

# **Collective entrepreneurship of self-employed healthcare practitioners<sup>1</sup>**

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L'étude de la complexité de l'entrepreneuriat dans de multiples contextes, perspectives et approches donne lieu à de multiples perspectives de l'entrepreneuriat collectif. Cependant, la compréhension actuelle de la manière dont de multiples travailleurs indépendants entreprennent l'entrepreneuriat collectif est pauvre. Notre étude porte sur quatre voyages entrepreneuriaux collectifs effectués par des praticiens de santé indépendants ; ces voyages ont conduit à la création de quatre maisons de santé rurales dans le sud-ouest de la France et le sud-ouest de l'Allemagne. Notre étude permet de mieux comprendre l'évolution de l'engagement collectif des travailleurs indépendants. Notre approche interprétative et inspirée de la pratique identifie l'ancrage régional et le travail en commun entre pairs comme étant des facteurs interconnectés de l'entrepreneuriat collectif dans les zones rurales, et nous révélons le conflit entre l'éthique des praticiens professionnels et l'évolution de la culture du travail. Nous améliorons notre compréhension de l'organisation créative des travailleurs indépendants en (i) théorisant le bien-être comme moteur de l'entrepreneuriat collectif dans le contexte des soins de santé ruraux ; (ii) en conceptualisant l'ancrage régional comme un processus de "présence, d'action et de compréhension" du territoire ; (iii) en conceptualisant le travail en équipe comme une pratique qui implique le partage d'un lieu de travail, le développement de compétences et le bénéfice de l'interaction sociale ; et (iv) en théorisant le travail en équipe comme catalyseur de l'entrepreneuriat collectif. En résumé, nous théorisons l'ancrage régional et le travail en équipe comme étant des facteurs interconnectés de l'entrepreneuriat collectif dans la recherche du bien-être.

Mots clés : ancrage régional, coopération entre pairs, centre de soins primaires, travail indépendant

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## 1. Introduction

In an attempt to move away from focussing on individual entrepreneurs (Burress & Cook, 2009; Daskalaki, Hjorth, & Mair, 2015; Reich, 1987), many researchers advocate for entrepreneurship research to focus, instead, on entrepreneurship as a collective phenomenon (Forsström-Tuominen, Jussila, & Kolhinen, 2015; Johannisson, 2014). One argument in favour of regarding entrepreneurship as a collective phenomenon is that entrepreneurs never act alone; entrepreneurs are, rather, part of a network that provides them with support from a diverse group of actors (e.g., financial, institutional, emotional, etc.). This argument aligns with Johannisson's (2014) definition of entrepreneurship as 'creative organizing', thus distinguishing the inherently and fundamentally collective view of creativity in entrepreneurship from the creativity of a solo artist. Gartner et al. (1994) refer to entrepreneurs in the plural rather than the singular; this nuanced language shifts the view of entrepreneurship from being fundamentally collective to frequently collective (Burress & Cook, 2009). In referring to the 'team' as the new hero (Reich, 1987), and the entrepreneur in the plural (Gartner et al., 1994), researchers have prepared the way for research on entrepreneurial teams, whereby the team of the 'lead' entrepreneur is considered in most cases (Ensley, Carland, & Carland, 2000; Kamm & Nurick, 1993; Kamm, Shuman, Seeger, & Nurick, 1990); this concept has brought a return of the myth of a 'hero'. Investigation of the complexity of entrepreneurship in a multiplicity of contexts, perspectives and approaches (Fayolle, Landstrom, Gartner, & Berglund, 2016) gives rise to multiple perspectives of collective entrepreneurship (Burress & Cook, 2009). Scholars have previously investigated the nature of collective entrepreneurship as being inter-organizational (Auerswald & Branscomb, 2003; Doh, Tashman, & Benischke, 2018; Montgomery, Dacin, & Dacin, 2012; Mottiar & Ingle, 2007), intra-organizational (Franco & Haase, 2017; Ribeiro-Soriano & Urbano, 2010; Santos & Spann, 2011; Stewart, 1989; Tiessen, 1997; Trompenaars & Hampden-Turner, 2002; Yan & Sorenson, 2003), hybridized public-private (Morgan, 2016; Silva & Rodrigues, 2005) and even public entrepreneurship (Roberts, 2006). Nevertheless, the perspective of multiple self-employed individuals undertaking collective entrepreneurship is currently underdeveloped, and there is an urgent need to improve our understanding of the unfolding of engaging for collectiveness among self-employed individuals. In this study, we investigate how such 'lone wolves' come together to engage in a collective journey of entrepreneurship.

We study four collective entrepreneurial journeys of one- to six-year durations. Our study entrepreneurs are self-employed (i.e., private) healthcare practitioners who have created

primary care centres (PCCs) in rural southwest areas of France and Germany. These PCCs become their common workplace in which they ‘work alone, together’ by staying self-employed and maintaining their shared workplace. In studying their collective entrepreneurship, we investigate how individuals, who chose to be self-employed, work together through collective entrepreneurship. In our approach, which is interpretative and practice-inspired, we pay attention to narratives and doings by considering entrepreneur practices as the ‘unit of analysis’.

Our findings are twofold. First, we find both regional embeddedness and peer co-working to be enablers of collective entrepreneurship in rural areas; these enablers are interconnected, with the possibility of one of the two being dominant. Second, we identify four core values that are fundamental to healthcare practitioners: (i) support, (ii) work-life balance, (iii) optimal patient care, and (iv) optimal patient access. In rural areas, working alone in a single practice context places these values at the centre of a difficult conflict between professional ethos and changing work culture.

Our findings contribute to the literature regarding collective entrepreneurship through three key aspects of our study. First, we investigate the conflict between changing work culture that values work-life balance and the professional medical ethos, and we then conceptualize a well-being model of ‘working alone, together’. This enables us to theorize that well-being is a driver of collective entrepreneurship in the rural healthcare setting. Second, although it is already accepted that regional embeddedness enables rural entrepreneurship, we further conceptualize regional embeddedness as a process of ‘being, doing and understanding’. Third, we theorize peer co-working as a catalyst of collective entrepreneurship.

Our study takes the following structure. In Section 2, Literature Review, we summarize the literature regarding collectiveness in entrepreneurship. In Section 3, Methods, we present our research methods, including data collection and analysis methods. In Section 4, Findings, we present our results in the form of narratives, and we analyse how that collective entrepreneurship unfolds. Finally, in Section 5, Discussion, we discuss our results in the context of existing research, highlighting our contributions, implications, boundary conditions and future research suggestions.

## **2. Literature review**

Scholars in the general field of entrepreneurship have increasingly used the concept of collective entrepreneurship in their research, utilizing a variety of definitions (Aldrich, 1999; Burrell & Cook, 2009; Felin & Zenger, 2007; Ruef, Aldrich, & Carter, 2003; Schoonhoven, C.

B. Romanelli, 2001), one of the earliest of which was offered by Wilken (1979: 75): ‘We have conceptualized entrepreneurship as a role which involved combining factors of production to initiate changes in the production of goods.’ ‘All phases of the entrepreneurial role may be carried out by one individual, they may be divided among individuals, or they may be carried out by a corporate actor—an organization. The transition from individual to collective entrepreneurship has been a major historical trend...’ (Wilken, 1979: 66). Wilken (1979) conceptualizes entrepreneurship as a role that can be divided among individuals or undertaken by an entire organization. While Wilken pointed to a transition towards collective entrepreneurship, the wider community of scholars continued to study individual entrepreneurs. Almost a decade after Wilken’s first work, Reich (1987) offered a new vision of collectiveness in which he considered the real hero to be the team.

Though a young discipline, entrepreneurship scholars have gone on to define entrepreneurship differently (Gartner, 1988; Johannisson, 2018; Puhakka & Stewart, 2015) and so on its ‘collectiveness’. Unsurprisingly, the term ‘collective entrepreneurship’ has been defined a number of ways (Burress & Cook, 2009). Scholars have different motivations, lenses and contexts when they study collective entrepreneurship (Burress & Cook, 2009), and this results in a multiplicity of collective entrepreneurship forms that vary according to the governance structure (Johannisson, 1998) of the focus study as well as the entrepreneurship definition.

Some scholars consider, in their definition of entrepreneurship, the multiplicity of individuals who together form an entrepreneurial team, such as individuals across organizations (Mourdoukoutas, 1999) or organisational employees and managers (Franco & Haase, 2017; Santos & Spann, 2011; Stewart, 1989; Tiessen, 1997; Trompenaars & Hampden-Turner, 2002; Yan & Sorenson, 2003). For Tardieu (2003), the concept of collective entrepreneurship relies on active communication and a collective domain of alertness. In agreement with the approach taken by Tardieu <sup>(2003)</sup>, Roberts (2006) differentiates between collective entrepreneurship in team entrepreneurship and functionalist collective entrepreneurship, using a similar definition to that of Wilken (1979), which considers how the entrepreneurial role is divided up among individuals. Roberts (2006) states that these functional specialists are complementary within the innovation process, although they may never work together since they work in different organisational groups or departments.

Other scholars, when defining collective entrepreneurship, instead of a committee, consider a process (Auerswald & Branscomb, 2003), an industrial district (Mottiar & Ingle, 2007) or a cluster of firms with other public or semi-public corporations (Klein, Mahoney,

McGahan, & Pitelis, 2010; Morgan, 2016; Silva & Rodrigues, 2005), or even as an interrelated system of corporations (Wilkinson & Quarter, 1996).

As already discussed, the current lack of consensus on the definition of collective entrepreneurship is unsurprising; indeed, the definition of entrepreneurship itself has been debated for several decades (Gartner, 1988; Johannisson, 2018), resulting in much disagreement over the term (Puhakka & Stewart, 2015). Scholars from the European School of Entrepreneurship define entrepreneurship as ‘creative organising’ (Johannisson, 2014), or ‘organized emergence’ (Gartner, 2014) with the ontology of becoming (Hjorth, Holt, & Steyaert, 2015). This view relies on social constructionism and it links entrepreneurship tightly to context, bringing collectiveness into play by considering networks, markets, social interactions and entrepreneurial systems; it follows, therefore, that all entrepreneurship is a collective phenomenon (Johannisson, 2014).

There is a small but important difference between entrepreneurship being a collective phenomenon and entrepreneurship that is undertaken by multiple entrepreneurial individuals who act collectively. Differences in governance structure must be considered when investigating collective entrepreneurship (Johannisson, 1998). For example, when employees of a single organization or cooperating organizations collectively behave entrepreneurially, this is distinctly different to when self-employed individuals collectively behave entrepreneurially. Our knowledge of collective entrepreneurship among self-employed individuals is, therefore, limited and more studies are urgently needed.

### **3. Methods**

#### ***3.1. Starting point: an international meeting***

In April 2017, the first author collected detailed data from four French PCCs in order to investigate collaborative dynamics amongst self-employed primary care practitioners who shared their workplace. This data is rich with narratives describing the collective initiation and creation of PCCs by practitioners who had themselves provided the ‘professional impetus’ (i.e., PCC initiated and created by professionals) that played a key role in the underlying collaboration. Two of the described cases, which we term ‘Rural Seeds’ and ‘Utopia’, were particularly surprising, and both informants from the field (practitioners themselves) and external observers described them as being unique. In October 2018, the first author participated in an International Workshop on Primary Care Logistics in Germany, where issues around collaboration were discussed. One of the workshop presentations, delivered by an invited practitioner, discussed an innovative and unique primary care model in which the presenter was

personally involved, alongside other self-employed General Practitioners (GPs). In this model, practitioners were moving from individual GP practices to joint practices (with two or more GPs) through a collective entrepreneurial journey. German observers agreed on the uniqueness of the model due to the participating practitioners retaining their self-employed status. Impressed by similarities with their own data collected in France, the authors pursued a collaboration with the presenter to investigate, in depth, the phenomenon of self-employed practitioners collectively acting entrepreneurially within their own real-world context. Adopting Yin's case study approach in its multiple format (Yin, 2018), we considered three auto-sufficient cases. The first and second cases concerned the entrepreneurial journey of the creation of a single PCC. The third case involved two successive entrepreneurial journeys of the creation of two PCCs. Since our multiple-case study investigates two entrepreneurial journeys in the French context and two others in the German context, we consider that it can be used to inform the building and development of new theory (Eisenhardt & Graebner, 2007). Our study approach is interpretative, first using narrative analysis (Steyaert, 1997; Steyaert & Bouwen, 1997) to probe the narrated stories and then performing a practice-inspired (Schatzki, 2005) thematic analysis (Eisenhardt, 1989).

### ***3.2. Research setting***

Our study centres were located in rural areas in the southwest of France and the southwest of Germany, where it is common for primary care practitioners to be self-employed and work in single-handed practices. In all three cases, self-employed practitioners engaged together in a collective entrepreneurial journey to create new PCCs. By considering the entrepreneurship of our study participants, we respond directly to Welter et al.'s (2017) call to embrace entrepreneurial diversity and to consider the neglected mundane in the study of entrepreneurship (Aldrich & Ruef, 2018).

### ***3.3. Data collection***

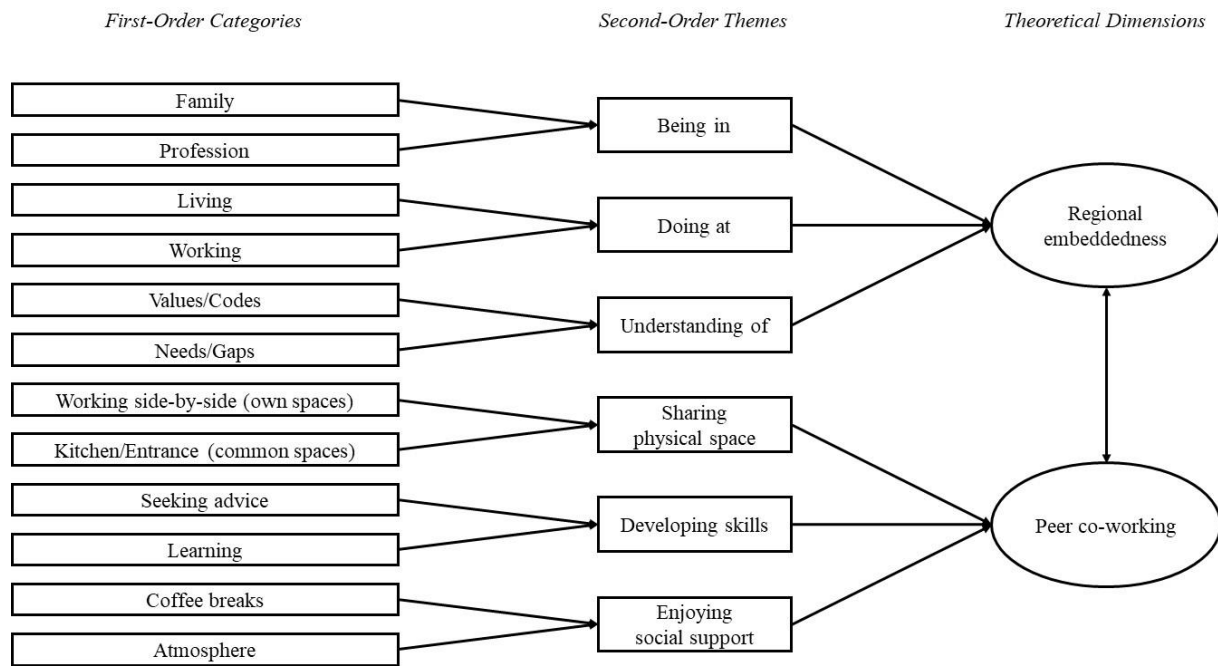
We collected data from field visits during which we conducted in depth interviews with practitioners in French, German and English. In addition to the formal interviews we also had opportunities for informal discussions and silent observation. In the French context, the language for all interviews was French. For Case I ('Rural Seeds'), the first author stayed for a two-day field residency during which she conducted ten formal interviews with practitioners, had one informal meal with study participants and slept overnight in the PCC premises. For the Case II ('Utopia'), the first author stayed for a five-day field residency during which she

conducted seventeen formal interviews with practitioners, attended meetings including their general assembly and slept overnight at the house of one of the PCC GPs. Case III includes two entrepreneurial journeys in the German Context. Both authors attended a three-hour interactive English language session with one of the PCC founders in October 2018, and they undertook a field visit in August 2019 during which they conducted an English language interview with the founder practitioner. In addition, the second author conducted three interviews in German and the first author interviewed the second author about her relationship with the first PCC of the German case (i.e., case III), since she had accumulated data while supervising three Master's students who were studying three different PCC aspects (as layout, processes and nursing planning). Author samiliarity with the investigated PCCs in France and Germany allowed effective communication and enhanced understanding of both participant narratives and behaviour during observation sessions.

### ***3.4. Data analysis***

Interviews were transcribed and data were analysed in four different ways. First, we conducted a narrative analysis (Steyaert & Bouwen, 1997) to generate the following stories of four entrepreneurial journeys: 'Rural Seeds', 'Utopia' in the French context, and 'Lucky Coincidences' and 'Forward Defence' in the German context, as reported in the findings session. We gave each collective entrepreneurial journey a descriptive name so as to best reflect the story based on informant narratives, selecting descriptive words directly from interview transcripts. Next, we conducted a thematic analysis (Eisenhardt, 1989) using a practice-inspired approach that relied on Schatzki's theory of social practice (Schatzki, 2005); a benefit of this approach is that it allowed us to study the interplay between acting people, collective and stabilized forms (Champenois, Lefebvre, & Ronteau, 2019). Specifically, we considered practices, which were split into doings and sayings, as our unit of analysis. Categories and themes emerged from our observations and practitioner narratives, allowing us to conceptualize regional embeddedness and peer co-working, as illustrated in the data structure model of Figure 1. Although regional embeddedness was predominant in 'Rural Seeds', and peer co-working was predominant in 'Utopia', an additional round of analysis showed them to also be interrelated. Case III confirmed that regional embeddedness and peer co-working were both distinct and interrelated.

Figure 1. Model of data structure



The next analysis identified doings and sayings related to practitioner explanations of how the new organizational form emerged. These doings and sayings represented four core values relating to work conditions and work outcomes: (i) social support (i.e., the converse of loneliness and isolation), (ii) work/life balance (i.e., willingness to make time for family), (iii) patient access (i.e., concerns regarding optimum response to patient needs), and (iv) patient care (i.e., concerns regarding best possible diagnosis and treatment). These four core values enhanced our understanding of the challenges of setting-up and running single-handed practices in rural areas by elucidating the conflict between changing work culture and professional ethos of primary care practitioners. The two conflicting views of optimal healthcare practice allowed us to conceptualize a well-being model of ‘working alone, together’ for healthcare practitioners and to theorize well-being as a driver of entrepreneurship.

## 4. Findings

### 4.1. Case I: ‘Rural Seeds’

In this case, practitioner narratives focussed on a long (six year) entrepreneurial journey in a village in rural France that had been taken by 24 health practitioners who were already working in that village. Three GPs had the initial idea to set up a PCC, and they worked to discuss their idea with a wider group of local colleagues. Importantly, 15 years before their initial idea, one of the original three GPs had succeeded his father, also a GP, and, in so doing, became



associated with another GP to form a joint practice. These two GPs worked part-time in such a way that their time in the clinic alternated so that only one of them was on-duty at any given clinic session. Three years later, in response to increased patient demand, a third GP joined that joint-practice on a full-time basis, bringing the practice staffing up to three independent self-employed GPs who shared facilities; as time passed, these three GPs also shared their patients, who were increasingly viewed as ‘patients of the practice’ rather than of individual GPs. In response to the progressive sharing of patients, the GPs needed improved communication to enable well-informed patient care, particularly for patients who had a complicated medical history; this required development of communication tools, written notes and weekly case meetings.

As local GPs retired, patient demand increased and the three joint-practice GPs needed to recruit additional staff; a recruitment opportunity arose when a medical student, who was training with them, expressed his willingness to continue working in the practice. Since the joint-practice was small, having been initially designed as a single-practice, it was not suitable for further expansion and new premises were sought. It was at this critical point that French law introduced the possibility of multidisciplinary joint practice (i.e., a model that allows private primary care practitioners to share a workplace). Although the three GPs shared their idea with local colleagues and slowly built up a network of likeminded GPs, they were not ready to bear the necessary financial risk of bringing their idea into reality. Finally, they gained financial support from the local council who were agreeable to funding projects that had sufficient community benefit. Using funding from the European Union, the PCC was developed over a period of six years. The GPs and other self-employed practitioners met regularly during PCC development to discuss project implementation and to organize small working groups to undertake specific tasks. Each working group presented its work-programme proposals at monthly meetings where meeting members voted in a system of unanimous approval. The new PCC ultimately became the sole ‘one-stop’ local healthcare provider, and it became a desirable place to work for many young and female practitioners.

#### **4.2. Case II: ‘Utopia’**

Twelve years ago, two recently qualified Belgian GPs visited a village in the southwest of France for their vacation, seeking calm and well-being activities. They liked the village very much and decided immediately that they wanted to live and work in that area; they soon rented suitable premises where they founded their first GP practice. Their early professional communication revealed their dealings with two local self-employed nurses wherein the nurses

were invited to join their practice; the nurses readily accepted, bringing the practice staff to four. Next to join was a speech therapist who had closed her practice elsewhere and had moved to the area for a sabbatical period without any intention of staying permanently. Suffering from a mild health condition, the speech therapist visited one of the GPs for a consultation and it was then that she was invited to take up the remaining space in the practice as a practice member. The speech therapist was initially surprised, being more familiar with self-employment in the French context whereby primary care provision is dominated by single-handed and mono-disciplinary practices. The two GPs explained their utopic vision of a multi-disciplinary practice, and the speech therapist joined them soon after. One year later, one of the GPs moved to another region, leaving the practice, but having first found a replacement who happened to be a personal friend from medical school and who shared the utopic vision of medicine practice with the original two GPs. In addition, one of the nurses retired and was replaced.

These five healthcare practitioners (two GPs, two nurses and a speech therapist) have been co-working for almost ten years, working side-by-side, sharing their work kitchen, and meeting regularly over coffee or lunch. They share their thoughts and doubts regarding specific medical cases through regular communication channels and benefit from the social support of the group; this is critical when new in an area. Their peer co-working has built a solid group that has a community sense.

The group has grown over time, with new arrivals and local partnerships. Indeed, the group grew so large that it outgrew the premises at the same time that it became legal to operate co-located multi-disciplinary healthcare practices. After ten years of core group peer co-working, the original five members, alongside an additional nine practitioners, decided to create a new multi-professional joint-practice. They were excited about their idea and, since they wished to proceed quickly, they decided to skip the time-consuming step of fundraising; instead, the core group of five bore the financial risk by taking personal bank loans, each standing as guarantor for the other four. So, the five practitioner-funders, along with the other nine practitioners, created their PCC, which soon became the sole point of healthcare provision in their village. Indeed, just one year after its creation, the PCC expanded, so that it hosted 17 practitioners at the time of data collection.

#### ***4.3. Case III: From ‘Lucky Coincidences’ to ‘Forward Defence’***

The third case, which comes from the southwest of Germany, investigates two successive entrepreneurial journeys, which we term “Lucky Coincidences” and “Forward Defence”.

#### *4.3.1. Lucky Coincidences*

A considerable number of GPs were working in single or dual practices in a very rural area in the southwest of Germany. When a young GP suffered a serious medical condition and needed emergency helicopter transportation, he soon realized how difficult it would be to continue working in his single practice, having been away for eight weeks of sick leave. He had a deep conviction of the need to change his way of practicing and of the area's need for a central point of healthcare provision, which should include emergency facilities. In parallel, a different GP was concerned about the ongoing care of his patients after his forthcoming retirement since he doubted that new GPs would be attracted to the area. His own practice, which he operated with another GP, was becoming out-dated and the two GPs wanted to move to a new modern practice. His partner was initially reluctant to move to a bigger practice, since that was unusual at the time, but after discussing the matter at length with first GP and with his partner, he became receptive to making this brave move. Although the three of them contacted neighbouring GPs to discuss the idea of creating a common practice, no-one believed in their project or was willing to bear the financial risk. Luckily, a business angel, an investor from a local wealthy family, wanted to invest in a project that would benefit the local community; he chose to invest in their project. They identified community owned (i.e., local authority) land near to a train station that was unattractive to potential purchases due to being contaminated with ash remnants from a fire; the land was sold to them at a reasonable price. Over the period of one year, the core team of three GPs held regular Monday evening meetings to conceptualize, plan, design and implement their PCC. As is common in Germany, each GP employed a nurse assistant, so the three GPs invited their nurses to meet so that they could discuss how they would work, share tasks and streamline processes.

This core group of GPs and nurses sought new working conditions. The nurses were particularly interested in a model that would provide them with increased work schedule flexibility, freeing them from the GP (employer) work schedule, and the GPs wanted to retain their self-employed autonomy. So, the PCC was designed as a combination of two practices that shared facilities and medical records based on a co-working model. Listening to the needs of the nurses, the GPs decided to share the nursing staff; this resulted in a new and unique model of practice that satisfied the needs of all the stakeholders (GPs, nurses and patients).

#### *4.3.2. Forward Defence*

New GPs and nurses gradually joined the practice so that, after six years, there were ten GPs and 14 nurses; unusually in the rural context, the GPs included a number of women. Flexible

work scheduling enabled part-time working, which helped attract staff to the practice. Although patients were formally ‘practice patients’, in order to provide the best care continuity, each patient was assigned a specific GP for check-ups and to follow chronic conditions. Indeed, patients could choose to consult the doctor of their choice or to simply consult with any available doctor. Shared software and daily practitioner meetings ensured optimal care provision.

A gap in local healthcare provision was created when three GPs from a neighbouring area announced their upcoming retirement. The new practice members worried that the inevitable increase in patient demand would result in decreased quality of their working conditions; they, therefore, engaged in a new collective entrepreneurship to inaugurate a local employment-based PCC, in which they became shareholders. New GPs were attracted to this PCC and they were able maintain quality in their ‘working alone, together’ PCC model.

#### ***4.4. Working Alone, Together: Reconciling changing culture with professional ethos***

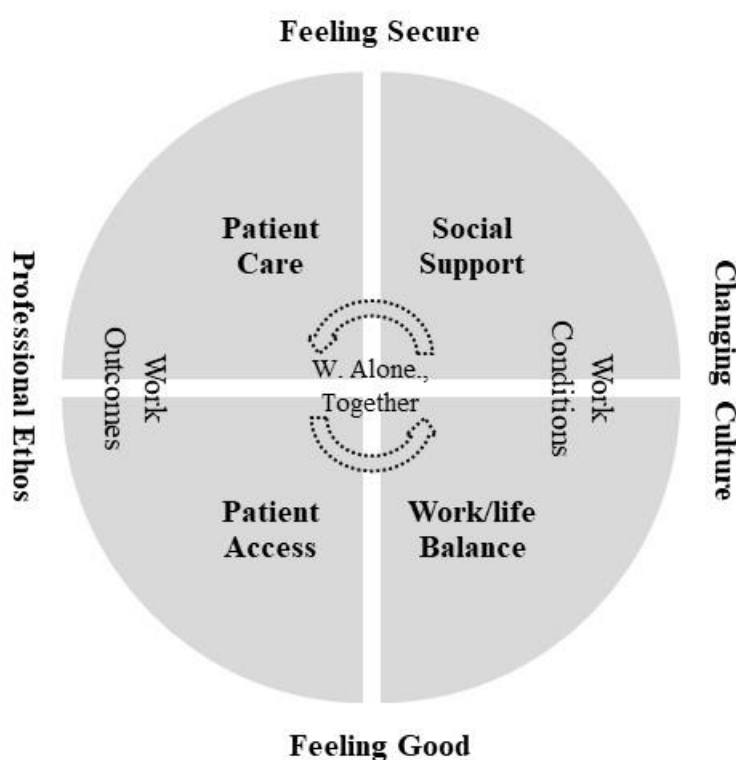
Generations of French and German GPs have, for decades, worked on their own as ‘lone wolves’ in single-practices, with long working hours; these GPs try to be available whenever care is needed, to whoever needs it. Work cultures change over time and new GP generations demand modern work environments in which they feel supported; in particular, they demand reduced working hours, annual leave and family time.

These new workplace demands can sometimes conflict with the strong professional ethos that originates from the Hippocratic Oath, and these conflicts are strongly felt in rural areas. Working in single-practices affects the daily lives of GPs, both at work and at home. In particular, it creates a conflict between (i) their willingness to offer best outcomes in terms of patient care and patient access, and (ii) their desire for personal time and space in pursuit of an acceptable work-life balance. This conflict acts as a disincentive for newly qualified GPs to work in rural areas, thus contributing to healthcare provision shortages, and making retirement planning difficult. This disincentive, in turn, increases patient demand and creates a cyclic conflict between work condition demands and professional ethos, resulting in restlessness of rural practitioners. Rural practitioners often feel guilty about leaving their patients without access to care when they take annual leave, and they feel lonely and insecure due to fear of verbal or physical aggression from patients and fear of caring for patients who have complex medical needs that cannot be properly managed by them alone.

This workplace context can be used to explain what drove our study participants, rooted in their rural areas, to engage in their collective entrepreneurship journey to create their

‘working alone, together’ PCCs. They sought to reconcile work culture and professional ethos by respecting their core GP values and satisfying their needs for best professional practice, as shown in Figure 2. Without removing the autonomy of self-employment, this well-being model of ‘working alone, together’ creates a work environment in which they benefit from the social and professional support of their peers when caring for their patients, while also being able to spend time with their families and friends due to their co-workers also being available to care for their patients. This improvement to the quality of both work and home life enables better results that satisfy GP professional ethos, resulting in GPs who feel secure at work and happy away from work.

Figure 2. Well-being model of “working alone, together” for healthcare practitioners

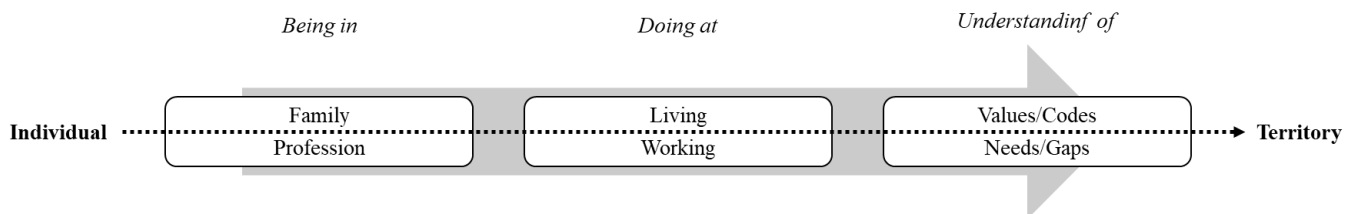


#### 4.5. Regional embeddedness and peer co-working as interconnected enablers

Our data analysis revealed regional embeddedness as a theoretical dimension that reflects relatedness to the territory and an understanding of its needs and norms, due to a link between individual and territory. In most cases, this link comes from having personal roots in the area and families, but it can also be built around friends and work. Individuals gradually become embedded in a territory over time by being (in), doing (at), and understanding (of) that territory, as illustrated in Figure 3. ‘Being in the territory’ is about their identified role and place, such as

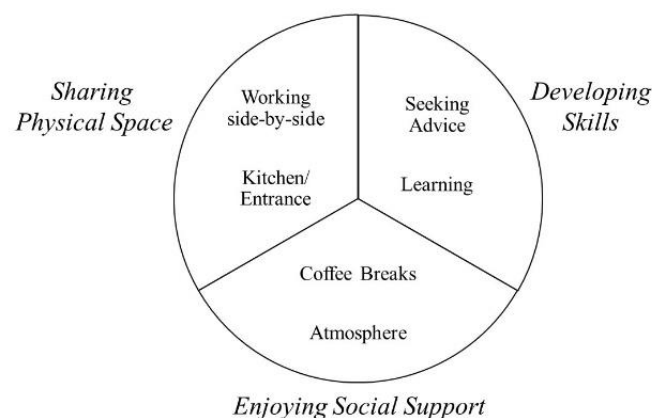
belonging to a local family or being a recognized and well-known healthcare practitioner within the community. ‘Doing at the territory’ is about their everyday actions, such as buying bread from the local baker, or providing care to regular patients. ‘Understanding of the territory’ is about the cumulative and tacit knowledge developed over time regarding the territory, as a result of their ‘being’ and ‘doing’.

Figure 3. Regional embeddedness as a process



Our conceptualization of peer co-working as a practice is illustrated in Figure 4. Peer co-working is not only about sharing a workplace with peers; it is a practice that includes sharing a workplace, evolving together and benefitting from social support. While each individual has their own physical workspace, as a group they also share common space. This differs from the joint-practice model due to the availability of active communication, such as regular meetings and informal coffee breaks, where discussions are not restricted to work and peers provide mutual social support. Peers evolve together professionally and learn to rely on each other. Furthermore, active communication and mutual support impart a sense of community and contribute to trust building. This collective framework supports a desire for autonomous self-employment, self-responsibility and control over matters such as personal income, patient consultations, professional methods, etc.

Figure 4. Peer co-working as a practice

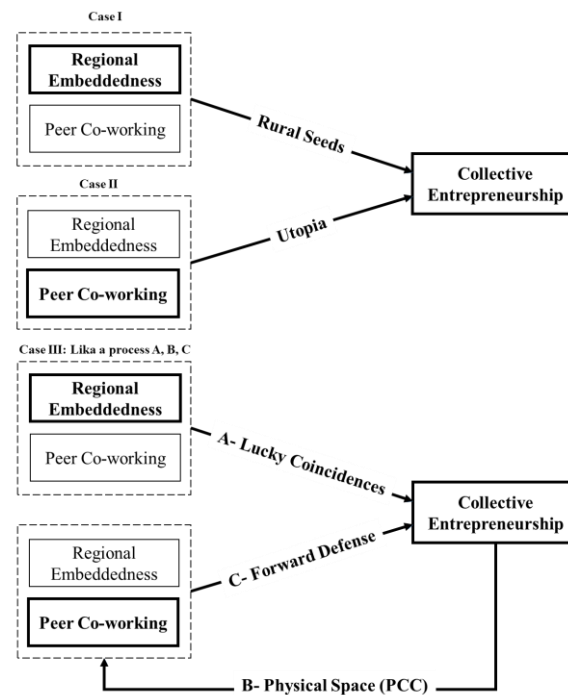


Both ‘regional embeddedness’ and ‘peer co-working’ appear to play a crucial role in the collective entrepreneurship of self-employed GPs; this was evident in the collective entrepreneurial journeys of the four self-employed GPs, albeit to different extents. Regional embeddedness seems to encourage entrepreneurs to be patient and to persevere as they engage in regular meetings and invest time to bring their projects to life; this was clearly the case in ‘Rural Seeds’.

Peer co-working improves ease and speed of communication and, over time, creates strong links among peers, resulting in a team of individuals who trust each other and are ready to engage in collective and financially risky entrepreneurship; this was clearly the case in ‘Utopia’. The regionally embedded GPs of the third case, which started with ‘Lucky Coincidences’, simultaneously felt a need to move to new practices; this happened to be supported by the desire of a local business angel to invest in a community project. GPs met regularly, over the course of a year, to develop their new model, which was a new concept in Germany at the time. Their ‘peer co-working’ model offered an improved quality of life and sense of community, enabling them to engage in a new collective entrepreneurial journey. ‘Forward Defence’ protected their model from the excessive patient demand that was threatened due to local GP retirements by increasing capacity. Their six years of peer co-working experience revealed how the participating GPs benefitted from improved work and home life. Furthermore, their peer co-working experience allowed them to build a sense of community and catalysed a new collective entrepreneurial journey.

The interconnection between ‘regional embeddedness’ and ‘peer co-working’ was clear in all three cases. We observed regional embeddedness to be predominant in ‘Rural Seeds’, where the PCC idea originated from three GPs who were already in a collaborative joint-practice whereby they shared patients and met regularly. The ‘Utopia’ GPs had been co-working for twelve years; this was sufficient time to embed five practitioner-funders in the territory, to offer regular community care and to develop a detailed understanding of territory needs. All of the ‘Utopia’ practitioner-funders were local house owners whose children attended the local school. Other practitioners, who later joined their collective entrepreneurship without financial investment, were also rooted in their community. The German case appears as a process in which regional embeddedness was predominant first and resulted in ‘Lucky Coincidences’, an entrepreneurial journey that allowed peer co-working. Finally, this was followed by ‘Forward Defence’, another entrepreneurial journey catalysed by peer co-working, as illustrated in Figure 5.

Figure 5. Regional embeddedness and peer co-working as intertwined enablers of collective entrepreneurship



## 5. Discussion

*‘Entrepreneurship emerges from entrepreneuring, which is a particular form of creative activity the often narratively performed, imaginative exercise that intensifies the desire for, and investment in, a particular sense of potential by which the virtual can become actual. Directing this desire means entrepreneuring assembles proto-organizational forms into an organization that becomes productive in actualizing the imagined value-potential’* (Hjorth et al., 2015).

While our cases narrate stories of ‘entrepreneuring’ for ‘common good’, each case was initiated by the ‘sole good’ of a practitioner who was searching for personal well-being. In all cases, rural areas were suffering from care shortages and difficulties in attracting new practitioners. The initiatives of creative organizing (Johannisson, 2014) and emerging-organizations (Katz & Gartner, 1988) opened up new chapters in these rural areas. In all cases, new practitioners joined the PCCs, resulting in larger numbers of serving practitioners in these rural areas. Remarkably, women chose to work in areas that had been previously unattractive to them. Indeed, in Cases II, no women had worked in these locations for many decades; this was also true for Case III, where only a single woman had been working in a family joint-practice (i.e., wife and husband).



In addition to increased hours of care (12 hours a day, five days a week, plus Saturday mornings), the four PCCs offered new community services, such as emergency care.

Despite the GPs having a strong professional ethos, the primary driver of their collective entrepreneurship was neither the ‘common good’ or financial interest; it was, instead, the conflict between professional ethos and changing culture. This conflict caused GPs to feel restless and to seek personal well-being in their entrepreneurship; this desire (Hjorth et al., 2015) was sufficiently strong to fuel their collective entrepreneurship. The final result was the opening and successful operation of the investigated PCCs that now serve their rural communities.

### **5.1. Contributions**

Our study, which focuses on four collective entrepreneurial journeys taken by self-employed healthcare practitioners, contributes to the entrepreneurship literature by revealing how a desire for personal well-being can drive collective entrepreneurship. Wiklund et al. (2019) recently called for researchers to investigate the role of well-being in entrepreneurship and to break with the static view of well-being as a matter of satisfaction; our study answers that call. In response to a call for a special issue by the *Journal of Business Venturing*, scholars focussed mainly on entrepreneurial well-being (Abreu, Oner, Brouwer, & van Leeuwen, 2019; Kibler, Wincent, Kautonen, Cacciotti, & Obschonka, 2019; Ryff, 2019) and the well-being of entrepreneurs as they undertake entrepreneurship activity (Bhuiyan & Ivlevs, 2019; Hmieleski & Sheppard, 2019; Kollmann, Stöckmann, & Kensbock, 2019; Nikolova, 2019; Patel, Wolfe, & Williams, 2019; Ryff, 2019). While bringing new insights, scholars tend to draw heavily on previous studies of the role of well-being in entrepreneurship when they consider entrepreneurial well-being and well-being of entrepreneurs (Delgado García, De Quevedo Puente, & Blanco Mazagatos, 2015; Foo, 2011; Foo, Uy, & Baron, 2009; Foo, Uy, & Murnieks, 2015; Hahn, Frese, Binnewies, & Schmitt, 2012). Here, we argue that our results demonstrate how individuals engage in entrepreneurship in the pursuit of personal well-being. We go on to theorize that well-being can be a driver of entrepreneurship.

Although it is widely accepted that regional embeddedness enables rural entrepreneurship (Gaddefors & Anderson, 2019; Korsgaard, Ferguson, & Gaddefors, 2015; McElwee, Smith, & Somerville, 2018), the issue of regional embeddedness requires further investigation (Alvesson & Sandberg, 2011; Wigren-Kristofersen et al., 2019); our study advances understanding of the different levels of regional embeddedness. Dahl and Sorenson (2012) view regional embeddedness as a matter of understanding over time, and (Korsgaard et

al., 2015) find that operating in specific rural settings for equivalent periods results in very different degrees of embeddedness. In our study, we conceptualize regional embeddedness as a process of ‘being in’, ‘doing at’, and ‘understanding of’ a specific territory, so that the understanding goes through continuous development according to the nature and degree of the ‘being in’ and the ‘doing at’. This process can be used to explain the possible differences in the extent of embeddedness, since we no longer consider embeddedness and unfolding understanding as a matter of time, but as a matter of practice. Therefore, our understanding of territory is not what we know absolutely due to origins; it is, instead, what we get to know through ‘being’ and ‘doing’. Doing, therefore, is an important factor that can differentiate between different levels of understanding and, consequently, embeddedness.

We theorize peer co-working as being a catalyst of collective entrepreneurship. Fuzi (2015) describes co-working spaces as creating dynamic refuges for those who have become tired of isolation. We study peer co-working in the primary care context, considering it to be a practice that involves sharing a workplace, developing skills and benefitting from social interaction. Co-working literature proposes co-working as a means of promoting entrepreneurship (Fabbri, 2015; Fuzi, 2015), and entrepreneurship literature investigates the influence of peers on entrepreneurial intentions in institutional settings. Nanda and Sørensen (2010) noted that entrepreneur peers tend to encourage non-entrepreneur peers to undertake entrepreneurial activities. Our study proposes peer co-working as a working style that promotes collective entrepreneurship between co-working peers.

## ***5.2. Policy implications***

Policy makers tend to work on projects to develop rural areas, aiming to attract qualified professionals through providing financial incentives. These projects frequently fail to achieve their objectives in the primary care context, as we here observed in both France and Germany, as well as from our study participant narratives. Policy makers must engage stakeholders in the conception and implementation of rural development projects if those projects are to be useful and successful, and they should focus on what stakeholders actually value and what they actually need. The idea of enabling multidisciplinary co-location-based practices among self-employed primary care practitioners in France owes its success to the fact that their autonomy is respected.

Moving on from Utopia to reality, engaging in peer co-working revealed the value of the model to practitioners. The co-working model has become popular in big cities in response to demands for remote and flexible working opportunities; in rural areas, co-working seems to

build strong ties among co-workers as well as contribute to rural development. The co-working model merits implementation in rural settings, in dialogue and cooperation with local communities.

### ***5.3. Boundary conditions and future research***

Taking the context in consideration, our study responds to several calls for further research into contextual entrepreneurship (Cope, Jack, & Rose, 2007; Hjorth & Johannisson, 2008; Hjorth, Jones, & Gartner, 2008; Jack & Anderson, 2002; Welter, 2011; Welter, Baker, & Wirsching, 2019; Zahra, Wright, & Abdelgawad, 2014). The richness of contextual research is, however, compromised by the importance of replicating studies in other contexts. Our study of rural healthcare collective entrepreneurship opens possibilities for research on collective entrepreneurship among self-employed individuals in other contexts. Our study suggests well-being, rather than financial or social values, as being a possible driver of collective entrepreneurship. This paves the way for research into the role of well-being in entrepreneurship.

## **6 Conclusion**

Our study, built on three case studies, focusses on four collective entrepreneurial journeys taken by self-employed healthcare practitioners; these journeys led to the creation of four rural PCCs in southwest France and southwest Germany. We extend understanding of the unfolding of engaging for collectiveness among voluntary self-employed individuals, and we investigate how such lone wolves are brought together to engage in a collective journey of entrepreneurship and to work together. Our interpretative and practice-inspired approach allows identification of regional embeddedness and peer co-working as interconnected enablers of collective entrepreneurship in rural areas. Our findings reveal a strong conflict between professional practitioner ethos and changing work culture. Our study contributes to the literature on collective entrepreneurship by revealing the creative organizing of self-employed individuals. First, we theorize well-being as a driver of collective entrepreneurship in the rural healthcare context. Second, we conceptualize regional embeddedness as a process of ‘being in’, ‘doing at’, and ‘understanding of’ the territory. Third, we conceptualize peer co-working as a practice that involves sharing a workplace, developing skills, and benefitting from social interaction. Finally, we theorize peer co-working as a catalyst of collective entrepreneurship. In summary, we theorize regional embeddedness and peer co-working as interconnected enablers of collective entrepreneurship in the pursuit of well-being.

## References

- Abreu, M., Oner, O., Brouwer, A., & van Leeuwen, E. 2019. Well-being Effects of Self-employment: A Spatial Inquiry. *Journal of Business Venturing*, 34(4): 589–607.
- Aldrich, H. E. 1999. *Organizations Evolving*. Thousand Oaks, CA: Sage.
- Aldrich, H. E., & Ruef, M. 2018. Unicorns, Gazelles, and Other Distractions on the Way to Understanding Real Entrepreneurship in the United States. *Academy of Management Perspectives*, 32(4): 458–472.
- Alvesson, M., & Sandberg, J. 2011. Generating Research Questions Through Problematization. *Academy of Management Review*, 36(2): 247–271.
- Auerswald, P. E., & Branscomb, L. M. 2003. Start-ups and Spin-offs: Collective Entrepreneurship Between Invention and Innovation. In D. M. Hart (Ed.), *The Emergence of Entrepreneurship Policy*: 61–91. Cambridge: Cambridge University Press.
- Bhuiyan, M. F., & Ivlevs, A. 2019. Micro-entrepreneurship and Subjective Well-being: Evidence from Rural Bangladesh. *Journal of Business Venturing*, 34(4): 625–645.
- Burress, M. J., & Cook, M. L. 2009. *A Primer on Collective Entrepreneurship*.
- Champenois, C., Lefebvre, V., & Ronteau, S. 2019. Entrepreneurship as Practice: Systematic Literature Review of a Nascent Field. *Entrepreneurship & Regional Development*. <https://doi.org/10.1080/08985626.2019.1641975>.
- Cope, J., Jack, S., & Rose, M. B. 2007. Social Capital and Entrepreneurship. *International Small Business Journal*, 25(3): 213–219.
- Dahl, M. S., & Sorenson, O. 2012. Home Sweet Home: Entrepreneurs' Location Choices and the Performance of Their Ventures. *Management Science*, 58(6): 1059–1071.
- Daskalaki, M., Hjorth, D., & Mair, J. 2015. Are Entrepreneurship, Communities, and Social Transformation Related? *Journal of Management Inquiry*, 24(4): 419–423.
- Delgado García, J. B., De Quevedo Puente, E., & Blanco Mazagatos, V. 2015. How Affect Relates to Entrepreneurship: A Systematic Review of the Literature and Research Agenda. *International Journal of Management Reviews*, 17(2): 191–211.
- Doh, J., Tashman, P., & Benischke, M. 2018. Adapting to Grand Environmental Challenges through Collective Entrepreneurship. *Academy of Management Perspectives*. <https://doi.org/10.5465/amp.2017.0056>.
- Eisenhardt, K. M. 1989. Building Theories from Case Study Research. *Academy of Management Review*, 14(4): 532–550.
- Eisenhardt, K. M., & Graebner, M. E. 2007. Theory Building From Cases: Opportunities And

- Challenges. *Academy of Management Journal*, 50(1): 25–32.
- Ensley, M. D., Carland, J. C., & Carland, J. W. 2000. Investigating the Existence of the Lead Entrepreneur. *Journal of Small Business Management*, 38(4): 59–77.
- Fabbri, J. 2015. *Coworking spaces for entrepreneurs. New workspaces and interorganisational collaborative dynamics*. Université Paris-Saclay.
- Fayolle, A., Landstrom, H., Gartner, W. B., & Berglund, K. 2016. The Institutionalization of Entrepreneurship. *Entrepreneurship & Regional Development*, 28(7–8): 477–486.
- Felin, T., & Zenger, T. 2007. *Imagination and Theorizing as a Source of Entrepreneurial Learning*.
- Foo, M.-D. 2011. Emotions and Entrepreneurial Opportunity Evaluation. *Entrepreneurship Theory and Practice*, 35(2): 375–393.
- Foo, M.-D., Uy, M. A., & Baron, R. A. 2009. How Do Feelings Influence Effort? An Empirical Study of Entrepreneurs' Affect and Venture Effort. *Journal of Applied Psychology*, 94(4): 1086–1094.
- Foo, M.-D., Uy, M. A., & Murnieks, C. 2015. Beyond Affective Valence: Untangling Valence and Activation Influences on Opportunity Identification. *Entrepreneurship Theory and Practice*, 39(2): 407–431.
- Forsström-Tuominen, H., Jussila, I., & Kolhinen, J. 2015. Business School Students' Social Construction of Entrepreneurship: Claiming Space for Collective Entrepreneurship Discourses. *Scandinavian Journal of Management*, 31(1): 102–120.
- Franco, M., & Haase, H. 2017. Collective Entrepreneurship: Employees' Perceptions of the Influence of Leadership Styles. *Journal of Management & Organization*, 23(2): 241–257.
- Fuzi, A. 2015. Co-working Spaces for Promoting Entrepreneurship in Sparse Regions: The Case of South Wales. *Regional Studies, Regional Science*, 2(1): 462–469.
- Gaddefors, J., & Anderson, A. R. 2019. Romancing the Rural: Reconceptualizing Rural Entrepreneurship as Engagement with Context(s). *International Journal of Entrepreneurship and Innovation*, 20(3): 159–169.
- Gartner, W. B. 1988. "Who Is an Entrepreneur?" Is the Wrong Question. *American Journal of Small Business*, 12(4): 11–32.
- Gartner, W. B. 2014. *Entrepreneurship as Organizing*. Edward Elgar Publishing.
- Gartner, W. B., Shaver, K. G., Gatewood, E., & Katz, J. A. 1994. Finding the Entrepreneur in Entrepreneurship. *Entrepreneurship Theory and Practice*, 18(3): 5–9.
- Hahn, V. C., Frese, M., Binnewies, C., & Schmitt, A. 2012. Happy and Proactive? The Role

- of Hedonic and Eudaimonic Well-Being in Business Owners' Personal Initiative. *Entrepreneurship Theory and Practice*, 36(1): 97–114.
- Hjorth, D., Holt, R., & Steyaert, C. 2015. Entrepreneurship and process studies. *International Small Business Journal: Researching Entrepreneurship*, 33(6): 599–611.
- Hjorth, D., & Johannisson, B. 2008. Building New Roads for Entrepreneurship Research to Travel by: On the Work of William B. Gartner. *Small Business Economics*, 31(4): 341–350.
- Hjorth, D., Jones, C., & Gartner, W. B. 2008. Introduction for “Recreating/Recontextualising Entrepreneurship.” *Scandinavian Journal of Management*, 24(2): 81–84.
- Hmieleski, K. M., & Sheppard, L. D. 2019. The Yin and Yang of Entrepreneurship: Gender Differences in the Importance of Communal and Agentic Characteristics for Entrepreneurs' Subjective Well-being and Performance. *Journal of Business Venturing*, 34(4): 709–730.
- Jack, S. L., & Anderson, A. R. 2002. The Effects of Embeddedness on the Entrepreneurial Process. *Journal of Business Venturing*, 17(5): 467–487.
- Johannisson, B. 2014. Entrepreneurship: The Practice of Cunning Intelligence. *20 Years of Entrepreneurship Research: From Small Business Dynamics to Entrepreneurial Growth and Societal Prosperity*: 109–119. Stockholm: Swedish Entrepreneurship Forum.
- Johannisson, B. 2018. *Disclosing Entrepreneurship as Practice*. Cheltenham, UK: Edward Elgar Publishing. <https://doi.org/10.4337/9781785361371>.
- Johannisson, B. 1998. Personal Networks in Emerging Knowledge-based Firms: Spatial and Functional Patterns. *Entrepreneurship & Regional Development*, 10(4): 297–312.
- Kamm, J. B., & Nurick, A. J. 1993. The Stages of Team Venture Formation: A Decision-making Model. *Entrepreneurship Theory and Practice*, 17(2): 17–27.
- Kamm, J. B., Shuman, J. C., Seeger, J. A., & Nurick, A. J. 1990. Entrepreneurial Teams in New Venture Creation: A Research Agenda. *Entrepreneurship Theory and Practice*, 14(4): 7–17.
- Katz, J., & Gartner, W. B. 1988. Properties of Emerging Organizations. *Academy of Management Review*, 13(3): 429–441.
- Kibler, E., Wincent, J., Kautonen, T., Cacciotti, G., & Obschonka, M. 2019. Can Prosocial Motivation Harm Entrepreneurs' Subjective Well-being? *Journal of Business Venturing*, 34(4): 608–624.
- Klein, P. G., Mahoney, J. T., McGahan, A. M., & Pitelis, C. N. 2010. Toward a Theory of

- Public Entrepreneurship. *European Management Review*, 7(1): 1–15.
- Kollmann, T., Stöckmann, C., & Kensbock, J. M. 2019. I Can't Get No Sleep—The Differential Impact of Entrepreneurial Stressors on Work-home Interference and Insomnia Among Experienced Versus Novice Entrepreneurs. *Journal of Business Venturing*, 34(4): 692–708.
- Korsgaard, S., Ferguson, R., & Gaddefors, J. 2015. The Best of Both Worlds: How Rural Entrepreneurs Use Placial Embeddedness and Strategic Networks to Create Opportunities. *Entrepreneurship & Regional Development*, 27(9–10): 574–598.
- McElwee, G., Smith, R., & Somerville, P. 2018. Conceptualising Animation in Rural Communities: The Village SOS Case. *Entrepreneurship & Regional Development*, 30(1–2): 173–198.
- Montgomery, A. W., Dacin, P. A., & Dacin, M. T. 2012. Collective Social Entrepreneurship: Collaboratively Shaping Social Good. *Journal of Business Ethics*, 111(3): 375–388.
- Morgan, K. 2016. Collective Entrepreneurship: The Basque Model of Innovation. *European Planning Studies*, 24(8): 1544–1560.
- Mottiar, Z., & Ingle, S. 2007. Broadening the Entrepreneurial Perspective. *International Small Business Journal: Researching Entrepreneurship*, 25(6): 667–680.
- Mourdoukoutas, P. 1999. *Collective Entrepreneurship in a Globalizing Economy*. Quorum Books.
- Nanda, R., & Sørensen, J. B. 2010. Workplace Peers and Entrepreneurship. *Management Science*, 56(7): 1116–1126.
- Nikolova, M. 2019. Switching to Self-employment Can Be Good for Your Health. *Journal of Business Venturing*, 34(4): 664–691.
- Patel, P. C., Wolfe, M. T., & Williams, T. A. 2019. Self-employment and Allostatic Load. *Journal of Business Venturing*, 34(4): 731–751.
- Puhakka, V., & Stewart, H. 2015. Social Creation of Opportunities: Breaking Boundaries to Create Mutually Attractive Business. *Journal of Innovation Economics*, 18(3): 53–78.
- Reich, R. B. 1987. Entrepreneurship Reconsidered: The Team as Hero. *Harvard Business Review*, 65(3): 22–83.
- Ribeiro-Soriano, D., & Urbano, D. 2010. Employee-organization Relationship in Collective Entrepreneurship: An Overview. (D. Ribeiro-Soriano, Ed.) *Journal of Organizational Change Management*, 23(4): 349–359.
- Roberts, N. C. 2006. Public Entrepreneurship as Social Creativity. *World Futures*, 62(8): 595–609.

- Ruef, M., Aldrich, H. E., & Carter, N. M. 2003. The Structure of Founding Teams: Homophily, Strong Ties, and Isolation among U.S. Entrepreneurs. *American Sociological Review*, 68(2): 195–222.
- Ryff, C. D. 2019. Entrepreneurship and Eudaimonic Well-being: Five Venues for New Science. *Journal of Business Venturing*, 34(4): 646–663.
- Santos, R., & Spann, M. 2011. Collective Entrepreneurship at Qualcomm: Combining Collective and Entrepreneurial Practices to Turn Employee Ideas into Action. *R&D Management*, 41(5): 443–456.
- Schatzki, T. R. 2005. The Site of Organizations. *Organization Studies*, 26: 465–484.
- Schoonhoven, C. B. Romanelli, E. 2001. *The Entrepreneurship Dynamic: The Origins of Entrepreneurship and the Evolution of Industries*. Stanford, CA: Stanford University Press.
- Silva, M., & Rodrigues, H. 2005. *Public-Private Partnerships and the Promotion of Collective Entrepreneurship*.
- Stewart, A. 1989. *Team Entrepreneurship*. Newbury Park, CA: Sage.
- Steyaert, C. 1997. A Qualitative Methodology for Process Studies of Entrepreneurship. *International Studies of Management & Organization*, 27(3): 13–33.
- Steyaert, C., & Bouwen, R. 1997. Telling stories of entrepreneurship towards a narrative-contextual epistemology for entrepreneurial studies. In R. Donckels & A. Miettinen (Eds.), *Entrepreneurship and SME Research*. Aldershot, UK: Ashgate.
- Tardieu, L. 2003. *Knowledge and the Maintenance of Entrepreneurial Capability*.
- Tiessen, J. H. 1997. Individualism, Collectivism, and Entrepreneurship: A Framework for International Comparative Research. *Journal of Business Venturing*, 12(5): 367–384.
- Trompenaars, A., & Hampden-Turner, C. 2002. *21 Leaders for the 21st Century: How Innovative Leaders Manage in the Digital Age*. New York, NY: McGraw-Hill.
- Welter, F. 2011. Contextualizing Entrepreneurship-Conceptual Challenges and Ways Forward. *Entrepreneurship Theory and Practice*, 35(1): 165–184.
- Welter, F., Baker, T., Audretsch, D. B., & Gartner, W. B. 2017. Everyday Entrepreneurship-A Call for Entrepreneurship Research to Embrace Entrepreneurial Diversity. *Entrepreneurship Theory and Practice*, 41(3): 311–321.
- Welter, F., Baker, T., & Wirsching, K. 2019. Three Waves and Counting: The Rising Tide of Contextualization in Entrepreneurship Research. *Small Business Economics*, 52(2): 319–330.
- Wigren-Kristofersen, C., Korsgaard, S., Brundin, E., Hellerstedt, K., Agnete Alsos, G., et al.



2019. Entrepreneurship and Embeddedness: Dynamic, Processual and Multi-layered Perspectives. *Entrepreneurship & Regional Development*.  
<https://doi.org/10.1080/08985626.2019.1656868>.
- Wilken, P. H. 1979. *Entrepreneurship: A Comparative and Historical Study*. Norwood, NJ: Ablex Pub. Corp.
- Wilkinson, P., & Quarter, J. 1996. *Building a Community-Controlled Economy: The Evangeline Co-operative Experience*. Toronto, Canada: University of Toronto Press.
- Yan, J., & Sorenson, R. L. 2003. Collective Entrepreneurship in Family Firms: The Influence of Leader Attitudes and Behaviors. *New England Journal of Entrepreneurship*, 6(2): 37–51.
- Yin, R. K. 2018. *Case Study Research: Design and Methods* (6th ed.). Thousand Oaks, CA: Sage Publications.
- Zahra, S. A., Wright, M., & Abdelgawad, S. G. 2014. Contextualization and the Advancement of Entrepreneurship Research. *International Small Business Journal: Researching Entrepreneurship*, 32(5): 479–500.