

American Journal of Economics and Business Management

Vol. 9 Issue 10| pp. 1313-1328**| ISSN:** 2576-5973
Available online @ https://www.globalresearchnetwork.us/index.php/ajebm

Article

Entrepreneurial Social Skills and the Performance of Private Healthcare Enterprises in South-South Nigeria

Ndidi P. Onyirimba[1]*, Doris N. Ogbonna[2]

1. Department of Entrepreneurship, Faculty of Administration and Management, Ignatius Ajuru University of Education, Rumuolumeni, P.M.B. 5047, Port Harcourt, Rivers State, Nigeria

*Corresponding: ndidi.onyirimba@iaue.edu.ng, duogbonna@yahoo.co.uk

Abstract: This study examines the relationship between entrepreneurial social skills, one dimension of entrepreneurial emotional intelligence (EEI), and three measures of enterprise performance (financial, operational and marketing performance) among private healthcare enterprises in South-South Nigeria. Isolating a single EEI dimension and testing it against three distinct performance outcomes allows the study to establish how the interpersonal competence of healthcare entrepreneurs relates to each performance domain. A positivist, correlational survey design was adopted. From a population of 507 private healthcare enterprises, a sample of 224 enterprises was determined with the Taro Yamane formula, and two key informants per enterprise (448 respondents) were purposively selected. A structured five-point Likert questionnaire, validated for face and content validity (Cronbach's α = .756 in the pilot test), was administered; 400 questionnaires were retrieved and 385 (85.9%) were valid. Three null hypotheses were tested with Pearson's product-moment correlation at the 0.05 level, supplemented by coefficients of determination and Fisher-z 95% confidence intervals. Social skills were positively and significantly related to financial performance ($r = .600$, $p < .001$), operational performance ($r = .596$, $p < .001$) and marketing performance ($r = .587$, $p < .001$). Social skills shared between 34.5% and 36.0% of the variance with each performance measure, and all three null hypotheses were rejected. The overlapping confidence intervals indicate that the strength of association did not differ meaningfully across the three performance domains. The cross-sectional, perception-based and non-probability design supports association rather than causation, and the geographical coverage is concentrated in Rivers State. Future studies should use multi-source and longitudinal designs with multivariate controls. Owners and managers of private healthcare enterprises should treat interpersonal competence (communication, relationship building, motivation, conflict resolution and trust building) as a strategic capability and invest in structured social-skills development. Health-sector regulators and enterprise-support agencies should embed such training in capacity-building programmes. The study provides dimension-specific evidence on social skills and a three-domain performance profile for service-based healthcare small and medium-sized enterprises (SMEs) in an under-researched Nigerian region, and links the findings to Sustainable Development Goals 3, 8 and 9.

Keywords: entrepreneurial emotional intelligence; social skills; financial performance; operational performance; marketing performance; private healthcare enterprises

Citation: Onyirimba, N. P., Ogbonna, D. N. Entrepreneurial Social Skills and the Performance of Private Healthcare Enterprises in South-South Nigeria. American Journal of Economics and Business Management 2026, 9(10), 1313-1328.

Received: 25th Jul 2026
Revised: 20th Aug 2026
Accepted: 15th Sep 2026
Published: 28th Oct 2026

Copyright: © 2026 by the authors. Submitted for open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/)

1. Introduction

Healthcare delivery is a foundation for national development, and in Nigeria the private sector has become indispensable to it. Private providers are reported to deliver roughly 70 per cent of health services in the country, complementing an under-resourced public system that is widely regarded as overstretched relative to demand [1]. In the South-South geopolitical zone, comprising Rivers, Bayelsa, Delta, Akwa Ibom, Edo and Cross River States, private hospitals, diagnostic centres and pharmacies serve a fast-growing urban population within an oil-dependent economy that is also characterised by infrastructural deficits and regulatory complexity [2]. These enterprises face high operating costs arising from electricity, equipment and workforce management, which place continual pressure on their financial and operational sustainability [3].

Under such conditions, the capabilities of the entrepreneur who owns or manages the enterprise become a decisive source of differentiation. A growing body of work identifies entrepreneurial emotional intelligence (EEI), the capacity of entrepreneurs to perceive, understand, manage and use their own emotions and those of others to guide decisions and relationships, as one such capability [4]. Within the commonly used Goleman-type framework, EEI is expressed through self-awareness, self-regulation and social skills. The first two are intrapersonal; social skills, also termed relationship management, are the interpersonal expression of emotional intelligence and cover communication, relationship building, influence, motivation of others, conflict resolution and the creation of trust and collaboration [5].

A particular aspect of theoretical and practical interest in healthcare is social skills, since the healthcare sector is a relational sector. Patient experience and organisation reputation is grounded in the emotional labour of the encounters that are a fundamental part of service delivery and occur between patients and their families, clinicians and administrative staff, suppliers and regulators in addition to the surrounding community [6]. A clear communicator, a long-term relationship builder, a motivator that gets the most productive results, a pro in constructive conflict resolution is likely to affect more than one aspect of enterprise performance [7].

Enterprise performance is multidimensional, too. Financial performance is the capacity to create income, manage expenses and maintain profitability and returns. Operational performance is related to the efficiency, quality and reliability of the internal processes, including service delivery, the use of resources and the minimisation of error [8]. Marketing performance is the ability to attract and retain customers, increase the market share and create a brand identity [9]. The three are dependent on each other when it comes to private healthcare SMEs: Financial reinvestment is the foundation for equipment and training; the quality of treatment and patient satisfaction relies on operational excellence; and marketing strength is the basis for generating demand [10].

1.1 Statement of the problem

Although private healthcare SMEs are key, their performance in the South-South region is hampered by operational inefficiencies, low market penetration and fluctuating financial results [11]. The traditional entrepreneurial development models in Nigeria have focused on the technical, operational and financial skills of the entrepreneur and neglected to provide much attention to his or her psychological and relational skills. The findings of emotional intelligence studies conducted in Nigeria are limited to the banking sector and some research on the performance of SMEs focuses on financial or operational performance [12].

What is known is limited by two more problems. First, there are conflicting findings regarding the social-skills aspect of emotional intelligence. A number of studies state that social skills or relationship management do not significantly impact on risk-taking or employee performance while a few studies indicate that relationship related competencies is a positive and significant predictor of managerial effectiveness [13].

Second, studies which score emotional intelligence as a whole cannot provide evidence for the association with each domain of performance or only some. Consequently, there is a dearth of dimension-specific evidence available for South-South Nigeria private healthcare enterprises on the investment areas in interpersonal competence that are likely to be effective [14].

1.2 Objectives and research questions

The aim of the study is to determine the relationship between entrepreneurial social skills and the performance of private healthcare enterprises in South-South Nigeria. The specific objectives are to:

(a) determine the relationship between social skills and the financial performance of private healthcare enterprises in South-South Nigeria;

(b) investigate the relationship between social skills and the operational performance of private healthcare enterprises in South-South Nigeria; and

(c) examine the relationship between social skills and the marketing performance of private healthcare enterprises in South-South Nigeria [15].

Correspondingly, the study answers three research questions: (RQ1) What is the relationship between social skills and financial performance? (RQ2) Is there a relationship between social skills and operational performance? (RQ3) What is the relationship between social skills and marketing performance?

1.3 Contribution of the study

The study contributes in three ways. Theoretically, it isolates one EEI dimension, social skills, and tests it against three separately measured performance domains, which provides a cleaner test of the dimension-specific proposition than composite EEI indices allow [16]. Empirically, it supplies primary survey evidence from private healthcare SMEs in South-South Nigeria, a sector and region under-represented in the EEI literature, which is dominated by South-West and South-East samples and by manufacturing, banking and education contexts [17]. Practically, it indicates which performance domains are most closely associated with entrepreneurial interpersonal competence, which informs training, recruitment and policy design. The findings are also interpreted in relation to Sustainable Development Goals (SDGs) 3, 8 and 9.

The remainder of the paper is organised as follows. Section 2 reviews the literature and develops the hypotheses. Section 3 describes the methodology. Section 4 reports the results. Section 5 discusses the findings and their implications, and Section 6 concludes with limitations and directions for future research [18].

1.4 Entrepreneurial social skills

Social skills are the set of abilities that allow individuals to interact effectively and appropriately with others. They encompass communication, empathy, cooperation, conflict resolution and self-presentation and include both verbal behaviours, such as speaking clearly, and non-verbal behaviours, such as eye contact and gesture [19]. They are widely regarded as learned and context-sensitive behaviours acquired through social learning and modelling and shaped by culture, personality and environment [20]. Four broad domains are usually distinguished: communication skills, interpersonal skills (cooperation, assertiveness, relationship maintenance), conflict-management skills (negotiation and problem solving) and self-presentation skills [21], [22].

In the emotional intelligence literature, social skills correspond to the relationship-management component of Goleman's model: the use of emotional awareness to communicate effectively, influence others, manage conflict and build networks. Mayer, Salovey, and Caruso similarly describe the regulation of emotion in oneself and others as the most complex branch of emotional intelligence [23]. In entrepreneurship, social competence has long been linked to venture success because entrepreneurs must continuously acquire resources, persuade stakeholders and coordinate teams [24], [25].

For private healthcare SMEs in South-South Nigeria, where social and community networks and cultural norms strongly shape patronage, the ability to engage communities sensitively and to sustain trust-based relationships with patients, staff, partners and regulators is likely to be especially consequential [26].

In this study, entrepreneurial social skills are operationalised as the competence of the enterprise's entrepreneurial leadership in building relationships, influencing others and resolving conflicts to achieve business objectives, indicated by communication effectiveness, relationship building with customers and partners, employee motivation, amicable conflict resolution, and the creation of an environment of trust and collaboration.

1.5 Performance of private healthcare enterprises

Organisational performance is a multidimensional construct, and best-practice guidance recommends that it be assessed across more than one domain rather than through a single indicator [27]. Three domains are examined here. Financial performance refers to profitability, revenue growth, cost management and return on investment. Operational performance refers to the efficiency and effectiveness of internal processes, including service-delivery coordination, quality standards, task completion, continuous improvement and the minimisation of errors and delays. Marketing performance refers to market-share growth, customer loyalty and retention, referral-based client acquisition, responsiveness to market demand and brand recognition. Evidence from Nigerian SMEs indicates that firms that combine strong financial and operational performance are more likely to achieve sustained growth and that aligning operational strategy with market demand improves patient satisfaction and revenue in healthcare SMEs [28].

1.6 Emotional intelligence theory

Emotional intelligence (EI) theory holds that individuals differ in their capacity to recognise, understand, regulate and use emotions, that these competencies shape decision-making, leadership and interpersonal effectiveness, and that they can be developed through training and experience [29]. Applied to this study, the theory predicts that entrepreneurs with stronger social skills will manage the people-intensive processes of a healthcare enterprise better, which should be reflected in financial, operational and marketing outcomes. Evidence for the general claim is provided by the research on how EI is related to managerial effectiveness, and customer relationships and business performance. The theory does not have an absence of critics as the measurement of EI has been inconsistent across self-report and ability instruments and there is an overlap with personality traits, as well as meta-analytical evidence demonstrating that there is context dependence to the effects of EI.

1.7 Resource-based view

The RBV is a theory that focuses on sustained differences in performance that result from firm resources and capabilities that are valuable, rare, inimitable and not substitutable [30]. In SMEs with limited resources, the intangible and human-based capabilities are typically the key differentiators [31]. The entrepreneur's social skills can be defined as one such capability—relational trust, reputation and a collaborative climate, which can be nurtured over time, are embedded in the individual and in the routine, and are hard for competitors to imitate. This is the strategic argument for the notion that social skills would be correlated across multiple domains in RBV. This is recognized as a boundary condition because it has certain limitations, specifically that external environmental forces are not given enough attention and the resources are treated as static [32].

1.8 Self-determination theory

According to self-determination theory (SDT), optimal motivation and functioning will be obtained when the needs for autonomy, competence and relatedness are met [33].

Social skills directly relate to relatedness: a leader who is good at communicating, motivating and inspiring people in the organization, builds trust, sets up environment where people feel related and supported, and motivate the staffs to be more engaged, collaborative and proactive. With this motivation, SDT thus provides a mechanism that can help the entrepreneur improve the operational execution and give better customer services. The assumption of its universalistic psychological needs has been challenged in collectivist and hierarchical contexts and this is pertinent to the Nigerian context [34].

Taken together, the three theories are complementary. EI theory identifies the individual competence, RBV explains why that competence can create sustained organisational advantage, and SDT describes the motivational process through which it is transmitted to employees and clients.

1.9 Social skills and financial performance

Baron and Markman showed that entrepreneurs' social competence, including their ability to perceive others accurately, make favourable first impressions and persuade, was positively related to their financial success, a finding that provides a conceptual precedent for the proposed linkage [35]. In Nigeria, Popoola and Zaid reported that managers' emotional intelligence contributed to effective leadership in packaging companies, and Kelvin-Iloafu et al. reported that emotional intelligence improved the attainment of strategic goals in small-scale enterprises. Ahmetoglu, Leutner, and Chamorro-Premuzic further reported links between trait emotional intelligence and entrepreneurial behaviour. Mechanistically, socially skilled entrepreneurs negotiate better terms with suppliers and partners, retain clients, coordinate revenue-generating activities and reduce the financial cost of unresolved conflict. Not all evidence is supportive, however: Umoh et al. found that social skills did not significantly predict entrepreneurs' risk-taking capacity once other EI components were included. Because the weight of theory and evidence favours a positive relationship, but the evidence on this dimension is not uniform, the following hypothesis is stated in null form for testing:

H_{01}: There is no significant relationship between social skills and the financial performance of private healthcare enterprises in South-South Nigeria.

Operational performance in healthcare depends on coordination among clinical and administrative staff, reliable communication and the rapid resolution of friction. Oyoru and Ambali found that emotional intelligence significantly improved employee performance in Nigerian listed food and beverage firms, with employee commitment partially mediating the effect, and recommended training in emotional competencies, especially social skills, to improve interaction among employees. Oyewunmi et al. reported that leaders' emotional intelligence was positively associated with employee performance in Nigeria's public healthcare sector, a high-stress service environment comparable to that studied here. Ifeanacho et al. found that interpersonal skill significantly predicted managerial effectiveness among bank managers. Contrary evidence exists: Mohammed and Idris reported that relationship management did not significantly influence employee performance in private secondary schools in Kaduna [36]. On balance, theory (EI, SDT) and most evidence anticipate a positive association, which is expressed in the null form as:

H_{02}: There is no significant relationship between social skills and the operational performance of private healthcare enterprises in South-South Nigeria.

Marketing performance in healthcare rests on trust, reputation and relationships with patients and referral sources. Socially skilled entrepreneurs communicate clearly, understand client preferences, resolve complaints promptly and project a consistent professional image, which supports loyalty, referrals and brand recognition. Ebisinkemefa and Diete-Spiff reported that emotional intelligence was associated with entrepreneurial success in power-sector firms in Southern Nigeria, and Saaondo found

that emotional intelligence and social support were relevant to entrepreneurial intention among young Nigerians, which is consistent with the broader proposition that relational competence supports proactive client engagement [37]. Empirical evidence that links social skills directly to marketing outcomes in healthcare SMEs is, however, scarce, which is the gap the present study addresses. The corresponding null hypothesis is:

H_{03}: There is no significant relationship between social skills and the marketing performance of private healthcare enterprises in South-South Nigeria.

1.10 Conceptual model

Figure 1 summarises the conceptual model. Entrepreneurial social skills are the single independent variable, and financial, operational and marketing performance are three separately measured dependent variables. Holding the predictor constant and varying only the outcome means that differences in the strength of association across the three hypotheses reflect the nature of the relationship with each performance domain rather than differences between predictors [38].

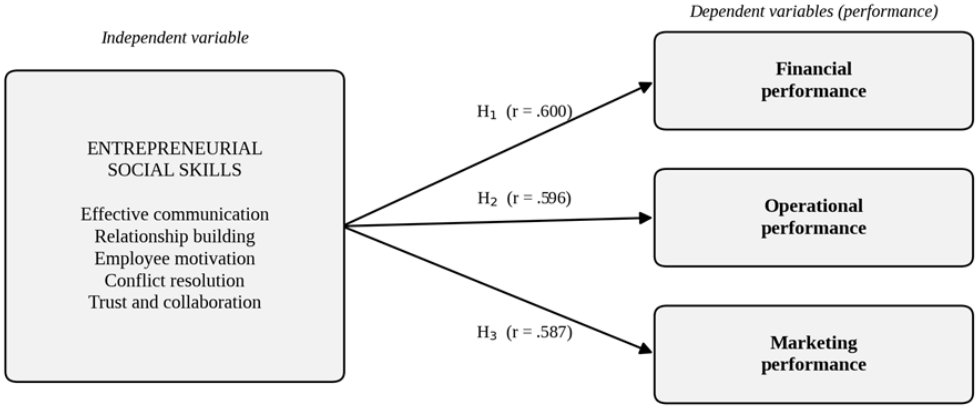


Figure 1. Conceptual Model of Social Skills and the Performance of Private Healthcare Enterprises

Note. Coefficients are the Pearson correlations obtained in this study (N = 385).

2. Materials and Methods

2.1 Research philosophy and design

The study is anchored on the positivist paradigm, which assumes that social phenomena can be objectively measured and explained through systematic observation and statistical analysi. A deductive, quantitative approach was followed in which hypotheses derived from theory were tested with survey data. A correlational survey research design was adopted because the objective was to determine the direction, strength and significance of the associations between social skills and each performance measure in naturally occurring organisational settings, without manipulating any variable.

2.2 Population, sample and sampling technique

The population comprised 507 private healthcare enterprises operating in the South-South geopolitical zone of Nigeria, including hospitals, diagnostic centres and pharmacies serving urban and rural populations. The sample size was determined with the Taro Yamane formula for finite populations at a 95% confidence level and 5% margin of error:

$$n = N / [1 + N(e)^2] = 507 / [1 + 507(0.05)^2] = 507 / 2.2675 \approx 224 \text{ enterprises.}$$

A purposive sampling technique was used to select two key informants from each sampled enterprise, namely the head nurse or receptionist and the finance supervisor, giving a total of 448 respondents. These positions were chosen because their holders interact directly with the enterprise's leadership, patients and financial records and can therefore comment on the interpersonal conduct of the leadership and on the enterprise's financial, operational and marketing outcomes.

2.3 Instrument and measurement

Data were collected with a structured, closed-ended questionnaire developed by the researcher from the conceptual and empirical literature. The instrument measured social skills (five items), financial performance (five items), operational performance (five items) and marketing performance (five items), in addition to constructs not analysed in this paper. Responses were recorded on a five-point Likert scale from Strongly Disagree to Strongly Agree. The social skills items covered effective communication with employees and clients, building strong relationships with customers and business partners, motivating employees to achieve organisational goals, resolving conflicts amicably, and creating an environment of trust and collaboration. The performance items covered, respectively, consistent revenue growth, profitability, cost control, return on investment and financial stability (financial); coordinated service delivery, quality standards, prompt task completion, continuous process improvement and minimisation of errors and delays (operational); and market-share growth, customer loyalty, referral-based client acquisition, responsiveness to market demands and brand recognition (marketing). Scores for each construct were obtained as the mean of its items.

2.4 Validity and reliability

Face validity was established through review of the draft instrument by three experts, two in entrepreneurship and organisational behaviour and one in research methodology, who assessed clarity, relevance and appropriateness. Content validity was established by checking that the items adequately covered the constructs as defined in the literature, and expert feedback was used to refine the questionnaire before administration. Reliability was assessed with Cronbach's alpha in a pilot test of 10 respondents who were not part of the main sample. A coefficient of .70 or above was treated as acceptable, and the instrument returned $\alpha = .756$, indicating acceptable internal consistency.

2.5 Data collection procedure and ethical considerations

The researcher and three trained research assistants administered the questionnaire physically and, where feasible, electronically across enterprises in Rivers, Akwa Ibom and Bayelsa States. Assistants were briefed on the study objectives, the instrument and ethical requirements, and follow-up visits and reminders were used to raise the response rate. Participation was voluntary and respondents were assured of anonymity and confidentiality. Completed instruments were checked for completeness before data entry.

2.6 Method of data analysis

Data were coded, cleaned and analysed with the Statistical Package for the Social Sciences (SPSS), version 25. Frequencies and percentages described the sample, and means and standard deviations summarised responses to each construct. Hypotheses were tested with Pearson's product-moment correlation coefficient, which is appropriate for assessing the linear association between two continuous or interval-treated variables. A null hypothesis was rejected when the two-tailed p-value was at or below .05. To support interpretation beyond statistical significance, three additional quantities were derived from the SPSS coefficients: the coefficient of determination (r^2), the proportion of variance shared by the two variables; the 95% confidence interval of r from Fisher's [55] z-transformation, using the standard error $1/\sqrt{(N - 3)}$; and the t statistic, $t = r\sqrt{[(N - 2)/(1 - r^2)}$ with $N - 2$ degrees of freedom. Effect sizes are interpreted with reference to Cohen's

benchmarks (.10 small, .30 medium, .50 large) and, to maintain continuity with the applied business-research convention used in the underlying study, are also described as weak (below .40), moderate (.40 to .69) or strong (.70 and above).

3. Results

3.1 Response rate and respondent profile

Of the 448 questionnaires distributed, 400 were retrieved (89.3%) and 385 were valid for analysis (85.9%), as shown in Table 1. Valid responses were drawn from Rivers State (80.0%), Akwa Ibom State (10.1%) and Bayelsa State (9.9%) [39]. The final sample therefore has a heavy concentration in Rivers State, which should be borne in mind when generalising to the wider South-South zone.

Table 1. Questionnaire Distribution, Retrieval and State Coverage

Description	Frequency	Percentage (%)
Questionnaires distributed	448	100.0
Questionnaires retrieved	400	89.3
Valid questionnaires used	385	85.9
Not retrieved or invalid	63	14.1
Valid responses by state (n = 385)		
Rivers State	308	80.0
Akwa Ibom State	39	10.1
Bayelsa State	38	9.9

Note. Percentages for distribution and retrieval are based on the 448 questionnaires distributed; state percentages are based on the 385 valid questionnaires. Source: Survey data (2026).

Table 2 presents the profile of respondents and enterprises. The sample was gender-balanced (54.5% male, 45.5% female). Respondents were mainly in their economically active years (59.7% were aged 31 to 50 years) [40]. Enterprises were at varied stages of maturity, with the largest group (32.2%) having operated for 4 to 6 years, and the sample covered hospitals (42.1%), diagnostic centres (31.4%) and pharmacies (26.5%), which supports the diversity of the service types represented [41].

Table 2. Profile of Respondents and Enterprises (N = 385)

Characteristic	Category	Frequency	Percentage (%)
Gender	Male	210	54.5
	Female	175	45.5
Age	18–30 years	96	24.9
	31–40 years	128	33.2
	41–50 years	102	26.5
	51 years and above	59	15.3
Years in operation	1–3 years	88	22.9
	4–6 years	124	32.2
	7–10 years	96	24.9
	11 years and above	77	20.0
Type of service	Hospital	162	42.1
	Diagnostic centre	121	31.4

Characteristic	Category	Frequency	Percentage (%)
	Pharmacy	102	26.5

Note. Source: Survey data (2026).

3.2 Descriptive statistics

Table 3 summarises the five social-skills items. Item means ranged from 3.00 to 3.32 on the five-point scale (standard deviations 1.159 to 1.397), and the mean of the item means was 3.24. Respondents therefore rated the social skills of their enterprise leadership as moderate, just above the scale midpoint [42]. The lowest-rated item was effective communication with employees and clients (M = 3.00, SD = 1.370), and the highest-rated items were building relationships with customers and partners, motivating employees and creating an environment of trust and collaboration (each M = 3.32) [43]. The relatively large standard deviations show considerable variation across enterprises: for example, 37.4% of respondents disagreed or strongly disagreed that communication was effective, while 37.7% agreed or strongly agreed.

Table 3. Descriptive Statistics for the Social Skills Items (N = 385)

Item	Min	Max	*M*	*SD*
I communicate effectively with employees and clients.	1	5	3.00	1.370
I build strong relationships with customers and business partners.	1	5	3.32	1.260
I motivate my employees to achieve organisational goals.	1	5	3.32	1.159
I resolve conflicts in my business amicably.	1	5	3.26	1.397
I create an environment of trust and collaboration within my organisation.	1	5	3.32	1.159
Social skills (mean of item means)			3.24	

Note. Scale: 1 = Strongly Disagree, 5 = Strongly Agree. Construct-level standard deviations are not reported because the SPSS item-level output was the source of these descriptive statistics. Source: Survey data (2026).

Table 4 summarises the three performance measures. All three were rated at a moderate level [44]. In each domain the lowest-rated item concerned growth or coordination: consistent revenue growth (M = 2.98), an efficient and well-coordinated service-delivery process (M = 2.97) and market-share growth (M = 3.00). Items relating to profitability, cost control, quality standards, customer loyalty, referrals and brand recognition were rated more favourably (M = 3.22 to 3.32). This pattern suggests that the enterprises are perceived as stable and reputable but less strong at growth and process coordination [45].

Table 4. Descriptive Statistics for the Performance Measures (N = 385)

Construct and item	*M*	*SD*
Financial performance (mean of item means)	**3.22**	
Consistent revenue growth in recent years	2.98	1.375
Profitability improved due to better service delivery	3.30	1.271
Efficient management of operating costs and expenses	3.29	1.172
Return on investment (ROI) increased in the past two years	3.23	1.403
Financial stability allows expansion of operations	3.29	1.172
Operational performance (mean of item means)	**3.21**	
Service delivery process is efficient and well-coordinated	2.97	1.372

High-quality standards maintained in all operations	3.29	1.265
Employees complete tasks promptly and effectively	3.29	1.165
Internal processes continuously improved to increase productivity	3.22	1.399
Operational errors and service delays minimised	3.29	1.167
Marketing performance (mean of item means)	**3.24**	
Market share has increased in recent years	3.00	1.378
Customer loyalty to services is strong	3.32	1.263
New clients frequently attracted through referrals and reputation	3.32	1.157
Quick response to market and customer demands	3.25	1.401
Service brand is widely recognised in the market	3.32	1.154

Note. Scale: 1 = Strongly Disagree, 5 = Strongly Agree. Construct means are the arithmetic mean of the five item means. Source: Survey data (2026).

3.3 Test of hypotheses

Table 5 reports the Pearson correlation results for the three hypotheses. With $N = 385$, the critical value of r at the .05 level (two-tailed) is approximately .10, so all three coefficients are far beyond the threshold for statistical significance [46].

Table 5. Pearson Correlations between Social Skills and the Performance Measures (N = 385)

Relationship	*r*	95% CI	r^2	*t*(383)	*p*
Social skills – Financial performance	.600	[.532, .660]	.360	14.68	< .001
Social skills – Operational performance	.596	[.527, .657]	.355	14.53	< .001
Social skills – Marketing performance	.587	[.517, .649]	.345	14.19	< .001

Note. r values and exact significance from SPSS (Sig. 2-tailed = .000, reported as p < .001). 95% confidence intervals (Fisher z), r^2, and t were computed from the reported r and N. Source: Survey data (2026).

The correlation between social skills and financial performance was positive and statistically significant, $r(383) = .600$, $p < .001$, 95% CI [.532, .660] [47]. Social skills therefore shared 36.0% of their variance with financial performance. By Cohen's [56] benchmarks the effect is large, and in the applied convention adopted in this study it is moderate to strong. Enterprises whose leadership is perceived as having stronger social skills also report better revenue growth, profitability, cost management, return on investment and financial stability [48]. The null hypothesis H_{01} is rejected, and the alternative that a significant positive relationship exists between social skills and financial performance is accepted.

Social skills were positively and significantly correlated with operational performance, $r(383) = .596$, $p < .001$, 95% CI (.527, .657), with 35.5% shared variance. Enterprises whose leadership is perceived as more socially skilled also report better-coordinated service delivery, higher quality standards, more prompt task completion, continuous process improvement and fewer errors and delays. The null hypothesis H_{02} is rejected, and the alternative hypothesis is accepted.

Social skills were positively and significantly correlated with marketing performance, $r(383) = .587$, $p < .001$, 95% CI (.517, .649), with 34.5% shared variance [49]. Enterprises whose leadership is perceived as more socially skilled also report stronger customer loyalty, more referral-based client acquisition, faster responsiveness to market

demands, greater brand recognition and market-share growth. The null hypothesis H_{03} is rejected, and the alternative hypothesis is accepted [50].

Table 6 summarises the decisions on the three hypotheses, and Figure 2 displays the three coefficients with their 95% confidence intervals. All three null hypotheses were rejected. The coefficients differ by no more than .013 (from .600 to .587), and the confidence intervals overlap almost completely, so there is no evidence that social skills are more strongly related to one performance domain than to another. The three relationships are best described as uniformly moderate to strong rather than ranked.

Table 6. Summary of Hypothesis Testing

Hypothesis	Relationship tested	*r*	*p*	Strength	Decision on H_0
H_{01}	Social skills and financial performance	.600	< .001	Moderate to strong (large)	Rejected
H_{02}	Social skills and operational performance	.596	< .001	Moderate to strong (large)	Rejected
H_{03}	Social skills and marketing performance	.587	< .001	Moderate to strong (large)	Rejected

Note. "Large" refers to Cohen's [56] benchmark ($r \geq .50$). Decision rule: reject H_0 if $p \leq .05$.

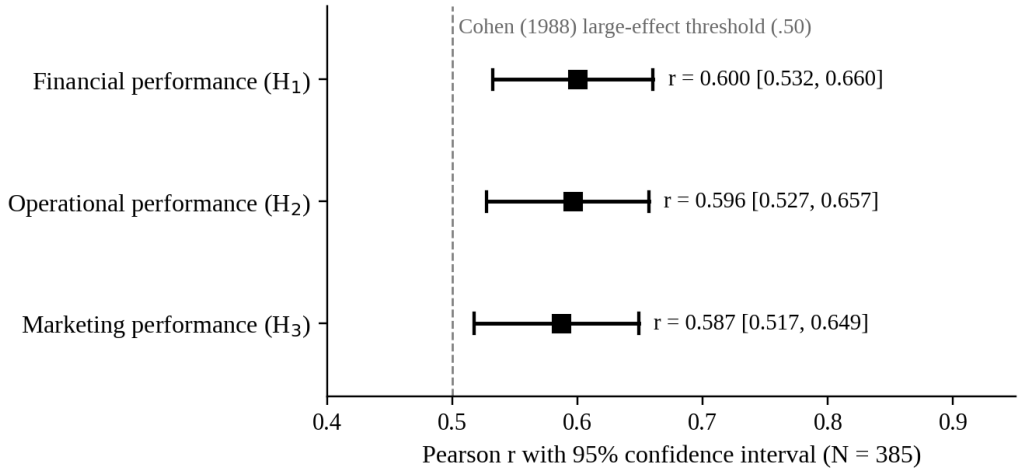


Figure 2. Correlations between Social Skills and the Three Performance Measures with 95% Confidence Intervals

Note. Squares show the Pearson r; horizontal bars show 95% confidence intervals computed with Fisher's z-transformation.

4. Discussion

4.1 Principal findings

The study set out to establish whether the social skills of the entrepreneurial leadership of private healthcare enterprises in South-South Nigeria are related to financial, operational and marketing performance [51]. The answer is consistently affirmative. Social skills were significantly and positively associated with all three measures (r = .587 to .600), with roughly one-third of the variance in each performance measure shared with social skills [52]. The finding that the three coefficients are practically identical is itself informative: the relationship does not appear to be confined to the customer-facing domain, where it might be most expected, but extends to internal process performance and to financial outcomes [53].

4.2 Social skills and financial performance

The positive relationship with financial performance is consistent with Baron and Markman's evidence that entrepreneurs' social competence is related to their financial success, and with Nigerian evidence linking emotional intelligence to leadership effectiveness and goal attainment. Several mechanisms are plausible and are consistent with RBV reasoning. Socially skilled entrepreneurs build client trust and repeat patronage, which stabilises revenue; they negotiate more effectively with suppliers, equipment vendors and partners, which lowers costs; and they resolve disputes before they escalate into financial disruption. The result also sits alongside the null finding of Umoh et al. for risk-taking: social skills may not drive discrete entrepreneurial decisions such as risk acceptance, yet may still be associated with the broader financial health of the enterprise through relationships and coordination.

4.3 Social skills and operational performance

The association with operational performance is consistent with evidence that emotional and interpersonal competencies improve employee performance and managerial effectiveness. In a healthcare enterprise, operational quality depends on handovers, shared information, teamwork and the rapid settlement of friction among staff [54]. SDT offers a motivational account: leaders who communicate well and create trust satisfy the relatedness needs of staff, who then complete tasks promptly and maintain quality standards. The finding differs from that of Mohammed and Idris, who found no significant effect of relationship management on employee performance in private schools [55]. Possible explanations include differences in sector, in the level of analysis (individual employee performance versus enterprise-level operational performance) and in measurement, and the divergence signals that the relationship may be context dependent, as Joseph and Newman's meta-analytic evidence also suggests.

4.4 Social skills and marketing performance

The association with marketing performance is consistent with the relational nature of healthcare marketing, in which trust, reputation and word-of-mouth referral are principal drivers of patient acquisition and retention. It extends studies that relate emotional intelligence to entrepreneurial success in Nigerian firms by showing a direct association between social skills and specific marketing outcomes, namely loyalty, referrals and brand recognition, in healthcare SMEs. Because the descriptive results show that market-share growth is the weakest marketing item, the findings suggest that social skills are associated more with retaining and attracting clients through relationships and reputation than with rapid expansion.

4.5 Interpreting the uniform strength of the relationships

That the three coefficients are almost identical deserves comment. One interpretation is that social skills operate as a general relational capability that lifts performance across domains, as RBV would predict for a socially complex, hard-to-imitate resource. A second, more cautious, interpretation is methodological: because the same respondents rated social skills and all three performance domains on the same scale, shared-method variance may inflate and homogenise the coefficients [56]. A third is that the three performance domains are themselves strongly interrelated in small enterprises, so that any antecedent associated with one is likely to be associated with the others. The present data cannot adjudicate between these explanations, and a multivariate model with controls and a multi-source design would be needed [57].

It is also useful to place social skills in the context of the parent study from which these data are drawn, in which self-awareness and self-regulation showed stronger coefficients with the same performance measures than social skills did. Social skills appear to be an important but complementary dimension of EEI rather than the

dominant one, which is consistent with the view that interpersonal competence builds on the intrapersonal foundations of self-awareness and self-regulation.

4.6 Theoretical implications

The results support the three theoretical lenses used. They are consistent with EI theory in showing that an interpersonal emotional competence is associated with organisational outcomes, with RBV in showing that a human-based relational capability is associated with performance in several domains simultaneously, and with SDT in showing patterns compatible with a relatedness-based motivational pathway. At the same time, the correlational design means that the study corroborates the predicted associations without testing the mechanisms; the moderating and mediating roles of organisational culture, employee motivation and client trust are obvious next steps.

4.7 Practical and policy implications

For owners and managers of private healthcare enterprises, the results imply that interpersonal competence deserves to be managed as a strategic capability and not treated as an informal personal trait. Four actions follow. First, enterprises should invest in structured social-skills development, including communication, negotiation, conflict-management and team-leadership training, with particular attention to effective communication, which was the lowest-rated item. Second, recruitment and promotion criteria for leadership positions should include evidence of relationship-management capability. Third, mentoring, team-building and structured feedback mechanisms should be used to sustain a climate of trust and collaboration. Fourth, because benefits appear to span financial, operational and marketing domains, the return on such investment should be evaluated across all three.

For regulators, professional associations and enterprise-support agencies, the findings support embedding emotional-intelligence and social-skills modules in entrepreneurship and SME capacity-building programmes, and in the continuing professional development of healthcare managers. Such initiatives would also strengthen the contribution of private providers to national health and economic objectives.

4.8 Relevance to the Sustainable Development Goals

The findings are relevant to three SDGs. SDG 3 (Good Health and Well-being): stronger enterprise performance, and the trust-based patient relationships associated with social skills, support the sustainability and accessibility of quality private healthcare services. SDG 8 (Decent Work and Economic Growth): the association with financial performance and with employee-related operational outcomes indicates that investing in leaders' interpersonal competence can support enterprise growth, job retention and healthier workplaces. SDG 9 (Industry, Innovation and Infrastructure): the association with operational performance suggests that interpersonal competence supports the coordination and continuous improvement on which resilient service systems depend. These links are plausible interpretations of the correlational findings, not demonstrated causal effects.

5. Conclusion

The study examined the relationship between entrepreneurial social skills and three measures of performance, namely financial, operational and marketing performance, among private healthcare enterprises in South-South Nigeria. Using survey data from 385 key informants, it found that social skills were positively and significantly related to financial performance ($r = .600$), operational performance ($r = .596$) and marketing performance ($r = .587$), that each relationship was significant at $p < .001$ and that the three relationships were of statistically indistinguishable strength. All three null hypotheses were rejected. The study concludes that, in this setting, the interpersonal competence of the entrepreneurial leadership is a consistent correlate of enterprise

performance across domains, and that building social skills is a promising lever for strengthening the performance and sustainability of private healthcare SMEs. Because the design is correlational, this conclusion concerns association and not proven causation. Several limitations should be acknowledged. First, the cross-sectional correlational design cannot establish causality, and reverse causation is plausible: well-performing enterprises may afford more training and a calmer climate in which interpersonal skills are exercised. Second, social skills and performance were measured by perception-based self-report items completed by the same respondents, so common-method variance may inflate the coefficients. Third, the social-skills items were worded in the first person while the informants were head nurses, receptionists and finance supervisors, so the construct reflects informants' perceptions of the enterprise leadership's interpersonal competence and not an independent assessment of the entrepreneur. Fourth, the purposive, non-probability selection of informants and the concentration of valid responses in Rivers State (80%) limit generalisation to the whole South-South zone. Fifth, the analysis is bivariate: no control variables such as enterprise size, age, ownership or service type were included, and no multivariate or mediation analysis was undertaken. Sixth, reliability was reported from a pilot of 10 respondents, and construct-level reliability estimates for the full sample would strengthen the measurement evidence. Finally, ordinal Likert data were treated as interval for correlation analysis, which is common but debatable. Future research could (a) use longitudinal or experimental designs, for example evaluating the effect of social-skills training on performance, to address causality; (b) collect performance data from independent sources such as financial statements, patient-satisfaction surveys and facility records, and rate leadership social skills with multi-rater instruments; (c) estimate multivariate models that include control variables and the other EEI dimensions simultaneously, in order to identify the unique contribution of social skills; (d) test mediators, such as employee motivation, trust and patient satisfaction, and moderators, such as organisational culture, firm size and ownership; and (e) replicate the study in other Nigerian regions and in other African health systems to assess generalisability.

REFERENCES

[1] J. Cohen, ‘A power primer’. 1992.

[2] ‘A. Bandura, Social Learning Theory. Englewood Cliffs, NJ, USA: Prentice-Hall, 1977.’ 1977.

[3] ‘A. R. Hochschild, The Managed Heart: Commercialization of Human Feeling. Berkeley, CA, USA: University of California Press, 1983.’ 1983.

[4] R. E. Riggio, ‘Assessment of basic social skills’. 1986.

[5] O. Onwujekwe B. Uzochukwu and E. Shu, ‘Assessment of private health facilities in Nigeria: Implications for healthcare planning’. 2019.

[6] M. Vansteenkiste R. M. Ryan and B. Soenens, ‘Basic psychological need theory: Advancements, critical themes, and future directions’. 2020.

[7] R. A. Baron and G. D. Markman, ‘Beyond social capital: How social skills can enhance entrepreneurs’ success’. 2000.

[8] R. A. Baron and G. D. Markman, ‘Beyond social capital: The role of entrepreneurs’ social competence in their financial success’. 2003.

[9] N. G. Nwokah, ‘Business environment and performance of small and medium enterprises in South-South Nigeria’. 2018.

[10] J, ‘C. Nunnally and I. H’. 1994.

[11] S. C. Eze C. Okafor and B. Nwankwo, 'Challenges and performance of SMEs in emerging economies: Evidence from Nigeria'. 2020.

[12] L. J. Cronbach, 'Coefficient alpha and the internal structure of tests'. 1951.

[13] P. M. Podsakoff S. B. MacKenzie, J. Y. Lee and N. P. Podsakoff, 'Common method biases in behavioral research: A critical review of the literature and recommended remedies'. 2003.

[14] 'D. Goleman, Emotional Intelligence: Why It Can Matter More Than IQ. New York, NY, USA: Bantam Books, 2006.' 2006.

[15] 'D. Goleman, Working with Emotional Intelligence. New York, NY, USA: Bantam Books, 1998.' 1998.

[16] L. E. Kelvin-Iloafu B. S. Adeleke, R. A. Adekitan, A. J. C. Nwonye and M. C. Ngwu, 'Does emotional intelligence affect attainment of strategic goals of small scale enterprises (SCEs) in developing economies?' 2019.

[17] S. O. Popoola and Y. A. Zaid, 'Effective leadership, self-efficacy, emotional intelligence, information acquisition and utilization of managers in packaging companies in Nigeria'. 2018.

[18] N. C. Ifeanacho A. N. Nneamaka and O. G. Chinaemerem, 'Emotional intelligence and age as predictors of managerial effectiveness among bankers in Anambra State, Nigeria'. 2024.

[19] J. A. Otor and T. P. Jato, 'Emotional intelligence and employee performance: A study of teachers in secondary schools in Benue State, Nigeria'. 2023.

[20] A. Mohammed and B. Idris, 'Emotional intelligence and employees' performance: An analysis of employees of private secondary schools in Kaduna'. 2024.

[21] T. Ebisinkemefa and M. Diete-Spiff, 'Emotional intelligence and entrepreneurial success in power sector firms in Southern Nigeria'. 2023.

[22] V. A. Umoh I. N. Ebito and M. G. Okon, 'Emotional intelligence and risk-taking capacity of entrepreneurs in Nigeria'. 2020.

[23] S. Côté and C. T. H. Miners, 'Emotional intelligence, cognitive intelligence, and job performance'. 2006.

[24] A. M. Lawal and O. E. Omole, 'Emotional intelligence, perceived inequity and job performance among bank employees in Southwestern Nigeria'. 2015.

[25] R. Bar-On, 'Emotional intelligence: An integral part of positive psychology'. 2010.

[26] D. L. Joseph and D. A. Newman, 'Emotional intelligence: An integrative meta-analysis and cascading model'. 2010.

[27] J. D. Mayer P. Salovey and D. R. Caruso, 'Emotional intelligence: Theory, findings, and implications'. 2004.

[28] S. L. Newbert, 'Empirical research on the resource-based view of the firm: An assessment and suggestions for future research'. 2007.

[29] N. P. Onyirimba, 'Entrepreneurial emotional intelligence and performance of private healthcare enterprises in South-South, Nigeria'. 2026.

[30] O. Nwafor and P. Igbokwe, 'Entrepreneurial emotional intelligence and SME performance in Nigeria'. 2020.

[31] G. Ahmetoglu F. Leutner and T. Chamorro-Premuzic, 'EQ-nomics: Understanding the relationship between individual differences in trait emotional intelligence and entrepreneurship'. 2011.

[32] O. Oni, 'Financial management practices and performance of SMEs in Nigeria'. 2017.

[33] J. B. Barney, 'Firm resources and sustained competitive advantage'. 1991.

[34] J. D. Mayer R. D. Roberts and S. G. Barsade, 'Human abilities: Emotional intelligence'. 2008.

[35] P. Saaondo, 'Influence of social support, emotional intelligence, mindfulness and sex on entrepreneurial intention among Youth Corps Members in Benue State, Nigeria'. 2023.

[36] R. L. Priem and J. E. Butler, 'Is the resource-based "view" a useful perspective for strategic management research?' 2001.

[37] 'J. Cohen, Statistical Power Analysis for the Behavioral Sciences, 2nd ed. Hillsdale, NJ, USA: Lawrence Erlbaum Associates, 1988.' 1988.

[38] E, 'L. Deci and R. M'. 1985.

[39] A. E. Oyewunmi O. A. Oyewunmi, I. S. Ojo and O. A. Oludayo, 'Leaders' emotional intelligence and employees' performance: A case in Nigeria's public healthcare sector'. 2015.

[40] 'M. A. Hitt, R. D. Ireland, and R. E. Hoskisson, Strategic Management: Competitiveness and Globalization, 12th ed. Boston, MA, USA: Cengage Learning, 2017.' 2017.

[41] F, 'M. Gresham and S. N'. 2008.

[42] 'M. Saunders, P. Lewis, and A. Thornhill, Research Methods for Business Students, 8th ed. Harlow, U.K.: Pearson, 2019.' 2019.

[43] N. Venkatraman and V. Ramanujam, 'Measurement of business performance in strategy research: A comparison of approaches'. 1986.

[44] P. J. Richard T. M. Devinney, G. S. Yip and G. Johnson, 'Measuring organizational performance: Towards methodological best practice'. 2009.

[45] R. A. Oyoru and A. Ambali, 'Mediating effect of employee commitment on the relationship between emotional intelligence and employee performance: A study of listed food and beverages companies in Nigeria'. 2024.

[46] B. Adesesan, 'Nigeria's healthcare industry a driver of national competitiveness'. 2025.

[47] 'O. Onwujekwe et al., Nigeria: Country Health Systems and Services Profile. Abuja, Nigeria: African Health Observatory Platform on Health Systems and Policies, 2025.' 2025.

[48] R. A. Fisher, 'On the "probable error" of a coefficient of correlation deduced from a small sample'. 1921.

[49] L. A. Zampetakis K. Kafetsios, N. Bouranta, T. Dewett and V. S. Moustakis, 'On the relationship between emotional intelligence and entrepreneurial attitudes and intentions'. 2009.

[50] S. T. Akinyele and A. S. Fakile, 'Operational efficiency and performance of small and medium enterprises in the Nigerian healthcare sector'. 2019.

[51] 'R. E. Boyatzis, The Competent Manager: A Model for Effective Performance. New York, NY, USA: Wiley, 1982.' 1982.

[52] M. Gagné and E. L. Deci, 'Self-determination theory and work motivation'. 2005.

[53] S. N. Elliott and F. M. Gresham, 'Social skills assessment and intervention for children and youth'. 2007.

[54] 'T. Yamane, Statistics: An Introductory Analysis, 2nd ed. New York, NY, USA: Harper & Row, 1967.' 1967.

[55] C.-S. Wong and K. S. Law, 'The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study'. 2002.

[56] E. L. Deci and R. M. Ryan, 'The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior'. 2000.

[57] R. E. Riggio and R. J. Reichard, 'The emotional and social intelligences of effective leadership: An emotional and social skill approach'. 2008.