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By John Theodore

Abstract- The purpose of this article is to expose the reasons for the underdevelopment of the human resources in El Salvador. The problem of underdevelopment started with the employment of the manpower in coffee plantations, a situation that did not necessitate the development of the workforce. Adverse economic conditions, poverty, bad working conditions, unemployment, underemployment, and no access to basic education added to the underdevelopment of the human element. Currently, the government is providing incentives for the education of manpower, especially in the area of small and medium-sized business organizations that make up the majority of private enterprises in the country.

Keywords: training, education, small businesses, medium businesses, large businesses, coffee plantations, coffee economy, maquiladoras, unemployment, underemployment, manpower, human resources, central american common market, domestic market, global market.

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Introduction

ccording to the Ministry of Economics of the Republic of El Salvador, one characteristic of the human resources employed in the private sector of the economy-and in all sectors in general-- has been the underdevelopment of the human element (Plan Estratégico De Conamype: 2015-2019, 2015).

The same concern was also expressed by officials of institutions of higher learning in the country who are responsible for training and developing the labor force employed in the small and medium-sized business sector and in the rest of the employment sectors (Pocasangre, G. Professor of Small Business. Universidad Centroamericana, San Salvador, El Salvador. Personal Interview on July 2, 2015). The underdevelopment of the human resources dates back to the formation of the nation. No serious attention was paid to the above-cited problem until the turn of this century.

El Salvador is the smallest Spanish-speaking nation in the American Hemisphere, it is located on the Pacific Ocean coast of Central America and it is the only nation in the region that does not have access to the Atlantic Ocean. El Salvador won its independence from Spain in 1821 and was a part of the United Provinces of Central America, which was eventually dismembered and gave birth to the five Central American republics of

Guatemala, Honduras, El Salvador, Nicaragua, and Cost Rica.

THE ORIGINAL CAUSE OF THE Underdevelopment of the Human Resources

During the Spanish colonial period (1500-1821), in the geographic area of what is now El Salvador, coffee cultivation was the foundation and infrastructure of the economy. Practically all employed persons worked in coffee plantations; the same situation continued after the country's independence to the end of the 20th century. The coffee plantation owners had no need or desire to improve the quality of the manpower working under subsistence conditions (Lopez, & Rodolfo, 2010). Therefore, the underdevelopment of the labor force was solidified and became a chronic characteristic of the nation's human resources. During the same period of time, in the United Kingdom and the United States, agriculture's primary importance was replaced by industrialization which created private owners. industrial business organizations whose managers, and employees had easy access to abundant public education. Institutions of higher learning had curricula in economics and business that were easily available to the masses in both nations (Theodore, 2011).

III. Subsequent Forces that Affected the Underdevelopment of the Labor FORCE

a) The Economy

The decade of the 1960s was characterized by El Salvador's desire to enter into the Central American Common Market with the other Central American states. Lamentably, economic activities in the country declined until the end of the 20th century due to social and political instability. Economic instability was very visible in the 1980s due to the civil war that destroyed many areas of the socio-economic fabric of the nation. The Central American Common Market was eventually disintegrated, a situation that caused more economic problems.

From the last decade of the 20th century to the end of the 2010s, a series of privatizations took place transferring state-controlled enterprises to privately-held ones. This change did not help the economy due to the lack of supportive legislative enactments and the weak implementation of competitiveness in the overall domestic market (Molina, (2007). A Competitiveness Supervisory Agency (La Superintendencia de la Competencia) was created in order to increase the performance of mechanisms conducive to better competitiveness. The benefits from this agency were minimal due to the lack of effective, efficient, and timely implementation of the needed projects.

The structure and performance of the domestic market has been continuously weak. The Central American Common Market resulted in the creation of monopolies and oligopolies in the country which worked against free and open competition, made the entrance of competitive enterprises difficult, and drove existing competitive firms out of business (Lopez, 2008).

The continuous loss of competitiveness in the national economy has impeded the development of manpower in all economic areas. In general terms, the slow growth of the economy has retarded all the factors of production (Panate, 2012). Weak and declining economic activities, lack of government support, and a non-competitive domestic market has played a negative role in the development of the human resources in El Salvador.

b) The Labor Market And Working Conditions

During the colonial period, workers were not permitted to work freely; they were part of the property of the owners where they worked. After independence, workers were able to sell their services to employers in all areas of economic activities (Molinas y Morales, 1981). In the second part of the 1800s a survey of the classification of all types of manpower took place. The majority of the employed persons were engaged in agriculture (Arias-Penate, 2014 a). With the increase in exportation of agricultural products, the need for agricultural workers increased, too. Therefore, more people found jobs in the agricultural sector and the labor force continued being underdeveloped.

The labor force was also negatively affected by natural disasters; for example, between 1998-2012 several natural disasters resulted in the destruction of property and the death of more than 1,381 people (Arias-Penate, 2014 b). In addition, continuous external wars and internal armed conflicts that the country experienced during its history have adversely affected the development of its human resources (Lindo-Fuentes, 1990).

In the second part of the previous century the growth of cities started which resulted in the appearance of small and medium-sized enterprises whose revenues were lower than the minimum salary paid to employed persons (Lindo-Fuentes, 1990). In the 1990s, the appearance of maquiladoras demanded workers whose number increased to 210,000 during the first decade of

the present century (Schneider, 2013). This type of employment required semi-skilled employees, but no sufficient improvements through training and education took place. Although some improvements have taken place in the provision of basic education to the masses, there are still problems in the quality and availability of elementary education and the preparation of students to enter into secondary education (Martinez-Penate, 2004). The agricultural employment of the human resources, natural and man-made disasters, and the low quality of basic education also played a negative role in the development of the human factor.

Poverty among the ranks of the population of El Salvador has permeated the country since colonial times. During the first decade of this century more than 500,000 families live in poverty and another 20% in extreme poverty (Schneider, 2013). After a century of export-led growth, industrial development has not occurred and most Salvadorans are still living in poverty (Paige, 1998). In addition, unemployment and underemployment have been serious problems. In the first decade of this century, unemployment was around 7% but underemployment was 30% of the total labor (Martinez-Penate, 2004). Chronic poverty, unemployment, and underemployment also contributed negatively the development of human resources in the country.

Efforts for the Development of IV. Human Resources

The Ministry of Economics has created a number of agencies that are responsible for the training of the human resources in all private enterprises with strong emphasis upon the small and medium-sized ones. In addition, it has contracted institutions of higher learning that provide basic and advanced training and education for the owners, managers, and employees of enterprises. The training provided pivots around technology, information and communication, human resources, management, marketing, finance. production, strategy, and development (Melara, C. Professor of Small Business. Universidad Centroamericana, San Salvador, El Salvador. Personal Interview on July 2, 2015).

Education in the areas of economics and business has been a recent event in El Salvador and all Latin America because the Roman Catholic Church had an antipathy toward mundane wealth and an aversion toward business people, an idea that was inherited from Aristotle. However, after the end of World War II the Vatican changed its position and started to support the teaching of economics and business administration curricula in secondary and higher education (Theodore, 1999). The government of El Salvador is providing incentives for the continuation of education and the training of the owners, managers, and employees of business organizations. The progress, however, is slow but it is moving positively.

The present writer would like to see the addition of curricula in sociology, politics, history, and cultural geography into the educational and training curricula of the owners, managers and employees of businesses because the nation is now involved in global and hemispheric industrial. commercial, and overall economic activities. Such curricula will amplify and broaden the overall training and educational offerings for the benefit of El Salvador's human resources (Theodore, 2012).

V. Conclusions and Recommendations

The agricultural infrastructure of El Salvador's manpower, weak and declining economic activities, lack of government support, a non-competitive domestic market, natural and man-made disasters, the low quality of basic education to the masses, chronic poverty, unemployment and underemployment have negatively affected the development of human resources in the country. The government of El Salvador, through its agencies and institutions of higher learning, is now providing both training and education for the development of the human resources of the nation.

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Influence of Leadership Factors and Lean and Modern Management Styles on Quality-Of-Care Performance of Hospitals in the USA

By Kjeld Aij, Rene Aernoudts & Gepke Joosten

VU University Medical Center, Netherlands

Abstract- Hospital efficiency relates to organizational factors and leadership style. This study investigated several factors, as one interdependent construct, with the potential to influence hospital performance in terms of quality-of-care. National database and survey information on modern management, lean management, organizational traits and leadership was compared.

A positive correlation was found between hospital performance and hospital type. Two negative correlations were found: one relating to the root cause of problems in the context of modern management style, and one relating to managerial responsibility in the context of lean (process) management style. No correlations were found with organizational factors or leadership.

This study clarifies the relevance of several factors to hospital performance and highlights areas for further research on management systems, covering acute vs critical care and transformational vs transactional leadership, in order to identify drivers of performance in US hospitals.

Keywords: organizational traits, lean management, leadership, management styles, quality-of-care measures.

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Introduction

ccording to the Institute of Medicine (IOM; Bootman 2000), between 44 000 and 98 000 patients die every year in the US as a result of preventable medical errors and another million or so are injured (Bootman 2000; Kohn et al. 2001). These findings led to an initiative by the US Federal Government to improve patient safety and create a more cost-effective healthcare system (Porter and Teisberg 2006; Shortell and Singer 2008; Singer et al. 2003). The US Center for Medicare and Medicaid Services (CMS) also attempted to reduce medical errors and improve patient safety, while holding hospitals accountable (Leape and Berwick 2005; McGlynn et al. 2003). Their quality measures relate to certain medical conditions that are particularly prone to preventable medical errors, which are available for 98% of US hospitals (nearly 4700) and are a widely used benchmark for the quality of care provided by a hospital to its patients and thus used to quantify performance (Department of Health and Human Services (HHS), 2011). They also encourage competition between hospitals (Arrow et al. 2009; Porter 2009; Porter and Teisberg 2006).

US healthcare researchers often use case studies to the characteristics and performance of hospitals (e.g. Anthony et al. 2003; Bevan 2006; Broadbent 1992; Keen and Packwood 1995; Kenney 2010; Kitson et al. 1998; Leatherman et al. 2003; Sculpher et al. 2004; Shojania et al. 2001), but we used the CMS measures to assess quality-of-care performance in our study (CMS database; HHS 2011).

Theoretical context

To satisfy the need to provide high-quality and safe patient care and reduce costs, hospitals must establish efficient organizational traits and suitable leadership styles within the context of either modern or lean management systems.

There has been limited success of the major initiatives so far (Leape and Berwick 2005; Singer and Shortell 2008). As Porter (2009) noted: "The US healthcare system remains largely the same as it was a decade ago with no convincing approach to changing the unsustainable trajectory of the system, much less to offsetting the rising costs of an aging population and new medical advances."

Implementing successful systems processes is still a challenge for hospitals. They are aware of the need to, but struggle with the choices available (Boyer et al. 2012; Proudlove et al. 2008), not least because of a lack of studies in the area. Hence the rationale behind the present study which aims to identify specific drivers of performance in terms of quality of care (HHS, 2011) and investigate the interrelationships between management systems, organizational traits and leadership.

Studies have been conducted into lean management practices in healthcare, particularly organizational learning, standardized processes, tools and continuous improvement (Bover and Pronovost 2010; Boyer et al. 2012; de Souza 2009; Proudlove et al. 2008). A holistic approach is rare, however, which is greatly needed for improving patient safety and performance (Leape and Berwick 2005; Singer and 2008; Womack Leadership Shortell 2002). acknowledged as a key driver of quality outcomes (Flynn et al. 1994; Kohn et al. 2001; Marley et al. 2004; Singer and Shortell 2008), and is used the assessments of the Malcolm Baldrige National Quality Award Healthcare Criteria (MBNQA) (Marley et al. 2004). However, there is no clear link between leadership and patient safety.

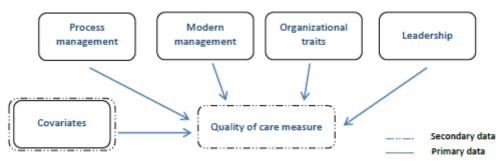
Some researchers employ theoretical frameworks to study quality of care (Cleary et al. 1988; Kane 2006; Kane et al. 1997; Marley et al. 2004; Sower et al. 2001), and some employ subjective measures that are difficult to interpret (Arrow et al. 2009; Meyer and Collier 2001). Others focus specifically on the CSM core measures for serious health conditions, which are publicly available (Porter and Teisberg 2007; Tucker et al. 2007) via the CMS database (HHS 2011), however these do not consider interpersonal aspects of patientprovider interactions; which rely on the patient satisfaction score survey (HCAPS; Boyer et al. 2012; association between CMS The satisfaction and safety is still unclear, possibly because research is biased by subjective patient reports (Piper 2010).

Some of the earlier research on performance in the USA relates to acute-care hospitals (e.g. Kane 2006; Sower *et al.* 2001) and does not consider all quality-ofcare measures (e.g. Boyer et al. 2012). There may be observational bias in studies with limited population sizes that focus on one type of hospital (Kane 2006), which may mask the effects of management systems, organizational traits and leadership on performance outcomes.

This study focused on factors from four variables – lean management, modern management, organizational traits, and leadership – using the publicly available CMS quality-of-care measures (HHS 2011) for nearly 4700 hospitals. These factors constituted the dependent variable for measuring overall performance, and consisted of factors relating to acute myocardial infarction, heart failure, pneumonia and the surgical care improvement project (HHS 2011).

Independent variables were collected by surveying 597 hospitals related to four key criteria (Figure 1): lean management principles, modern management principles, organizational traits and leadership characteristics. An empirical census survey has been conducted to test the construct shown in Figure 1 (e.g. Boyer et al. 2012; Marley et al. 2004).

Table 1 : All subset model p values



b) Lean (process) and modern management principles

Patient safety in the US has not improved as intended according to the Institute of Medicine's 2009 report (Bootman 2000) by Jewell and McGiffert (2009). Additional observations from Wachter (2010) state that improvements in patient safety require a focus by leaders on lean management, workforce issues and training.

There are challenges in the implementation of lean management initiatives (Blendon *et al.* 2002; Boyer and Pronovost 2010; Edmondson *et al.* 2001; Singer and Shortell 2008; Tucker *et al.* 2006). For example, hospital associates who notice their work is affected by changes are likely to sabotage the initiatives (Singer and Shortell 2008), and people who are unfamiliar with the new processes are reluctant to buy-in to them (Edmondson *et al.* 2001; Tucker *et al.* 2006). Physicians are least likely to embrace lean management principles (Blendon *et al.* 2002), and hierarchical barriers that cause power distance also inhibit take-up (Boyer and Pronovost 2010; Pronovost and Vohr 2010). This slow

take-up occurs even though some hospitals have improved their performance through such efforts. Examples are Virginia Mason Medical Center and Theda Care Inc. (Ben-Tovim et al. 2007; Institute for Healthcare Improvement 2012; Kenney 2010; Nelson-Peterson and Leppa 2007). Observations show that hospitals applying lean management out-perform, on average, those that do not.

Our study examined both lean and modern management in the hospital environment. Modern management ideas, originally from Alfred Sloan at General Motors, were adapted by General Electric and others until the 1990s (Lean Enterprise Institute 2010; Womack 2010). This style of management promotes organizations with departments, clear managerial authorities, vertical delegation, and a top-down approach; managers are developed through formal education and decisions are made far from the point of value creation. Its practices are not viewed favourably by lean management organizations (Womack 2010), the principles of which are based on the Toyota production system (Liker, 2004). The lean management philosophy

focuses on horizontal flow of value across a hospital and on improving processes towards a perfect patient experience.

This study treated modern and management as separate factors and used explanatory factor analysis and principal component extraction to combine them analytically.

c) Organizational traits

Firm, well-rounded organizational traits in hospitals correlate positively with effectiveness, efficiency and innovation (Dalton et al. 1980; Robinson and Luft 1985). We investigate whether organizational traits have any impact on hospital performance.

d) Transformational and transactional leadership

Our analysis was based on empirical evidence of the influence of transformational and transactional characteristics on quality outcomes. According to leadership theory, hospital performance and quality of care strongly depend on leadership (Bass and Avolio 1994; Eagly et al. 2003; Hutton 2000; Meyer and Collier 2001; Piper 2010). Transformational leadership focuses on the needs, morals and values of followers in quality leader-follower relationships, but critics claim that the theory lacks conceptual clarity, and can be interpreted simplistically or as an "either-or" approach (Eagly et al. 2003; Pawar and Eastman 1997; Wofford-Vicki et al. Transactional leadership is "management-by-exceptions" and contingent rewards (Bass and Avolio 1994); critics claim that it does not consider the human aspect of work and fails to empower people (Bass and Avolio 1994). Both styles have drawbacks, but hospitals employing either tend to perform better than hospitals that use neither. A few studies reveal that combining transformational and transactional traits can produce even better outcomes than applying them separately (Eagly et al. 2003; Greene 1975; Hirst et al. 2004; Pawar and Eastman 1997; Wofford-Vicki et al. 1998).

The survey also addressed hospital indicators such as inpatient days, triage, discharge, turnover rates, Apache scores, hospital background and improvement methodologies. The secondary dataset derived from the CMS database was only applied to hospitals for which we also had survey data.

Materials and Methods H.

a) Hospital performance data

Hospital data were compiled from publicly available Government records (HHS, 2011; CMS 2010) for 4697 hospitals from the American Hospital Association, State Hospital Associations, and the Institute for Healthcare Improvement (IHI, 2010). The performance indicators relate to serious health conditions associated with preventable medical errors: acute myocardial infarction (8 items), heart failure (4

items), pneumonia (7 items) and the surgical care improvement project (SCIP; 2 items) (HHS, 2011) Total scores were calculated for all measures (i.e. the average weighted percentage of patients that received quality care; Boyer et al. 2012; Giordano et al. 2010; Marley et al. 2004; McGlynn et al. 2003). This score has been widely validated (Boyer et al. 2012; Giordano et al. 2010; Marley et al. 2004; McGlynn et al. 2003). Our study excluded hospitals reporting quality-of-care measures based on a sample size of 25 patients or less (HHS, 2011) to avoid outliers.

b) Survey data

Survey data were collected from 597 hospitals. The questionnaire consisted of Likert-scale, open-ended and categorical-scale questions on specific management and organizational issues, hospital indicators (such as inpatient days, triage, discharge, turnover rates, Apache scores), background information and improvement methodologies. All items related to process and modern management were originally developed by Womack (2009) as a paired comparison of management methods. In this study they were treated as separate factors, using explanatory factor analysis and principal component extraction to reduce the number of items to 18 (Akaike 1987; Costello and Osborne 2005; Thompson et al. 2004).

A draft version of the questionnaire was reviewed by researchers at Virginia Tech and the Lean Global Network (LGN) and validated for clarity, acceptability, timeliness and comprehensiveness (Alreck and Settle 1995; Rea et al. 1997) by 38 hospital associates from two independent hospitals in Virginia. From the 33 responses, minor changes were made to the questionnaire (Alreck and Settle 1995; Rea et al. 1997). The final questionnaire comprised:

- 9 questions on lean management (adapted from Womack 2009).
- 9 questions on modern management (adapted from Womack 2002; 2008)
- 6 questions on organizational traits addressing how well the hospital functions effectively, efficiently and innovatively, and why patients and associates are satisfied with its performance (adapted from Great Place to Work 2012; NIST 2011; Womack 2009)
- 12 question on leadership (adapted from the multifactor leadership questionnaire (Avolio and Bernard 2004; Bass and Avolio 1994), Baldrige Criteria for Performance Excellence (Hutton 2000), transformational leadership questionnaire (TLQ-LGV, Alban-Metcalfe and Alimo-Metcalfe 2000) and a publication by McGuire and Kennerly (2006)).

Questionnaires were emailed to hospital managers across 48 states (Rea and Parker 2005) between July and October 2011. A total of 597 were returned, with different response rates from different states (e.g. none from Rhode Island and 38 from Texas).

There were 30 non-responders who were contacted by phone and tested non-response bias by one demographic question, six organizational traits questions and one continuous improvement methodology question (Alreck and Settle 1995; Connolly and Connolly 2005; Dillman 2007; Rea and Parker 2005). No significant difference was found between responders and non-responders (p = 0.1654–0.8753).

c) Covariates

Covariates were selected for within-hospital factors, including the type of hospital (cv3; acute care, acute care veterans administration, or critical access) and organizational structure (subsidiary or stand-alone) (CMS 2012). External factors included the number of years respondents had been employed by their hospital.

d) Data analysis

Confirmatory factor analysis (Dyer et al. 2005; Thompson et al. 2004) was used for each of the independent variables to account for common variance. Internal reliability and validity of dichotomous items were checked using Cronbach's alpha (Bland and Altman 1997; Gliem and Gliem 2003). All components had reliability alpha > 0.8, indicating good internal consistency. Our quality-of-care measure (dependent variable and a number between 0 and 1) was non-linear, requiring logit transformation (Ashton 1972; Jaeger 2008), and we used all-subset multiple linear regression (Belsley 1980; Myers 1990).

To select the statistical model, we applied forward elimination and a nominated alpha of 0.05. To account for errors in selection, we used an 80% sample of our dataset. The remaining 20% were used to assess the model's accuracy (mean absolute percent error; mean error) and bias (Hocking and Leslie 1967).

III. RESULTS

a) Survey data

We received 186 questionnaires with all questions answered. We split them 80/20 (147/29) to create and validate the model and check for bias and errors. No correlations exceeded 0.47 or triggered further investigations (Thompson *et al.* 2004). After checking the individual effects of items separately, with an absence of differences in results, we ran the best subset model creation algorithm for all items (Myers 1990; Belsley *et al.* 1980).

For the four all-subset models (for all components investigated), significant items were shown and ranked according to adjusted R_2 (coefficient of determination), showing that the best-fitting model includes covariate cv3 (type of hospital), and two independent variables, q8 (modern management system factor *Managers often have to revisit/rework problems because they did not determine the root cause*) and q10 (lean management factor *Managers are responsible for cross-functional activities in addition to their own functional areas*).

Covariate cv3 is important in the quality-of-care performance of hospitals, whereby acute-care hospitals are associated with positive outcomes. Table 1 shows that independent variables q8 and q10 both relate negatively to hospital performance. Table 2 shows the $\rm R_2$ to be 0.167, meaning that 16.7% of the variation in quality-of-care performance among hospitals can be explained by a model consisting of variables cv3, q10 and q8.

Table 1: All subset model p values

Parameter	Hospital type	Estimate	Standard error	t value	Probability > t
Intercept	_	0.9913095284 B	0.03524225	28.13	< 0.001
Cv3	Acute care VA	0.0000000000 B	-	-	-
Cv3	Acute care	0.0559908743 B	0.01278468	4.38	< 0.001
Cv3	Critical access	0.0000000000 B	-	-	-
Q10	-	- 0.0164634543	0.00615886	- 2.67	0.0084
Q8	-	- 0.0160801169	0.00603145	- 2.67	0.0086

VA, veterans' administration.

Terms for which estimates are followed by the letter B are not uniquely estimable.

F value Coefficient Degrees of Probability R_2 Source Sum of Mean Root Performance freedom > Fof variance MSEsauares sauare score mean (DF)Model 0.15263569 0.05087856 9.59 < 0.0001 0.167481 7.939152 0.072841 0.917488 Error 143 0.75872581 0.00530577 0.91136150 Correcte 146 d total Degrees of Type I SS Mean F value Probability freedom square > F(DF) Cv3 0.09632914 18.16 < 0.0001 0.09632914 1 Q10 0.01859424 0.01859424 0.0632 1 3.50 Q8 1 0.03771231 0.03771231 7.11 0.0086 Type III SS Probability Degrees of Mean F value freedom square > F (DF) Cv3 1 0.10176623 0.10176623 19.18 < 0.0001 Q10 1 0.03791316 0.03791316 7 1 5 0.0084 Q8 1 0.03771231 0.03771231 7.11 0.0086

Table 2: Coefficient of determination for all subsets model

We theorized that lean management has an impact on hospital quality-of-care performance. However, Table 1 shows that items q10 and q8 have a significant, negative impact on hospital performance. We found no evidence that organizational traits or leadership have any impact. None of the items in our best model pertaining to leadership were found to be significant (alpha 0.05).

Our results remain robust after a series of checks on our all-subset multiple linear regression model. We controlled for other hospital-level covariates such as hospital ownership (proprietary, voluntary non-profit and government), the state in which it is located, and the type of organization (investor owned and for profit, non-government and non-profit, and state and local government), but found no significant influence on performance. Therefore, we did not include any of these covariates in our best subset model list.

Controlling for states showed that being located in Virginia, Washington and Wisconsin had a negative influence on performance. At the hospital level, we checked whether performance was influenced by belonging to a chain or a self-standing organization, and found a moderate negative effect (comparing means), but this did not influence our best model selection.

We also tested the impact of some process improvement factors on performance, whether they hospitals are "owned" by a focused, one-purpose process improvement department or handled by a department with additional tasks (e.g. a quality-management department). We found a negative effect

for situations where process improvements are handled by departments with additional tasks, but this was not strong enough to change our model. We also tested the impact of resource allocation in terms of FTEs (full-time equivalents) towards process improvement initiatives and found a negative influence of low FTEs (0 and 0.01– 0.75 FTEs), and a small positive effect if 0.76–4.00 FTEs are allocated.

None of the above robustness checks resulted in changes to our model that best predicts variation in hospital performance (Table 1). We also checked for robustness of our model using a proportion of the results that were withheld in order to assess bias and accuracy as mean absolute percent error and mean error (Hocking and Leslie 1967). Thus, all of our results proved the robustness of our model and the presence of significance of determination.

IV. Discussion

Our study tests how factors pertaining to lean management, modern management, leadership and organizational traits impact on quality-of-care performance outcomes in US hospitals, using CMS data from 2010 (CMS 2011) and survey information from 2011. We found that management system factors do influence hospital performance, but not to the expected extent.

Current management systems are often ineffective for managing the growing demand for care (Porter 2009; Porter and Teisberg 2007). We found one factor of modern management (Womack 2009) that

negatively impacts on hospital performance, providing a potential area for improvement, namely *Managers often have to revisit/rework problems because they did not determine the root cause*. Our finding supports Womack's (2009) claim that without the right mindset and tools to solve the root cause of problems, sustainable improvements are not possible (Liker 2004; Womack 2002; Womack 2008). Hospitals need to empower their employees to resolve such issues.

We found no positive influence of lean management on performance, but the item *Managers* are responsible for cross-functional activities in addition to their own functional areas was negatively related. This finding should be interpreted with care, because the phrasing of the question might have led respondents to assume that efficiency increases if clear functionalities are in place (rather than that managers have to deal with both functional and cross-functional activities). These findings do not concur with those of Birkmeyer 2010, Boyer et al. 2012, Boyer and Pronovost 2010 and Pronovost and Vohr 2010, and they suggest that US hospitals have limited knowledge about lean management (Boyer et al. 2012; Boyer and Pronovost 2010). This area clearly requires further investigation.

Another challenge is to identify organizational traits that drive performance. We found no evidence that such traits have any impact, although one covariate had a moderate negative impact when the improvement initiative is part of a department and not an independent unit. These results are inconsistent with research on the influence of organizational characteristics (Aiken *et al.* 1994, 2002; Burns and Wholey 1993; Kimberly and Evanisko 1981; Pronovost *et al.* 1999). Further research on the impact of organizational traits (e.g. matrix vs flat structures) or culture on hospital performance are warranted.

Covariate cv3 (hospital type) had a significant impact on performance, consistent with the findings of Joynt et al. (2011), whereby critical access hospitals have a lower quality of care than acute care hospitals. The differences in their management systems, organizational characteristics and leadership traits should be explored. It should be noted that critical access hospitals are always located in rural areas and have no more than 25 inpatient beds.

A leadership style may improve care quality if it creates an environment in which personnel can grow, feel appreciated and receive training (Buerhaus *et al.* 2005, 2007; Hassmiller and Cozine 2006). We found no evidence of leadership on hospital performance, despite studies that show it is a primary force in improving outcomes (Marley *et al.* 2004; Meyer and Collier 2001; Tucker *et al.* 2007). This is another area for clarification.

Unlike most studies that investigate individual aspects of hospital performance, we derived an overall construct using an all-subset multiple linear regression (Belsley *et al.* 1980; Myers 1990). This method accounts

for correlations, Variance Inflation Factor (VIF) numbers and residual sums of squares, and eliminates the influence of co linearity. There are limitations, however, such as over-fitting the model, and selecting the wrong variables due to correlated proxies. These results should be interpreted with care, therefore, especially because logit transformation of performance score was used to achieve linearity of data.

There are several limitations associated with survey-based research (Dillman 2007; Rea and Parker 2005). In our case, responses were drawn from only one respondent from each hospital (Dillman 2007; Rea and Parker 2005), and certain states were misrepresented or under-represented (namely, Alaska, Hawaii and Idaho). Again caution is advised when generalizing about these findings.

A further limitation was that we measured four factors using questions derived from multiple sources (Bass and Avolio 1994; Eagly et al. 2003; Greene 1975; Hirst et al. 2004; Pawar and Eastman 1997; Wofford-Vicki et al. 1998). These should be validated in the hospital context. Furthermore, the questionnaire had only been used twice previously, within manufacturing environments, calling for further research within the healthcare and other industries.

This study contributes to our understanding of the influence of selected factors on hospital performance. It highlights the need for ongoing research in operations management, strategy and healthcare delivery, particularly with respect to management systems (modern vs lean), hospital type (acute vs critical care), transformational and transactional leadership, and organizational characteristics. A better understanding of the drivers of hospital performance will increase the chance of affordable, quality healthcare in the USA.

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Keywords: social networks, entrepreneurship orientation, nigerian universities, risk disposition, african student.

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Ameh, Abu Amodu α & Udu Aka Ama σ

Abstract-The study analyzed social networks entrepreneurial orientation with particular reference to Network of African Student Entrepreneurs in Nigerian Universities. The objective was to explain the influence of social networks size on risk disposition among student entrepreneurs. extant literature based on the objective was reviewed. The theoretical underpinning is the sociological theory of entrepreneurship particularly the postulations of Frank Young 1971. The study adopted correlation descriptive method. ANOVA was used to analyze the data. A significant relationship was found to be existing between social networks size and risk disposition among student entrepreneurs. The implication of the result got is that if the students in Nigerian Universities fail to key into the revolution epitomized by the Network of African Student Entrepreneurs, then they run the risk of being bereft of entrepreneurial ideas. Consequently, it was recommended among others that the leadership of Nigerian Universities should accord the appropriate support by providing logistic support to facilitate its work.

Keywords: social networks, entrepreneurship orientation, nigerian universities, risk disposition, african student.

Introduction

viven the need to build a sustainable economy, entrepreneurship has become recognized as one of the major catalysts for economic growth and development. This scenario is even underscored by the growing level of unemployment in Nigeria.

However, the capacity of government to create an enabling environment for enterprises to share information for resource mobilization and encouraging the formation of informal contacts is a major paradigm for economic transformation. This is even underscored by the fact that networks operate in different economic, social or cultural contexts. The success or otherwise of enterprise depends on the entrepreneurial heightened ability and acute awareness for recognizing business opportunities (David and Nigama 2011). A social network is a social structure made up of nodes (individuals or organizations) which are linked by one or more specific types of relationship or interdependence such as value, ideas, financial exchange, trade

friendship, kinship, social role as well as affection or action relationship (Haas, 2009)

It is therefore important to focus on how entrepreneurs galvanize relationships to obtain information and resources to run profitable business outfits. Entrepreneurship research shows that social networks among other things affect opportunity recognition (Singh, 2000) as cited in Klyver and Schott (2011). Social networks create a platform to galvanize external information as a source of enhancement for entrepreneurship. That is why Bastian and Tucci (2013) believe that external knowledge supports organizational learning and innovation capabilities, which include skills, experience and organizational structures that important for change. Social networks fundamental necessity for business growth because entrepreneurs interact with other people and by that benefit from access to knowledge, skills and other resources. Greve (1995) in Zafar et al (2012) averred that when entrepreneurs star their business have a vague idea about how to organize the establishment process, therefore they need the help of the organization who is already existing. These contacts may help to validate business opportunities and provide information about the wide firm environment (Hill et al, 1991, 1997) in Bastian and Tucci (2013). It can also follow that entrepreneurial intentions and decisions could be tied to social networks.

The Network of African Student Entrepreneurs (NASE) which has its headquarters in Kaduna State University, is the National Universities Commission (NUC) recognized organization for student entrepreneurship in tertiary institutions in Nigeria. The Network of African Student Entrepreneurs (NASE) is a non-profit organization for students and recent graduates of tertiary institutions that seek to create support for graduates and student entrepreneurs across Africa and the diaspora. Kaduna State University was unanimously chosen as Africa secretariat for the Network of African Student Entrepreneurs (NASE) in far away South end-at-sea campus of the University of Essex, United Kingdom, in June 2010. This was held under the auspices of the Entrepreneurship Partnership

for Africa (EPA)- a British Council sponsored project and the National Universities Commission (NUC). The Kaduna State University was mandated to set up a website and coordinate the activities of the Network of African Student Entrepreneurs (NASE) across Africa. This was officially launched in Nigeria by the former Minister of Education; Professor Rukayatu Rufai at the National Universities Commission (NUC) secretariat, Abuja, Nigeria on May 21, 2013. The Network allows peer groups to share information, network and interact on business activities on a well structured interactive platform. The Network of African Student Entrepreneurs (NASE) also provides mentoring and support for young African Entrepreneurs in all universities and graduates across the globe, taking one city, one region, one nation at a time.

Problem Statement H.

Entrepreneurs are quite often faced with the challenge of obtaining necessary information for the acquisition of credit for the finance of their businesses, as well as possessing the needed managerial and technical skills and experience required to ensure success in their businesses. This is as a result of information asymmetry or outright lack of it among students in Nigerian Universities, which gives rise to lack of access to useful sources of funds for business. Social networks in Nigerian universities exist and operate in different locations and this diversity should have been a source of diverse information and resources for entrepreneurs. However, the mode of and nature of their operation given the difference in location and diversity may constitute an encumbrance to information sharing, which is a drawback entrepreneurship orientation. Absence of sizable and dense networks in Nigerian Universities could prevent entrepreneurs from securing the most suitable sources of information and finance, as could be occasioned by lack of informal contacts, which could have provided support for members. This consequently could preclude the establishment of mutual trust and absence of mutual trust is a major barrier to funding. Similarly absence of membership support and independence in Nigerian universities could the mar acquisition entrepreneurship orientation by shortening the patronage by members and low level of self-efficacy and innovation respectively. Against the back drop of the information asymmetry, paucity of finance, ineffective mobilization as well as problems associated with the acquisition of entrepreneurship orientation it becomes worthwhile to examine social networks entrepreneurship orientation with particular focus on network size and risk disposition of entrepreneurs. For this purpose entrepreneurship orientation is dependent on the nature and dynamics of social networks.

Conceptual Review III.

Social networks have become essential for entrepreneurship and have also become a major paradigm for the mobilization of resources and the building of trust that is needed in business. They are also a major source of motivation, direction and increased access to new opportunities.

A social network is a social structure made up of nodes (individuals or organizations) which are linked by one or more specific types of relationship or interdependence such as values, ideas, financial exchange, trade friendship, kinship, social role as well as affection or action relationship (Haas, 2009). This suffices that people of homophilous attributes come together to pursue a common agenda. A social network helps in building trust among the members of the network. This in turn makes it possible for actors to cooperate and expect reciprocation (Rousseau et al, 1998, Dakhli and de Clerg, 2004) as cited in Doh and Zolnik (2011). The trust that has been built will enable the actors to respect the assumed commitment amongst themselves in a particular network. Network interactions can engender entrepreneurship intentions among the actors. Entrepreneurship social networks help to extend opportunities to one another, share information that could lead to creative and proactive thinking which could ultimately lead to the development self-worth that engenders further creativity. Entrepreneurship research shows that social networks among other things affect opportunity recognition (Singh, 2000) as cited in Klyver and Schott (2011). Network interactions help in building entrepreneurship intentions because as they interact and brainstorm, new idea recognition will begin to develop into new entrepreneurship opportunities. Entrepreneurship orientation refers to the extent to which an individual or team has the propensity for the initiation of new ideas, mobilize resources, take risk and take overall responsibility for actions taken. Simply put by Schillo (2011), it is the extent to which a firm is entrepreneurial. Entrepreneurship orientation can be decomposed into pro-activeness, disposition (risk taking), innovativeness, competitive aggressiveness autonomy. Risk taking according to Stewart et al (1998) in Fairoz et al (2010) is the extent to which a firm is willing to make large and risky resource commitments. Schillo (2011) refers to the risks individuals take by working for themselves rather than being employed. Pro-activeness describes the characteristic entrepreneurial actions to anticipate future opportunities both in terms of products or technologies and in terms of markets and consumer demand (Schillo, 2011). A proactive entrepreneur is an individual who is focused on the future and anticipates things before they happen. Innovativeness is the propensity of the firm to engage in new ideas and create processes that may result in new

products, services or technological processes (Wiklund, 1999) in Fairoz (2010). It relates to the types of products and services a company has introduced to the market (Schillo, 2011).

Competitive aggressiveness reflects intensity of a firm's efforts to outperform industry rivals, characterized by a combative posture and a forceful response to competitor actions (Fairoz et al, 2010). It refers to the company's way of engaging its competitors distinguishing between companies that shy away from direct competition with other companies and those that aggressively pursue their competitors' target markets (Schillo, 2011)

Autonomy is defined as independent action by an individual or team aimed at bringing forth a business concept or vision and carrying it through to completion. (Fairoz, 2010)

For the purpose of this paper a social network can be viewed as a set of students, people, groups and organizations who come together to form ties for the purpose of maximizing some form of social impact or profits of stakeholders.

a) Empirical review

Entrepreneurship is a major driver of any economy because it injects innovation and economic growth into the economy. In this circumstance, social networks can be one of the key elements for individuals to identify new means ends relationships (commercial opportunities) that result from environment change to discover and exploit entrepreneurial opportunities (Doh and Zolnik, 2011). A good social network is considered as a helpful resource for companies (Zafar et al, 2012).

Stuart and Sorenson (2007) carried out a study on strategic networks and entrepreneurial ventures in the United States of America using qualitative research method. The study revealed that even though literature remains unclear concerning the role of founders and key employee networks, versus the networks of firms, most entrepreneurs and young ventures are strategic in their formation of relations. They recommended that there is need to improve the understanding of how networks form and ascriptive group membership and processes of competitive exclusion shape access to network based resources.

A study on social networks and marketing cooperation in entrepreneurial clusters; an international comparative study was carried out by Felzensztein and Gimmon (2009) in Scotland and Chile. Data for their study was collected by mail survey and follow-up process. The results revealed that social networking is important in facilitating inter-firm cooperation in marketing activities and that informal meetings and weak ties are useful for sharing marketing information among managing directors. They recommended future research to focus on the influence of social networks on

the creation and internationalization of new ventures among cluster-based firms.

A study was conducted by Fairoz, Hibrobumi and Tanaka (2010) on entrepreneurial orientation and small and medium scale enterprises of Hambantota district in Sri Lanka, using qualitative and quantitative techniques. The study revealed a significant relationship between proactiveness, innovativeness, risk-taking with overall entrepreneurial orientation with marked share growth. They recommended that government and nongovernment sector should focus on promoting the level of entrepreneurial orientation by directing research and development activities providing financial resource, training package and consultancy services.

Klyver and Schott (2011) conducted a study on how social networks structure shapes entrepreneurial intention in Denmark using survey method and regression analysis. The study found that only bridging social networks represented by low dense network, business size and entrepreneurial network play an important role in shaping individuals' entrepreneurial intentions. They recommended that the policy makers aiming at stimulating entrepreneurial activities should promote networking.

A study on the influence of social capital on entrepreneurial opportunity recognition behaviour was carried out by Jawahar and Nigama (2011) in India using survey and regression analysis. The study revealed that the structural dimension of social capital is the most important in influencing knowledge acquisition opportunity recognition. behaviour of recommended that it is imperative to recognize, evaluate and exploit opportunities from a lot of decision choices.

Zafar, Yasin and Ijaz (2012) carried out a study on social networking as a source for developing entrepreneurial intentions among entrepreneurs in Pakistan using survey and critical analysis procedure. The study revealed that social networking helps the entrepreneurs in developing entrepreneurial intention. They recommended that universities should create network nexus through old students (Alumni) that might develop into business.

Kacperczyk (2012) carried out a study on social influence and entrepreneurship; the effect of university peers on entrepreneurial entry in United States of America using survey method and logistic regression models. The study revealed that among individuals exposed to similar organizational influence, those exposed to entrepreneurial university peers are more likely to transit to entrepreneurship.

Konrad (2013) conducted a study on cultural entrepreneurship. The impact of social networking on succession in Germany using survey and regression analysis. The study revealed that founders as well as managers can overcome numerous barriers through their engagement and activity in social networks, and

thereby exercise to a significant degree a positive influence on establishing their enterprise. He recommended a more detailed analysis of the barriers and the beneficial potential especially for the very complex arts and culture sectors of different countries.

b) Levels of Social Network

Nahapiet and Ghosal (1997) as cited in Tsal and Ghosal (1998) identified three dimensions or levels of social networks. These are structural, relational, and cognitive. They theoretically justified how attributes of each of these dimensions facilitate the combination and exchange of resources within firms. According to this view the structural dimension includes social interaction. The location of an actor's contact in a social structure of interactions provides certain advantages for the actor. The relational dimension on the other hand refers to assets that are rooted in these relationships, such as trust and trustworthiness. Trust can act as a governance mechanism for embedded relationships (Uzzi 1996) as cited in Tsal (1998). Trust is an attribute of a relationship, but trustworthiness is an attribute of an individual actor involved in the relationship (Barney and Hansen, 1994) as cited in Tsal and Ghosal (1998). The cognitive dimension is embodied in attributes like a shared code or a shared paradigm that facilitates a common understanding of collective goals and proper ways of acting in a social system.

c) Entrepreneurship orientation

Entrepreneurship orientation refers to the extent to which a firm is entrepreneurial (Schillo, 2011). Lumpkin and Dess (1996) as cited in Putri (2009) refer to a firm's entrepreneurial orientation as its propensity to act autonomously, innovate, take risk, and act proactively when confronted with market opportunities. Schillo (2011) refers entrepreneurial orientation as having five components. These are:

Risk taking- this refers to the risks individuals take by working for themselves rather than being employed. It is the extent to which a firm is willing to make large and risky resource commitment (Stewart, et al, 1998; Covin and Slevin, 1991) in Fairoz, Hirobumi, and Tanaka 2010). Pro-activeness- describes the characteristic of entrepreneurial actions to anticipate future opportunities, both in terms of products or technologies and in terms of market and consumer demands. It refers to the extent to which a firm is a leader or follower and is associated with aggressive posturing relative to competitors (Davis, et al, 1991) in Fairoz, et al (2010). Innovativenessrelates to the types of products and services a company has introduced to the market. Competitiveness- refers to the company's way of engaging with its competitors, distinguishing between companies that shy away from direct competition with other companies and those that aggressively pursue their competitor's target markets.

Autonomy- refers to the independent action of an individual or a team in bringing forth an idea or a vision

and carrying it through to completion (Lumpkin and Dess, 1996) as cited in Schillo (2011) without being held back by overly stringent organizational constraints.

d) Strategies for inculcating entrepreneurship in Nigerian Universities

One of the greatest challenges facing entrepreneurship is the strategies for inculcating the expected entrepreneurial skills to students. But given the economic realities of our economy, there must be a strategy to ensure that entrepreneurship culture is imbibed in Nigeria. According to Mansor and Othman (2011) since each higher institution is having its own activities and programmesa on entrepreneurship education, the best and effective programmes need to be identified and created to ensure that all institutions are given fair opportunities to prepare the best methods entrepreneurship education. But the entrepreneurship in Nigerian universities is run currently leaves much to be desired, as it has failed to go beyond classroom theory. In the words of Mansor and Othman (2011), concepts learned in the classroom have minimal real world significance. Education and knowledge cannot be delivered solely from text books and lectures; it must include practical, hands-on experience that challenges the students especially in entrepreneurial studies (Asmah, and Ariffin, 2009) in Mansor and Othman (2011). The lecture method as is presently done in Nigerian universities will hardly achieve the aims of entrepreneurship education. According to Jimoh-Kadiri (2012) lecture method is inappropriate when the objective is to transfer skills and change attitude. Daly (2001) in Jimoh-Kadiri (2012) suggested four methods namely seminars, visitation, intern challenge and practice firm. Jimoh-Kadiri (2012) believes strategies could also be teacher-oriented, studentoriented, assignment-oriented and games simulation. It is important that any strategy for inculcating entrepreneurship education should be practice-based so that graduates of Nigerian universities can have the opportunity of aligning the theory with the practical world experience

e) Challenges and Barriers to Network of African Student Entrepreneurs (NASE)

Top management support- the level of support currently enjoyed by NASE in Nigerian universities is at a low ebb. For this body to succeed in its laudable mission, the top management of the universities must be favorably disposed to providing financial and material support for the prosecution of its programmes.

Lack of investment culture among the studentsthe students generally feel it is not worthwhile to be fully committed to this organization since membership does not contribute to their graduation from the university, as the programme is not credit rated.

Novelty character dilemma-the challenge of misconception of social networks as epitomized by

NASE as an individualistic effort rather than a collectivistic one because of lack of awareness about its prospects and relevance to the immediate environment should be surmounted. Other barriers include the creation and maintenance of atmosphere of trust and reciprocity with respect to the sharing of information and business opportunities.

The above challenges not withstanding, NASE has come to stay as it has global acceptability for valuable service to the immediate environment.

THEORETICAL FRAMEWORK IV.

Social networks as an interactive platform for information sharing and networking must be viewed with a holistic perspective so as to leverage on the benefits that they deliver to members. Because organizations and their members are changing and complex, numbers of their attributes should be studied together and as a matter of degree, not as neither/or phenomena-a multivariate approach to a changing world of greys, rather than blacks and whites (Pugh and Hickson, 2007). This suggests that there is no one reason why an organization is established and run but on the basis of many influences. What determines the nature and form that an organization takes is its size and degree of dependence on other existing organizations. This suffices that an organization must interact on a synergistic basis for business promotion. The theory that provides the basis for this study is the Frank Young's sociological theory of entrepreneurship propounded in 1971. The Young's theory is based on the following assumptions, that a group is seen to be experiencing low status recognition, denial of access to important social networks and possesses a greater range of institutional resources than other groups in society at the same system level, negative displacement- losing job for instance, transition from college or the university to career, positive pull- examples made by parents, friends and mentors and activated by situations that positively affect the individual, perceptions of desirabilitymessage from society, culture, friends, situations, peers and mentors as well as perceptions of feasibility including support from mentors and partners. Udu and Udu (2015) further averred that the need to work harder and measure up will bring in creativity, innovation, vision and plain hard work. Udu and Udu (2015) opine that Frank Young concerned himself with inter group relations as the main causes of entrepreneurial behaviour. According to Young (1971) instead of individuals, one must find clusters which may qualify themselves as entrepreneurial groups, as the groups with higher differentiation, and have the higher capacity to react. Young defined reactiveness or solidarity as the degree to which the members of the group create. maintain and project a coherent definition of their situation. And differentiation Young defined as the diversity, as opposed to coherence, of the social meanings maintained by the group. When a group has a higher degree of institutional and occupational diversity relative to its acceptance, it intends to intensify its internal communication which gives rise to a unified definition of the situation (Deshpande, 1982) in Pawar (2013). Young maintains that entrepreneurial activity is generated by the particular family backgrounds, experiences, as a member of a certain kind of groups and as a reflection of general cultural values.

The inter group relations as emphasized by the Frank young's theory, which is characteristic of social networks provides an appropriate platform for information and idea sharing, which ultimately bolsters entrepreneurship orientation. Inter group relations is also a major paradigm for resource mobilization and the building of mutual trust that is needed in business. Therefore the theory is considered appropriate for the present study.

V. METHODOLOGY

Questionnaires were designed using the five point Likert's scale ranging from strongly agree=5, agree=4, disagree=3 strongly disagree=2 undecided=1. A sample of 94 students was arrived at from a population of 123 students using the Taro Yamane formular. The samples were randomly selected. Analysis of Variance (ANOVA) was used in analyzing the data with a level of significance of 5%. When it is compared with the probability value obtained from the ANOVA result, it is such that if the probability value falls below 0.05, it implies that there is a strong relationship between the identified variables of the study. Likewise using the rule of thumb of 2, an F-stat value that is greater than 2 suggests a significant relationship, but if it falls below 2, it implies there is no significant relationship between the variables of the study.

VI. Analysis of the Questionnaires and Results

Table 1: The Relationship between Social Network size and Risk disposition

S/n	Questions	No of Respondents				
		SA=5	A=4	D=3	SD=2	U=1
1	Network size affects the risk disposition to a great extent.	61(64.89%)	31(32.98%)	1(1.06%)	-	1(1.06%)
2	A high number of ties in a network affects risk disposition positively.	56(59.57%)	35(37.23%)	3(3.19%)	-	-
3	Members with large networks have better access to information and resources than those with smaller networks and favourably disposed to risk taking.	59(62.77%)	34(36.17%)	1(1.06%)	-	-
4	Contacts with entrepreneurs outside the network enhances risk disposition.	43(45.74%)	45(47.87%)	4(4.25%)	2(2.13%)	-
5	Contacts with members of other networks enhance disposition toward risk taking.	47(50%)	44(46.81%)	3(3.19)	-	-

From the table above table, results in question 1 showed that majority of the respondents, which is 61 representing 61.89% of the total respondents for the study strongly agree that there is a strong relationship between network size and disposition toward risk taking. 31 of the respondents representing 32.98% of the total respondents for the study also agreed that there is an existing relationship between network size and the disposition of entrepreneurs toward taking risk. 1 of the respondents representing 1.06% of the total respondents for the study however disagreed that there exists a relationship between network size and the disposition of entrepreneurs toward taking risk, 1 respondent representing 1.06% was undecided about whether there is a relationship between network size and risk disposition. From the above majority view it can be affirmed that there is a strong relationship between network size and the disposition toward taking risk in entrepreneurship.

From question 2 above, 56 respondents representing 59.57% of the total respondents for the study strongly agree that a high number of ties in a network affects risk disposition positively. 35 respondents representing 37.23% of the total respondents for the study agreed that a high number of ties in a network positively affects risk disposition amongst entrepreneurs. 3 respondents representing 3.19% of the respondents for the study however disagreed, and that a high number of ties in a network does not necessarily encourage risk disposition toward taking risk. From this majority view, it can be affirmed that a high number of ties in a network will affect risk disposition positively.

From question 3 above, 59 respondents representing 62.77% of the total respondents for the study strongly agree that members with large networks have better access to information than those with smaller networks and will consequently be disposed to risk taking. 34 respondents representing 36.17% of the total respondents for the study agreed that members

with large networks will have better access to information than those with smaller networks and will be consequently be favourably disposed to risk taking. 1respondent representing 1.06% of the total respondents for the study however disagreed, members with large networks will not necessarily have better access to information than those with smaller networks. From this majority view it can be affirmed that members with large networks will have better access to information than those with smaller networks.

From question 4 in the above table, 43 respondents representing 45.74% of the total respondents for the study strongly agree that contacts with entrepreneurs outside the network will enhance disposition toward risk taking, while 45 respondents representing 47.87% of the total respondents of the study agreed that contacts with entrepreneurs outside the network will enhance disposition toward risk taking. 4 respondents representing 4.26% of the total respondents for the study however disagreed that contacts with entrepreneurs outside will enhance risk disposition. 2 respondents representing 2.13% of the total respondents for the study also had a strong disagreement with the fact that contacts with entrepreneurs outside the network will enhance the disposition of the entrepreneur toward taking risk. From this majority view it can be affirmed that contact with entrepreneurs outside the network will enhance risk disposition.

From the question 5 in the table above, 47 respondents representing 50% of the total respondents for the study strongly agreed that contact with members of other networks will enhance the disposition toward risk taking. 44 respondents representing 46.81% of the total respondents for the study agreed that contact with members of other networks will enhance risk disposition of entrepreneurs toward risk taking. 3 respondents representing 3.19% of the total population for the study disagreed that contact with members of other networks necessarily enhance risk disposition

entrepreneurs. None of the respondents strongly disagreed nor was undecided about the propriety of contacts with members of other networks enhancing the disposition toward risk taking. From this majority view it

can be affirmed that contact with members of other networks will enhance risk disposition.

Objective: To Test the Relationship between Social Network Size and Risk Disposition

Test for Equality of Means Between Series

Date: 02/12/16 Time: 15:27

Sample: 194

Included observations: 94

Method	df	Value	Probability			
Anova F-statistic	(4, 465)	3.489411	0.0080			
Analysis of Variance						
Source of Variation	df	Sum of Sq.	Mean Sq.			
Between Within	4 465	5.051064 168.2766	1.262766 0.361885			
Total	469	173.3277	0.369569			
Category Statistics						
	-		Std. Err.			

Count Variable Mean Std. Dev. of Mean Ω1 94 4.617021 0.624007 0.064361 Q2 94 4.563830 0.559541 0.057712 Q3 94 4.606383 0.512596 0.052870 Q4 94 4.340426 0.726654 0.074949 Q5 94 4.468085 0.562294 0.057996 ΑII 470 4.519149 0.607922 0.028041

The Probability value of 0.008 obtained falls below 0.05, i.e. 0.008 < 0.05. This implies that there is a significant relationship between social network size and risk operation. Likewise, its F-stat value of 3.49 is greater than 2 i.e. 3.49 > 2, it also implies that there is a significant relationship between social network size and risk disposition.

VII. Discussion

The objective of the paper was to examine the relationship between network size and the disposition toward risk taking by entrepreneurs. The results revealed that there is a strong relationship between network size and the disposition of entrepreneurs toward taking risk in business. This is because of the fact that the bigger the size of the network, the diverse the ties and the more the synergy in terms of information access, resource mobilisation and innovation. According to Martinez and Aldrich (2011), diverse ties increase self efficacy and innovation. They also believed that at the organizational creation stage, most entrepreneurial teams are homogenous whereas team diversity is associated with better outcomes. A high number of ties will also confer diversity on the network which lends credence to the position of the scholars above. Members of large networks are also of the likelihood of getting a wider information base than those of smaller networks because of the myriad of interactions that are available. Contacts with entrepreneurs outside of the network will also enhance risk disposition because of the opportunity to tap from the experience of the entrepreneurs who are already running well established businesses and also for resource mobilisation. This is in line with the position of Greve and Salaff (2003), that establishing a business requires different contacts and resources in different phases. This helps them to build confidence and better ability in business creation. This is in line with work of Zafar et al (2012), whose study revealed that social helps in developing networking entrepreneurial intentions. Contacts of members of one network with members of other networks will also enhance risk disposition because of the experiences they will share, the diversity of information they will access and the promotion of synergy. This is in line with work of Kacperezyk (2012), whose study revealed that among individuals exposed to similar organizational influence, those exposed to entrepreneurial university peers are more likely to transit to entrepreneurship.

VIII. Conclusion

Social networks have become recognized as a major paradigm for entrepreneurial performance in the contemporary business setting. This is because interactions in such networks have come to provide opportunities for resource mobilization and innovation because of the synergy that they confer on actors. The study carried out an analysis of general empirical studies on social networks with a view to explaining the relationship between network size and risk disposition amongst entrepreneurs with particular focus on the Network of African Student Entrepreneurs (NASE), and came to the realization that social networks should be encouraged as they serve as a rallying point, for innovation, resource mobilization and information sharing.

IX RECOMMENDATIONS

From the above analysis and conclusion, the following recommendations suffice.

The management of Nigerian universities should accord NASE the appropriate recognition by providing logistic support.

The programmes of NASE should be accorded academic recognition by giving it credit units so that students will be encouraged to develop enthusiasm and commitment in its programme.

The alumni association should be encouraged to key into the programme of NASE in form of partnership.

Every higher institution in Nigeria should key into the laudable programmes of this body as it helps in empowering students for post student life.

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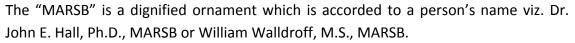
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- (e) Resources and techniques with sufficient complete experimental details (wherever possible by reference) to permit repetition; sources of information must be given and numerical methods must be specified by reference, unless non-standard.
- (f) Results should be presented concisely, by well-designed tables and/or figures; the same data may not be used in both; suitable statistical data should be given. All data must be obtained with attention to numerical detail in the planning stage. As reproduced design has been recognized to be important to experiments for a considerable time, the Editor has decided that any paper that appears not to have adequate numerical treatments of the data will be returned un-refereed;
- (g) Discussion should cover the implications and consequences, not just recapitulating the results; conclusions should be summarizing.
- (h) Brief Acknowledgements.
- (i) References in the proper form.

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References

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Content

- Sum up your conclusion in text and demonstrate them, if suitable, with figures and tables.
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Approach

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