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Research Article

Profile and evaluation of entrepreneurial behavioral skills in Brazilian family doctors owners of clinics and offices

Perfil e avaliação de competências comportamentais empreendedoras em médicos de família e comunidade brasileiros donos de clínicas e consultórios

Perfil y evaluación de habilidades de comportamiento emprendedor en médicos de familia brasileños que poseen clínicas y consultorios

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Abstract

Introduction: Brazilian Family Doctors, until recently, were restricted to the public health system as the only job market. In the last decade, they are being increasingly required in the supplementary private system. Their experiences as professionals directly linked to the assistance and as managers have led some to open their own businesses in the form of clinics and offices. There is a set of competencies that characterize entrepreneurial behavior, called Personal Entrepreneurial Competencies in the literature. **Objective:** To understand how these Personal Entrepreneurial Competencies are present in these pioneering Family Doctors, their demographic and socioeconomic profile, and what past influences encouraged them to accept the risk and invest. **Methods:** Mixed study with exploratory-descriptive qualitative and quantitative design with Family Doctors that already have their own businesses. The instrument for quantifying Personal Entrepreneurial Competencies created by Lenzi and another one with questions of sociodemographic and contextual characterization were applied. **Results:** The researchers invited 16 entrepreneur physicians working in the Brazilian territory found through digital social networks. Only 11 answered both questionnaires: 6 men and 5 women from 8 different cities, most of them state capitals with more than 1 million inhabitants, 90.9% graduated from public universities, 63.6% between 30 and 40 years old, all with previous experience in the public sector. Most businesses have less than 1 year (45.5%), yield less than U$ 1,100.00 American dollars per month (45.5%) and most of the interviewees still work in other services such as the public sector (90.9%). The most present Personal Entrepreneurial Competencies were “Commitment” (90.9%), “Information Seeking” (81.8%), “Persistence” (72.7%) and “Taking Calculated Risks” (72.7%). The least present were “Independence and Self-confidence” (27.3%) and “Goal Setting” (45.4%). **Conclusions:** Although by convenience, it is possible that the sample in this study represent a significant portion of the Family Doctors who have risked themselves in the competitive private health market. Its characteristics: young, with a balanced gender, with long experience in the public sector and a recent start in the private market, still very afraid of investing and little formal training in the field of entrepreneurship, are probably a reliable portrait of the current moment. The profile of the developed Personal Entrepreneurial Competencies corroborated with the literature and served to warn about the lack of focus on planning, pointing out that bringing Family Medicine to the Brazilian private market is an innovative idea, but only good ideas are not enough to produce stability and sustainability for business.

Keywords: Entrepreneurship; Supplemental health; Job market.

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Resumo

Introdução: Os médicos de família e comunidade, até pouco tempo atrás restritos ao Sistema Único de Saúde, têm sido cada vez mais requisitados no sistema suplementar. As experiências como profissionais ligados à assistência e como gestores das operadoras de saúde têm levado alguns a buscar empreender por meio de negócios próprios, na forma de clínicas e consultórios. Há um conjunto de competências que caracteriza o comportamento empreendedor, chamadas na literatura de competências comportamentais empreendedoras. **Objetivo:** Entender como essas competências comportamentais empreendedoras estão presentes nos médicos de família e comunidade pioneiros, seu perfil demográfico e socioeconômico, e quais influências pregressas encorajaram o aceitamento do risco para investir. **Metodologia:** Estudo misto, com desenho qualiquantitativo e exploratório-descritivo, com médicos de família e comunidade que já possuem consultório próprio. Foi aplicado o instrumento criado por Lenzi para a quantificação das competências comportamentais empreendedoras individuais e outro com questões para a caracterização sociodemográfica e contextual da amostra. **Resultados:** Foram convidados 16 médicos de família e comunidade empreendedores e atuantes no território brasileiro, encontrados por meio de contato em grupos da especialidade ativos em redes sociais. Apenas 11 responderam a ambos os questionários: seis homens e cinco mulheres de oito cidades diferentes, a maior parte capitais com mais de 1 milhão de habitantes, 90,9% formados em universidades públicas, 63,6% entre 30 e 40 anos, todos com experiência pregressa no Sistema Único de Saúde. A maior parte dos negócios tem menos de um ano (45,5%), rende menos de R$ 5.000,00 ao mês (45,5%), e a maior parte dos entrevistados trabalha ainda em outros serviços, como o próprio Sistema Único de Saúde ou para operadoras de saúde (90,9%). As competências comportamentais empreendedoras mais presentes foram "comprometimento" (90,9%), "busca de informações" (81,8%), "persistência" (72,7%) e "correr riscos calculados" (72,7%). As menos presentes foram "independência e autoconfiança" (27,3%) e "estabelecimento de metas" (45,4%). **Conclusões:** Apesar de ser por conveniência, é possível que a amostra represente significativa parcela dos poucos médicos de família que se têm arriscado no competitivo mercado do setor privado em saúde. Suas características: jovens, com gênero equilibrado, longa experiência no Sistema Único de Saúde e início recente no mercado privado, ainda com muito receio de investir e pouca formação formal no ramo do empreendedorismo. Este provavelmente é um retrato fidedigno do momento atual. O perfil das competências comportamentais empreendedoras desenvolvidas corroborou a literatura e serviu para alertar sobre a falta de foco no planejamento, mostrando que, embora trazer a médicos de família e comunidade para o mercado privado seja uma ideia inovadora, só boas ideias não são suficientes para produzir a estabilidade e sustentabilidade dos negócios.

Palavras-chave: Empreendedorismo; Saúde suplementar; Mercado de trabalho.

Resumen

Introducción: Los médicos de familia y comunidad, hasta hace poco tiempo restringidos al Sistema Único de Salud, se han requerido cada vez más en el sistema privado. Las experiencias como profesionales asociados a la asistencia y como gestores de las operadoras de salud han llevado algunos a emprender a través de sus propios negocios, en la forma de clínicas y consultorios. Existe un conjunto de competencias que caracterizan el comportamiento emprendedor, llamadas en la literatura de Competencias Conductuales Empreendedoras. **Objetivo:** Comprender cómo estas Competencias Conductuales Empreendedoras están presentes en los médicos de familia y comunidad pioneros, su perfil demográfico y socioeconómico, y cuáles influencias pasadas han alentado la aceptación del riesgo para invertir. **Métodos:** Estudio mixto con diseño cuali-cuantitativo y exploratorio descriptivo con médicos de familia y comunidad que ya tienensu propio consultorio. Se aplicó un instrumento para cuantificar los Competencias Conductuales Empreendedoras creado por Lenzi para la cuantificación de las Competencias Conductuales Empreendedoras individuales y otro instrumento con preguntas para la caracterización sociodemográfica y contextuales de la muestra. **Resultados:** Fueron invitados 16 emprendedores médicos de familia y comunidad y actuantes en el territorio brasileño a través del contacto engrupos de la especialidad activos en las redes sociales. Solo 11 respondieron ambos cuestionarios. 6 hombres y 5 mujeres de 8 ciudades diferentes, la mayoría con más de 1 millón de habitantes, el 90,9% se graduó de universidades públicas, el 63,6% entre 30 y 40 años, todos con experiencia previa en el sistema público. La mayoría de los negocios tiene menos de 1 año (45,5%), rinde menos de R$ 5.000,00 al mes (45,5%) y la mayoría de los entrevistados todavía trabajan en otros servicios, como el SUS o para operadores de salud (90,9%). Los Competencias Conductuales Empreendedoras más presentes fueron "Compromiso" (90,9%), "Búsqueda de informaciones" (81,8%), "Persistencia" (72,7%) y "Tomar riesgos calculados" (72,7%). Los menos presentes fueron "Independencia y confianza en sí mismo" (27,3%) y "Establecimiento de objetivos" (45,4%). **Conclusión:** A pesar de ser por conveniencia, es posible que la muestra represente una porción significativa de los pocos médicos de familia que se han arriesgado en el competitivo mercado de la salud privada. Sus características: joven, con un género equilibrado, con una larga experiencia en el sistema público y un re ciente inicio en el mercado privado, aún con mucho miedo de invertir y poca capacitación formal en el campo del emprendimiento. Este, probablemente sea una imagen fidedigna del momento actual. El perfil de los Competencias Conductuales Empreendedoras desarrollados se corroboró con la literatura y sirvió para advertir sobre la falta de enfoque en la planificación, señalando que, aunque llevar la médicos de familia y comunidad al mercado privado es una idea innovadora, solo las buenas ideas no son suficientes para producir estabilidad y sostenibilidad para los negocios.

Palabras clave: Emprendimiento; Salud complementaria; Mercado de trabajo.

INTRODUCTION

The creation of the Family Health Program (FHP) in 1994 influenced the change of the name of the General and Community Medicine specialty to Family and Community Medicine (*Medicina de Família e Comunidade* – MFC), expanding its job market. In the 2000s, when it expanded to more than 20 thousand teams, the now Family Health Strategy (FHS) consolidated itself as the main job market for the specialty.[1]

In the last decade, however, with the decrease in public investments in the FHS and the precariousness of places and work contracts, the interest of professionals in the public sector has diminished. With the private sector discovering the advantages of a system organized by Primary Health Care (PHC), new opportunities have opened up for family doctors, who have been aggressively sought out and hired.[2] The *Caixa de Assistência dos Empregos do Banco do Brasil* (CASSI) was the pioneer in Brazil, starting its PHC service in 2003.[3] Currently, there are several representatives of supplementary health that follow this trend, in addition to CASSI itself: Amil, Unimed, Amparo, Clinipam, Hospital Sírio-Libanês, Hospital Israelita Albert Einstein, among others.

According to Thiago Trindade, then President of the Brazilian Society of Family and Community Medicine (*Sociedade Brasileira de Medicina de Família e Comunidade* – SBMFC), in an interview with Vines,[4] from Folha de São Paulo, on January 28th, 2015, family doctors, "who until then were almost all absorbed by the public health system and served low-income families, have migrated to the private service, either through health plans or private practice". Of the 5,000 specialists in society at the time, 10% were already working in the private system.

There is no Brazilian study that presents the percentage of MFC with their own clinics and offices, provided it is a recent phenomenon. In the United States, it is common for a family doctor to open and manage his own business alone, in PHC clinics and with other doctors, without the direct presence of the State.[5] Even in Canada and England, where health systems are considered public and universal, general practitioners own and manage their clinics, even though they sell their services and their workforce to the State.[6] That is why Rainey[7] and collaborators state that entrepreneurship should be one of the most important faculties to be developed in the formation of an MFC.

Given the recent history of MFC participation in the Brazilian supplementary market, it is questionable whether they would have the necessary expertise to be successful. According to McClelland,[8] this success in the business world would be related, but not restricted, to the development of ten specific skills/competencies called entrepreneurial behavioral characteristics (ECC). According to him, such skills would confer a differentiated motivational structure focused on challenge and achievement: superior entrepreneurial performance.

This work aimed to trace the profile of the entrepreneurial MFC and how ECC are present in their entrepreneurship practices.

METHODS

This is a mixed study, with a qualitative-quantitative and exploratory-descriptive design, with MFC who already have their own office, using an instrument created by Lenzi[9] for the quantification of ECC proposed by McClelland. This study design was chosen because it is generally indicated when the field of investigation is still very early and there is little literature on the subject.[10]

Population

The sample consisted, by convenience, of 16 MFC who own their own practice, operating in Brazilian territory, whose titles in Family and Community Medicine were acquired through completion of medical residency or through a degree process. The latter consists of the medical professional working in the network without the specialty for a period of time — usually twice as long as the medical residency would be. During this time, they must acquire experience, participate in courses, conferences, and other forms of continuing education and, at the end, take a test to assess their knowledge and skills.

The MFC community is very small. According to Augusto et al.,[11] the number of professionals in this specialty in Brazil corresponds to less than 2% of the total number of physicians. Despite this, it is virtually connected by various communication channels. Among so many virtual discussion groups, there is a group in one of the most used messaging applications in the country, called "PHC Private Attention" ("*APS Atenção Privada*"), which concentrates those family doctors interested in investing in opportunities in the sector, both as workers and managers of the private initiative and as entrepreneurs. At the time of the interviews, there were 98 participants. This group emerged spontaneously and continues to function informally, freely discussing topics that arise on the initiative of its own members. This author has participated in the group for at least three years, and part of the motivation for the research came from this reality. Respondents who agreed to participate in this research are members of the "PHC Private Attention" group and were invited by messages sent in the aforementioned application.

Instruments

The instrument created by Lenzi[9] was proposed based on studies by McClelland,[8] Cooley,[12] Spencer and Spencer,[13] and Dornelas.[14] It presents closed questions that represent entrepreneurs' experiences on a scale from 1 to 5, considering real episodes of their daily life. Score 5 corresponds to the accuracy of the occurrence of specific episodes (always) and score 1 to the opposite reasoning (never). Each of the ten ECC has three questions, whose mean represents their score. The questionnaire, thus, has 30 questions, and the total sum of points is 150, with 15 for competence. Those with a score greater than or equal to 12 were considered present competences.

Another questionnaire was also applied, with questions of sociodemographic characterization and context of the sample: age, gender, Brazilian region of residence and work, monthly income, education, nature of the higher education institution in which one graduated, if they carried out residency or other trainings (whether public or private), if they concurrently work in another public or private service, if they have already worked at SUS and for how long, origin of the funding and if they attend health insurances or only private care. A final open question was also asked: "What were the experiences you went through in your life that you consider to be the most influential in your decision to open your own business?". Respondents answered the inquiry discursively and freely.

Data collection procedures

Data were collected in an online survey format, using the Google Forms application. Collection period took place in June and July 2020. Microsoft Excel spreadsheets, Version 18.1910.1283.0, were built with the collected data. Descriptive data analyses were performed using simple frequency and proportion calculations. The analysis of the content of the discursive responses followed the technical steps proposed by Bardin,[15] guided by the rules of exhaustiveness, representativeness, homogeneity, and relevance.

Ethical aspects

All participants received prior information about the research and voluntarily signed the Informed Consent. This study was approved by the Ethics and Research Committee of *Universidade Católica de Brasília* (UCB), under number 4.079.906.

Theoretical foundation

According to Schumpeter,[16] entrepreneurs are creators of instability, "generators of change and triggers of a dynamic that pushes the market to a pattern of imbalance": a wave of "creative destruction". For Dornelas,[14] the word entrepreneurship means "one who takes risks and starts something new".

McClelland,[8] perhaps the most respected theorist in the field of entrepreneurship, recognizes the role of training in specific skills such as finance and marketing in preparing the entrepreneur, as well as access to tax and credit incentives. However, according to the author, business success would be deeply related, but not restricted, to the presence and development of attitudinal skills: the ECC. McClelland arrived at these results through a project that included successful entrepreneurs in 34 countries, who showed 20 characteristics.[17] Initially, there were 20 skills that, over the following decades, Cooley[12] condensed into ten ECC, maintaining the division in three dimensions:

1. Competencies related to success:
    - search for opportunity and initiative;
    - taking calculated risks;
    - quality and efficiency;
    - persistence;
    - commitment.
2. Competencies related to affiliation:
    - information search;
    - goals setting;
    - systematic planning and monitoring.
3. Competencies related to power:
    - persuasion and networking;
    - independence and self-confidence.

The activities related to the "commitment" characteristic concern the entrepreneur being able to honor contracts, to be directly involved with the work and to commit to delivering a good experience to customers. "Information search" refers to the behavior of research and investigation of data and ideas that can contribute to the improvement of the service provided. "Persistence" involves acknowledging responsibility for one's own actions and decisions, and not giving up in the face of difficulties. On the other hand, "taking calculated risks" works as a complement to this last competence, since it is linked to the act of knowing in depth the situation of the business itself, preparing in advance to minimize and face the risks.

Behling and Lenzi[18] make it clear that: "Although having the ECCs developed is not a guarantee of assertiveness in obtaining these results, their development can undoubtedly facilitate this process and contribute to the formulation of consistent strategies".

RESULTS

From the universe of 98 physicians participating in the "PHC Private Attention" group who received the invitation through the messaging application, 16 MFC responded that they had their own

clinics or offices and were invited to participate in the research. Only 11 (68.7%) responded within the stipulated period, of which six were men (54.4%) and five were women (45.5%). Seven were between 30 and 40 years old (63.6%) and four were between 40 and 50 years old (36.4%). Respondents live in eight cities spread across seven states of the federation. Nine (81.8%) reside in with more than 1 million inhabitants: Belo Horizonte/Minas Gerais (1), Brasília/Distrito Federal (2), Curitiba/Paraná (1), Fortaleza/Ceará (2), São Luís/Maranhão (2), and São Paulo/São Paulo (1). One (9.1%) lives in a city with more than 500 thousand inhabitants (Uberlândia/Minas Gerais) and one (9.1%) lives in a small town in the countryside, with just over 30 thousand inhabitants (Dois Irmãos/Rio Grande do Sul). Of these, only two (18.2%) do not undertake in the same city where they live and one (9.1%) has clinics in three different cities.

Ten graduated from a public university (90.9%), four (36.4%) have only residency in Family and Community Medicine, three (27.3%) have only a degree in MFC and four (36.4 %) finished their master's or doctorate.

Most do not have a specialty other than MFC, but two mentioned other areas of expertise: one (9.1%) geriatrics and the other (9.1%) traffic medicine. All reported previous professional experience in SUS, six of whom had more than ten years (54.6%).

Five of the entrepreneurs are starting their businesses (45.5%) and share their hours working in other services (90.9%). Two, however, have been consolidated for more than ten years (18.2%), although only one makes a living from his business full-time (9.1%).

For five of the cases, the net monthly income exceeds BRL 20,000.00 (45.5%), but most of this income still comes from other sources, since five (45.5%) also reported receiving less than BRL $5,000.00 profit from their clinics and offices. Only three respondents (27.3%) reported earning more than R$15,000.00 from their clinics.

All of them reported having only used their own resources to open their businesses, having avoided borrowing from banks and third parties.

Nine accept health insurances (81.8%), with only two offering private consultations (18.2%).

When asked about what experiences motivated them to open their businesses, three entrepreneurs responded that their previous experience in the private market helped them to lose their fear of investing. Another three saw the difficulties in the public sector, such as political instability, lack of freedom, and saturated labor market, as preponderant factors in choosing to take risks.

Six said they had taken courses in management and entrepreneurship before taking the step of opening a business. Only one claimed to having used some type of external consultancy, although three recognized some type of informal counseling.

Everyone considered that, at some point, the idea of starting the business seemed too risky. One cited the partnership with Amil as a mitigating factor, another the fact of using resources that would not be used in the short and medium term, while another assumed that setting up his office in one of the rooms of the house where he lives, reducing costs, gave him more safety. Three say that having read a lot about the subject made a big difference.

As for entrepreneurial skills, Table 1 shows how much respondents consider them present in their behavior. Lenzi[9] proposes an acronym for each of the ten competencies: opportunity search and initiative (OSI), calculated risk taking (CRT), quality and efficiency requirement (QER), persistence (PER), commitment (COM), information search (IS), goal setting (GS), systematic planning and monitoring (SPM), persuasion and networking (PN), independence and self-confidence (ISC).

Table 1. Distribution of the number of respondents by individual score in each of the ECCs.

Skills/ Score		OSI	CRT	QER	PER	COM	IS	GS	SPM	PN	ISC
	6							1			1
	7							1	1		
Underdeveloped	8	1		1	1					1	
ECC	9	1		1				1	1		2
	10	1	1			1	2	1		1	1
	11	2	2	3	2				2	3	4
	12	4	3	4	1	4	3	2	1	3	2
Developed ECC	13	2	1	1	2	1	3		2	1	
	14		3	1	1	4	2	2	1	2	
	15		1		4	1	1	1	2		1
Interviewees with developed ECC		6	8	6	8	10	9	5	6	6	3

OSI: opportunity search ad initiative; CRT: calculated risk taking; QER: quality and efficiency requirement; PER: persistence; COM: commitment; IS: information search; GS: goal setting; SPM: systematic planning and monitoring; PN: persuasion and network; ISC: independence and self-confidence.

Table 2 explains how many respondents presented the skills developed and achieved what Lenzi called Class 2, and how many did not achieve them and remained in Class 1. Figure 1 shows the distribution of respondents according to Class.

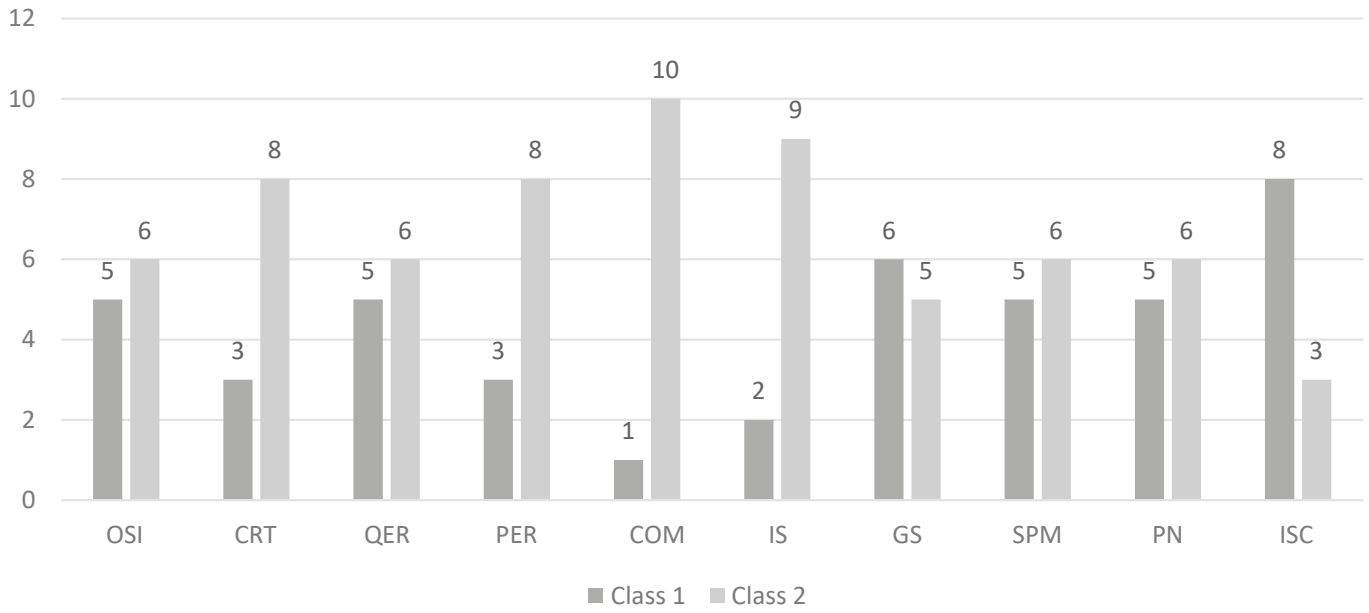
Table 2. Distribution of the number of respondents according to the presence of entrepreneurial skills.

Entrepreneurial Skill	Class 1 < 12 points (%)		Class 2 ≥ 12 points (%)	
OSI	5	45.4	6	54.5
CRT	3	27.3	8	72.7
QER	5	45.4	6	54.5
PER	3	27.3	8	72.7
COM	1	9.1	10	90.9
IS	2	18.2	9	81.8
GS	6	54.5	5	45.4
SPM	5	45.4	6	54.5
PN	5	45.4	6	54.5
ISC	8	72.7	3	27.3

Class 1: less than 12; Class 2: 12–15.

The entrepreneurial skills most present in the population of family doctors studied were COM (90.9%), IS (81.8%), PER (72.7%), and CRT (72.7%). The least present were ISC (27.3%) and GS (45.4%).

Seven entrepreneurs had seven or more developed skills (63.6%), with one that reached nine (9.1%). Three had less than five skills (27.3%). Six (54.5%) demonstrated the four most present competencies — COM, IS, PER, and CRT — concomitantly, and no interviewee did not demonstrate at least one of them.



OSI: opportunity search ad initiative; CRT: calculated risk taking; QER: quality and efficiency requirement; PER: persistence; COM: commitment; IS: information search; GS: goal setting; SPM: systematic planning and monitoring; PN: persuasion and network; ISC: independence and self-confidence.

Figure 1. Graphic with the distribution of the number of respondents according to Class.

Only two (18.2%) exhibited the two least present competencies — GS and ISC — concomitantly, while three (27.3%) showed a total absence of them.

The competence averages can be seen in Table 3.

Table 3. Weighted mean of scores by entrepreneurial skill.

Entrepreneurial Skill	Mean
OSI	11.18
CRT	12.54
QER	11.36
PER	12.90
COM	12.90
IS	12.54
GS	11.18
SPM	11.54
PN	11.63
ISC	10.63

DISCUSSION

In the sample of this study, gender balance was almost a reality. If entrepreneurship can already be considered an understudied subject, women entrepreneurs are a particularly less studied subgroup.[19] Lemos et al.,[20] examining the inclination of university students toward professional choice, showed that men

are more likely to choose the areas that value entrepreneurship and professional autonomy, while women were more inclined to professional areas characterized by altruism and stability/quality of life. However, a study conducted between 2008 and 2009 by the Kauffman Foundation,[19] with 549 respondents matched by gender, age, and type of industry, showed that male and female entrepreneurs are similar in almost all aspects, except for the motivation to start their businesses. According to the institution, women tend to report more support from partners, even to raise funds, and tend to value the network of relationships more as a differentiating factor for the success of their businesses. Machado[21] agrees with the similarity between genders, arguing that women who are entrepreneurs have the same psychological skills as men entrepreneurs: persistence, high desire for achievement and independence, persuasion, innovation, and adaptation to changes. For Lombard,[22] the primary reasons that would encourage women to undertake are related to autonomy and freedom to work the way they want: flexible hours to better reconcile professional and family life and financial independence.

Data from the Global Entrepreneurship Monitor[23] showed that this near balance between genders is also a reality in Brazilian entrepreneurship. Although there is still a slight male predominance when it comes to established ventures, a closer analysis of new businesses shows a markedly balanced scenario: 19.9% is the rate of male initial entrepreneurship, and 19.2% is female. Obviously, given the number of respondents, it was not the aim of this study to compare the presence of entrepreneurial skills among male and female family doctors.

Regarding the relationship between age and entrepreneurship, Down and Kautonen,[24] speaking of the job market in general, showed a growing positive relationship: older people tend to undertake more. One of the causes cited to explain this phenomenon is the high unemployment rates among people over 50 years old. Therefore, need would motivate them to undertake. Lévesque and Minniti[25] confirm this hypothesis by reporting that more mature people, if employed, have a decreased desire to undertake.

The Global Entrepreneurship Monitor[23] showed that, in Brazil, older people are less involved in opening new businesses (17.5% over 45 years old), but they are the ones with the highest participation in relation to already established businesses. In this study, the four oldest enterprising physicians are the ones who have had clinics and offices the longest and whose resulting income is higher, but they are in the minority. Most (seven doctors) have been on the market for a short time.

According to Scheffer,[26] the medical career, each year, has inhibited entrepreneurship more: more individuals, progressively, have chosen job stability over the uncertainties of their own practice. According to the Regional Council of Medicine of the state of Paraná,[27] before the 1970s, 80% of doctors in São Paulo worked in their own clinics and lived exclusively on private patients. Currently, only 55% have a private practice, and only 2% see private patients. The 2018 Medical Demography document, from the Federal Council of Medicine, showed that among recent medical graduates, 46.7% intended to work as SUS employees, a number that rises to 61.8% when only those graduated from public universities are considered.[26] The 2020 Medical Demographics document did not address this issue.

Pedrosa Neto et al.[28] state: “Medical practice is no longer a traditionally liberal practice and, increasingly, has adopted features of a typical salaried activity. Not only is wage employment an undeniable fact, but the deleterious effects that these forms of work have on economic autonomy are undeniable.

In this same dimension, doctors have not only lost the ability to generate and manage their own business, but especially, they have definitely lost their status as a liberal professional".

Medical education today is based on a technical-scientific curriculum focused on the doctor-patient relationship and its ethical principles. However, there are no disciplines for business management or with a focus on entrepreneurship. The view of health as a right is mostly presented to these new professionals in the academic environment.[29] There is no opposition of ideas. Young people's behavior tends to be more what others determine and less what they define for themselves, because their identity is still under construction.[30]

It is interesting to note that, in this study with MFC entrepreneurs, 63.6% of the interviewees were between 30 and 40 years old, all of whom had a passage through SUS, the majority had graduated from a public university (90.9%) and still maintained the link with the public sector (54.5%). 81.9% have not yet completed three years ahead of their business and have a profit of less than BRL 5,000.00 per month, 45.5%. Yet, none sought other forms of financing to perhaps set up a more ambitious business. The result is compatible with the little development of ISC and GS competences.

Only six of the 11 recognized some type of formal training in the area. Aguilar[29] comments that it is common for doctors to undertake activities in a more organic and spontaneous way, without formal preparation. For this reason, the sensation is that of a reality for which they were not prepared, with constant conflict between the doctors' dual attribution: clinical and management demands.

Many of the entrepreneurial skills necessary to deal with this new reality are, in fact, inherent to these individuals who took risks without formal training. "Medical entrepreneurship is focused on the characteristics that make up the personal profile, motivational and cognitive bases and aspects related to the market". [29]

Brazilian studies that used the same self-reported methodology in entrepreneurs from other areas found similar results. Behling and Lenzi[18] carried out a self-assessment with the instrument in 211 micro-entrepreneurs in the state of Santa Catarina, finding that all competences except GS were developed, and the two most common were PER and COM. A study with ten artisans from Alto do Moura, Pernambuco, showed an average greater than 12 for all ECC, with PER and ISC being the most developed ones.[31] A study by Zonatto et al.,[32] carried out in Florianópolis with 49 entrepreneurs, showed only the QER competence to be greater than 12.

Ferras et al.,[33] to avoid possible personal overvaluation by the respondents, applied the instrument to pairs of administrators from a public university in Paraná. The objective was to observe the distribution of entrepreneurial skills in corporate entrepreneurs, that is, in managers who work in non-owned companies. The five competencies developed were PER, QER, IS, COM, and SPM.

It seems to be more common, in all studies, the development of COM and PER competences. According to Behling and Lenzi,[18] they are linked to the process of "identifying opportunities and moving efforts and resources to put ideas into practice", but not to the behavior of "planning these actions, seeking information and establishing goals and action plans". The authors consider this a worrying scenario, since the lack of planning is among the main reasons for termination of small businesses.

The fact that Lenzi's[9] instrument was applied in the form of self-assessment represents a bias of personal overvaluation that cannot be ignored in this study. Following the proposal by Ferras et al.,[33] who applied it in pairs, is perhaps a better way to achieve more reliable data. However, the profile of entrepreneurial competences found corroborated the literature and served to warn about the lack of focus on planning, emphasizing that only presenting a differentiated product to the market may not produce the desired stability and sustainability.

CONCLUSION

Although it is a convenience sample, it is possible that it represents the few MFCs that have taken risks in the competitive market of private health practice. Their characteristics are: young, gender-balanced, with long experience in SUS and recent beginnings in the private market, who are still very afraid to invest and have little formal training in the field of entrepreneurship. This is probably a reliable portrait of the current moment, however, further studies are needed, with a more robust methodology, for a better understanding of this phenomenon.

CONFLICT OF INTERESTS

Nothing to declare.

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