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Levels of Entrepreneurial Tendency and of Interpersonal Communication Competence of Students in an Associate Degree in Hospital Management Course

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Abstract

The objective of this study was to identify the entrepreneurial tendency and the level of interpersonal communication competence of students of the associate degree in Hospital Management (HM) course. A cross-sectional, quantitative, multicenter study was carried out, which brought together two of the four federal institutions that offer the course in Brazil. Data collection took place online, in July 2021, using an electronic form consisting of three sections: characterization of participants; the General measure of Enterprising Tendency (GET) test; and the Interpersonal Communication Competency Scale (ICCS). Descriptive and inferential statistics were used for data analysis. The sample consisted of 142 students, with a mean age of 26.65 (±8.8) years old, and a prevalence of women (109; 76.8%) and of students who attended high school entirely in the public school system (95; 66.9%). The GET dimension with the best performance was "Impulse and Determination", with an average of 9.08. In the dimensions "Creative Tendency" and "Propensity toward Calculated Risks", no participant obtained the maximum score. As for the ICCS, the total average (65.10) revealed a good level of competence in interpersonal communication. The highest average obtained was in the "Self-disclosure" domain, while the lowest was in the "Interaction Management" domain. A very low level of general entrepreneurial tendency and a good level of competence in interpersonal communication in the students of the HET course in Hospital Management were elucidated, which reveals possible ways to improve the entrepreneurial education of this course.

Keywords: Entrepreneurship. Interpersonal communication. Health management.

INTRODUCTION

Entrepreneurship gains space for discussion by bringing a new perspective on the subject, encompassing an action that goes beyond the concept of opening companies and consolidating profitable businesses, so that the proposal on the agenda is to understand that its way of acting adds conceptual pillars that permeate innovation, problem solving, creativity, and proactivity[1].

Therefore, entrepreneurship plays an extremely important role in the creation and structuring of businesses, companies, and institutions, as well as collaborates with and contributes to the strengthening of economic structures, by enabling the social and cultural development that leads to the growth of regions and nations. Thus, entrepreneurship came to be seen as an essential strategy for the economic development of a country, as well as a promoter of better living conditions for society[2,3,4].

Furthermore, there has been a growing re-

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cognition of the importance of entrepreneurship for the social and economic development of the country, with propositions to increase investments in education, dissemination of the theme, and greater involvement of students in entrepreneurship actions and programs, highlighting entrepreneurial education as an important path for educational institutions[5].

In the healthcare field, entrepreneurship is important for the development of new technologies and the production of new scientific knowledge that can bring improvements to the quality of care provided to patients in different care settings. Despite being a promising and essential area, entrepreneurship in the field of health is still a challenge, because, in general, health professionals have technical training in their area of expertise, which does not incorporate the principles of entrepreneurial education, the which sometimes limits the possibilities of innovation due to not having adequate understanding, added to the lack of time, and the exhausting working hours[6].

Among the important skills for entrepreneurship, interpersonal communication stands out. Communication refers to clarity, objectivity, and efficiency in the transmission of ideas, respecting the receiver's reality and making sure the message is understood (knowing how to listen, empathy, good performance). It also involves identifying new opportunities for action, proposing and programming ideas and other points of view empathetically[7].

For health management, the ability to communicate is fundamental, as the practice of the profession is centered on interpersonal relationships. It is considered that socially skilled individuals make a significant contribution to improving the organizational climate, the quality of intra and intersectoral relationships, as well as relationships with suppliers, customers, and the general public. Furthermore, being responsible for healthcare management, communication is an essential tool for the practice of leadership[8].

In this scenario, Technologists in Hospital Management stand out, who are healthcare professionals who play a strategic role in the development of entrepreneurial actions. This is due to the fact that these professional plans, coordinates, and evaluates healthcare activities, defining strategies for health centers. Moreover, they are responsible for managing financial and human resources, as well as coordinating interfaces with social and professional entities[9].

However, even when dealing with an area of transversal knowledge for many professions, entrepreneurship is explained in a variable and uneven way among higher education courses in Brazil[10]. This highlights the need to raise awareness about the subject in the context of Hospital Manager training, mainly in knowing how this approach occurs throughout the training of this professional who plays an essential leadership role in healthcare services.

Within this context, the research question was outlined: What is the level of entrepreneurial tendency and interpersonal communication competence of students of the associate degree in Hospital Management course in the national context? The objective was to identify the entrepreneurial tendency and the level of interpersonal communication competence of students of this Hospital Management course.

METHODOLOGY

This is a cross-sectional, quantitative, multicenter study that brought together two of the four federal institutions that offer an associate degree course in Hospital Management – the Federal University of Rio Grande do Norte (FURN) and the Federal Institute of Education, Science and Technology of Santa Catarina (FISC).

The study population consisted of students

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of the Hospital Management Courses of the aforementioned institutions, active in the first semester of semester 2021. No sample calculation was performed, so the sampling was non-probabilistic, sending an invitation to participate to the whole study population, consisting of 549 individuals.

All students regularly enrolled in the associate degree course in Hospital Management at the institutions were included. The following exclusion criteria were established: participants who had medical leave and/or were absent for reasons of any nature during the data collection phase.

Data collection took place online, in July 2021, using an electronic form consisting of three sections: 1) characterization of participants (educational institution, semester, age, gender, marital status, family monthly income, if attended high school in a public school, and if they had previous training); 2) General measure of Enterprising Tendency (GET) Test[11]; and 3) Interpersonal Communication Competence Scale (ICCS)[12].

The students were invited to participate through different strategies: participation in synchronous meetings; email; course forum in the Integrated Academic Activities Management System (IAAMS); and WhatsApp groups (contact with class leaders). A sample of 142 respondents was obtained.

The General measure of Enterprising Tendency Test (GET) was developed in England at the Business and Industrial Training Unit of the Durham University Business School (11) and has already been used in different Brazilian studies[13,14,15,16].

Consisting of 54 dichotomous items (agreement or disagreement), the GET divides entrepreneurial characteristics into five dimensions: need for achievement (questions 1, 6, 10, 15, 19, 24, 28, 33, 37, 42, 46, and 51); need for autonomy/independence (questions 3, 12, 21, 30, 39, and 48); creative tendency (questions 5, 8, 14, 17, 23, 26, 32, 35, 41, 44, 50, and 53); propensity toward calculated risks (questions 2, 9, 11, 18, 20, 27, 29, 36, 38, 45, 47, and 54); and drive and determination (questions 4, 7, 13, 16, 22, 25, 31, 34, 40, 43, 49, and 52)[17].

To count the score and identify the entrepreneurial tendency, the following procedure is performed: for odd-numbered questions, 1 point is assigned for each disagreement marked; and in even-numbered questions, 1 point is assigned for each agreement marked. The score for each question is then summed into their respective dimensions. After tabulating the data, it was verified whether the subject reached at least the average stipulated in the definition of the GET test, for each of the dimensions[5,11]. The stipulated values for each dimension are shown in Table 1.

Table 1 - Values stipulated for each GET dimension, Natal, RN, 2023.

Dimensions	Maximum GET Test	Mean GET Test
Need for achievement	12	9
Need for autonomy/independence	6	4
Creative tendency	12	8
Propensity toward calculated risks	12	8
Drive and determination	12	8

Source: Adapted from Caird (1991).

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Moreover, the following reading was used to assess their entrepreneurial tendency: if the respondent reaches the maximum score in one or none of the dimensions, the level of entrepreneurial tendency is considered very low. If in two dimensions, the level is considered low; in three, medium; in four, high level; and in five, very high level of entrepreneurial tendency[5,11].

The Interpersonal Communication Competence Scale (ICCS) is a validated instrument in the Brazilian context that seeks to assess an individual's capacity or ability to exchange verbal or non-verbal information between two or more people[12].

Consisting of 17 items of the five-point Likert type, in which items 8 and 17 are evaluated in reverse, the scale groups its evaluation into five domains: environmental control (items 3, 7, 13, and 17); self-disclosure (items 4, 6, 12, and 16); assertiveness (items 1, 5, 8, and 15); availability (items 10, 11, and 14); and management of interactions (items 2 and 9). The total score ranges from 17 to 85, and the higher the score, the greater their ability in interpersonal communication is[12].

For data analysis, the Statistical Package for the Social Sciences (SPSS) program for Windows, version 23, was used. Descriptive statistics (mean, standard deviation, minimum and maximum for quantitative variables; and absolute and relative frequency for qualitative variables) and inferential statistics were used. To verify the normality of numerical data, the Shapiro-Wilk and Kolmogorov-Smirnov test was used, both presenting a value ≤ 0.05. The significance level used for statistical analysis was 5% ($p \leq 0.05$). In view of the absence of normal distribution, the non-parametric Mann-Whitney U test was used. To verify the reliability of GET and ICCS, Cronbach's alpha was used, and significant differences were analyzed using Rosental's coefficients.

The research followed the ethical precepts established by Resolution nº. 510, of 2016, of the National Health Council. It was evaluated by the Ethics Committee of the proposing institution and received a favorable opinion for its execution: Consolidated Opinion nº. 3.566.265, of September 10, 2019, Certificate of Presentation of Ethical Appreciation (CAAE) nº. 15855519.0.1001.5537.

RESULTS

Characterization of the participants

The sample consisted of 142 academics, of which 55 (38.7%) were linked to the FISC and 87 (61.3%) to the FURN. As for the course semester, 58 (40.8%) were in their final semesters (enrollment before 2019.1), 50 (35.3%) were in their initial semesters (enrollment in 2020.2 or 2021), and 34 (23.9%) were in their intermediary semesters (enrollment in 2019.2 or 2020.1).

The mean age of the participants was 26.65 (±8.8) years, with a minimum age of 17 and a maximum of 57 years old. There was a higher prevalence of women (n=109, 76.8%) compared to men (n=33, 23.2%). There was also a higher prevalence of singles (n=100, 70.4%) compared to those who were married or in a civil union (n=36, 25.4%) and divorced (n=6, 4.2%).

With regards to academic training, it was found that 95 (66.9%) participants attended high school completely in public schools and six (4.2%) partially. While 41 (28.9%) attended high school in a private school. Among the participants, 76 (53.6%) did not have other training, technical or higher education, prior to entering the Hospital Management course.

Thirty-two who had already completed a technical course (22.5%). The most prevalent technical training was in Environment and Health (n=16, 11.3%). Next, the Management and Business and Infrastructure axes appear, with four participants

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(2.8%). The Information and Communication as well as Security axes had two (1.4) mentions each. The Natural Resources axis was cited once (0.7%), and three participants (2.1%) did not specify the technical course taken.

Participants with previous higher education totaled 28 (19.7%), with Health Sciences training being the most recurrent (n=14, 9.9%). Second, training in Applied Social Sciences stood out with seven (4.9%) participants. Degrees in Human Sciences were listed by three (2.1%) students. One of the participants (0.7%) had training in Linguistics, Letters and Arts, and one student did not specify the area of training. It should be noted that six (4.2%) participants had technical and higher education.

Table 2 presents the measurements of each of the dimensions obtained for the GET. As stated above, the dimension with the best performance was "Drive and Determination", with an average of 9.08. In the "Creative Tendency" and "Propensity toward Calculated Risks" dimensions, no participant obtained the maximum score, and at least one participant did not obtain a score in the "Need for Autonomy/Independence" dimension. The Cronbach's alpha obtained for the GET was 0.607.

Table 2 - Descriptive values of the total score and for each dimension of the General Enterprising Tendency Test, Natal, RN, 2023.

Dimensions	Mean	Median	SD	Minimum	Maximum
Need for achievement	8.52	8	1.62	4	12
Need for autonomy/ independence	3.0	3	1.26	0	6
Creative tendency	6.14	6	2.07	1	11
Propensity toward calculated risks	6.39	7	2.14	1	11
Drive and determination	9.08	9	1.58	4	12

Caption: SD: Standard deviation; * There are several modes, the lowest value is shown.

Thus, the level of enterprising tendency of the participants was classified as very low, as 141 (99.3%) reached the maximum score in one or no dimensions. Only one participant reached the low level, that is, the maximum score in two dimensions.

Participants were asked if they considered themselves entrepreneurs and 63 (44.4%) answered yes, with 79 (55.6%) answering no.

By correlating the GET with the academic characteristics of the participants, statistically significant differences were identified in the variables gender, high school education in public schools, and the perception of being an entrepreneur, as shown in Table 3, below, and in the correlation test.

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Table 3 - Correlations and statistically significant differences of the dimensions of the General Enterprising Tendency Test with the characteristics of the participants, Natal, RN, 2023.

GET Dimensions	Sex	Public High School	Perception of being Entrepreneur
Need for achievement	ns	ns	ns
Need for autonomy/independence	ns	ns	Mann-Whitney p=0,004 R=0.24
Creative tendency	ns	ns	Mann-Whitney p=0,048 R=0.17
Propensity toward calculated risks	ns	Mann-Whitney p=0.07 R=0.23	Mann-Whitney p=0.01 R=0.27
Drive and determination	Mann-Whitney p=0.016 R=0.20	ns	ns

Caption: ns: not significant; R: Rosenthal coefficient

Interpersonal Communication Competence Scale (ICCS)

The average total score and the scores obtained for each ICCS domain are shown in Table 4. The total average (65.10) reveals a good level of competence in interpersonal communication. It is noted that the highest average obtained was in the "Self-disclosure" domain, while the lowest was in the "Interaction Management" domain. In addition, at least one of the participants was close to reaching the total score, earning 81 out of 85 possible points. Cronbach's alpha obtained in ICCS was 0.838.

Table 4 - Valores descritivos da pontuação total e para cada dimensão da Escala em Competência de Comunicação Interpessoal, Natal/RN, 2023.

Domains	Mean	Median	SD	Minimum	Maximum
Control of the environment	14.13	14	3.22	5	20
Self-disclosure	14.87	15	3.30	6	20
Assertiveness	14.56	15	3.10	7	20
Interaction Management	8.73	9	1.41	4	10
Availability	12.80	13	2.42	3	15
Total	65.10	65.5	10.04	35	81

Caption: SD: Standard deviation. Source: Authors (2021).

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By correlating the ICCS with the characteristics of the participants, statistically significant differences were identified in the variables gender, high school education in a public school, and in the perception of being communicative, as shown in Table 5, below.

Table 5 - Correlations and statistically significant differences of the dimensions of the Interpersonal Communication Competence Scale and characteristics of the participants, Natal, RN, 2023.

Dimensions	Sex	Public High School	Perception of being Communicative
Control of the environment	ns	ns	Mann-Whitney p=0.000 r=0.51
Self-disclosure	Mann-Whitney P=0.011 r=0.21	ns	Mann-Whitney p=0.074 r=0.17
Assertiveness	ns	Mann-Whitney P=0.051 r=0.16	Mann-Whitney p=0.001 r=0.27
Interaction Management	ns	ns	ns
Availability	Mann-Whitney p=0.000 r=0.29	Mann-Whitney P=0.043 R=0.17	Mann-Whitney p=0.001 r=0.27

Caption: ns: not significant; R: Rosenthal coefficient. Source: Authors (2021)

DISCUSSION

With regards to sociodemographic characteristics, studies[10,16] developed on the theme of entrepreneurship with students of courses in the healthcare field showed similarity with the research herein. The average age in these studies was 22.5 years old, while in the participants of this study were 26 years old, demonstrating some proximity between these groups; moreover, the variable gender was also similar, with the majority being female.

Regarding the level of previous training, these same studies[10,16] indicated a low number of students who had another degree; however, the study carried out here showed a different reality, with approximately 50% of the participants with previous training.

Moreover, the academic training in question in the study presented here differs from others, that is, in terms of training, the research showed students from the hospital management course, while the comparison is made with students from the nursing and dentistry courses. These other courses, despite being part of large fields, possess characteristics that can influence these variables, such as training time, course shifts, among others.

Concerning the GET, a low level of entrepreneurship was observed in this study, unlike others[16,18,19] that identified a profile between medium and high levels, which is worrying, since healthcare already presents a need for professionals who have entrepreneurial characteristics and seek to work in areas of emerging health issues that demand the creation of

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solutions. Areas such as the health economy and digital and technological transformation are characteristic of the movement to change concepts towards more integrated health and to the longevity of the population[20].

Therefore, it is necessary to engage actions that provide discussion on entrepreneurship and its possibilities, with an approach based upon theoretical maturity and applied to the professional training of undergraduates.

In terms of the analyzed GET dimensions, the lowest was the "need for autonomy", on the other hand, the highest average was presented in "Drive and determination". This differs from other studies[16,18,19] with different profiles of students in the healthcare field, where "creative tendency" and "capacity to take moderate risks" were dimensions with lower averages, and "energy and commitment" and "drive and determination" were dimensions with higher averages.

Research[21,22] that analyzed dimensions of entrepreneurship in the public sector and reviews on the subject showed that entrepreneurial orientation is based upon dimensions of innovation, taking risks, competitive aggressiveness, autonomy, and proactivity, and that these need to be present in the methodological process of decision-making in professionals with an entrepreneurial profile, and influence their entire performance.

In fact, the teaching process analyzed in this study demonstrates that there are dimensions with great need for interventions so that they can be addressed throughout student training. However, it is important to consider that the teaching process in these spaces, consequently, must cover different performance profiles, which can direct activities to the public and private sectors. Therefore, each of these dimensions may present specific conditions to be worked on.

We observed that the number of people who did not consider themselves entrepreneurs comprised most of the respondents. Although the difference between this number and of those who considered themselves entrepreneurs was not so disparate, there was a statistical significance in the dimensions "need for autonomy", "creative tendency", and "propensity toward calculated risks"; in other words, it was noticed that these dimensions were those that received the lowest scores. Therefore, recognizing oneself as an entrepreneur may be the first step to making these dimensions more relevant.

As for the variable on secondary education in public schools, most respondents were students from public schools and, when comparing them to the entrepreneurial dimensions, the "propensity toward calculated risks" was the dimension that presented a statistically considerable difference. This leads us to realize that, in this study, high school students who studied in public schools were less likely to carry out entrepreneurial activities and are cautious in their actions.

It is noteworthy here that the reality of students from public schools can affect their decisions regarding taking risks, both positively, by providing experiences that lead them to be cautious with the resources they have, and negatively, if they do not have adequate guidance, fear can be a limiting factor for taking steps.

Studies[21,22,17] involving the theme of entrepreneurship highlight the importance of this dimension as a driver of actions that promote innovations, with an adequate assessment of costs and benefits, even in the face of scenarios and information that represent uncertainties. Therefore, considering the panorama of responses, education at a higher level needs to take into account, in the training curriculum, the students' need for stimulation and methods that can provide them with security in this dimension.

As for the gender variable, most respondents

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were female and the dimension that was statistically relevant was "drive and determination". The women, in this study, presented better averages and maximum values regarding drive and determination for entrepreneurial actions.

Moreover, proactivity and the ability to keep activities running are important for entrepreneurship to exist, promoting the incorporation of new ideas, new methodologies, and new paths[16].

Furthermore, the results are in line with other studies that demonstrated the female perspective and point to the growth of women's participation in the various fields of entrepreneurship, in autonomous activities, leadership positions in companies, and innovative actions arising from their commitment, proactivity, and persistence[23,24].

Therefore, it is notable that women, as a professional achievement, have shown motivation for characteristics that drive actions and determination to remain focused on their goals, searching for autonomy in a society with hegemonic male characteristics, making it important to overcome challenges such as the lack of stability and reconciling professional and personal life[23,24,25].

For the application of the Interpersonal Communication Competence Scale, the results showed that, both in general and the domains of individual analyses, the values were close to the highest scores. This shows that the participants, within this analytical process, have the ability to achieve good interactions in a social context.

When it comes to the communication and entrepreneurship relationship, communicating with your peers and the target audience of your entrepreneurial actions can be a great differential in the success of your actions, since it allows you to know the needs of those involved in the process.

The validation study of the scale[12] argues that interpersonal communication competence allows for the exchange of information, the ability to express oneself and understand the other, maintain effective relationships based on understanding the group's needs, and indicate ways to act effectively.

The highest average was in self-disclosure, represented by the ability to demonstrate ideas and thoughts in the act of communicating verbally and non-verbally[1]. For entrepreneurial actions, the act of maintaining a connection with another individual in order to allow adequate understanding of the message received, or even to succeed in what one wishes to express, is fundamental for other dimensions to develop.

With regards to the correlations between the dimensions of the ICCS and the variables of gender and high school education in a public school, the gender variable showed statistical significance with the self-disclosure and availability dimensions, revealing that the female gender, in this study, demonstrated a tendency of good scores in these domains. These dimensions presuppose the ability to express oneself assertively, as well as with availability and openness to feedback, listening, and acceptance[23,24,25].

Studies point out that the presence of women in actions related to entrepreneurship brings important characteristics, such as empathy, sensitivity, conflict management, and the ability to balance their professional and personal roles with regards to communication, for a world that is currently discussing innovation and views on new perspectives[23,24,25].

Assertiveness and availability were the domains that stood out the most when correlated with the variable concerning high school, revealing the significance of this relationship. This shows us that students who attended high school in a public school, in this study, brought positive statistical relevance to the domains.

A validation study[12] of the ICCS scale shows

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that communicative people tend to reach high scores, since these individuals demonstrate negotiation skills, openness to discussion, understanding of others, in addition to the ability to make fair and firm decisions.

Research related to professionals who work in management consider that communication is a fundamental factor for the smooth running of healthcare services, as it provides understanding and constant improvement of work processes, in addition to focusing on correct attitudes that center care on the patient, avoiding negative consequences[26,27].

For the variable of being communicative, only handling interactions did not show statistical significance. In fact, perceiving oneself as a communicative being may not necessarily be directly linked to the confirmation of one's perception. However, in this study, considering oneself as communicative was associated with higher scores on the interpersonal communication scale.

Studies[26,27,28] on communication for professionals working in healthcare demonstrate how important it is to be prepared with communicative tools that help the decision-making process, proactively, with security and autonomy. Within this discussion, it is emphasized that the act of communicating does not need to be innate to the individual, it can be developed and methodologically taught to professionals, providing them with greater security in their actions.

CONCLUSION

A very low level of general entrepreneurial tendencies and a good level of competence in interpersonal communication were recognized in the students of the associate degree in Hospital Management course, which reveals possible ways to improve the entrepreneurial education of this course.

As limitations, it should be noted that the survey had a low response rate to the electronic form and involved only two of the four federal institutions that offer the course within the national context. The results presented, therefore, must be interpreted in the light of this methodological context.

It is expected that these results would contribute to the discussion about entrepreneurial education in the area of healthcare management, from an expanded perspective of a professional profile focused on the skills required in the 21st century, with an emphasis on proactivity, innovation, criticality, and teamwork. The situational diagnosis presented can contribute to the revision of the pedagogical project of the analyzed courses, in order to allow for an effective incorporation of teaching methods and research and extension activities that can contribute to the development of such competences.

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