Using Mixed Methods To Generate Data with Women Participating in U.S. Microenterprise

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Rebekah J. Salt, PhD, RN (Presenter)
Assistant Professor
Department of Family and Community Health Systems
University of Texas Health Science Center at San Antonio, School of Nursing
San Antonio, Texas, United States

Jongwon Lee, PhD, RN
Assistant Professor
University of New Mexico, College of Nursing
Albuquerque, New Mexico, United States
Acknowledgements

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- Research assistant: Nicole J. Wong.
Background

Microenterprise

- Is global.
- Provides vulnerable populations, the majority of whom are women, access to educational and financial resources to start or sustain small businesses.
- Has seen a steady growth in the United States since the 1980s.
- Uses multiple models:
  - Group lending: Clients join groups where they are accountable to their peers, learn about business, and have access to on-site resources.
  - Individual lending: Clients have access to all the resources, but without the group structure.

Based on data from two previous studies

- Group lending model (Salt, 2010).
- Individual lending model (Salt & Lee, 2014).
Community Partner: LiftFund

- Formerly Accion, Inc., Texas based in San Antonio, Texas.
- Established in 1994 as nonprofit 501(c)3 providing resources to start/expand small businesses.
  - Business education, training, and access to loans ($500-$250,000) (LiftFund, 2015).

- Women’s Business Center
  - 60% Hispanic.
  - Lower than average incomes.
  - Borrower median income: $36,000.
  - 40% of borrowers are women.
  - Microloans ($500-$50,000) (Accion, 2013).

- Partnership
  - Key Informant.
  - Assisted with recruitment.
  - Provided a space for the focus groups.
Purpose

**Pilot Study**

1. Explore how women discuss the challenges of employment and health within the context of U. S. microenterprise.
2. Assess the feasibility of using on-line health instruments to collect data with this population.
Methods

Qualitative

– Three Focus Groups (One Conversational Guide)
  • *Tell me what it is like to work for yourself?*
  • *What are some of the benefits/barriers of working in your own business?*
  • *What does good health mean to you? What does poor health mean to you?*

Quantitative

– The Center for Epidemiologic Studies Depression Scale (CES-D) & SF-12 health survey.
– Both instruments have been tested and are reported to be valid and reliable measures in a variety of populations.
– Demographic survey & feasibility questionnaire.

Honorarium  ($20 gift card to a local grocery store)

Research Electronic Data Capture (REDCap)

– A secure web application for building and managing on-line surveys and databases that includes a consortium of 564 active institutional partners (REDCap, 2014).
– The UTHSCSA CTSA hosts REDCap and the Center provided both access to the database and program assistance.
Focus Group Analysis

• Trustworthiness of the data (Lincoln & Guba, 1985)
  • Credibility (Member checking, debriefing after each session, quotes).
  • Transferability (Thick description of the process).
  • Dependability (One conversational guide, demographic questionnaire).
  • Confirmability (Reflective diary, field notes, memos).

• Content analysis
  • Second coder.
  • Transcripts were coded and analyzed individually, then collectively.
  • A compare-contrast approach was used to generate themes.
Focus Group Results (n=9)

• Age range (28-65). Mean (46.7).
• Although the freedom, flexibility, and independence of self-employment was rewarding; creating work-life balance, prioritizing self-care, and sustaining a business was challenging.
• The expectation of working in microenterprise was not always the reality of working in microenterprise.
• Microentrepreneurs consistently voiced a strong sense of self through descriptors.
• These focus group data revealed similar findings to those seen in the two previous U. S. microenterprise qualitative studies.
• The need for more innovative social and health support to decrease isolation and improve health behaviors was a new topic introduced by these microentrepreneurs.
## Focus Groups - Descriptive Statistics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>White, Hispanic</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>African American</td>
<td>3 (33.3%)</td>
</tr>
<tr>
<td>No response for race, Hispanic</td>
<td>3 (33.3%)</td>
</tr>
<tr>
<td>No response</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>3 (33.3%)</td>
</tr>
<tr>
<td>Partnered/Married</td>
<td>4 (44.4%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>5 (55.6%)</td>
</tr>
<tr>
<td>College/post graduate</td>
<td>4 (44.4%)</td>
</tr>
<tr>
<td><strong>Feeling of job security with microenterprise</strong></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>3 (33.3%)</td>
</tr>
<tr>
<td>Agree</td>
<td>3 (33.3%)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td><strong>Self-rated Health</strong></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td>Good</td>
<td>4 (44.4%)</td>
</tr>
<tr>
<td>Fair</td>
<td>3 (22.2%)</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5 (55.6%)</td>
</tr>
<tr>
<td>No</td>
<td>4 (44.4%)</td>
</tr>
</tbody>
</table>
Codes-Categories-Themes

Upside of Working in Microenterprise

- "Humble"
- "Ambitious"
- "Committed"
- "Confident"
- "Self-starter"

Downside of Working in Microenterprise

- "Tireless"
- "Patient"
- "Crazy"
- "Overachiever"
- "Fighter"
- "Adventuresome"

Opportunity (Motivation-Change)
- "My family were entrepreneurs."
- "I was burnt out with my corporate position."
- "I don't have deep pockets."

Benefits (Flexibility-Control)
- "I can make as little or as much as I want."
- "I can't lay myself off."
- "You work for yourself, you benefit yourself."

Strategies (Proactive, Support)
- "You can never be one of the guys."
- "I think we should start a support group."
- "You have to be strong for failure."

Risk (Competition-Time)
- "You feel the weight of the risk you take."
- "Not being able to see light at the end of the tunnel."
- "Don't have the deep pockets these big corporations do."

Ramifications (Failure-Overwhelmed)
- "Always being available."
- "I've lost some independence-some freedom."
- "You're working 24/7."

Health (Stress, Self-care)
- "Not having insurance would be very scary."
- "If I get 4 hours, I think I've done a really good job."
- "I get stressed, I gain weight."
Direct Quotes

FG1-P1: “So I could of gone and done something that was easier for you know...more acceptable for women to do but I decided that this is what I enjoy doing and that’s what I’m going to pursue. So I challenged myself in that way.”

FG2-P1: “When somebody else owned me I could come home at 5.”

FG2-P2: “Part of the objective was independence and freedom. It’s also a drawback.”

FG3-P3: “My health is more important to me than anything else, because if I can't function correctly, I can't think and act right, so I've learned to take care of myself... and to me that's more important than anything else.”

FG3-P5: “You don't ever have any down time. Those vacation days aren't really vacation days. You're working 24/7.”
Survey Results [1] (n=23)

- Age range (35-64). Mean (46.7).
- The majority of participants were white (73.9%), married (56.5%), rated their health as “good” (69.6%), had health insurance (60.9%), and agreed or strongly agreed that they felt job security in their microenterprise (52.1%).
- Eleven women had a college or postgraduate education.
- The majority (92%) of women that participated in the on-line surveys completed all questionnaires and indicated that on-line surveys were a good way to share health-related information with researchers.
- Importantly, 64% of the participants reported that they were likely or very likely to participate in on-line surveys about their health in the future.
- In addition, 72% indicated that on-line surveys were more meaningful than other 1:1 interviews or focus groups in terms
Survey Results [2]

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Min.</th>
<th>Max.</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-D Total Depression Score</td>
<td>19.3</td>
<td>6.3</td>
<td>12.0</td>
<td>32.0</td>
<td>19</td>
</tr>
<tr>
<td>NEMC Physical Health T-Score</td>
<td>25.3</td>
<td>0.4</td>
<td>24.1</td>
<td>26.0</td>
<td>22</td>
</tr>
<tr>
<td>NEMC Mental Health T-Score</td>
<td>9.9</td>
<td>1.1</td>
<td>7.7</td>
<td>11.5</td>
<td>22</td>
</tr>
<tr>
<td>NEMC Physical Functioning T-Score</td>
<td>23.9</td>
<td>0.4</td>
<td>22.8</td>
<td>24.2</td>
<td>23</td>
</tr>
<tr>
<td>NEMC Role Physical Limitation Physical T-Score</td>
<td>23.5</td>
<td>0.8</td>
<td>21.4</td>
<td>24.0</td>
<td>22</td>
</tr>
<tr>
<td>NEMC Bodily Pain T-Score</td>
<td>18.5</td>
<td>0.4</td>
<td>17.1</td>
<td>18.7</td>
<td>23</td>
</tr>
<tr>
<td>NEMC General Health T-Score</td>
<td>20.4</td>
<td>0.4</td>
<td>19.7</td>
<td>21.0</td>
<td>23</td>
</tr>
<tr>
<td>NEMC Vitality T-Score</td>
<td>28.9</td>
<td>0.5</td>
<td>28.0</td>
<td>29.6</td>
<td>23</td>
</tr>
<tr>
<td>NEMC Role Limitation Emotional T-Score</td>
<td>15.0</td>
<td>1.0</td>
<td>12.7</td>
<td>15.8</td>
<td>23</td>
</tr>
<tr>
<td>NEMC Social Functioning T-Score</td>
<td>17.9</td>
<td>0.5</td>
<td>17.0</td>
<td>18.2</td>
<td>23</td>
</tr>
<tr>
<td>NEMC Mental Health T-Score</td>
<td>19.3</td>
<td>0.9</td>
<td>17.7</td>
<td>20.7</td>
<td>23</td>
</tr>
</tbody>
</table>

Note: African Americans had the highest CES-D Total Depression and SF-12 Mental Health T-Scores
Survey Results [3]
Limitations

Although the small sample size in this mixed methods study does not allow us to generalize about women who work in U. S. microenterprise, it does provide a better understanding of:

- Additional challenges for U. S. microentrepreneurs.
- The importance of mental health screening.
- Feasibility of the use of on-line screening tools for this population.
Implications

• Microenterprise continues to expand in the United States (FIELD, 2014).
• Women have been shown to be good social and economic investors and a strong link to generational health, however; attention to self-care has been a consistently reported issue for this population.
• The social support found in group lending models may serve as a protective factor for mental health and isolation.
• These findings suggest that on-line surveys (which are less costly) are a feasible method to collect health related information among women with microenterprise businesses.
• Identifying health challenges for microentrepreneurs and focusing on interventions that promote health has the potential to decrease health disparities and improve population health.
References


