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PRIVATE HEALTH PRACTICE AS A TOOL FOR ENTREPRENEURSHIP AND ECONOMIC EMPOWERMENT AMONG HEALTHCARE PROFESSIONALS IN NIGERIA: A CRITICAL NARRATIVE REVIEW

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Private health practice offers potential opportunities for entrepreneurship, employment creation, professional independence, and economic empowerment among healthcare professionals in Nigeria. However, the extent to which these opportunities can be realised depends on access to finance, regulatory requirements, managerial competence, infrastructure, and the broader healthcare environment. This critical narrative review examines private health practice as a potential pathway to entrepreneurship and economic empowerment across medicine, nursing, pharmacy, dentistry, dental therapy, medical laboratory science, physiotherapy, public health, and related health-service fields, including digital health. Relevant literature was identified through searches of PubMed, Google Scholar, AJOL, and WHO covering 1961 to 2026 and 26 sources were included in the narrative synthesis. The reviewed literature suggests that private practice can create opportunities for income generation, self-employment, job creation, service diversification, innovation, and professional autonomy. Potential enterprises include clinics, pharmacies, diagnostic laboratories, dental practices, physiotherapy centres, consultancy services, home-based care, and digital health services, subject to applicable professional and regulatory requirements. Nevertheless, practitioners may encounter high start-up costs, limited access to credit, multiple taxation, inadequate infrastructure, regulatory complexity, insufficient business-management preparation, and limited government incentives. For example, Ijah et al. (2024) reported that 85.5% of the 166 practitioners surveyed indicated that they received no government incentives for private healthcare practice. This finding illustrates a perceived barrier among the surveyed practitioners but should not be interpreted as a nationally representative estimate. Private practice also requires effective ethical safeguards to prevent conflicts of interest and protect patient safety and equitable access to healthcare. The review concludes that private health practice represents a potential, rather than guaranteed, pathway to economic empowerment. Entrepreneurship education, accessible financing, professional mentorship, proportionate regulation, technological innovation, and supportive government policies may help improve enterprise sustainability while contributing to healthcare service availability and accessibility. Further Nigerian research is needed to examine profitability, business survival, employment outcomes, and differences across healthcare fields.

Keywords: Healthcare entrepreneurship, private health practice, economic empowerment, clinical entrepreneurship, Nigeria, private healthcare

1.0 Introduction

Healthcare systems in many low- and middle-income countries operate through a combination of public, private for-profit, and private not-for-profit providers. In Nigeria, private healthcare providers are important contributors to service delivery, financing, and access to health services. The Africa Health Observatory Platform (AHOP, 2025) reports that private providers deliver an estimated 70% of healthcare services in Nigeria, despite accounting for approximately 35% of health facilities. This substantial contribution highlights the importance of private healthcare practice to the national health system and the potential role of healthcare professionals as entrepreneurs. However, the contribution of private providers must be considered alongside concerns about affordability, quality assurance, equitable access, and effective regulation. Engaging private providers therefore requires governance arrangements that encourage innovation and investment while protecting patients and supporting progress towards universal health coverage (World Health Organization [WHO], 2020, 2023).

Healthcare financing further illustrates the importance of examining private health practice within the Nigerian context. According to WHO data, household out-of-pocket payments accounted for approximately 72% of current health expenditure in Nigeria in 2023, indicating that much of the financial burden of healthcare continues to fall directly on individuals and households (WHO, 2026). Although this situation creates a market for private healthcare services, it also presents a major challenge: the demand for services does not necessarily translate into affordable care, sustainable business opportunities, or equitable access. Private healthcare enterprises must therefore balance financial viability with

professional ethics, service quality, and patients' ability to pay. Ejughemre (2014) highlighted the importance of private-sector participation in Nigerian healthcare financing, while more recent evidence reinforces the need for policies that promote effective engagement, accountability, and financial protection.

The Nigerian health workforce also faces the combined challenges of staff shortages, uneven geographical distribution, unemployment or underemployment among some trained professionals, and international migration. The Federal Ministry of Health and Social Welfare's State of Health of the Nation Report 2024 identified health-worker migration as a continuing concern and reported that approximately 3,974 doctors migrated internationally in 2024 (Federal Ministry of Health and Social Welfare, 2025). These pressures have contributed to public discussion of the japa phenomenon, commonly used in Nigeria to describe the migration of professionals in search of better remuneration, working conditions, and career opportunities. However, migration statistics should not be interpreted as evidence that all healthcare professionals are unemployed or that private practice is a sufficient solution to workforce challenges. Nigeria's National Bureau of Statistics (NBS) publishes general labour-market indicators, but these should not be presented as health-graduate-specific unemployment figures. The absence of sufficiently comprehensive, comparable national data on unemployment and underemployment across healthcare professions is itself an important evidence gap. Nevertheless, private practice may offer an alternative employment pathway for appropriately qualified professionals by creating opportunities for self-employment, job creation, service innovation, and local investment National Health Insurance Authority, 2024).

Entrepreneurship in healthcare involves identifying service needs, organizing financial and human resources, accepting business risks, and delivering services that create economic and social value. Healthcare professionals may establish clinics, dental practices, pharmacies, diagnostic laboratories, rehabilitation centres, home-care services, consultancy businesses, health education enterprises, and other lawful health-related ventures. Such enterprises can generate income for their owners, create employment for other professionals, improve the availability of services, and contribute to local economic development. For example, Mang et al. (2022) examined risk propensity among health workers in Plateau State, while Suryavanshi et al. (2020) discussed issues relating to entrepreneurship among healthcare professionals. These studies provide a basis for considering the personal, professional, and organizational factors that may influence entrepreneurial activity. However, the ability to establish and sustain a healthcare enterprise depends not only on individual motivation but also on access to capital, management competence, demand for services, infrastructure, regulatory compliance, and the wider business environment.

Private health practice in Nigeria operates within a defined legal and professional framework. The National Health Act 2014 establishes the overarching framework for the organization, management, and delivery of healthcare services and addresses the responsibilities of healthcare personnel and health establishments (Federal Ministry of Health, 2014). The National Health Insurance Authority Act 2022 provides the statutory framework for the National Health Insurance Authority and supports the development and regulation of health insurance arrangements in Nigeria (Federal Republic of Nigeria, 2022). In addition, healthcare professionals are subject to the requirements of their respective regulatory bodies. These include the Medical and Dental Council of Nigeria (MDCN), Nursing and Midwifery Council of Nigeria (NMCN), Pharmacists Council of Nigeria (PCN), Medical Laboratory Science Council of Nigeria (MLSCN), Medical Rehabilitation Therapists (Registration) Board (MRTB), and Dental Therapists Registration Board of Nigeria (DTRBN) (NHIS, 2026).

These institutions regulate relevant aspects of professional registration, licensing, training, and practice. Consequently, healthcare entrepreneurship must be understood as a regulated professional activity rather than simply a commercial undertaking. The legal requirements governing facility registration, professional scope of practice, patient safety, records, and applicable business obligations are central to the establishment and sustainability of private health enterprises (Aliyu et al. 2026).

Despite its potential benefits, private health practice is not an automatic route to economic empowerment. Professionals may encounter high start-up costs, limited access to affordable credit, multiple taxes and levies, unreliable infrastructure, staffing difficulties, administrative burdens, and uncertain returns on investment. In their survey of 166 private healthcare practitioners, Ijah et al. (2024) reported that 62.7% perceived multiple taxation as a challenge, 85.5% reported the absence of government incentives, and 34.9% expressed satisfaction with their return on investment. These findings suggest that the business environment may constrain the financial sustainability of private healthcare enterprises. However, because the respondents were recruited from two national health-sector events in Port Harcourt, the results should not be assumed to represent every private healthcare practitioner in Nigeria. Furthermore, the pursuit of profit must not compromise professional standards, ethical obligations, patient safety, or equitable access to essential healthcare services. Private practice should therefore be assessed in terms of both its economic contribution and its implications for healthcare quality and social welfare.

A critical review of private health practice as a tool for entrepreneurship and economic empowerment is consequently important. Existing discussions may focus separately on private-sector participation in healthcare delivery, professional entrepreneurship, healthcare financing, or workforce challenges. A more integrated examination is needed to consider how these factors interact within Nigeria's economic, regulatory, and professional environment. In particular, it is necessary to distinguish between the potential of private practice to generate income and employment and the actual evidence regarding enterprise establishment, survival, profitability, professional autonomy, and contribution to access to healthcare. The review also needs to consider whether opportunities and constraints differ across professional groups, geographical locations, and types of healthcare enterprise. This critical narrative review therefore examines private health practice as a potential instrument of entrepreneurship and economic empowerment among healthcare professionals in Nigeria. It synthesizes relevant literature on entrepreneurial opportunities, economic benefits, regulatory and institutional constraints, and implications for professional practice and health-system development. It also identifies gaps in the available evidence and considers policy and practical measures that could strengthen the sustainability of private healthcare enterprises while safeguarding professional standards, affordability, and equitable access to care.

2. Conceptual Clarification

2.1 Private Health Practice

Private health practice refers to the provision, management, or organisation of healthcare services by eligible individuals or entities operating outside direct government ownership and management. It includes private for-profit enterprises and private not-for-profit organisations, which may differ in their ownership structures, financial objectives, governance arrangements, and approaches to service delivery. The WHO, (2023) developed an operational definition of the private sector in health service delivery to improve clarity and support more effective engagement with private providers. This distinction is important because private healthcare practice should not be treated as a single, uniform category. In this review, private health practice specifically refers to the lawful provision or organisation of health services by qualified healthcare professionals or eligible entities operating outside direct government ownership and management. Examples include private medical and dental clinics, pharmacies, diagnostic laboratories, physiotherapy and rehabilitation centres, nursing services, and other health-related enterprises. The concept also includes independently owned healthcare businesses and professional partnerships, provided that they comply with relevant licensing, registration, and professional requirements. This definition provides a clear basis for examining how private health practice can support entrepreneurship and economic empowerment among healthcare professionals in Nigeria.

2.2 Entrepreneurship and Clinical Entrepreneurship

Entrepreneurship involves recognising an opportunity, assembling resources, making decisions under uncertainty, and creating value through a new or improved product, service, process, or organisation. Schumpeter (1934) placed innovation at the centre of economic development, emphasising the entrepreneur's role in introducing new combinations and transforming established ways of doing things. Clinical entrepreneurship refers to the application of entrepreneurial thinking, innovation, and resource mobilisation to the development, organisation, and delivery of healthcare services, products, or business models that create value for patients, healthcare professionals, and the health system. Glover et al. (2024) examined healthcare entrepreneurship as an interdisciplinary field involving actors, activities, processes, and outcomes that connect entrepreneurship with healthcare management. Building on this perspective, the present review uses clinical entrepreneurship to describe how healthcare professionals identify unmet health needs and develop lawful, financially feasible, and clinically appropriate ventures or innovations to address them.

Clinical entrepreneurship may involve establishing a private clinic, pharmacy, diagnostic laboratory, rehabilitation centre, or home-care service. It may also involve improving existing healthcare delivery through patient recall systems, community-based preventive programmes, digital appointment systems, or more efficient service processes. Unlike entrepreneurship in many other sectors, clinical entrepreneurship must combine financial viability with professional competence, patient safety, ethical practice, and compliance with applicable regulatory requirements. It therefore involves more than business ownership: it requires healthcare professionals to integrate clinical expertise with innovation, management, financial planning, and accountability for patient outcomes (Aliyu et al. 2026).

2.3 Economic Empowerment

Economic empowerment refers to an individual's increased ability to access and mobilise resources, make meaningful economic decisions, exercise control over income and assets, and achieve improved economic outcomes. Kabeer (1999) provides a recognised conceptual framework for understanding empowerment through three interrelated dimensions: resources, agency, and achievements. Resources include the material, human, and social assets available to individuals; agency concerns their ability to define goals and act on decisions; and achievements refer to the outcomes of those choices. Applied to private healthcare practice, these dimensions provide a useful way to assess whether entrepreneurship contributes to genuine economic empowerment. Resources may include professional qualifications, start-up capital, equipment, premises, business networks, and access to credit. Agency may be reflected in a practitioner's ability to make decisions about work, service development, investment, staffing, and the use of income. Achievements may include increased earnings, business ownership, asset accumulation, employment creation, improved financial security, and the sustainable expansion of services.

However, establishing a private healthcare enterprise does not automatically demonstrate economic empowerment. Outcomes depend on start-up costs, patient demand, operating expenses, taxation, access to finance, and the ability to sustain the business. Nigerian evidence indicates that taxation and limited government incentives may constrain private healthcare practitioners' financial performance. Accordingly, this review treats economic empowerment as a multidimensional outcome involving income generation, financial autonomy, asset development, professional independence, employment creation, and enterprise sustainability (Ijah et al., 2024).

2.4 Healthcare Entrepreneurship as a Dual-Value Activity

Healthcare entrepreneurship has a dual responsibility: maintaining a financially viable enterprise while delivering safe, effective, ethical, and appropriate healthcare. Unlike many other commercial activities, healthcare involves information asymmetry between providers and patients, patient vulnerability, professional obligations, and potentially serious consequences when services are inappropriate or unsafe. Therefore, commercial objectives must remain consistent with professional standards and the protection of patients. The WHO (2020, 2023) emphasises the importance of governance and effective engagement with private healthcare providers to support health-system objectives. Within this context, a successful healthcare enterprise should not be evaluated solely by revenue, profit, or business growth. Its performance should also be assessed through service quality, patient safety, continuity of care, affordability, responsiveness, and equitable access. This dual-value perspective is particularly important in Nigeria, where private providers operate alongside public healthcare institutions and serve populations with different levels of purchasing power. A financially sustainable enterprise can contribute to employment and service availability, but business practices that encourage unnecessary procedures, inappropriate prescribing, or exclusion of patients who cannot afford care may undermine public health objectives. Healthcare entrepreneurship should therefore be understood as a balance between financial

sustainability, professional responsibility, and social value.

3. Theoretical Framework

3.1 Schumpeter's Theory of Innovation

Schumpeter's (1934) theory of innovation provides a useful explanation of how private healthcare practice can become more than a replication of existing services. In The Theory of Economic Development, Schumpeter described entrepreneurship in terms of introducing new combinations, including new products, methods of production, markets, sources of supply, and forms of organisation. Applied to healthcare, this perspective suggests that entrepreneurial activity can involve introducing new services, reaching previously underserved populations, adopting more effective processes, or reorganising resources to improve service delivery. For healthcare professionals in Nigeria, innovation may take several forms. A dental therapist could develop a structured oral-health prevention programme for schools and underserved communities. A physiotherapist could introduce a mobile rehabilitation service for patients who experience difficulties travelling to clinics. A medical laboratory scientist could improve diagnostic workflows, while a nurse could establish a compliant home-based nursing service. Digital appointment systems, secure electronic records, patient recall mechanisms, and more efficient billing procedures are further examples of process innovation.

Innovation does not necessarily require advanced technology or substantial financial investment. Incremental improvements in communication, accessibility, continuity of care, and service reliability may also create value. However, novelty alone does not establish the success of an innovation. A new service must address a genuine need, be acceptable to patients, comply with professional standards, and remain operationally and financially sustainable. The theory is therefore relevant to examining how healthcare professionals can transform their clinical knowledge into improved services and viable enterprises. Nevertheless, innovation in healthcare must be evaluated through both business performance and health outcomes. Commercial success cannot justify clinical harm, unethical practice, or the exclusion of disadvantaged populations. Schumpeter's framework is consequently most useful in this review when interpreted alongside professional ethics, patient safety, and wider health-system objectives (Ijah et al., 2024).

3.2 Human Capital Theory

Human capital theory explains how investment in education, training, knowledge, and skills can improve individual productivity and economic outcomes. Schultz (1961) advanced the economic argument that education and other investments in people contribute to productive capacity, while Becker (1964) developed a systematic economic analysis of human capital and its returns. These foundational contributions provide the theoretical basis for examining how healthcare professionals may convert their clinical education and experience into entrepreneurial opportunities. Healthcare professionals accumulate human capital through formal education, clinical placements, professional registration, work experience, and continuing professional development. Private practice provides one avenue through which this expertise can be converted into professional services and economic value. However, clinical competence does not automatically confer competence in accounting, cash-flow management, procurement, pricing, staff supervision, marketing, business planning, or regulatory administration.

Suryavanshi et al. (2020), in their review of entrepreneurship and innovation in health sciences education, examined 59 publications and highlighted the importance of entrepreneurial environments and relevant skills, alongside limitations in the evidence on programme effectiveness. Their findings support the need to develop entrepreneurial capability as a professional competency rather than assume it will emerge spontaneously from clinical training.

In Nigeria, practical business education, mentorship, financial literacy, and enterprise development support could help healthcare professionals assess community needs, estimate operating costs, understand regulatory requirements, evaluate risks, and determine whether proposed services are financially and clinically feasible. Human capital theory therefore helps explain both the entrepreneurial value of professional education and the limitations of clinical training when it is not accompanied by the management and financial skills required to operate a sustainable enterprise.

3.3 Entrepreneurial Opportunity Perspective

The entrepreneurial opportunity perspective focuses on how individuals identify needs and develop feasible responses to them. Shane and Venkataraman (2000) presented entrepreneurship as a process concerned with the discovery, evaluation, and exploitation of opportunities to introduce future goods and services. Applied to private healthcare practice, this perspective directs attention to how professionals identify service gaps, assess demand, mobilise resources, and determine whether a proposed enterprise can deliver value.

Potential opportunities in Nigeria may arise from geographical gaps in healthcare access, demand for rehabilitation, limited availability of preventive services, long waiting times, inadequate access to diagnostic testing, or the need for convenient follow-up and home-based care. Healthcare professionals may be well positioned to identify some of these opportunities because of their clinical experience and direct interaction with patients and communities. However, recognising an unmet need does not automatically establish that a viable or ethical business opportunity exists.

A proposed healthcare enterprise must be assessed against several considerations. These include whether the service falls within the professional's legally authorised scope of practice; whether the need is supported by evidence or community assessment; whether patients can afford the service or an appropriate payer exists; whether the necessary workforce, equipment, infrastructure, and financing are available; and whether the enterprise can meet applicable quality and safety requirements. The provider must also consider whether the proposed service complements existing provision or risks duplicating services without sufficient demand.

The importance of these considerations is consistent with discussions of private-sector participation in Nigerian healthcare financing and the WHO's emphasis on effective governance and engagement with private providers (Ejughemre, 2014; WHO, 2020, 2023). In this context, opportunity identification should be combined with feasibility

analysis, community needs assessment, professional accountability, and consideration of affordability. The entrepreneurial opportunity perspective therefore helps explain how healthcare professionals can translate their clinical experience into potential business ventures. Its principal contribution to this review is the recognition that entrepreneurial success depends not only on individual initiative but also on the relationship between identified needs, available resources, market conditions, institutional arrangements, and regulatory requirements. In healthcare, opportunity exploitation must additionally preserve patient welfare and the broader social purpose of healthcare delivery.

4. Review Method and Scope

This paper adopted a critical narrative review approach to examine private health practice as a pathway to entrepreneurship and economic empowerment among healthcare professionals in Nigeria. The review drew on peer-reviewed journal articles, relevant health policy documents, and institutional publications addressing clinical entrepreneurship, private healthcare delivery, healthcare financing, professional regulation, and the economic activities of healthcare professionals. The literature search covered PubMed/MEDLINE, Google Scholar, African Journals Online (AJOL), and the World Health Organization Institutional Repository for Information Sharing (WHO IRIS). Additional sources were identified through reference lists of relevant publications and official health-sector reports. Search terms included combinations of private health practice, healthcare entrepreneurship, clinical entrepreneurship, economic empowerment, private healthcare providers, healthcare financing, professional autonomy, Nigeria, Ghana, Kenya, and South Africa. Boolean operators such as AND and OR could be used to combine related concepts and refine searches.

Priority was given to publications directly relevant to Nigeria, supplemented by African and international literature that provided conceptual, policy, or comparative evidence. The review considered empirical studies, narrative reviews, and institutional reports relevant to the objectives of the paper. Evidence was assessed narratively according to its relevance to the research questions, methodological approach, geographical coverage, and implications for entrepreneurship and healthcare delivery. Particular attention was paid to distinguishing studies that directly investigated entrepreneurship or business conditions from those examining related issues, such as private-sector governance and informal income-generating activities. The findings were synthesised thematically to identify entrepreneurial opportunities, financial and regulatory constraints, educational requirements, policy implications, and research gaps. Because this was a critical narrative review rather than a systematic review, no claim is made that all relevant publications were identified. Formal duplicate removal, systematic screening, and standardised risk-of-bias assessment were not undertaken as part of a systematic review protocol.

Methodological note: Before submitting the manuscript, confirm that each named database and repository was actually searched. Add the search date or final search date and, where available, the search period. Do not report a database, search procedure, or screening activity that was not performed. This will make the method transparent without misrepresenting the review. The reviewer's comments can be addressed by making four targeted additions without restructuring the entire manuscript: defining clinical entrepreneurship from the literature, citing the origins of human capital theory, grounding economic empowerment in a recognised framework, and explicitly connecting the three theoretical perspectives to the later analysis of opportunities, challenges, and strategies. One important distinction is that clinical entrepreneurship does not have one universally accepted definition. It is therefore better to provide a literature-informed operational definition for this review than to attribute a newly worded definition to a source that may not use those exact terms.

4.1Revised sections for insertion

4.2 Entrepreneurship and Clinical Entrepreneurship

Entrepreneurship involves recognising an opportunity, assembling resources, making decisions under uncertainty, and creating value through a new or improved product, service, process, or organisation. Schumpeter (1934) placed innovation at the centre of economic development, emphasising the entrepreneur's role in introducing new combinations and transforming established ways of doing things. Clinical entrepreneurship refers to the application of entrepreneurial thinking, innovation, and resource mobilisation to the development, organisation, and delivery of healthcare services, products, or business models that create value for patients, healthcare professionals, and the health system. Glover et al. (2024) examined healthcare entrepreneurship as an interdisciplinary field involving actors, activities, processes, and outcomes that connect entrepreneurship with healthcare management.

Building on this perspective, the present review uses clinical entrepreneurship to describe how healthcare professionals identify unmet health needs and develop lawful, financially feasible, and clinically appropriate ventures or innovations to address them. Clinical entrepreneurship may involve establishing a private clinic, pharmacy, diagnostic laboratory, rehabilitation centre, or home-care service. It may also involve improving existing healthcare delivery through patient recall systems, community-based preventive programmes, digital appointment systems, or more efficient service processes. Unlike entrepreneurship in many other sectors, clinical entrepreneurship must combine financial viability with professional competence, patient safety, ethical practice, and compliance with applicable regulatory requirements. It therefore involves more than business ownership: it requires healthcare professionals to integrate clinical expertise with innovation, management, financial planning, and accountability for patient outcomes.

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choices. Applied to private healthcare practice, these dimensions provide a useful way to assess whether entrepreneurship contributes to genuine economic empowerment. Resources may include professional qualifications, start-up capital, equipment, premises, business networks, and access to credit. Agency may be reflected in a practitioner's ability to make decisions about work, service development, investment, staffing, and the use of income. Achievements may include increased earnings, business ownership, asset accumulation, employment creation, improved financial security, and the sustainable expansion of services. However, establishing a private healthcare enterprise does not automatically demonstrate economic empowerment. Outcomes depend on start-up costs, patient demand, operating expenses, taxation, access to finance, and the ability to sustain the business. Nigerian evidence indicates that taxation and limited government incentives may constrain private healthcare practitioners' financial performance (Ijah et al., 2024).

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Human capital theory explains how investment in education, training, knowledge, and skills can improve individual productivity and economic outcomes. Schultz (1961) advanced the economic argument that education and other investments in people contribute to productive capacity, while Becker (1964) developed a systematic economic analysis of human capital and its returns. These foundational contributions provide the theoretical basis for examining how healthcare professionals may convert their clinical education and experience into entrepreneurial opportunities. Healthcare professionals accumulate human capital through formal education, clinical placements, professional registration, work experience, and continuing professional development. Private practice provides one avenue through which this expertise can be converted into professional services and economic value. However, clinical competence does not automatically confer competence in accounting, cash-flow management, procurement, pricing, staff supervision, marketing, business planning, or regulatory administration.

Suryavanshi et al. (2020), in their review of entrepreneurship and innovation in health sciences education, examined 59 publications and highlighted the importance of entrepreneurial environments and relevant skills, alongside limitations in the evidence on programme effectiveness. Their findings support the need to develop entrepreneurial capability as a professional competency rather than assume it will emerge spontaneously from clinical training.

In Nigeria, practical business education, mentorship, financial literacy, and enterprise development support could help healthcare professionals assess community needs, estimate operating costs, understand regulatory requirements, evaluate risks, and determine whether proposed services are financially and clinically feasible. Human capital theory therefore helps explain both the entrepreneurial value of professional education and the limitations of clinical training when it is not accompanied by the management and financial skills required to operate a sustainable enterprise.

5. Review Method and Scope

5.1 Review Design and Information Sources

This study adopted a critical narrative review approach to examine private health practice as a tool for entrepreneurship and economic empowerment among healthcare professionals in Nigeria. The approach was selected because it allows the critical interpretation of empirical findings, theoretical perspectives, and policy documents from different sources to develop an integrated understanding of the opportunities, challenges, and strategies associated with private healthcare practice. The manuscript was not designed as a systematic review or a formal scoping review. Relevant literature was sought from PubMed/MEDLINE, Google Scholar, African Journals Online (AJOL), and the World Health Organization Institutional Repository for Information Sharing (WHO IRIS), alongside relevant institutional websites and reference lists of identified publications. These sources were selected to identify peer-reviewed empirical studies, theoretical literature, and policy documents addressing healthcare entrepreneurship, private health practice, health financing, professional regulation, and private-sector participation in healthcare delivery. The final manuscript should list only the databases and sources that were actually searched.

5.2 Search Strategy and Search Period

Searches used combinations of the following terms: healthcare entrepreneurship, clinical entrepreneurship, healthcare professionals and entrepreneurship, private health practice, economic empowerment, private healthcare providers in Nigeria, private-sector participation in healthcare, healthcare financing in Nigeria, taxation and incentives for private healthcare providers, entrepreneurship education, and health-sector governance. Boolean operators such as AND and OR were used where supported by the database to combine concepts and broaden or narrow the results. The intended publication period was 2014–2026, supplemented by earlier foundational theoretical publications where necessary. The National Health Act 2014, the National Health Insurance Authority Act 2022, and relevant theoretical works were considered where they contributed directly to the review's conceptual or policy analysis. The search period and final search date must reflect the searches actually conducted.

5.3 Inclusion and Exclusion Criteria

Publications were considered eligible when they addressed at least one of the following areas: entrepreneurship among healthcare professionals; establishment or management of private healthcare services; economic empowerment, self-employment, or employment creation in healthcare; private-sector participation in healthcare financing or service delivery; regulatory and institutional conditions affecting private practice; or relevant theories of entrepreneurship and human capital. Priority was given to Nigerian evidence, while international studies and institutional publications were included where they contributed relevant theoretical, comparative, or policy perspectives. Publications were excluded when they were unrelated to healthcare entrepreneurship or private health practice, lacked sufficient bibliographic information for verification, or provided no meaningful contribution to the review questions. Duplicate records were considered only once.

Where several sources addressed similar issues, preference was given to sources with clearer methods, directly relevant findings, and identifiable publication details.

5.4 Selection and Synthesis of Literature

The identified literature was examined for relevance to the review objectives and grouped into themes covering entrepreneurial opportunities, economic empowerment, financial and regulatory constraints, professional and ethical considerations, and strategies for sustainable private healthcare practice. The synthesis compared findings across studies and considered their methodological strengths, limitations, and relevance to the Nigerian context. Because this was a critical narrative review, the selection and synthesis process was not presented as a systematic screening exercise. No formal PRISMA-ScR process was undertaken, and the review did not claim exhaustive database coverage, independent duplicate screening, or a standardised risk-of-bias assessment. Accordingly, Tricco et al. (2018), which reports the PRISMA extension for scoping reviews, should be removed from the reference list if it is not cited elsewhere in the manuscript and no PRISMA-ScR procedures were followed. The number of records identified, screened, excluded, and included was not established in the information currently available for this revision. These figures should be added only if they can be reconstructed from search histories, saved results, or screening records. They should not be estimated or invented.

4.5 Summary of Core Studies

Table 1 summarises the principal studies and institutional sources informing the review. Details that cannot be confirmed from the available information are explicitly marked for verification against the original publications.

Table 1. Summary of Core Literature on Private Health Practice and Healthcare Entrepreneurship

Author/year	Setting	Study design or source type	Sample or coverage	Key findings or contribution	Limitations relevant to this review
Abdulfatah et al. (2026)	Health education practice; exact setting not stated.	Journal article; verify full text and design.	Sample not stated in supplied citation.	Potential contribution: accountability principles, mechanisms, challenges and strategies for strengthening health-system performance.	Methods, setting and findings cannot be established from citation alone. Verify journal title, DOI formatting and article details.
Africa Health Observatory Platform (2025)	Nigeria; health-system organization and governance.	Institutional health-system profile.	National-level health-system information; no participant sample.	Provides context on the structure, organization and governance of Nigeria's health system.	Descriptive policy profile, not an evaluation of private-practice profitability or empowerment.
Agwu et al. (2020)	Primary healthcare in Nigeria; exact locations should be checked in article.	Qualitative study.	Health workers/informants; confirm exact sample in full text.	Examines private money-making activities and health-worker absenteeism as potential contributors to inefficiency in public primary healthcare.	Context-specific qualitative evidence; not a national prevalence estimate and not a direct study of legitimate private-enterprise profitability.
Basu et al. (2012)	Ghana and Kenya.	Survey study of private healthcare firms/providers.	Firm-level survey; confirm exact number and sampling from article.	Provides comparative evidence about private providers' perspectives on public-sector engagement.	Not Nigeria-based; regulatory, financing and market contexts may differ.
Becker (1964)	General economic theory.	Foundational theoretical/empirical book.	Not applicable.	Human-capital theory explains how education, skills and training can improve productivity and earning capacity.	Not specific to healthcare entrepreneurship or contemporary Nigeria.

Dental Therapists Registration Board of Nigeria (n.d.)	Nigeria; dental therapy regulation.	Official regulatory webpage.	Institutional information; no sample.	Describes the Board and its role in regulating dental therapy practice.	Not empirical evidence; use for regulatory remit and verify current requirements.
Ejughemre (2014)	Nigeria; healthcare financing and universal health coverage.	Publication type needs verification.	Not ascertainable from incomplete reference.	Topic suggests discussion of private-sector participation in healthcare financing and UHC.	Exact journal, title, volume, issue, pages and methods need verification; do not rely on it until original publication is located.
Federal Ministry of Health and Social Welfare (2025)	Nigeria; national health sector.	Government report.	National indicators and administrative/ statistical information in the report.	Provides context on health-system performance, service delivery and sector challenges.	Not necessarily designed to measure private practitioners' business outcomes; interpret data using report definitions and coverage.
Federal Ministry of Health and Social Welfare (n.d.)	Nigeria; health regulatory bodies.	Official government webpage.	Institutional listing; no sample.	Identifies regulatory bodies in Nigeria's health sector.	A directory does not establish detailed powers, current requirements or enforcement outcomes; cite individual regulators for specific claims.
Federal Republic of Nigeria (2014)	Nigeria; health-system governance and service delivery.	Legislation: National Health Act, 2014.	Not applicable.	Provides statutory framework for health-system matters and service delivery.	Formal legal provisions do not establish implementation, compliance or enterprise outcomes.
Federal Republic of Nigeria (2022)	Nigeria; health insurance and financing.	Legislation / official Act webpage.	Not applicable.	Provides statutory framework for the National Health Insurance Authority and health-insurance arrangements.	Relevant to financing, but not the primary legal basis for regulating every health profession.
Ijah et al. (2024)	Private healthcare practitioners surveyed at two national health-sector events in Port Harcourt in 2021.	Cross-sectional opinion survey.	166 private healthcare practitioners.	Reported perceived barriers: 85.5% reported no government incentives; 34.9% were satisfied with ROI, 31.9% dissatisfied and 33.1% managing to survive.	Event-based, self-reported sample; selection/response bias possible and not nationally representative. Perceptions do not independently verify profitability or tax liabilities.
Lagos State Health Facility Monitoring and Accreditation Agency (n.d.)	Lagos State, Nigeria.	Official state regulatory webpage.	Administrative registration guidance; no sample.	Provides information on health-facility registration relevant to opening a facility in Lagos.	State-specific and potentially subject to change; not evidence of business survival or empowerment.
Mang et al. (2022)	Plateau State, Nigeria; two hospitals, according to review notes.	Survey study; verify from original article.	191 health workers, according to review notes; verify.	Reported risk tolerance significantly influenced clinical entrepreneurship; risk aversion was not statistically significant.	Limited local sample and two-hospital setting; journal title, volume, issue, pages and statistics require verification.

Medical and Dental Council of Nigeria (n.d.)	Nigeria; medical and dental professional regulation.	Official regulatory webpage.	Institutional mandate information; no sample.	Describes the Council's role in regulating medical and dental practice and professional standards.	Not empirical evidence; cross-check governing legislation and current guidance.
Medical Laboratory Science Council of Nigeria (n.d.)	Nigeria; medical laboratory science regulation.	Official regulatory webpage.	Institutional mandate information; no sample.	Supports description of the Council's regulatory role in laboratory science.	Does not evaluate laboratory business profitability; verify current facility and practitioner requirements.
Medical Rehabilitation Therapists (Registration) Board of Nigeria (n.d.)	Nigeria; rehabilitation professions.	Official regulatory webpage.	Registration guidance; no sample.	Provides registration information relevant to regulated rehabilitation practice.	Not evidence of enterprise outcomes; verify current profession- and facility-specific rules.
National Health Insurance Authority (2022)	Nigeria; health-insurance legislation.	Official gazetted copy of the NHIA Act.	Not applicable.	Provides the official text of the National Health Insurance Authority Act, 2022.	Appears to duplicate Federal Republic of Nigeria (2022). Prefer one canonical reference unless there is a clear reason to cite both.
Nursing and Midwifery Council of Nigeria (n.d.)	Nigeria; nursing and midwifery practice.	Official licensing webpage.	Licensing information; no sample.	Supports the statement that nurses and midwives are subject to professional licensing requirements.	Not evidence about commercial sustainability of nurse-led businesses; confirm current scope and facility rules.
Pharmacy Council of Nigeria (2025)	Nigeria; pharmacy and pharmaceutical premises.	Official regulatory guideline.	Guidance document; no participant sample.	Sets out registration guidance for pharmacists and pharmaceutical premises, relevant to pharmacy enterprise compliance.	Does not demonstrate profitability or market demand; verify whether a newer edition/amendment exists.
Schumpeter (1934)	General economic theory.	Foundational theoretical book.	Not applicable.	Frames entrepreneurship around innovation and new combinations of products, processes, markets and organization.	Not Nigeria- or healthcare-specific; apply alongside contemporary evidence.
Shane and Venkataraman (2000)	General entrepreneurship theory.	Conceptual/theoretical journal article.	Not applicable.	Conceptualizes entrepreneurship around discovering, evaluating and exploiting opportunities.	Not healthcare- or Nigeria-specific; conceptual lens rather than direct outcome evidence.
Suryavanshi et al. (2020)	International health-sciences education literature.	Scoping review.	Published studies included in review; confirm exact count and search coverage from article.	Maps literature on entrepreneurship and innovation in health-sciences education and supports entrepreneurial competencies in professional training.	Education-focused, not a direct evaluation of private-practice outcomes in Nigeria; does not prove training alone causes business success.

World Health Organization (2020)	Global; mixed health systems.	Strategy report / policy guidance.	Expert and policy synthesis; no participant sample.	Outlines governance approaches for engaging private providers in support of health-system goals and UHC.	Global guidance must be adapted to Nigeria; not a Nigerian impact evaluation.
World Health Organization (2022)	Africa; private-sector health-service delivery.	Regional evidence / policy review.	Country examples and literature included; verify exact coverage in report.	Reviews approaches to private-sector engagement and offers regional lessons on governance and collaboration.	Evidence may vary across countries and may not transfer uniformly to Nigeria; confirm coverage and appraisal methods.
World Health Organization (2023)	Global; health-service delivery terminology.	Technical/definitional publication.	Not applicable.	Provides an operational definition of the private sector in health-service delivery to clarify the review's scope.	Does not measure enterprise outcomes or policy effectiveness.
World Health Organization (2024a)	Low- and middle-income countries.	Scoping review.	Published studies included; confirm number and country coverage from report.	Synthesizes governance approaches, reported effectiveness and enablers for private healthcare sectors.	LMIC evidence is heterogeneous and not necessarily transferable to Nigeria; scoping reviews map rather than necessarily establish causal effects.
World Health Organization (2024b)	Kenya; health-financing system.	Country assessment report.	Country-level data and system information.	Offers comparative lessons on health-financing arrangements.	Not Nigerian evidence; use only for comparison and verify report scope.
World Health Organization (2026a)	South Africa; health-financing system.	Country assessment report.	Country-level data and system information.	Provides comparative information on health-financing arrangements and system performance.	Different institutional and market context limits transferability to Nigeria; verify publication details.
World Health Organization (2026b)	Nigeria; health-financing capacity and UHC.	Institutional news/update.	Not applicable; programme/institutional update.	May provide current context on efforts to strengthen health-financing capacity and UHC.	News update is not a peer-reviewed evaluation; verify date, programme and claims before relying on outcomes.
Aliyu et al. (2026)	Health education; exact study setting not supplied.	Journal article; design needs confirmation.	Not supplied in citation.	Title indicates focus on integrating technology and community engagement in health education, potentially relevant to service innovation.	Citation incomplete: add volume, issue, pages and DOI/URL; verify design, sample and actual findings.

6. **Evidence on Private Practice and Entrepreneurship in Nigeria**

6.1 Evidence on clinical entrepreneurship

Direct Nigerian empirical evidence on clinical entrepreneurship remains limited in the sources located for this review. Mang et al. (2022) investigated risk propensity among 191 health workers in Plateau State, including medical doctors, clinical psychologists, social workers, occupational therapists, and nurses. Using logistic regression, the authors reported that risk tolerance significantly influenced clinical entrepreneurship, while risk aversion did not show a significant influence. They recommended introducing basic entrepreneurship and business-management studies across healthcare disciplines. This study is useful because it examines entrepreneurial behaviour among health professionals rather than treating private healthcare only as a financing or service-delivery issue. However, its sample was drawn from two hospitals and its findings should not be interpreted as a national estimate of entrepreneurial participation. Risk tolerance is also only one potential factor. A professional may be willing to take risks but unable to establish a practice because of limited capital, unclear regulatory requirements, lack of mentorship, weak purchasing power, or high operating costs. The study therefore supports entrepreneurship education but does not establish that risk tolerance alone produces successful or sustainable businesses.

6.2 Financial and regulatory environment

Ijah et al. (2024) provide a directly relevant Nigerian study of the business environment for private health practitioners. Their descriptive cross-sectional survey included 166 practitioners who attended two national health-sector events in Port Harcourt in 2021. The sample included practitioners associated with clinics and hospitals, pharmacies, medical laboratory practice, physiotherapy, and other health services. The authors reported that 104 respondents (62.7%) believed they experienced multiple taxation and 142 (85.5%) reported that they received no government incentive for their private health business. Fifty-eight respondents (34.9%) were satisfied with the return on investment, 53 (31.9%) were not satisfied, and 55 (33.1%) described themselves as managing to survive in the business environment. These results point to real concerns about the enabling environment for private healthcare businesses, including tax burdens and limited perceived public support. They should nevertheless be interpreted cautiously. The sample consisted of conference attendees rather than a representative national sample of all private practitioners, and the findings reflect respondents' reports rather than an audit of each tax assessment or enterprise account. Even with these limitations, the study provides traceable empirical evidence that financial viability and perceived government incentives are important issues for private healthcare practitioners in Nigeria (Aliyu K et al, 2026).

6.3 Private-sector participation and health-system goals

Ejughemre (2014) reviewed the need to strengthen private-sector participation in Nigerian healthcare financing. The article argued that private resources, innovation, and expertise could complement public financing, while acknowledging concerns about quality and affordability. This distinction is important for entrepreneurship: an enterprise may be financially viable for its owner without necessarily contributing equitably to public health goals. Private-sector participation requires effective rules, monitoring, and alignment with the health system rather than assuming that the presence of private providers will automatically improve access or outcomes. WHO's guidance on engaging private health service delivery providers similarly emphasises governance in mixed health systems (WHO, 2020). Governance includes defining expectations, setting standards, monitoring performance, ensuring accountability, and establishing mechanisms through which public authorities can engage providers in pursuit of universal health coverage. For entrepreneurs, a clear governance environment can reduce uncertainty and clarify minimum standards. For patients and communities, it provides a basis for trust, quality assurance, and redress when care is inadequate.

6.4 Private economic activity and the public-sector boundary

Private entrepreneurship must be distinguished from informal private income-seeking that undermines a professional's public duties. Agwu et al. (2020) conducted a qualitative study using interviews with 30 key informants across five primary healthcare facilities in three local government areas of Enugu State. They found that many public primary healthcare workers undertook additional private or informal economic activities, with inconsistent or inadequate salaries reported as a key driver. The study linked these activities in some cases to absenteeism and reduced functionality of primary healthcare facilities. This evidence does not mean that private practice is inherently harmful. Rather, it shows that the institutional setting and the way secondary economic activities are managed matter. A properly authorised private practice conducted outside public working hours, in compliance with employment rules and professional obligations, is conceptually different from leaving a public facility unattended to pursue private income. Policy should address both sides of the issue: fair and reliable employment conditions in public services and clear rules on dual practice, conflicts of interest, time management, referral, and use of public resources.

6.5 Entrepreneurial Opportunities across Healthcare Professions in Nigeria

Healthcare entrepreneurship in Nigeria extends beyond establishing private hospitals and medical clinics. Depending on professional qualifications, statutory scope of practice, licensing conditions, and local health needs, healthcare professionals may establish or participate in specialist services, community-based care, diagnostic services, rehabilitation, oral healthcare, pharmaceutical services, and health education enterprises. However, the existence of a potential business opportunity does not automatically confer legal authority to provide every associated service. The Medical and Dental Council of Nigeria (MDCN), Nursing and Midwifery Council of Nigeria (NMCN), Pharmacy Council of Nigeria (PCN), Medical Laboratory Science Council of Nigeria (MLSCN), Dental Therapists Registration Board of Nigeria (DTRBN), and Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB) regulate relevant professional activities in Nigeria.

Table 2: Potential Healthcare Enterprises, Regulatory Bodies, Requirements, and Challenges in Nigeria

Profession or sector	Potential enterprise	Relevant regulator	Key requirements and considerations	Main challenges
Medicine and specialist services	Private clinics; specialist outpatient services; occupational health services; teleconsultation where permitted.	Medical and Dental Council of Nigeria (MDCN) and the relevant state health-facility authority.	Current professional registration and licence; compliance with facility registration, staffing, equipment, clinical governance, and referral requirements.	High start-up and equipment costs; staffing and infrastructure expenses; patient affordability.

Nursing and midwifery	Home-based nursing; post-discharge support; maternal and newborn care; nursing services within authorised facilities.	Nursing and Midwifery Council of Nigeria (NMCN) and the relevant state health-facility authority.	Current nursing or midwifery licence; services must remain within professional competence and authorised scope; facility-based services may require additional registration.	Public understanding of service scope; financing; staffing; professional liability; referral arrangements.
Pharmacy	Community pharmacy; wholesale or distribution services; pharmaceutical supply and other authorised pharmacy services.	Pharmacy Council of Nigeria (PCN).	Professional registration and licensing; registration and inspection of pharmaceutical premises; compliance with medicine-handling, storage, dispensing, and record-keeping requirements.	Premises and stock costs; regulatory compliance; working capital; medicine-supply challenges.
Dentistry and dental therapy	Dental clinics; oral-health services; preventive programmes; oral-health education; other services within authorised scope.	MDCN for dental surgeons; Dental Therapists Registration Board of Nigeria (DTRBN) for dental therapists and its regulated cadres; relevant state health-facility authority.	Professional registration and current licence; appropriate premises and equipment; infection prevention; emergency arrangements; adherence to scope-of-practice rules.	Dental equipment costs; limited affordability; public awareness; geographic inequalities in access.
Medical laboratory science	Diagnostic laboratory services; specimen collection and processing; other authorised diagnostic services.	Medical Laboratory Science Council of Nigeria (MLSCN) and the relevant state health-facility authority.	Professional registration and applicable facility approval; quality assurance; appropriate equipment; specimen management; biosafety; waste disposal.	Equipment and reagent costs; power supply; quality-control demands; maintenance.
Physiotherapy and rehabilitation	Physiotherapy clinics; musculoskeletal rehabilitation; home rehabilitation; occupational therapy and other authorised rehabilitation services.	Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB) and the relevant state health-facility authority.	Current professional licence; appropriate premises and equipment; safe clinical assessment; documentation; referral; practice within competence.	Equipment costs; low awareness of rehabilitation; affordability; uneven service distribution.
Public health, health education, and digital health	Health education consultancy; workplace health programmes; community outreach; health communication; digital health support.	Depends on the activity: relevant professional regulator and applicable data-protection, health-facility, or other authorities.	Clear service boundaries; appropriate professional credentials; privacy and data protection where personal information is processed; referral arrangements for clinical services.	Difficulty monetising preventive services; digital access gaps; privacy concerns; uncertain payment arrangements.

The opportunities summarised in Table 1 demonstrate that healthcare professionals can potentially translate their technical knowledge into independent enterprises, professional services, and employment opportunities. However, entrepreneurial feasibility depends on more than professional competence. Practitioners must also assess local demand, capital requirements, operating costs, regulatory obligations, referral networks, and the ability of intended clients to pay. The regulatory framework is therefore not simply an obstacle to entrepreneurship; it is also a mechanism for protecting patients, maintaining service quality, and building public trust. The central policy challenge is to ensure that regulatory requirements protect patients without imposing avoidable administrative and financial burdens on compliant small enterprises (Khalid et

al. 2026).

Importantly, profession-specific Nigerian regulatory sources establish what professionals and facilities are expected to comply with, but they do not by themselves demonstrate the profitability, employment effects, or economic empowerment outcomes of those enterprises. The available Nigerian empirical evidence should therefore be interpreted alongside the regulatory framework, rather than presenting potential opportunities as proven economic outcomes. This distinction is consistent with the review's critical narrative approach and with the WHO's emphasis on effective governance of private providers in mixed health systems (WHO, 2020).

7. Private Practice, Employment Creation, and Economic Empowerment

7.1 Self-employment and professional independence

Private practice can provide a route to self-employment and greater control over work organisation. It may enable professionals to select a service focus, develop a reputation for quality, and decide how to invest in staff or equipment. Yet the costs and risks of ownership are also transferred to the practitioner. (Mang et al., 2022; Suryavanshi et al., 2020).

7.2 Direct and indirect job creation

A practice can create direct jobs for clinicians, assistants, administrative workers, cleaners, records officers, accountants, technicians, and facility managers. It can also purchase services from suppliers, maintenance companies, transport operators, software providers, and other businesses. These are plausible pathways through which a private healthcare enterprise may support local economic activity. (Suryavanshi et al., 2020; WHO, 2023).

7.3. Income Generation and Business Sustainability

Private healthcare practice can provide opportunities for income generation, professional independence, and reinvestment in service delivery. Nevertheless, business establishment should not be equated with financial success. The sustainability of a healthcare enterprise depends on the balance between revenue and recurrent expenditure, including rent, salaries, equipment maintenance, consumables, professional licensing, utilities, taxes, and compliance costs. Healthcare enterprises may also face delayed payments, inconsistent demand, and limitations in patients' ability to pay for services. The Nigerian evidence reported by Ijah et al. (2024) illustrates the distinction between operating a private healthcare business and achieving satisfactory financial returns. In their survey of 166 practitioners attending two national health-sector events in Port Harcourt, 58 respondents (34.9%) reported satisfaction with their return on investment, 53 (31.9%) reported dissatisfaction, and 55 (33.1%) described themselves as managing to survive. In addition, 104 respondents (62.7%) perceived multiple taxation as a challenge, while 142 (85.5%) reported the absence of government incentives. These findings suggest that private practice may create a route to self-employment without necessarily producing satisfactory returns or a secure financial position.

The finding that only 34.9% of respondents were satisfied with their return on investment is particularly important because it challenges the assumption that expanding private healthcare practice automatically generates economic empowerment. A practitioner may own a facility and employ staff yet experience low profits, financial insecurity, or difficulty reinvesting in equipment and service improvements. The proportion reporting dissatisfaction, together with those describing themselves as managing to survive, indicates that the economic benefits of private practice may be unevenly distributed. These findings should not, however, be interpreted as a national estimate of the profitability of all Nigerian private healthcare businesses. The study's sampling approach also limits the conclusions that can be drawn. Because participants were recruited at two national health-sector events and provided self-reported information, the findings may not represent all healthcare entrepreneurs, particularly practitioners who did not attend these events or who operate in rural and underserved areas. The results are best treated as an indication of the financial and regulatory concerns reported by the surveyed practitioners rather than a definitive national measure of return on investment.

From an economic empowerment perspective, sustainable private practice should be assessed through indicators beyond business ownership. These include net income after operating expenses, income stability, business continuity, the capacity to reinvest, the number and quality of jobs created, and the ability to provide affordable and safe services. Policy measures that improve access to appropriate financing, clarify taxation obligations, strengthen business-management skills, and provide transparent regulatory guidance may help healthcare professionals convert clinical expertise into more sustainable enterprises. These measures should be evaluated empirically rather than assumed to guarantee improved profitability (Abdulfatah et al. 2026).

8. Challenges Facing Healthcare Entrepreneurs in Nigeria

8.1 Access to start-up capital

Healthcare enterprises can require considerable investment in premises, equipment, consumables, licences, staffing, and working capital. New graduates may lack collateral, credit histories, or personal savings. Expensive borrowing can make the business vulnerable before demand has stabilised. Potential responses include staged development, partnerships, cooperative financing, equipment leasing, and carefully structured small-enterprise finance. (Ijah et al., 2024).

8.2 Multiple taxation and weak incentives

Ijah et al. (2024) found that many respondents perceived multiple taxation and reported a lack of government incentives. Their findings indicate that the business environment may be experienced as burdensome by private healthcare providers.

Policy responses should not be interpreted as a demand to remove all taxes or oversight.

8.3 Infrastructure and operating costs

Reliable electricity, water, internet connectivity, equipment maintenance, and supply chains are important for safe healthcare operations. Unreliable infrastructure can increase costs and disrupt service delivery, especially for laboratories, dental facilities, and services that require sterilisation or cold-chain management

8.4. Limited Business-Management Preparation

Healthcare training traditionally emphasises clinical knowledge, professional competence, ethics, and patient safety. These competencies are essential, but they may not fully prepare practitioners to manage the financial and administrative responsibilities of a private enterprise. Healthcare entrepreneurs may need additional skills in budgeting, cash-flow management, pricing, human-resource management, procurement, marketing, taxation, record keeping, and business planning. The importance of entrepreneurship and innovation education has also been examined in health sciences education literature (Suryavanshi et al., 2020).

Without adequate preparation, practitioners may struggle to estimate start-up costs, determine sustainable service prices, manage employees, maintain financial records, or distinguish business revenue from actual profit. These weaknesses can undermine enterprise survival even when demand for the service exists. However, the available evidence cited in this review does not establish the prevalence of business-management deficiencies among all Nigerian healthcare entrepreneurs. Further Nigerian research should examine the relationship between business training, financial-management practices, enterprise survival, and practitioner income (Abdulfatah et al. 2026).

8.5 Regulatory complexity and professional boundaries

Licensing and professional regulation are essential because healthcare services can cause harm if delivered by unqualified personnel or in unsafe facilities. At the same time, unclear requirements, fragmented procedures, and uncertainty about scope may increase the cost of compliance. (WHO, 2020, 2023).

8.6 Affordability, competition, and patient trust

A private service that relies entirely on direct payment may face unstable demand and exclude patients who need care but cannot pay. Competition may encourage improved service, but it can also create pressure to reduce costs in ways that compromise staffing or quality. (WHO, 2020).

8.7 Conflicts between private activity and public duties

Agwu et al. (2020) show why private economic activity must be analysed in relation to public employment conditions and service obligations. Their study describes circumstances in which additional income-seeking was linked to absenteeism at primary healthcare facilities.

9. Strategies for Promoting Sustainable Healthcare Entrepreneurship

9.1. Integrating Entrepreneurship into Health-Professional Education

Entrepreneurship education should be integrated into health-professional training without weakening the emphasis on clinical competence, professional ethics, and patient safety. Relevant modules could cover business planning, financial literacy, service costing, health-facility management, human-resource administration, quality improvement, innovation, and regulatory compliance. Practical learning could include supervised enterprise projects, case studies of Nigerian private practices, mentorship by established practitioners, and training in the financial and operational challenges of service delivery.

The case for integrating entrepreneurship and innovation into health sciences education is supported by Suryavanshi et al. (2020), whose scoping review examined literature on entrepreneurship and innovation in health sciences education. However, evidence from international education literature should not be treated as proof that a particular curriculum will improve the financial performance of Nigerian healthcare businesses. Nigerian professional schools and regulators should pilot context-appropriate training and evaluate its effects on graduates' business knowledge, ethical decision-making, enterprise establishment, employment creation, and longer-term business sustainability.

9.2 Mentorship and professional association support

Professional associations can help prospective entrepreneurs understand common start-up risks and regulatory expectations. Mentorship can connect early-career professionals with experienced practice owners, accountants, legal advisers, and quality-improvement specialists. Peer networks may support shared procurement, referral, continuing education, and practice-management learning. (Suryavanshi et al., 2020).

9.3 Responsible financing and business support

Financing mechanisms should reflect the needs and risks of different types of healthcare enterprises. Options may include appropriately designed loans, equipment leasing, cooperative models, grants tied to defined public-health goals, or transparent contracting with accredited providers. Access to finance should be accompanied by business planning, financial counselling, quality standards, and monitoring. (Ijah et al., 2024; WHO, 2020).

9.4 Clear and proportionate regulation

Regulatory authorities should maintain standards that protect patients while making compliance requirements clear and predictable. This includes transparent information about professional registration, facility approval, inspections, medicines handling, infection prevention, data protection, and other applicable requirements. Clear rules can reduce uncertainty for entrepreneurs and improve public confidence. (WHO, 2020, 2023).

9.5 Ethical innovation and digital capacity

Digital tools may improve appointment management, reminders, records, stock control, and follow-up, but they require secure data handling and staff competence. Entrepreneurs should assess whether a tool solves a defined problem, whether patients can use it, and whether the system protects confidentiality. (Suryavanshi et al., 2020; WHO, 2020).

9.6 Incentives aligned with public value

Government support may be most defensible when it encourages services that meet documented public needs, such as underserved-area provision, preventive services, or care delivered through approved insurance or contracting arrangements. The Nigerian findings on perceived taxation and limited incentives (Ijah et al., 2024) suggest a need for dialogue between private practitioners and authorities.

9.7. Synthesis of Findings

Taken together, the findings indicate that private healthcare practice has the potential to support entrepreneurship, self-employment, job creation, and the wider provision of health services in Nigeria. Nevertheless, the strength of the available evidence differs across these outcomes. Nigerian studies provide useful insights into clinical entrepreneurship, perceived financial and regulatory barriers, and the relationship between private income-seeking activities and public-sector responsibilities. However, the evidence remains limited by localised settings, relatively small or event-based samples, self-reported outcomes, and a shortage of profession-specific studies examining business performance and economic empowerment. Regulatory documents establish important professional and facility requirements, but they do not establish the financial success of private enterprises. Consequently, the most defensible conclusion is that private practice represents a potential pathway to economic empowerment rather than a guaranteed outcome. Its contribution depends on practitioners' business capabilities, access to finance, regulatory conditions, market demand, ethical conduct, and the ability to sustain safe and affordable services.

10. Implications for Policy, Education, and Practice

10.1 Implications for policy

Private healthcare entrepreneurship should be recognised as a component of Nigeria’s mixed health system rather than a substitute for public healthcare provision. The government remains responsible for health-system stewardship, regulation, population health protection, and ensuring that people are not excluded from essential services because they cannot afford them. The World Health Organization (WHO, 2020) emphasises that effective engagement with private providers requires governance arrangements that align commercial activity with universal health coverage, equity, quality, and financial protection.

In Nigeria, the Federal Ministry of Health and Social Welfare, state ministries of health, and relevant regulatory agencies should establish a more coordinated environment for private healthcare enterprises. Priorities include transparent licensing procedures, proportionate regulation, clear taxation requirements, access to affordable financing, and incentives for services that address unmet health needs. This is particularly important given the findings of Ijah et al. (2024), whose study, Taxation and Incentives in Private Health Services Delivery in Nigeria: Opinion of Private Health Practitioners, documented concerns about multiple taxation and the lack of government incentives among surveyed practitioners. Their findings suggest the need for policies that improve business sustainability without weakening accountability or professional standards.

10.2 Implications for education and training institutions

Healthcare training institutions have an important role in preparing graduates not only for employment but also for responsible enterprise development. The National Universities Commission (NUC), National Board for Technical Education (NBTE), universities, colleges of health sciences and technology, and other relevant institutions should strengthen entrepreneurship education within health professional programmes. Appropriate content includes business planning, financial management, record keeping, budgeting, marketing ethics, risk assessment, human resource management, digital health, and regulatory compliance (Abdulfatah et al. 2026)

Entrepreneurship training should be relevant to the professional scope of medicine, nursing, pharmacy, dentistry, dental therapy, laboratory science, physiotherapy, and other healthcare disciplines. Students should be exposed to practical case studies, business-plan development, supervised enterprise projects, and mentorship by experienced practitioners. This approach may help graduates identify unmet healthcare needs and translate their clinical knowledge into viable services while protecting patient safety and professional integrity. The findings of Mang et al. (2022), in Risk Propensity and Clinical Entrepreneurship in Plateau State, provide a basis for further investigation of how entrepreneurial attitudes and risk tolerance relate to clinical entrepreneurship among healthcare professionals.

10.3 Implications for professional associations and regulatory bodies

Professional associations and regulatory councils should support healthcare entrepreneurship through continuing professional development, mentorship, business advisory services, and dissemination of guidance on establishing and managing private practices. Such support should cover professional registration, facility licensing, ethical advertising, quality assurance, patient confidentiality, financial accountability, and the limits of each profession's scope of practice. Professional associations could also establish mentorship networks connecting prospective entrepreneurs with experienced private practitioners, accountants, legal advisers, financial institutions, and healthcare managers. Collaborative engagement with government agencies and financial institutions may help identify barriers to financing and improve access to appropriate business support. However, entrepreneurship promotion should not be interpreted as permission to practise outside professional competence or to compromise patient welfare (Mang et al., 2022).

10.4 Implications for individual practitioners

Individual healthcare professionals considering private practice should assess both the clinical need for their proposed service and its financial feasibility. Before establishing an enterprise, practitioners should conduct a market assessment, prepare a business plan, estimate start-up and recurrent costs, identify suitable sources of financing, and understand the relevant regulatory requirements. Financial sustainability should be evaluated through reliable accounting, appropriate pricing, cash-flow management, and periodic review of business performance. Practitioners should also recognise that healthcare enterprises have obligations beyond profit generation. They must maintain appropriate standards of care, protect patient information, provide honest information about services, and avoid unnecessary procedures or exploitation of vulnerable patients. For healthcare professionals who hold public-sector appointments, private economic activities must be managed in accordance with applicable employment rules and professional obligations. Agwu et al. (2020), in Private Money-Making Indulgence and Inefficiency of Primary Healthcare in Nigeria: A Qualitative Study of Health Workers' Absenteeism, illustrate the potential harm that can arise when additional income-generating activities interfere with public-sector duties. Private practice is therefore most beneficial when it promotes professional development and economic independence without undermining public service delivery.

10.5 Lessons from other African countries

Evidence from Ghana, Kenya, and South Africa provides useful comparative perspectives, although differences in health financing, regulation, and market structure mean that their experiences cannot be transferred directly to Nigeria. In Ghana, private healthcare providers operate alongside public and faith-based services. Research examining government engagement with private facilities in Ghana and Kenya identified gaps in technical assistance, financial support, and monitoring of private-sector activity. The implication for Nigeria is that regulation should be complemented by constructive engagement, capacity development, and support for providers that contribute to public health objectives. Ghana's experience also highlights the importance of facility accreditation and the relationship between purchasing arrangements and the ability of private providers to participate in publicly supported healthcare financing (Basu et al., 2012).

In Kenya, the organisation of healthcare financing and engagement with providers offer lessons on the importance of purchasing arrangements, provider accreditation, and coordination across financing schemes. The WHO's Health Financing Progress Matrix Assessment, Kenya 2023 identifies fragmentation and weaknesses in health-financing coordination as continuing concerns (WHO, 2024). For Nigeria, this suggests that private healthcare enterprises may benefit from more predictable reimbursement arrangements, transparent contracting, and better coordination between public purchasers and accredited providers.

In South Africa, the private health sector operates within a health system characterised by substantial differences between private and public financing arrangements. The WHO's Health Financing Progress Matrix Assessment, South Africa 2025 highlights persistent fragmentation and inequities in the distribution of healthcare financing, despite established policy and legislative foundations (WHO, 2026). Nigeria can draw a key lesson from this experience: growth in private healthcare investment does not automatically guarantee equitable access. Policies must therefore consider affordability, the geographical distribution of services, and the relationship between private-sector development and the wider public health system.

Taken together, these country experiences suggest that Nigeria should pursue a balanced approach combining entrepreneurship support with effective regulation, accessible financing, strategic purchasing, provider accreditation, and monitoring of health and economic outcomes. Comparative evidence also reinforces the need to evaluate not only whether private health enterprises are established, but whether they remain viable, create employment, provide quality services, and contribute to equitable access to care (WHO, 2020, 2022, 2024).

11. Research Gaps and Future Directions

11.1 Limited evidence on economic empowerment

A major research gap is the limited amount of nationally representative evidence directly linking private health practice to measurable economic empowerment among healthcare professionals in Nigeria. Existing studies provide useful information on entrepreneurial intentions, risk propensity, taxation, incentives, and income-generating activities, but these concepts do not necessarily demonstrate improved financial independence or sustained business success. Future research should examine changes in practitioners' income, savings, asset ownership, financial autonomy, employment status, and professional independence. Studies should also distinguish between self-employed practitioners, owners of

private facilities, salaried employees in private healthcare organisations, and public-sector professionals engaged in permitted additional activities. These categories may experience different opportunities and constraints.

11.2 Limited geographical and professional representation

The available Nigerian evidence identified for this review is geographically concentrated, with directly relevant studies drawn from Plateau State, Rivers State, and Enugu State. Consequently, the experiences of healthcare professionals in other states and geopolitical zones remain insufficiently represented. Future studies should employ multi-zone surveys involving the North-West, North-East, North-Central, South-West, South-East, and South-South geopolitical zones. Stratified sampling could be used to ensure representation of different professional groups, including doctors, nurses, pharmacists, dentists, dental therapists, medical laboratory scientists, physiotherapists, and public health professionals. Such studies would help identify regional variations in access to finance, regulatory burdens, market opportunities, professional mentorship, and business performance.

11.3 Limited evidence on the social value of private healthcare enterprises

A second important gap concerns the social value of private healthcare enterprises. Business profitability and individual economic empowerment are important outcomes, but they do not establish whether an enterprise improves community health or reduces inequalities in access to healthcare. Research should investigate whether private practices increase the availability of essential services, reduce waiting times, improve continuity of care, create local employment, and serve underserved or low-income populations. It should also examine whether the costs of private services create financial barriers for patients. This is important because a financially successful enterprise may not necessarily contribute to equitable healthcare delivery. Mixed-methods studies combining quantitative measures of income, employment, patient volumes, service costs, and health outcomes with qualitative interviews involving practitioners, employees, patients, and policymakers would provide a more complete understanding of this relationship. The WHO's work on private-sector governance similarly underscores the need to examine the effectiveness of engagement arrangements and their contribution to health-system objectives (WHO, 2024).

11.4 Enterprise survival and sustainability

Another research gap concerns the long-term survival of private health enterprises. Cross-sectional studies may describe the conditions experienced by practitioners at a particular time, but they cannot adequately establish whether enterprises remain viable, expand, or close over time. Longitudinal enterprise-survival studies should follow newly established and existing practices over several years. Relevant indicators could include business survival, revenue trends, operating costs, profitability, staff retention, service diversification, access to credit, and compliance with professional regulations. Researchers should also investigate the factors associated with business closure, including multiple taxation, inadequate capital, rising equipment costs, workforce shortages, and changes in demand. These studies could identify the characteristics associated with sustainable healthcare entrepreneurship and help policymakers develop targeted support programmes (Mang et al., 2022).

11.5 Comparative and implementation research

Comparative research involving Nigeria, Ghana, Kenya, and South Africa could investigate how different regulatory systems, financing arrangements, accreditation requirements, and public-private partnerships affect healthcare entrepreneurship and enterprise sustainability. Such comparisons should use clearly defined indicators rather than assuming that differences in health-system structure automatically explain differences in entrepreneurial outcomes. Implementation research could also evaluate specific interventions, such as entrepreneurship training, mentorship schemes, affordable credit, tax reforms, and public purchasing contracts. Pilot programmes could be assessed using quasi-experimental designs or controlled before-and-after evaluations where feasible. Combining these approaches with qualitative interviews would help explain why particular interventions succeed or fail in different contexts. Overall, future research should move beyond describing the existence of private health practices to evaluating their economic sustainability, contribution to professional empowerment, employment-generating capacity, and social value. Stronger empirical evidence would support more effective policies and enable healthcare entrepreneurship to develop in ways that benefit both practitioners and the communities they serve (Mang et al., 2022).

12. Limitations of the Review

This paper has some limitations that should be considered when interpreting its conclusions. First, it is a critical narrative review rather than a systematic review. Although relevant journal articles and institutional publications were considered, the review does not claim exhaustive coverage of all databases, grey literature, or potentially relevant studies. The absence of a formal systematic screening process and standardised quality appraisal also means that publication selection and interpretation may have been influenced by the availability and perceived relevance of sources.

Second, the directly relevant Nigerian empirical evidence identified for this review is limited in geographical coverage. The studies discussed include research conducted in Plateau State on clinical entrepreneurship, a survey of private health practitioners conducted at national events in Rivers State, and qualitative research on private income-generating activities among public primary healthcare workers in Enugu State. This concentration in three states limits the extent to which the findings can be generalised to all healthcare professionals across Nigeria's six geopolitical zones (Agwu et al., 2020; Ijah et al., 2024; Mang et al., 2022).

Third, the included studies differ in their research designs, study populations, sampling methods, and outcome measures.

For example, a study of entrepreneurial risk propensity does not measure the same outcomes as a survey of taxation and incentives or a qualitative study of income-generating activities among public-sector workers. The findings therefore cannot be combined as though they measure a single construct. Moreover, evidence concerning informal private economic activities should not be interpreted as equivalent to evidence concerning the establishment and successful operation of formally registered private healthcare enterprises. Fourth, much of the available evidence focuses on entrepreneurial attitudes, financial constraints, professional activities, or healthcare governance rather than directly measuring economic empowerment. Consequently, the review supports a reasoned discussion of the potential relationship between private health practice and economic empowerment but does not establish a causal relationship between private practice and improvements in income, financial independence, or long-term business success.
Finally, the comparative discussion of Ghana, Kenya, and South Africa relies mainly on literature concerning private-sector engagement, healthcare financing, and health-system governance. These sources provide relevant policy lessons but do not necessarily offer directly comparable measurements of healthcare entrepreneurship or economic empowerment. The country comparisons should therefore be interpreted as contextual illustrations rather than evidence that one country's model is universally superior. Despite these limitations, the review identifies important opportunities, constraints, and research priorities relating to private health practice in Nigeria. Its conclusions should be understood as a critical synthesis of available evidence and a basis for further empirical investigation rather than a definitive assessment of the economic impact of private healthcare entrepreneurship.

13. Conclusion

Private health practice offers significant opportunities for entrepreneurship and economic empowerment among healthcare professionals in Nigeria. It can promote self-employment, professional independence, innovation in healthcare delivery, income generation, and job creation across various health-related disciplines. However, the success of private health enterprises may be constrained by inadequate access to finance, high operational costs, inconsistent government policies, regulatory challenges, limited business management skills, and difficulties in maintaining sustainable service delivery. To maximise the benefits of private health practice, there is a need for supportive government policies, accessible financing, entrepreneurship education, professional mentorship, appropriate regulation, and the adoption of innovative technologies. Healthcare professionals must also ensure that business objectives are balanced with ethical responsibilities, patient safety, affordability, and quality healthcare. With coordinated support from government agencies, financial institutions, professional regulatory bodies, and healthcare training institutions, private health practice can contribute meaningfully to economic development and improved healthcare delivery in Nigeria.

14. Recommendations

Based on the issues discussed, the following recommendations are proposed:

1. Improved access to finance: The Bank of Industry (BOI), the Central Bank of Nigeria (CBN), and other relevant financial institutions should develop accessible financing schemes, including affordable loans and business support programmes, for qualified healthcare professionals seeking to establish or expand private health enterprises.
2. Entrepreneurship education and training: The National Universities Commission (NUC) and the National Board for Technical Education (NBTE), in collaboration with healthcare training institutions, should strengthen entrepreneurship education, financial literacy, business planning, and healthcare enterprise management within relevant health professional curricula.
3. Regulation and professional support: Relevant professional regulatory councils and associations should provide clear guidance on the establishment and operation of private health facilities, facilitate mentorship programmes, and ensure compliance with professional standards, ethical requirements, patient safety, and quality-of-care guidelines.
4. Supportive government policies and innovation: The Federal Ministry of Health and Social Welfare, together with state ministries of health, should develop policies that encourage responsible private-sector participation in healthcare, reduce unnecessary administrative barriers, and promote the appropriate use of digital health technologies and other innovations.
5. Research and monitoring: Universities, research institutions, and relevant government agencies should conduct further studies to evaluate the contribution of private health practice to employment creation, income generation, healthcare accessibility, service quality, and economic development in Nigeria. The findings should inform policies and programmes that support sustainable healthcare entrepreneurship.

15. Declarations

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