



Entrepreneurship Despite Chronic Illness: Determinants of Business Success Among Renal Patients in a KwaZulu-Natal Municipality, South Africa

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ABSTRACT

Entrepreneurship has gained significant global attention as a pathway to employment creation, economic empowerment and socio-economic development. Various policies and programs have been developed to provide entrepreneurial support to diverse populations, including students, youths and women. However, little attention has been given to individuals living with chronic illnesses such as renal failure. These individuals must balance entrepreneurial demands and persistent health challenges. Despite a growing interest, entrepreneurial activity among individuals living with chronic illnesses has been largely underrepresented in entrepreneurship research. This study examines the factors influencing the success of renal patients' owned businesses in uMhlathuze Municipality, KwaZulu-Natal, South Africa. The study adopted a quantitative research approach. 50 participants including 42 renal failure patients and 8 renal unit managers or nurses were selected using the census approach. Data was collected using a self-administered structured questionnaire. Key findings indicated that strong operational capabilities, health-compatible business structures and necessity-based motivations facilitate the success of entrepreneurial businesses owned by renal failure patients in uMhlathuze Municipality. Thus, the study underscores the need for inclusive entrepreneurial ecosystems that prioritize health-related constraints while providing targeted training, mentorship and infrastructural support. The study recommends collaborative efforts between key stakeholders including healthcare institutions, the government and entrepreneurship support organizations to develop programs that integrate healthcare support and economic participation of individuals with chronic illnesses.



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1. Introduction

Entrepreneurship contributes significantly to economic development and innovation and has gained more traction in both academia and policymaking (Nguyen et al., 2025). According to Krishna and Agrawal (2026), entrepreneurship is pivotal in promoting both economic and social development. This highlights the fundamental role of entrepreneurship as a catalyst for sustainable economic growth, job creation and societal transformation in

both developed and developing economies. For this reason, entrepreneurship has been widely promoted amongst diverse groups including students and women. For example, Nguyen et al. (2025) mention that young people, especially University students have grown a significant interest in entrepreneurship as they are at a crucial stage of making career decisions.

Although entrepreneurship is widely promoted as a pathway to economic empowerment and self-reliance, not all entrepreneurs operate under equal conditions. For instance, Bouzit et al. (2026) argues that while entrepreneurship is largely associated with job creation, innovation and economic development, it has adverse effects on mental health. This suggests that entrepreneurial demands, including long working hours, uncertainty and risk of failure can negatively impact on entrepreneurs' health. On the other hand, Ahsan et al. (2024) noted that entrepreneurship literature primarily generalizes the challenges faced by entrepreneurs ignoring the actual challenges faced by individuals with health conditions. In support, Shepherd and Patzelt (2015) argue that discussions of health are largely overlooked by researchers in entrepreneurship, yet it is a significant topic in entrepreneurship that could expand research in the field. This highlights the importance of fostering inclusive entrepreneurial environments that accommodate individuals facing structural and personal constraints. Research shows that renal failure patients operate businesses that contribute significantly to employment and economic activity in South Africa. According to Johnston-Webber et al. (2025), chronic kidney diseases are a global health pandemic that not only affects patients, caregivers and healthcare systems, but also the environment and the economy. While the pandemic strains government resources, it also restricts the affected individuals' economic participation. This has a negative effect on the economy.

Entrepreneurs' health can enable or hinder value creation from entrepreneurial action (Shepherd & Patzelt, 2015). This suggests that individuals with chronic health conditions such as renal failure encounter unique challenges that influence the growth and sustainability of their businesses. According to Yagil and Cohen (2025), many individuals of working age suffer from chronic health conditions resulting in physical, psychological and social challenges that limit their ability to perform at work. Individuals with chronic health conditions face a significant risk of declined business profits (Sowan et al., 2024). Despite a significant increase in research on entrepreneurship and health issues (Ahsan et al., 2024; Bouzit et al., 2026; Freeman et al., 2018; Shepherd & Patzelt, 2017; Sowan et al., 2024), there is a gap in research investigating factors influencing the growth of businesses owned by patients with chronic diseases. Specifically, entrepreneurship research has given limited attention to how chronic illnesses like renal failure influence entrepreneurial outcomes. Consequently, research does not account for how the treatment, management and severity of chronic illnesses shape entrepreneurial outcomes such as business success. Additionally, there is a paucity of empirical evidence examining how health-related constraints interact with business success in resource-constrained contexts. This is more pronounced in local Municipal contexts in South Africa. This gap is particularly important in the case of renal patients whose condition often requires ongoing intensive medical care such as dialysis. This intensive medical care may directly interfere with business operations. Therefore, this study seeks to examine the factors that influence business success among renal patients in uMhlathuze Municipality.

This study is important for various reasons. Understanding the specific factors that influence the growth of renal patients owned businesses contributes to the scarce literature on entrepreneurship and health by examining the lived experiences of business owners with renal failure. Importantly, this study is situated within the South African municipal context, where unemployment, inequality and health-related vulnerabilities are more pronounced. Second, it informs local policymakers and other stakeholders about the challenges faced by business owners with chronic illnesses. This is particularly relevant in South Africa, where municipalities are increasingly tasked with promoting inclusive local economic development. However, they often lack evidence-based insights on marginalized entrepreneurial groups such as individuals living with chronic illnesses. Lastly, it uncovers targeted interventions that could help ease the physical, financial and psychosocial challenges faced by individuals with chronic illnesses. In South African Local Municipalities where access to healthcare services, entrepreneurial finance and support infrastructure remains uneven, such

interventions are critical for promoting inclusive and sustainable local economic participation.

Therefore, this study aims to examine the factors influencing business success among renal patients in uMhlathuze Municipality, KwaZulu-Natal, South Africa. More specifically, it investigates the motivations that encourage renal patients to establish their own businesses, the factors that facilitate their business success, and the extent to which entrepreneurial activities contribute to their personal achievement. The study also examines the relationship between entrepreneurial motivations and two key dimensions of business success, namely financial success and personal success. Accordingly, the study is guided by the following research questions: What are the main motivations that encourage renal patients to start their own businesses? What contributes to the success of the businesses of renal patients? To what extent do renal patients experience personal achievement from their business activities? How do motivations to become self-employed relate to financial outcomes? So, how does entrepreneurial motivation link to personal achievement? The study is restricted to renal patients who are business owners and operators in uMhlathuze Municipality, thus giving a context-specific understanding of entrepreneurship under chronic health constraints. The study will address both financial and personal aspects of entrepreneurial success, with the expectation that it will yield empirical evidence that can enrich the entrepreneurship and health literature and provide practical insights for policy makers, municipal authorities, healthcare stakeholders and business support institutions aiming to foster inclusive and sustainable entrepreneurship among people with chronic illnesses.

2. Literature Review

2.1. Patient Entrepreneurs

According to Hehenberger (2019), “patient entrepreneurs are people living with or closely related to someone with a chronic disease who became inspired to create products and solutions that may help them or others in the management of their disease”. In other words, patient entrepreneurs are individuals who choose to pursue entrepreneurship despite their health-related challenges.

2.2. Factors Influencing the Growth of Renal Patients Owned Businesses

According to Shepherd and Patzelt (2017), it is evident that individuals with health-related restrictions often opt for entrepreneurship. This is supported by Jackman et al. (2021) who found that disability and poor health facilitate the creation of business enterprises. These findings suggest that people with health conditions often struggle to cope with formal employment and choose to pursue self-employment which is more flexible and autonomous. Jackman et al. (2021) study underscores the advantages of flexibility and autonomy in self-employment amidst an inflexible and hostile labour market. However, while both studies converge on the role of health constraints as a “push factor”, they conceptualize entrepreneurship primarily as a coping mechanism rather than a developmental process that evolves over time. While Shepherd and Patzelt (2017) and Jackman et al. (2021) shed light on the factors influencing people with health conditions to start businesses, their findings largely ignore factors influencing business growth and sustainability among entrepreneurs living with chronic conditions. This represents a critical limitation in literature. It creates an incomplete understanding of entrepreneurial success by privileging entry into entrepreneurship over long-term viability and performance. Their research is focused more on start-up instead of business growth as is the focus of the current research. Moreover, the emphasis on disability and health as motivators for self-employment is not sufficiently balanced with an examination of structural constraints such as access to finance, healthcare demands and institutional support. These constraints may significantly shape business outcomes. Furthermore, these findings are drawn from contexts outside South Africa which questions their applicability to South Africa where factors such as financial and healthcare access may differ. Institutional inequalities, unequal access to entrepreneurial support ecosystems and variations in public healthcare capacity in South African municipalities may lead to significantly different entrepreneurial outcomes for individuals with chronic illnesses.

Malhotra et al. (2024) mention that people with disabilities face numerous challenges in securing employment in India and entrepreneurship provides a pathway to overcome these challenges. Malhotra et al. (2024) assertion is not explicit on the sustainability of entrepreneurship as a viable pathway for overcoming employment constraints for people with disabilities, whether it is a short or long-term solution. This lack of clarity is a significant limitation because it remains unclear whether entrepreneurship serves as a sustainable livelihood strategy or merely a survival-driven response to exclusion from formal employment. However, Malhotra et al. (2024) aligns with Caldwell et al. (2019) who attributes the growth of social entrepreneurship to a shift in policy towards supporting entrepreneurship for individuals with intellectual disabilities (ID). This alignment suggests some conceptual consistency across studies. However, both studies tend to emphasise institutional and policy drivers without sufficiently interrogating the micro-level business realities and lived experiences of entrepreneurs with disabilities. Caldwell et al. (2019); Malhotra et al. (2024) research highlight findings from different institutional environments which show the feasibility of entrepreneurship in easing the challenges faced by individuals with health issues across different contexts. However, this cross-contextual generalisation may be overly optimistic. It assumes that similar policy shifts and support structures produce comparable entrepreneurial outcomes despite differences in economic development, healthcare systems and institutional capacity. However, it is uncertain whether these findings can relate to renal patients and the South African context. Renal patients face ongoing and unpredictable health-related challenges that may affect productivity, business continuity and access to markets. These challenges are not sufficiently accounted for in existing literature. These gaps underscore the need for contextualized research that explores the factors influencing business growth among individuals living with chronic health conditions. Also, it is important to note that Malhotra et al. (2024) emphasize the need for inclusive infrastructure, accessible credit options and tailored assistance for people with disabilities. However, such recommendations remain largely normative and policy oriented. Limited empirical evidence demonstrates how this support mechanisms translate into measurable business growth or sustainability outcomes. This highlights the need for support mechanisms to achieve business growth for people living with chronic illnesses.

Renal patients in South Africa are faced with exorbitant treatment costs while they earn little to no income (Chironda & Bhengu, 2019). In some cases, these renal patients are breadwinners obligated to fulfil their dependents' financial needs Chironda and Bhengu (2019), prompting extrinsically motivated participation in entrepreneurial activities. This positioning highlights entrepreneurship not as a voluntary opportunity-driven choice, but as a necessity-driven response to economic vulnerability. On a similar notion, Shepherd et al. (2020) found that poverty, ill health and entrepreneurship are directly linked. Poor health induced poverty can push individuals into entrepreneurship (Shepherd et al., 2020). However, this framing risks oversimplifying a complex relationship by treating entrepreneurship as a linear outcome of deprivation. It does not sufficiently account for variation in individual agencies, access to resources and contextual support systems. Both Chironda and Bhengu (2019) and Shepherd et al. (2020) present entrepreneurship as a reactive strategy rather than as an avenue for sustainable economic emancipation for individuals with health issues. In doing so, these studies tend to reinforce a "survival entrepreneurship" narrative which foregrounds necessity. However, it underexplores the conditions under which such necessity-driven ventures can transition into viable and sustainable businesses. Their analysis emphasizes the entry into entrepreneurship rather than business growth. Consequently, a critical gap remains regarding the factors that enable or constrain the long-term sustainability of businesses owned by individuals living with chronic health conditions, particularly in resource-constrained settings such as South African municipalities.

Research conducted by Jansen et al. (2010) found that end-stage renal patients' perceptions of autonomy motivated them to participate in employment and economic activity. This suggests that beyond economic necessity, psychological and behavioral factors such as perceived control and independence play an important role in influencing economic participation among individuals with severe health conditions. This is supported by Escolar-Llamazares et al. (2019) who identified flexibility as a key factor in entrepreneurship participation for people with high health preferences. Together, these studies highlight autonomy and flexibility as enabling factors. However, they primarily focus on individual-

level motivations rather than the structural conditions required to sustain entrepreneurial activity. Although Escolar-Llamazares et al. (2019) study underscores the significance of flexibility in entrepreneurial participation, the study sample is not clear, whether people living with disability or chronic illnesses such as renal patients. This limitation raises concerns about the transferability of their findings to medically vulnerable populations, particularly those managing long-term, resource-intensive conditions. Moreover, both Escolar-Llamazares et al. (2019); Johnston-Webber et al. (2025) emphasize the decision to start business rather than business growth. As a result, the literature provides limited insight into how autonomy and flexibility translate into sustained business performance, resilience and scalability over time. The gap is wider in contexts where health conditions may fluctuate and disrupt economic activity.

2.3. Theoretical Framework

This study is grounded in the Action Regulation Theory (ART). The ART sees entrepreneurship as a cognitively regulated action. In other words, entrepreneurs regulate their actions towards the achievement of entrepreneurial and other organisational and work goals (Zacher, 2017). Zacher and Frese (2018) assert that the ART is highly applicable and relevant to entrepreneurship considering that entrepreneurs operate in an uncertain environment in which they need to set goals for attainment. Such goals demand actions that in turn need to be regulated. Also, entrepreneurship involves cognitive and affective processes that help to shape one's actions. This relationship between emotion and action is also covered in the ART (Zacher & Frese, 2018). The action regulation theory (ART) is centred on the view that personal behaviour towards goal attainment can be understood in terms of the sequential process that individual goal-setters follow (Gielnik et al., 2015). Under the theory, the achievement is goal-directed. Zacher and Frese (2018) further state that the theory can be decomposed into a sequence of action regulation hierarchy of action regulation and regulation focus.

The ART is highly relevant to this study. As a meta-theory Zacher and Frese (2018), it expresses multiple group factors and theories that form part of the action regulation theory. In this study, the entrepreneur's chronic kidney disease and related health issues can be explored as part of their "self" focus area. The entrepreneurs' interactions with other persons who might be family, clients and associates in the event of co-entrepreneurial arrangements are covered under the ART's social aspect. The study's entrepreneurial growth and entrepreneurial success interests can be investigated as the ART goal that an entrepreneur is trying to reach using consciously throughout processes that begin with understanding one's environment and crafting appropriate goals that can align personal position and desired outcomes.

3. Methodology

3.1. Research Philosophy and Approach

This study adopted a positivism research philosophy. Positivism emphasizes truth, objectivity and neutrality (Raj, 2023). In a similar vein, Maretha (2023) posited that positivism entails that phenomena is measured positively and definitively. Accordingly, this study employed a quantitative approach to objectively measure the factors influencing business growth among renal patients. Quantitative research aims to collect numerical data from a defined sample and generalize the findings to a larger population (Ghanad, 2023). This perspective is supported by Oranga and Matere (2025) who noted that "quantitative research is a systematic investigation that utilizes numerical data and statistical techniques to determine relationships between variables and draw conclusions about the phenomena under study". As such, this study quantified and statistically analyzed data to determine the factors influencing business growth among renal patients.

3.2. Research Population

The population of interest included all renal patients with businesses within the uMhlathuze Municipality. On the other hand, the target population consisted of those receiving care from five renal facilities: Life Empangeni Renal, Empangeni Fresenius Medical Care, Richards Bay Fresenius Medical Care, National Renal Care and Mabika Renal Care. The

study population comprised two distinct groups. Group 1 was comprised of renal failure patients who own businesses in uMhlathuze Local Municipality. Group 2 was comprised of renal unit managers or nurses providing care to patients in the five renal facilities, all of whom had specialist training in nephrology.

3.3. Sampling Technique and Sample Size

The study employed a census sampling technique, meaning that all elements of the accessible population were included in the study (Australian Bureau of Statistics, 2023). This approach was selected to eliminate sampling bias and ensure comprehensive coverage of a relatively small and specialized population (Strane & Griffis, 2018). As a result, the sample size was equivalent to the population size, comprising 42 renal patients with businesses and 8 renal unit managers/nurses across the five facilities. The census approach ensured that the sample size was not statistically estimated but instead determined by the total number of eligible participants available at the time of data collection.

3.4. Research instrument

Data was collected using a self-administered structured questionnaire. As noted by Saunders et al. (2019), surveys are well-suited for explanatory research. This aligns with the goal of this study to investigate the factors influencing business growth among renal failure patients in the uMhlathuze Local Municipality. Section A of the questionnaire gathered participants' demographic information including age, gender, duration of renal failure, type and duration of business, business location and religious affiliation. The following variables: factors facilitating business success, motivation for starting a business, business financial achievement and business personal achievement were measured on a 5-point Likert Scale. The Likert scales ranged from Strongly Disagree (1) to Strongly Agree (5).

3.5. Validation and Reliability

The structured questionnaire was subjected to validity and reliability tests. Validity was addressed through content, face, construct and predictive validity (Creswell & Creswell, 2018; Kumar, 2019; Nieswiadomy & Bailey, 2018). Content and face validity were strengthened through alignment with study objectives, an extensive literature review, expert input and a pilot study. According to Adeniran (2019), Cronbach's Alpha is among the frequently cited reliability tests in literature. Cronbach's alpha measures the internal consistency of a scale. Internal consistency describes how well the items in a test measure the same idea and how strongly they are related to each other (Adeniran, 2025). As such, reliability was assessed using internal consistency measures. Cronbach's alpha coefficients were generated using SPSS. Cronbach's Alpha coefficients range from 0 to 1 (Adeniran, 2025). Table 1 below shows the Cronbach's alpha coefficients for the different Likert scales used in the study. Nunnally (1978) recommended a score of .7 for a reliable scale. However, Pallant (2010) argued that a score of .5 can be reported for a scale with less than 10 items. As illustrated in Table 1, the scores for factors facilitating business success and business financial achievement are .26 and .42 respectively, implying weak reliability. This can be attributed to multidimensionality, poorly aligned items or ambiguity in the questions. This can also mean that respondents interpreted the questions inconsistently.

Table 1
Cronbach's alpha coefficients

Variable	Cronbach's Alpha	No. of Items
Factors facilitating business success	.26	12
Motivation for starting business.	.81	10
Business financial achievement	.42	6
Business personal achievement	.81	6

3.6. Ethical Considerations

Ethical considerations were central to the study and aligned with international ethical standards, including the Belmont Report and the Declaration of Helsinki (Polit & Beck, 2020). Ethical approval was obtained from the University of Zululand Institutional Review

Board, followed by permission from all participating renal facilities. Participants' rights to informed consent, self-determination, privacy, confidentiality, anonymity, and freedom from harm or exploitation were upheld throughout the study. Data were securely stored, participation was voluntary, and participants were informed of their right to withdraw at any time without consequences to their treatment or benefits. Vulnerable individuals who were too ill to participate were excluded to ensure fairness and non-maleficence.

Table 2
Sample Characteristics

Characteristic	Category	%
Gender	Male	50
	Female	45.8
	Preferred not to say	4.2
Age	18-24 years	4.1
	25-34 years	20.8
	35-44 years	29.2
	45-54 years	41.7
	55 years and above	4.2
Highest level of education	Secondary schooling	8.3
	Diplomas	16.7
	Bachelor's or honours degree	37.5
	Masters	20.8
	Other	16.7
Renal Unit	Empangeni Fresenius Medical Care	45.8
	Richards Bay Fresenius Medical Care	41.7
	Empangeni Renal Unit	4.2
	Mabika Renal Unit	4.2
	National Renal Care	4.1
Duration of renal failure	1 year or less	8.3
	1-5 years	45.8
	6-10 years	20.8
	11-15 years	20.8
	16 years and above	4.3
Business registration	Registered	58.3
	Unregistered	41.7
Business type	Construction	16.7
	Livestock production	12.5
	Spaza shops	12.5
	Farming	8.3
	Water purification	8.3
	Butchery	4.2
	Catering	4.2
	Cropping	4.2
	Deco and Kitchen	4.2
	Fashion	4.2
	Financial Services	4.2
	NPC	4.2
	Painting	4.2
	Poultry	4.2
	Tendering	4.2

4. Presentation of Findings

4.1. Response Rate

A total of fifty questionnaires were distributed for the purpose of this study. However, only twenty-four were completed with sufficient and reliable data to permit quantitative analysis. The response rate for the study is therefore 48%. The relatively low response rate could be attributed to the nature of the study which involves a vulnerable and hard to reach population, renal patient entrepreneurs. The inclusion criteria that participants should be both renal patients and entrepreneurs further narrowed the target population and sample size. Renal patients who were not entrepreneurs were excluded from the study. In addition, the target population could have been reluctant to participate in the study due to fear of disclosing their health-related personal information. This further limited the sample size. Furthermore, some patients' health conditions may have limited their availability or willingness to participate in the study. Despite the lower response rate, the

study ensured that only fully completed and reliable questionnaires were included in the analysis thereby prioritizing data quality over quantity. However, the possibility of non-response bias cannot be overlooked as the study participants may differ significantly from the non-participants. For instance, the study participants may be more actively engaged in their businesses and have better health conditions while non-participants may be experiencing more severe health challenges, financial constraints and business instability.

4.2. Participants Demographic Characteristics

This section presents the demographic characteristics of the participants as shown in Table 2.

Out of the 24 participants, 50% were male, 45.8% were female, and 4.2% preferred not to disclose their gender. The distribution indicates a relatively balanced representation between male and female participants, with a marginal predominance of males. The age profile of participants revealed that the largest proportion (41.7%) fell within the 45–54-year age group. Participants demonstrated relatively high levels of educational attainment. A total of 37.5% held a bachelor's or honours degree. 16.7% reported alternative qualifications, largely consisting of trade-based or professional certifications. In terms of treatment facilities, most participants were drawn from two renal units, Empangeni Fresenius Medical Care (45.8%) and Richards Bay Fresenius Medical Care (41.7%).

Regarding the length of time participants had lived with renal failure, the largest group (45.8%) reported a duration of between one and five years while 4.2% had lived with the condition for more than sixteen years. The findings indicate that most participants had experienced renal failure for a moderate duration, allowing for informed reflection on both health and entrepreneurial engagement. 58.3% of the participants operated registered businesses, while 41.7% were unregistered, indicating partial formalisation of renal-patient enterprises. The most common business activities were construction (16.6%). Some participants reported engagement in businesses such as catering, cropping, fashion, painting and financial services.

4.3. Determinants of Business Growth among Renal Patients–Owned Enterprises in uMhlathuze

4.3.1. Descriptive Statistics

Descriptive statistical analysis was conducted to summarise respondents' perceptions regarding reasons for starting a business, factors facilitating business success among renal patients and their personal achievements from business activities. Measures of central tendency (mean), dispersion (standard deviation) and distribution shape (skewness and kurtosis) were derived. The findings are presented from table 3 to 5 below.

Table 3
Motivation for starting a business

Statement/Variable	N	Mean	SD	Skew	Kurt
Pressure from family	24	3,63	1,135	-,338	-1,260
I needed independence flexibility	24	3,17	1,049	-,360	,084
Need for job satisfaction	24	3,08	1,139	-,368	-,328
I could not find a job	24	3,00	1,103	-,212	-,082
I did not have any sources of income	24	2,96	1,083	-,136	,104
I need an occupation that agrees with my health	24	2,96	1,122	-,113	-,296
I needed a purpose in life	24	2,54	,932	,396	-,798
I needed a sense of accomplishment	24	1,83	,816	1,375	2,656
I needed to contribute to society	24	1,25	,532	2,131	4,143
I needed to be appreciated by society	24	1,17	,482	3,068	9,458

As shown in table 3, participants indicated that they mainly started a business due to pressure from family ($M = 3.63$). The need for independence and flexibility ($M = 3.17$) emerged to be the second main reason, while job satisfaction ($M = 3.08$) was the third main reason. While the need to have an occupation that aligns with their career was important for the participants, it was not strongly significant to influence their reason to start a business ($M=2.96$).

Table 4
Factors facilitating business success among renal patients.

Statement/Variable	N	Mean	SD	Skew	Kurt
Access to machinery and equipment	21	4,48	0,760	-1,870	1,550
Supply chain management	21	4,48	,512	,103	-2,211
ICT systems	21	4,33	,577	-,128	-,537
Financial management competence	21	4,29	,463	1,023	-1,064
Marketing capabilities	21	4,24	,436	1,327	-,276
Business strategic planning	21	4,19	,602	-,071	-,100
Product/service quality	21	4,14	,854	-2,427	9,319
Availability of market opportunities	24	4,00	,885	-1,644	4,862
Access to premises, infrastructure	24	3,75	,989	-,625	-,443
Skills and knowledge development	23	3,35	1,265	-,141	-1,311
Affordable funding	24	3,25	1,113	,077	-1,487
Ease of registration	24	3,08	1,213	-,013	-1,015

According to table 4, several factors were rated as critical for business success. The highest mean scores were recorded for access to machinery and equipment ($M = 4.48$), supply chain management ($M = 4.48$), ICT systems ($M = 4.33$), financial management competence ($M = 4.29$), and marketing capabilities ($M = 4.24$). In contrast, affordable funding ($M = 3.25$) and ease of registration ($M = 3.08$) were perceived as less influential, indicating persistent institutional and financial barriers.

Table 5
Personal Achievement Indicators

Statement/Variable	N	Mean	SD	Skew	Kurt
Feel a sense of achievement	22	3,55	1,405	-,555	-1,135
Afford medication	22	3,50	1,406	-,905	-,439
Save/invest for the future	22	2,86	1,207	,285	-,350
Afford my desired lifestyle	22	2,82	1,259	,060	-,930
Meet basic daily needs	22	2,73	1,162	,389	-,356
Feel appreciated by family and community	22	2,59	1,333	,714	-,675

As shown in table 5, participants acknowledged several personal achievements through their entrepreneurial activities. Key among them is that their businesses helped them experience a sense of achievement ($M = 3.55$) and afford medication ($M = 3.50$).

4.3.2. Correlation Analysis

Correlation analysis was conducted to determine the relationship between motivation behind starting a business and participants' perceptions of (1) financial success and (2) personal success. The Pearson Product Moment Correlation Coefficients are presented in Table 6.

4.4. Business success

There was a very strong statistically significant relationship between business financial achievement and the reasons (1) "I could not find a job" as a reason for starting a business ($r=.895$, $p=0.000$); (2) "I needed an occupation that agrees with my health" as the reason behind starting the business ($r=0.793$, $p=0.000$) and (3) "need for job satisfaction" as a reason for starting a business ($r=0.804$, $p=0.000$) This shows that respondents who were motivated by their failure to find a job and by the need to find a profession that resonated with their health and were in search of satisfying jobs were likely to record or report strong financial success in their business. There was also a strong statistically significant relationship between business financial achievement and not having any sources of income as a reason for starting a business ($r=0.784$, $p=0.000$). This suggests that individuals without prior income sources tend to report having achieved higher financial success in their businesses.

There was a moderate statistically significant relationship between business financial achievement and the need for independence and flexibility as a cause for starting a business ($r=0.645$, $p=0.001$) and the need to be appreciated by society ($r=0.456$, $p=0.033$). This indicates that those who valued independence and flexibility and those seeking recognition in their work tended to record moderately high financial success. The findings therefore point to moderate strong relationships between motive of starting a business and business success. Both monetary and non-monetary reasons motivated renal patients towards business success.

Some of the reported correlations, for example ($r = 0.895$) are relatively high and warrant careful interpretation. Such strong correlations may suggest potential multicollinearity as some of the items were closely related and overlapping. Additionally, the relatively small sample size of twenty-four may have inflated correlation coefficients. This is consistent with methodological literature which cautions that correlation coefficients derived from small samples should be interpreted with caution (Cohen, 1988; Field, 2018). However, the study does not rely on multivariate regression models where high intercorrelations would significantly distort parameter estimates.

Table 6
Results from correlation analysis

Why did you start your business?		Business financial achievement	Business personal achievement
I did not have any sources of income	Pearson Correlation	.784**	,357
	Sig. (2-tailed)	,000	,103
I needed to contribute to society	Pearson Correlation	-,304	-,320
	Sig. (2-tailed)	,169	,147
I needed a sense of accomplishment	Pearson Correlation	-,096	-,033
	Sig. (2-tailed)	,669	,886
I could not find a job	Pearson Correlation	.895**	,384
	Sig. (2-tailed)	,000	,078
I needed to be appreciated by society	Pearson Correlation	.456*	,353
	Sig. (2-tailed)	,033	,108
I needed a purpose in life	Pearson Correlation	,127	-,066
	Sig. (2-tailed)	,573	,771
I need an occupation that agrees with my health	Pearson Correlation	.793**	.465*
	Sig. (2-tailed)	,000	,029
I needed independence and flexibility	Pearson Correlation	.645**	.462*
	Sig. (2-tailed)	,001	,030
Pressure from family	Pearson Correlation	,133	,034
	Sig. (2-tailed)	,556	,882
Need for job satisfaction	Pearson Correlation	.804**	,239
	Sig. (2-tailed)	,000	,285

*Correlation is significant at the 0.05 level.

4.5. Personal Success

In terms of personal success there were moderate relationship between personal success and the following reasons: "I needed an occupation that agrees with my health" ($r=0.465$, $p=0.029$) and "I needed independence and flexibility" ($r=0.462$, $p=0.030$). Personal success was therefore only associated with a need for a suitable profession and flexibility. The needs (1) to contribute to society, (2) for a sense of accomplishment, (3) purpose in life and (4) to respond to pressure from family were not statistically significantly associated with either business or personal success. Pressure from society, according to the findings was therefore a less significant force compared to the pressure to find income, satisfaction and comfort in life.

5. Discussion of Findings

The findings indicate that strong operational capabilities promote the growth of renal patients' owned businesses in uMhlathuze Municipality. Participants indicated that access to machinery and equipment, supply chain management, ICT systems, financial management competence and marketing capabilities are critical factors for their businesses' growth. Rather than merely indicating the presence of these factors, these findings suggest that business growth among renal patients is largely contingent on their ability to effectively mobilise and integrate both tangible and intangible resources within constrained health conditions. This implies that operational efficiencies including access to resources and

relevant skills improve renal patients' ability to grow and sustain their businesses. The findings show that business growth among renal patients is not influenced solely by health-related factors but also access to resources and successful business management. These findings are consistent with Jackman et al. (2021) who found flexibility and autonomy as important factors influencing self-employment when the labour market is inflexible or hostile. However, while Jackman et al. (2021) emphasise entry into entrepreneurship, the current study extends this understanding by demonstrating that flexibility alone is insufficient for sustained business growth without the support of strong operational capabilities. Furthermore, the findings are consistent with Caldwell et al. (2019) who suggested that a shift in policy towards supporting entrepreneurship for individuals with intellectual disabilities boosted the growth of social entrepreneurship. In contrast to Caldwell et al. (2019), which focuses on policy-driven growth in social entrepreneurship, this study highlights the micro-level operational factors that interact with broader institutional support to influence business performance. This implies that a strong entrepreneurial ecosystem is necessary to support the growth of businesses owned by renal patients. Key stakeholders, including the government and training institutions, should develop inclusive support systems tailored to support individuals with health issues.

Findings from this study indicate that necessity-based motivations facilitate the growth of renal patients' owned businesses in uMhlathuze Municipality. This finding suggests that renal patients in uMhlathuze Municipality are driven into entrepreneurship by circumstances such as high medical and treatment costs, difficulty securing formal employment, loss of employment after diagnosis or during treatment and the need to financially support dependants. The findings are consistent with Chironda and Bhengu (2019) who identified high treatment costs and an obligation to fulfil dependants' needs as critical factors influencing renal patients in South Africa to venture into entrepreneurship. The findings are also consistent with Malhotra et al. (2024) who discovered that people with disabilities struggle to find jobs in India. This suggests that the entrepreneurial participation of people with chronic illnesses is largely influenced by labour market exclusion owing to their persistent health challenges. Entrepreneurship becomes a pathway for financial security and sustainable livelihoods for individuals living with chronic illnesses. However, while Chironda and Bhengu (2019); Malhotra et al. (2024) primarily conceptualize entrepreneurship as a response to exclusion from formal employment, the current study extends this perspective by demonstrating that necessity can also function as a driver of business growth through increased commitment and persistence. Necessity-based motivations can enhance entrepreneurial persistence and commitment facilitating the growth of renal patients' owned businesses.

The findings indicate that health-related access limitations and weak institutional support constrain the growth of renal patients' owned businesses in uMhlathuze Municipality. These findings suggest that limited access to government support programmes, financial assistance, business development services and healthcare-related entrepreneurial support can hinder business growth among individuals with chronic illnesses. Without adequate institutional support, entrepreneurs managing chronic illnesses may struggle to overcome the combined challenges of health limitations and business management. These findings suggest that the growth of renal patients' businesses is influenced not only by individual entrepreneurial effort but also by the broader support environment within which these businesses operate. In this regard, the absence of strong institutional support mechanisms may exacerbate the vulnerabilities faced by entrepreneurs living with chronic health conditions. The growth of businesses owned by renal patients in uMhlathuze Municipality is influenced by an interaction of health constraints, entrepreneurial motivation, business capabilities and external environmental conditions. Evidence from the study indicates that while renal patients are economically active, structural and health-related factors significantly shape business performance and growth outcomes.

6. Theoretical and Practical Significance

6.1. Theoretical implications

The study contributes to the growing body of literature on entrepreneurship among people living with chronic illnesses. Furthermore, the study provides empirical evidence on

the factors influencing the growth of renal patients' owned businesses in uMhlathuze Municipality. While research on entrepreneurship focuses largely on entrepreneurial activities among the general population, this study focuses on the entrepreneurial activity of renal patients integrating the prominent issues of health and entrepreneurship. The study underscores the influence of health-related factors on the growth of entrepreneurial businesses. More specifically, this study contributes to management and entrepreneurship literature by extending the understanding of business success factors beyond traditional economic and resource-based perspectives. It includes individual health conditions as a critical, yet often overlooked factor influencing entrepreneurial performance. In doing so, the study responds to calls within entrepreneurship research to incorporate more contextually embedded and human-centric perspectives in explaining business outcomes.

The study extends literature on inclusive entrepreneurship by connecting entrepreneurship, chronic illness and institutional support systems in identifying factors influencing business growth. It further contributes theoretically by demonstrating how health constraints influence entrepreneurial opportunities and decision-making. Therefore, it extends existing theoretical frameworks such as the resource-based view and human capital theory with health-related dimensions. It shows how an inclusive entrepreneurial ecosystem should incorporate factors that promote the growth of businesses owned by individuals with chronic illnesses. Additionally, by situating the study within a local South African Municipal context, the research contributes to the limited body of knowledge on entrepreneurship in emerging and resource-constrained environments. It offers context-specific insights that advance the applicability of entrepreneurship theories in non-Western settings. Overall, the study advances theoretical discourse by positioning health as a key variable in understanding business growth, rather than treating it as a peripheral factor.

6.2. Practical significance

This study has significant practical implications for several stakeholders including policymakers, training institutions, entrepreneurship support organizations and healthcare institutions. Policymakers should recognize the unique challenges faced by entrepreneurs living with chronic illnesses and design policies specifically targeted to providing them with entrepreneurial support. Specifically, policymakers should develop inclusive funding schemes, tax incentives and social protection mechanisms that accommodate the fluctuating health conditions and income instability often experienced by these entrepreneurs. Financial support, mentorship programs and entrepreneurship education should also prioritize individuals with chronic illnesses considering that formal employment may be unfavourable to them.

Key players in the entrepreneurial ecosystem including educational institutions, industry and the government should provide accessible financial, training, infrastructure and mentorship support that prioritize the health-related constraints of entrepreneurs with chronic illnesses. Training institutions should design flexible and adaptive entrepreneurship curricula such as online programmes that accommodate periods of illness and recovery. Better access to entrepreneurial support mechanisms may improve not only the growth but sustainability of businesses owned by individuals with chronic illnesses. Entrepreneurship support organizations (e.g., incubators, accelerators, and small business development agencies) should tailor their programmes by incorporating health-sensitive business support services. These services include flexible incubation timelines, remote mentorship and wellness-integrated entrepreneurial coaching. As such, the entrepreneurial ecosystem should be augmented to be accessible to people from diverse populations, including those with chronic illnesses. The New York project introduced the concept of "Inclusive Entrepreneurship" referring to a model designed to promote individual, program and systems level changes aimed at improving small business creation by people living with disabilities (Shaheen, 2016). This concept underscores the need to enact entrepreneurial ecosystems that allow people with chronic illnesses to fully participate in entrepreneurial activities and economic development.

For healthcare institutions, this study highlights the importance of integrating economic participation into patient care by collaborating with entrepreneurship support agencies. Healthcare providers can play a proactive role by referring patients to entrepreneurial programmes. They can offer health management support that aligns with

business activities and participates in multidisciplinary initiatives that link health outcomes with economic empowerment. Entrepreneurship support agencies can collaborate with healthcare institutions to develop and implement programs targeted at addressing both healthcare and economic participation. For example, Varshney et al. (2026) emphasized that addressing unmet clinical needs requires strong partnerships among cardiologists, investigators, entrepreneurs, and investors. Such cross-sector collaborations can result in integrated support models that simultaneously address health limitations and business growth challenges. Such programs can advance inclusive economic participation while providing economic emancipation for individuals with chronic illnesses such as renal failure.

6.3. Limitations

The study was conducted with only 24 renal patients in the uMhlathuze Municipality highlighting a significant methodological limitation. This limits the generalization of findings to the broader population of entrepreneurial renal patients within or outside of the Municipality. Considering the possible differences in renal patients' demographics across different Municipalities and provinces in South Africa, the sample size presents a significant limitation to this study. Access to healthcare, socio-economic conditions and entrepreneurial opportunities may differ from one patient to the other. However, considering that to qualify for this study renal patients should also be engaged in entrepreneurial activities, it is difficult to get a bigger sample size. Due to their health conditions, it is possible that most patients would not be engaging in entrepreneurial activities. As such, the study findings should be interpreted and applied beyond the uMhlathuze Municipality with caution. Future studies can incorporate more than one Municipalities from different provinces to improve sample size and diversity. This can also improve the statistical generalization of findings to a wider population of renal patients.

The study was conducted in a single geographic area, uMhlathuze Municipality. Context-specific factors such as local economic conditions, healthcare infrastructure and support systems may influence the entrepreneurial opportunities and challenges for renal patients. As such, focusing on one Municipality restricts the generalizability of the findings to other Municipalities due to varying contextual factors. However, by focusing on one Municipality the study aimed to generate context-specific insights into a relatively under-researched and vulnerable population. Furthermore, the researcher could gain a more nuanced understanding of participants lived experiences within a specific socio-economic and healthcare context. Future research should consider comparative studies across multiple Municipalities and provinces to capture regional variations and enhance generalizability.

The study was conducted using a self-administered questionnaire which is prone to various forms of bias, including social desirability and misinterpretation of questions. Respondents may have provided answers they perceived as socially acceptable or have not fully understood certain questions thereby influencing data accuracy and reliability. Furthermore, using structured questionnaires, respondents cannot delve into participants' perceptions or lived experiences. Consequently, the study may overlook the complexity of participants' perceptions, lived experiences and the contextual factors influencing the success of businesses owned by renal patients. Furthermore, participants may unintentionally withhold information that may result in a nuanced understanding of the factors impacting the growth of renal patients' owned businesses. However, self-administered structured questionnaires enabled researchers to efficiently collect data from a health-constrained population ensuring anonymity which may have encouraged more honest responses.

The study employed a cross-sectional design which limits the collection of data to a single point in time. Using this design, changes in participants' health status, business growth and entrepreneurial sustainability cannot be tracked. As such, changes in health conditions and their influence on patients' entrepreneurial engagement, business performance and growth over time could not be tracked. Future research can be conducted using longitudinal research design to facilitate a comprehensive understanding of business growth subject to changes in health and business engagement.

7. Conclusion

This study explored the factors influencing the growth of renal patients' owned businesses in uMhlathuze Municipality. Operational capabilities, health-compatible business structures and necessity-based motivations facilitate the growth of entrepreneurial businesses owned by renal failure patients in uMhlathuze Municipality. These findings contribute to the growing body of literature at the intersection of health and entrepreneurship. It shows that business success is not solely driven by traditional economic or managerial factors but is also influenced by individuals' health conditions. Importantly, the study highlights the need to reconceptualize entrepreneurship within the context of chronic illness, where resilience, flexibility and health-conscious decision-making become essential to business sustainability. The study recommends an inclusive entrepreneurial ecosystem that prioritises the needs of diverse population groups, including individuals living with chronic illnesses. This has broader policy and practical implications. It suggests that policymakers, healthcare providers and enterprise development agencies should collaborate to design targeted support mechanisms. For example, flexible funding models, health-sensitive business training and integrated support systems that accommodate the unique challenges faced by chronically ill entrepreneurs should be implemented. By foregrounding the experiences of renal patient entrepreneurs in a local South African Municipality, this study not only explores an under-researched population but also provides a foundation for future research and policy interventions. This is aimed at fostering more inclusive and sustainable entrepreneurial ecosystems in similar contexts.

Author Contributions

Nonsikelelo Sthulile Zikhali: Conceptualization, Methodology, Investigation, Data collection, Data analysis, Writing.

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Conflict of Interests/Disclosures

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