Table 4.9: Areas to improve entrepreneurial education

Respondent	**Response**
GP	I think business education should be part of the undergraduate and postgraduate medical curricula.
UR	There should be business for doctors, specifically. I do not think that you can bundle up together agriculturalists, engineers, historians, lawyers or doctors together and teach them one thing. Their needs are heterogeneous
OP	Accounting and taxation modules should be given to doctors
AN	I have not heard of a single workshop or short course being offered to doctors for addition of value in their careers, that should be put in place

GS	I have attended some workshops organised by our medical association where experts are invited but it is not a well-co-ordinated approach unlike if we had a designed program for running a practice.
OS	I think there must be courses that are practical in nature and tailored towards our profession and other professions as well
MX	I think the education system as a whole in Zimbabwe is problematic. It teaches people that after school they should get jobs and that's not what it should be. After attaining University education people should do more than just get a job, they should create employment
GY	I think there should be an induction course where professionals guide us on general business principles
PH	A business course for doctors will help
RO	Business education was not part of our medical curriculum but it can be made part of our continuing education.
PD	I think we need a course to give us a wholesome understanding of business

All the respondents ascertained that there was a need for them to receive entrepreneurial or business training to assist them in running their practice. Eight of the interviewees suggested that there should be short practical courses that are tailored to the needs of the doctors. UR stated that there had to be business for doctors as it was not effective to bundle up people in different professions and give them the same education; their needs are different. GS suggested that there had to be an induction training by business professionals aimed at giving young people guidance as they started their practices. According to MX, the education system in Zimbabwe as a whole is problematic as it trains people to search for jobs after university instead of being employment creators. GP and OR suggested that business training be incorporated as part of undergraduate or continuing medical training. Guo and Buss (2006) affirm that little attention has been given to entrepreneurship in health sector due to its unique nature. They emphasise that the health sector is different in structure, culture, financing and delivery of services which pose as barriers to entrepreneurship compared to other sectors. This probably explains the reason why entrepreneurial education has not yet been introduced in the medical field whereas other University programs have incorporated entrepreneurship studies.

4.2.5 Section D: Perceived benefits of entrepreneurial education

Question 1: To what extent do you think entrepreneurial education benefits a medical doctor and why?

Table 4:10: Benefits of entrepreneurship education to a doctor

Respondent	Response
GP	I think to a larger extent because running medical practice is a business in itself, you need the knowledge
UR	To a larger extent. Those with entrepreneurial education will do better, they will not run into unnecessary problems like tax arrears and can invest the money they make way better
OP	To a larger extent, I think business education will keep their practices afloat.
AN	To a large extent. The education can help to manage and plan for your practice in a way that makes it more productive
GS	It helps in efficiently running a practice, but I do not think it would be necessary to a fully employed doctor unless they are part of the policy making
OS	To a large extent. A doctor needs to be able to identify opportunities
MX	Yes, they would benefit, they get to understand that medicine is a business and apply the business principle they would have learnt.
GY	To a greater extent, I think medical practices can expand to be even better
PH	To a greater extent. Business knowledge is vital to succeed
RO	To a larger extent. General business pitfalls can be avoided
PD	It is necessary, I think too much focus is put on the clinical side.

All the interviewed medical doctors unanimously agreed that that entrepreneurial education would benefit a medical practitioner to a larger extent. GP and MX stated that entrepreneurial education would give a doctor an understanding that medicine is a business and hence business principles applied. In this same view point PD pointed that entrepreneurial education was beneficial as there was too much attention on the clinical side of medicine. UR and RO suggested that the education would help practitioners avoid business pitfalls and help them make good investments. OP, AN, GS and GY stated that education was beneficial for efficient running of a practice, making it more productive and expanding it. These findings are similar to those established by Gwija et al (2014) in a study done in Khayelitsha, South Africa where participants strongly agreed that entrepreneurial skills would boost chances of success in their businesses. Charney and Libecap (2013) indicated that entrepreneurial education had an effect on generating enterprises and creating welfare had a positive impact on individuals' risk taking, and an inclination to be self-employed or generate income/welfare generation.

Question 2: In your own view is there a link between entrepreneurial education and the ability to start and successfully run a private practice?

Table 4:11: Link between entrepreneurial education and a successful practice

Respondent	**Response**
GP	Yes, there is. The decisions that you make when you have knowledge are better, you will not be groping in the dark.
UR	Yes. Entrepreneurial education means a doctor can balance between the value of service that they are offering and the value in revenue they are receiving thereby making their lives comfortable
OP	Yes. It makes a doctor aware of what to expect. I had a difficult time starting my practice because I was not prepared of all the start-up costs, I ended up incurring.
AN	I am sure there is. I have colleagues who enrolled for business programs and they seem to manage their practices very well, better than most of us
GS	Yes, the link is there. We tend to focus on the medical side more, seeing our patients and probably leaving other aspects to administrators maybe that is

	why some practices end up folding where you fail to pay employees or rentals
OS	I think starting the practice is easier, you can do so with minimum knowledge of business however you need entrepreneurial skills to successfully run it.
MX	I think there is a link. If you focus on both the service and the business aspect of it, you will achieve greater success
GY	Yes. It will assist in management of the practice regardless of the area of specialty
PH	Yes. A private practice has all the facets of a normal business so a doctor must have an understanding
RO	Certainly, there is a link. There is need to understand health as an economic business not just the care side of it.
PD	Yes. I think there are many opportunities in the medical field one can exploit when they get to fully understand what business is about.

All the interviewees agreed that there is a link between entrepreneurial education and successfully running a private practice. GP revealed that running a business without the necessary knowledge is like groping in the dark. This sentiment was shared by OP who stated that they suffered when they started their practice because he was not prepared for all the costs, he ended up incurring. UR explained that entrepreneurial education meant that doctors could balance between the value of the services they were offering and the revenue they were receiving. The GS also expressed that doctors left more responsibility in the hands of administrators while they focused more on the clinical side and for that reason some practices ended up folding. Most of the doctors that their major focus was on providing medical focus and not the business side of the practice which was a downside to the success of the practice in general. OS revealed that starting a practice could be done with minimal knowledge of business, however, entrepreneurial skills became more relevant for successful running of the business. This is similar to what Gwija et al (2014) established where more than half of the participants brought out that they did not attribute setting up of a business to entrepreneurial education and training.

Question 3: If doctors attain entrepreneurship education do you think it can help them contribute to the growth of the Zimbabwean economy? If so, how?

Table 4:12: Entrepreneurship education and economic growth

Respondent	Response
GP	Yes, if medical practices are run like businesses one would now how to cut costs and increase profits and therefore increase taxes to the government
UR	Certainly. We need efficiency in our health sector that can be obtained by enterprising doctors. Unhealthy citizens consume more government resources than they contribute to the government fiscus.
OP	I think the contribution would be through taxes.
AN	Yes. Those with business training can end up opening hospitals that offer better quality of care at affordable prices to the citizens. I think that will be a step towards economic growth
GS	I think the country benefits if doctors start thinking beyond just being good and doing the ordinary. Our thinking has to go beyond personal gains
OS	I think that education can make doctors better managers of available resources and can help them become innovative as they can end up manufacturing local health products instead of importing everything.
MX	The way we manage resources will improve. Even doctors who run public hospitals might change their approach. Being business minded makes you appreciate the value of resources and you will not be as wasteful as some of us are now
GY	Yes, there is an immense contribution. Health is a security and economic issue. If Zimbabwe is to be invaded and half of our soldiers are suffering from typhoid what happens? If a number of workers at X industry are suffering from hernia and cannot lift heavy goods for weeks, what happens to that company?
PH	Yes. I think that education can help us to uplift our healthcare to the point that foreigners would want to come and seek treatment locally. Our doctors are doing well in other nations, we can be a medical tourism

	destination if we apply our minds.
RO	Yes. Medical practices can become successful businesses that employ many people and uplift their livelihoods meaning more taxes to the government
PD	Yes. I think we can form teams in our different specialties and start up big hospitals that can benefit citizens and the government from taxes. I think teamwork is something that we can learn from entrepreneurship education.

There was a unanimous agreement that entrepreneurial education would help doctors to contribute to the growth of the Zimbabwean economy. GP, OP and PD stated that enterprising doctors would start making more profits, start big hospitals thereby contributing taxes while uplifting livelihoods through employment which was a contribution to economic growth. GY made a contribution that entrepreneurial education would make the health system efficient thus having healthy workers in industries who contribute to the economy. This assertion was also supported by UR who stated that unhealthy citizens consume more government resources than what they contribute. OS stated that entrepreneurial education would make practitioners more innovative and so they would end up developing local products and cut on importations of medical goods. Other respondents such as MX, PH and RO suggested that entrepreneurial education would make medical practitioners better managers of resources even in public institutions and uplifting healthcare standards would promote medical tourism in Zimbabwe. Linan (2007) states that entrepreneurship is an important driver for economic growth and innovation in countries. Innovation Task Force (2010) also adds that growing and fostering of entrepreneurial activity is crucial for the development of sustainable economies where indigenous entrepreneurial ventures are essential in stimulating the growth of the Gross Domestic Product (GDP), job creation and export growth.

Question 4: Do you think the health delivery system can benefit from medical practitioners with an entrepreneurial mind-set? How?

Table 4:13: Benefit of entrepreneurial education on health delivery system

Respondent	Response
GP	Yes. Through efficient use and management of available resources
UR	Yes. Our hospitals are being run to the ground by people who do not understand that medicine is a business
OP	Yes. I think we can get to a point where we are offering quality healthcare at affordable prices. Entrepreneurship enables one to identify other sources of income not just rely on the patient
AN	Yes. I think doctors with an entrepreneurial mind-set can come up with innovative technology or work with other professionals to create medical technologies that can be exported to other countries. We can't always rely on other nations
GS	Yes. I think even the doctors at the policy making level can make progressive decisions that benefit the whole sector
OS	Yes. I think we can stop our people from seeking treatment in foreign lands and lose a lot of foreign currency in the process. We just need to start thinking entrepreneurially.
MX	Yes. People with entrepreneurial mindsets are keen on being innovative. If we continue practicing the same way, our health sector will stay the same or rather it will go down but if we become innovative, we can overtake those ahead of us
GY	Yes. I think the education can help us advance our healthcare.
PH	Certainly, I think an entrepreneurial mind-set makes someone progressive and seek to do things better.
RO	Definitely, they can contribute with ideas, finances and skills to the success of the country.

PD	Yes. I think such doctors can go a step further beyond just being good doctors but also being doctors who come up with ways, methods, and technologies of improving efficiency in the health sector.

As shown in Table 4.13 above, it is clear that doctors agree that entrepreneurial education is a step towards promoting efficiency in the health delivery system in the country. GS and PH all stated that attaining entrepreneurial education would lead doctors to make progressive decisions. AN, MX and PD had a similar perspective stating that the education would lead to innovation which could lead to efficiency in the health system. UR explained that hospitals were being run to the ground because the management or the board did not understand health as business. OS gave another reason where he stated enterprising doctors could stop people from seeking treatment in foreign lands while GP cited that it could lead to efficient management of resources. Grazier and Metzler (2006) are of the view that entrepreneurship is lacking in the health delivery sector therefore there is lack of innovation within the sector which leads to products or processes that improve quality of care, accessibility, and continuity of services delivered within and across facilities and communities. Phillips and Garman (2014) adds on to this by stating that health care quality can be improved when health institutions transform themselves into opportunistic and innovative firms through the entrepreneurship processes.

4.3.5 Section E: Challenges to the attainment of entrepreneurial education

Question 1: What do you think are the factors that impede medical doctors from getting entrepreneurial education?

Table 4:14: Factors impeding doctors from attaining entrepreneurial education

Respondent	Response
GP	It's because doctors are full of I know. They think they are intelligent than anyone else
UR	Because no one is delivering it. There should be business for doctors

OP	Lack of access
AN	I think our workloads are too heavy. Starting from undergraduate training there is little time to venture into the economic world. You will just focus on medical training and nothing else
GS	Time. We are just so busy, I have to balance between seeing patients in government hospital, private hospitals and still make time for those at my practice. Then another reason is just ignorance of the training and for some, lack of interest
OS	Time is the major factor. Then also cost because after the excruciating medical training people might not want to spend more money on school. There is also lack of knowledge because you might associate it with people in the commercial field not aware that it can benefit you.
MX	You realise in retrospect that you should have done certain things. In medicine we focus more on the patient and less on the financial side of things. Those of us who have gone through it and turned out worse off must encourage the young ones to get business training early on in their career
GY	It is caused by lack of awareness
PH	I assume the content is not relevant to my needs
RO	Lack of exposure from medical training. There is too much emphasis on professional information and skills leaving no time to balance everything else.
PD	It is not offered in the medical training therefore there is reduced awareness of such entrepreneurial education

The responses in Table 4.14 reflect the reasons doctors have not accessed entrepreneurial education. AN, OS, GS attributed lack of time and heavy workloads as factors that stopped doctors from pursuing entrepreneurial studies. OP, OS, GY and PD cited that doctors lacked awareness of awareness or were ignorant of such training as it was not part of their medical training. From another perspective MX and RO revealed that medical practitioners gave too much emphasis on professional information and less on the financial side. MX who is a

professor nearing retirement stated that when he looks back, he wishes he had attained that knowledge but now all he can do is encourage young people to get training. An important factor that was established is the attitude of doctors towards entrepreneurial training, GP stated that doctors think they know everything and think they are more superior. GS and OS also revealed that some professionals lacked interest. OS also pointed out that some were deterred by costs involved to get the training.

Question 2: Do you think entrepreneurs are born or they can be made?

Table 4.15: Opinions on whether entrepreneurs are born or made

Respondent	**Response**
GP	Both
UR	A bit of both, a person should have an entrepreneurial flair then it can be developed and fine tuned
OP	They are made
AN	They are made, it largely depends on the upbringing and surroundings you grow up in. If you grow up in a family where your parents or siblings are business minded, even if you choose to be a doctor, you become a doctor with a difference.
GS	It is all acquired knowledge. No-one is born with any knowledge; we are born as empty slates
OS	They are born but perfected by coaching
MX	Entrepreneurs can be made, there is so much literature on Entrepreneurship that someone who has never been exposed to entrepreneurship can read to understand.
GY	They can be made.
PH	They are made
RO	They are made through training and exposure

PD	Nature versus nurture. I think with the right environment they can be nurtured

In the above table eight out of the eleven respondents agreed that entrepreneurs can be made. GS emphasised that people are born as empty slates and all the knowledge that they have is acquired. AN and PD pointed out that they are made, and it was all dependent on the environment that someone was brought up in while MX laid out that one could read literature on entrepreneurship and gain understanding. GP, UR and OS however pointed out being entrepreneurial is a combination of nature and being nurtured where one is born with an entrepreneurial flair then it is developed through training so that they become a better entrepreneur. These responses feed into a long-standing debate by scholars who have long sought to establish whether it is possible to teach an individual to be entrepreneurial or it is an inborn trait. Scholars such as Askew (2012) argues that entrepreneurship cannot be taught in the classroom as it is a spirit that enabled the propensity to take risks, creativity, independence, a desire for personal growth and success. However, scholars such as Ndedi (2009) argue that the education can be beneficial to an individual and tune them toward the entrepreneurship path if it incorporates practical aspects in training.

Question 3: At what stage in training do you think business education would be most appropriate to a medical doctor?

Table 4.16: Stage appropriate for introduction of entrepreneurial education

Respondent	**Response**
GP	In final year when someone is about to face a decision of being employed or starting a practice
UR	From the start they should understand that a doctor is a business entity and also a service provider. So they knowledge progresses as they carry on with their studies. They can learn of tax returns when they are about to start their practices
OP	At undergraduate level
AN	At undergraduate level because the moment they finish some go ahead to become general practitioners and are already in the business world.
GS	When they are going into their private practice. I think that when the

	knowledge becomes applicable
OS	During internship, those 2 years of being a junior doctor.
MX	Right at the beginning of their training they should understand they are getting a skill to become doctors but it is a business. I think they can apply the business principles in their daily life and not waste time on unproductive things that are just time wasters.
GY	During undergraduate training or soon after.
PH	At undergraduate training or during continuing health education.
RO	Just after housemanship as they go into the field
PD	At the internship period when managerial responsibilities are introduced to junior doctors

Seven of the respondents brought out that they thought entrepreneurial training should be introduced at the undergraduate level. UR pointed out that they should have entrepreneurial knowledge from the start, and it will progress as they go further with their studies. MX also pointed that they could apply entrepreneurial principles in managing their studies as medical students. The other four respondents felt that the training would be most appropriate at housemanship or at the internship period when students were still junior doctors. The PD stated that at this point managerial responsibilities would have been introduced to them and the knowledge would be more applicable. The point at which entrepreneurial education should be introduced to a medical doctor remains contested as doctors do not seem to agree the point at which the education becomes more relevant. Rigwema (2004) noted that the concept of entrepreneurship had not fully been embraced in Zimbabwe and where it was being taught the emphasis was to get students to pass examinations and not so much about imparting entrepreneurial knowledge.

Question 4: What has been the source of funding for your practice? How accessible is funding to doctors who wish to start their private practices or expand them?

Table 4.16: Sources of funding for doctors

Respondent	Response
GP	It is very accessible from banks and business people who want to partner
UR	Partnerships with senior practitioners in a different discipline; that is how I started. Now I empower the younger doctors that way, they start in my rooms avoiding certain bills then when they get enough clients they move out. We also managed to build a hospital with 9 other partners.
OP	Personal savings.
AN	In my area of specialty there are very few start-up costs because we will just be seeing patients who are already in hospitals. We do not consult and have no need for doctors' rooms. Those that I know borrow from friends and relatives to start up.
GS	Banks are willing to offer loans for starting up or renovations.
OS	Personal savings and banks. Funding is quite accessible from the banks.
MX	Banks are willing to offer loans
GY	I funded myself
PH	It was self-funding
RO	I have been funded by banks on all my projects. Funds are accessible to doctors
PD	Personal savings and bank loans. It used to be easy to access funding to set up a private practice

The responses in Table 4.16 above reveal sources of funding for medical doctors. AN, MX and RO all stressed that funding is accessible from banks if medical doctors wanted to start-up or expand their practice. Grazier and Metzler (2006) on the contrary noted that there is a dearth of financial resources which prevent entrepreneurial risk-taking projects in their medical sector. They also stated that entrepreneurship is lacking in the health delivery sector

largely due to financing while it is visible in sectors such as genomics and pharmaceuticals. Interestingly, the younger doctors OP, OS, GY and PH revealed that they had started their practices from personal savings unlike the older practitioners who accessed funding from banks. This probably is the reason why PD brought out that it used to be easy to access funding showing that it is no longer the case in recent years. Other sources of funding were from partnering with senior practitioners as was revealed by UR or receiving funding from business people who wished to partner. AN revealed that there was no need for any major funding in his field as with other specialties, as an anaesthetist he only saw patients in hospitals thus he did not carry out any consultations nor need to rent doctor's rooms.

4.3 Summary of Findings

The study was aimed at investigating the role of entrepreneurial education in determining success of medical doctors in private practice.

4.3.1 Understanding of entrepreneurial education

The research established that medical practitioners did not have a clear understanding of entrepreneurial education and most of them had not had any training formally or informally prior to establishing their practices. The researcher also established that most of the doctors had established their private practices motivated by a need for financial gains.

4.3.2 Perception towards formally taught entrepreneurship in Zimbabwe

The study found that medical practitioners believed that there were no entrepreneurial education courses specific to their needs that were currently being offered in Zimbabwe. It was also established that there are no entrepreneurship or business courses offered during medical training since focus is only given to professional training. Practitioners acknowledged having difficulties running the business side of their private practices due to lack of business knowledge and training.

4.3.3 Perceived benefits of entrepreneurial education

Doctors believe that entrepreneurial education could lead to their success as they had the professional skills as practitioners but lacked management or commercial skills. Medical practitioners also stated that having entrepreneurial practitioners could lead to innovative

methods of providing medical service which had potential of improving the health delivery system thereby contributing to the growth of the country's economy. Some practitioners also explained that entrepreneurial education would equip them with proper financial management skills to make sufficient investments that would make their lives comfortable in retirement.

4.3.4 Challenges to the attainment of entrepreneurial education

Doctors acknowledged that in as much as they needed the education, they had time and financial constraints. They also expressed that business training should be incorporated as part of medical training or rather have tailor made courses for practitioners which is something that is not available in the country currently.

4.4 Conclusion

The aim of this chapter was to report on the findings and results of the study and to discuss them, taking note of their implications and to link them to the literature. The following chapter will cover the conclusions realised from this research, recommendations arising from the findings, the limitations of the study and recommended areas for further research.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, extrapolations are made from findings attained in Chapter 4, making the necessary conclusions and recommendations. The chapter goes further to explain the extent to which the dissertation fulfilled the objectives and aims that were set at the beginning of the study. Furthermore, the chapter will point out areas for further research and the limitations of this study.

5.2 Conclusions

The overall conclusion drawn from this study is that entrepreneurial education can lead to the success of doctors in private practice however there are many challenges around the areas as evidenced by the following conclusions to the research objectives:

5.2.1 Understanding of entrepreneurship education

Objective

To establish if doctors have an understanding of entrepreneurial education

Finding

The research established that medical practitioners lack a clear understanding of entrepreneurial education and most of them had not had any training formally or informally prior to establishing their practices. The researcher also established that most of the doctors had established their private practices motivated by a need for financial gains.

Conclusion

The study concludes that the Curriculum used to train Medical Practitioners only focuses on medical issues and does not include business modules. Whoever developed the curriculum assumed that Doctors will be employees and not employers.

5.2.2 Perceptions of formally taught entrepreneurship education in Zimbabwe

Objective

To find out medical doctors' perception of formally taught entrepreneurship education in Zimbabwe

Finding

The study found that medical practitioners believe that there was no entrepreneurial education courses specific to their needs that were currently being offered in Zimbabwe. It was also established that there are no entrepreneurship or business courses offered during medical training since focus is only given to professional training. Practitioners acknowledged having difficulties running the business side of their private practices due to lack of business knowledge and training.

Conclusion

The research also concludes that medical practitioners seem to think that there should be entrepreneurial courses that are specific to the needs of medical doctors in Zimbabwe. They are not aware of the fact that entrepreneurial courses are beneficial to any profession.

5.2.3 Awareness of benefits entrepreneurial education

Objective

To determine if medical practitioners are aware of the benefits they can attain from entrepreneurial education

Finding

Doctors believe that entrepreneurial education could lead to their success as they had established their private practices without formal training. The study also mentioned that having entrepreneurial practitioners could lead to innovative methods of providing medical service thereby improving efficiency in the health delivery system. Some practitioners also explained that entrepreneurial education could equip them with proper financial management skills to make sufficient investments that would make their lives comfortable in retirement.

Conclusion

It is further concluded that medical practitioners are aware of the benefits of entrepreneurial education.

5.2.4 Challenges to the attainment of entrepreneurial education

Objective

To establish the challenges medical practitioners face in attaining entrepreneurial education

Finding

Doctors acknowledge that in as much as they need entrepreneurial education they had time and financial constraints. They also expressed that business training should be incorporated as part of medical training or rather have tailor made courses for practitioners which is something that is not available in the country currently. It was also established that some practitioners lacked interest while some were ignorant about entrepreneurial knowledge.

Conclusion

Finally, the investigation concludes that doctors lack awareness of entrepreneurial programmes offered by educational institutions and how much they cost. The finding on 'time constraints' demonstrates the fact that Medical Doctors are not trained on time management.

5.3 Research Contribution

5.3.1Theoretical Contribution

The field of entrepreneurial education is still emerging and there is limited literature concerning it especially in the Zimbabwean context. Theories that were established largely looked at the outcome of students who had undergone entrepreneurship courses or the effect of entrepreneurship education on entrepreneurship intentions. This study therefore made a significant contribution to the existing body of knowledge by looking at the role of entrepreneurship education on medical doctors in Zimbabwe.

5.3.2 Methodological Contribution

The research contributed to the assertion that face to face interviews are effective for exploratory case studies

5.3.3 Empirical Contribution

The dissertation unearthed interesting areas for further research such as the way entrepreneurship programs should be structured to make them more effective.

5.4 Evaluation of Research Proposition

The proposition is confirmed because there is limited access to entrepreneurship education by medical doctors in Zimbabwe**.**

5.5 Recommendations

5.5.1 Tailor made entrepreneurial courses

The study recommends the formulation of entrepreneurial courses targeted at medical professionals who are in private practice. These courses can equip them with managerial skills, the ability to identify and exploit opportunities.

5.5.2 Introduction of entrepreneurial studies in the medical curricula

Universities and institutions of higher learning that offer medical training to medical doctors should consider introducing entrepreneurial modules as part of the training. This will result in well-rounded practitioners who are professionally equipped and commercially sound.

5.4.3 Taking advantage of available courses

It is recommended that medical practitioners enroll for available business or entrepreneurial courses. Although they are generalised and not specific to their profession, they can help them to deal with areas that they find challenging in running their practices such as human resources management, accounting and finance or taxation. Institutions of Higher learning should embark on awareness campaigns to promote courses that they offer and their respective fees.

5.5 Study Limitations and Recommendations for Further Research

The research had a limited timeframe which restricted the researcher from using both qualitative and quantitative methods of data collection and analysis to strengthen the facts established by the research.

There is need for research into methods that can make entrepreneurial education more effective in a country like Zimbabwe where the entrepreneurship is needed. Such can be studied to assist self-employed professionals and potential entrepreneurs to become more effective than they are currently.

This study was a case of medical practitioners in private practice. Further research should incorporate cases of other self-employed professionals in Zimbabwe. There is also a need for a research that also considers other factors that hamper the success of self-employed professionals such as the economic environment or personality traits.

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Appendix 1

INTERVIEW GUIDE FOR MEDICAL PRACTITIONERS

The role of entrepreneurial education in determining success of self-employed professionals in Zimbabwe: The case of medical doctors in private practice.

I am a student from the University of Zimbabwe, Graduate school of Management GSM, and I am assessing the necessity of entrepreneurial education for self-employed professionals; particularly medical doctors in Zimbabwe and the challenges associated with attaining the education. Please kindly assist by responding to the questions below.

SECTION A: BACKGROUND OF RESPONDENT

1. What is your area of specialty?

   .....

2. Please state your age

   □25-35years □ 36-45years □ 46-55 □ above 56

3. Please state your professional/academic background.

   .....

4. How many years have you been in private practice?

   .....

5. Do you have other surgeries or businesses that you own?

   .....

SECTION B: MEDICAL PRACTITIONERS' UNDERSTANDING OF ENTREPRENEURIAL EDUCATION

1. What motivated you establish your own private practice?
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   .....
   .....

2. What is your definition of success?

   .....
   .....
   .....

3. What is your understanding of entrepreneurial or business education?

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   .....
   .....

4. Prior to starting a private practice, were you ever exposed to business training, either formally or informally? If yes has it helped you in running your surgery?

   .....
   .....
   .....

5. What skills are essential to successfully run a private practice?

.....
.....
.....

SECTION C: PERCEPTION OF FORMALLY TAUGHT ENTREPRENEURSHIP EDUCTION IN ZIMBABWE

1. What is your view of formally taught entrepreneurial education currently being offered in Zimbabwe? How useful do you think it would be to you?.....
   .....
   .....
   .....

2. In your experience of running a private practice, which area has been the most challenging that you think can be improved by access to entrepreneurial education?.....
   .....

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.....

3. How can entrepreneurial education be improved to suit your needs as a medical doctor?.....
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.....

SECTION D: PERCEIVED BENEFITS OF ENTREPRENEURIAL EDUCATION

1. To what extent do you think entrepreneurial education benefits a medical doctor?

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2. Please explain whether there is any link between entrepreneurial education and the ability to start and successfully run a private practice

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.....

3. If doctors attain business education do you think it can help them contribute to resolving economic problems the country is facing? If so, how?

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.....

4. Do you think the health delivery system in Zimbabwe can benefit from medical practitioners with an entrepreneurial mind-set?

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SECTION E: CHALLENGES TO THE ATTAINMENT OF ENTREPRENEURIAL EDUCATION

1. What do you think are the factors that impede medical doctors from getting entrepreneurial education?

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2. Do you think entrepreneurs are born or they can be made?

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.....
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3. At what stage in training do you think business education would be most appropriate to a medical doctor?

.....
.....
.....

4. What has been your source of funding for your practice? How accessible is funding to doctors who wish to start their private practices or expand them?

.....
.....
.....

Thank you so much. I really appreciate you taking the time to help me.