International Journal of Small Business and Entrepreneurship Research
Vol.10, No.3, pp.,1-57, 2022
Print ISSN: 2053-5821(Print)
Online ISSN: 2053-583X (Online)

Sustainable Development Goals: Multicollinearity Between Therapeutic Entrepreneurship and Rehabilitation Therapy among African Nations

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Citation: Ovharhe, Orugba Harry (2022) Sustainable Development Goals: Multicollinearity Between Therapeutic Entrepreneurship and Rehabilitation Therapy among African Nations, *International Journal of Small Business and Entrepreneurship Research*, Vol.10, No.3, pp.,1-57

ABSTRACT: *This study explored the multicollinearity between therapeutic entrepreneurship and rehabilitation therapy among African nations with the moderating role of sustainable development goals. The study adopted correlational design, exploratory design and cross-sectional cohort study. The study used non-proportionate stratified random sampling techniques and purposive sampling techniques. A total population of 55 rehabilitation professionals and sample size of 48 was determined using Krejcie and Morgan Table formula at 0.05 level of significance. Also, 48 copies of questionnaire were distributed to the respondents, while 42 copies were completed, retrieved, processed and analyzed. The instrument was validated with rehabilitation experts practising entrepreneurship, also various approach were employed to authenticate the reliability, the outcome of Cronbach Alpha Co-efficient is 0.954 (95.40%), Spearman-Brown equal length is 0.974 (97.40%) and Guttman Split-Half Coefficient is 96.10 (0.961). Ten research questions and ten hypotheses were raised which was tested with multiple regression analysis and KMO/Barllet's test for the sampling adequacy on data appropriateness and sphericity respectively via SPSS 25 version. From the findings, therapeutic entrepreneurship aligned positively with occupational therapy, physical therapy and speech therapy. In conclusion, the apriori expectations could be deduced that there is positive outcome from the Condition Index and Eigenvalue which revealed there is minute multicollinearity presence among the therapeutic innovation skills, therapeutic risk culture and therapeutic passion in alignment with rehabilitation therapy, but was ignored because of the VIF and Tolerance outcome. Hence, it could be generally concluded that the study alignment is based on correlational rather than collinearity. This is in accord with the findings from the regression model used to analyze the hypotheses. Thus, the null hypotheses were rejected, while the alternate hypotheses were accepted. Based on the findings and conclusion, this study contributes to the knowledge that therapeutic entrepreneurship is an active support to SDG and booster to entrepreneurs with capability to rehabilitates business enterprise owners with unawesome condition, challenges and cases (i.e. trauma, autism, amputation and deformity) in line with their entrepreneurial journey, dreams and vision. It could be recommended that entrepreneurship rehabilitation therapist should be employed as a major trend of research and development towards achieving the SDG and should be design as academic curriculum. Additionally, it should be adopted as course of study in vocational and technical training program.*

KEYWORDS: therapeutic entrepreneurship, rehabilitation therapy, therapeutic entrepreneur, therapeutic innovation-skills, therapeutic risk-culture, therapeutic passion, occupational therapy, physical therapy, speech therapy, sustainable development goals

INTRODUCTION

The sustainable development goals (SDG) with enormous desired to achieve critical 17 agenda by the ends of 2030 has called for drastic attention on continuous improvement, development and inclusion of fundamental aspect to the quality of life being neglected. The negligence of the quality of life is based on non-inclusion of certain areas on recent trend of entrepreneurship that have the propensity to be in alignment with rehabilitation in the institution and enterprise sectors. The inability not to capture the new trend of entrepreneurship to align with health, sport, military, correctional care, movie industry, music industry among others could be very disastrous to the globe especially in the African continent where there is much hunger, poverty and less quality education, adequate healthiness, wellness, well-being infrastructure for socio-economic growth and development (Bhatia & Mohsin, 2021). For these to match towards the dearth of the SDG accomplishment, there is need to articulate, integrate and structure the concept of entrepreneurship and rehabilitation therapy as correlation or multicollinearity tendency.

The integration of rehabilitation therapy with entrepreneurship could be used to sort out possible remedies that would address the bottleneck and pitfalls surrounding the growth and development of enterprise activities to meet up with the SDG accomplishments. To successful achieved our projected SDG, the entrepreneurship function in Africa need to be calibrated, lubricated and authenticated with rehabilitation therapy as inclusion (Dsouza, 2021). The inclusive criteria engulf those potentials and prospective entrepreneurs with critical condition, deformity and cases affecting their productivity, commitment, profitability, turnover, payback-period, positive emotions and upward spirals. If nothing is done to these set of entrepreneurs, the gross domestic product, gross national income and per capital income will be highly affected (Afolabi, 2015; Dhalum, 2017; Ovharhe, Woko & Ezeocha, 2021).

Rehabilitation (in this context) is the process of helping individual (entrepreneur) to achieve the maximum climax of function, independence, self-reliance, self-confidence and quality of life towards ability to develop risk culture, innovation, client satisfaction and value creation. Rehabilitation may not only necessarily deactivate, reverse, or rephrase the damage caused by disease, condition, disorder or trauma, but rather helps to restore the individual entrepreneur to optimal health, effective functioning and efficient well-being with the aim of wealth maximization and profit maximization. Rehabilitation enables an entrepreneur to have self-efficacy and economic value which could be termed as "*therapeutic entrepreneurship"*.

Therapeutic entrepreneurship employed rehabilitation phenomenon to boost and resuscitate entrepreneur with difficulty, unhealthy and deformed condition by providing a resilience to business with care that can help entrepreneur to bounce back, normalcy and develop capability that facilitate their quality of livelihood functioned. The difficulty, unhealthy and deformed condition that poses obstacle to the entrepreneurs to dysfunction in its maximum efficacy could be physical, mental, social and/or cognitive (i.e. thinking and learning) (Zilcha-Mano, Muran, Eubanks, Safran & Winston, 2018). Furthermore, it may be condition like amputation, deformity, trauma, high blood pressure, arthritis, stroke, epilepsy, depression, frustration, anxiety, autism, deaf, dumb, blind, cerebral palsy, palliative care, hospice and lot more (Scott, 2018).

Nevertheless, those individual in business function with these conditions are called "*Therapeutic Entrepreneurs"* (or intrapreneurs, coentrepreneur, extrapreneur, ultrapreneur, etc). Whereas, those that support and provide professional care for the therapeutic entrepreneurs with the condition are regarded as "*Entrepreneurship Therapist*" or "*Entrepreneurship Rehabilitation Therapist".* Thus, therapeutic entrepreneurship is sub-categorized into two types, namely; "*Therapeutic Entrepreneurs"* and "*Entrepreneurship Therapist*" or "*Entrepreneurship Rehabilitation Therapist".*

Therapeutic entrepreneurship, also known as therapeunership is form of rehabilitation entrepreneurship or scientific paradigm of entrepreneurship. It is regarded as therapeunership because it's enveloped other concept of entrepreneurship such as corporate entrepreneurship, social entrepreneurship, ultrapreneurship, hybrid entrepreneurship, part-time entrepreneurship, engineering entrepreneurship, serial entrepreneurship, light entrepreneurship, engineering entrepreneurship, extrapreneurship, intrapreneurship, co-entrepreneurship, infopreneurship and copreneurship (Ovharhe & Igbokwe; Chibuike, Ovharhe & Abada, 2022). Additionally, it is synchronized from the prefix and suffix; therapeutic (therapeu) and entrepreneurship (neurship). Therapeutic entrepreneurship is the process of activating the possibility of rehabilitating entrepreneur to function to her maximum capacity, ability and capability towards achieving the goals of its entrepreneurial journey. Therapeutic entrepreneurship used rehabilitation therapy techniques as fusion to engage entrepreneurs to achieve the maximum climax of their dreams, vision, mission and goals. The purpose of rehabilitation therapy is to fusion back the entrepreneur passion to its original status or ability with innovative skills and risk culture to function in the enterprise proficiently, by the process of therapeutic screening, assessment, diagnosis, intervention (treatment), recovery, reintegrating and positioning or re-positioning if need may be to another business function that he/she has the fitness and competence (Kazantzis, Dattilio & Dobson, 2017).

The therapeutic entrepreneurship equipped entrepreneurs with certain conditions on programs with innovation skills, risk culture and passion so as to achieve her entrepreneurial journey goal and target. These can be accomplished with the engagement of rehabilitation experts in the field of

occupational therapy, speech therapy, physical therapy, mental health rehabilitation, psychology and social work. If these rehabilitation professionals among others in related field are integrated, the SDG objectives would be achieved in areas of education, innovation, industrialization and job functions.

The research set to bridge the gap between therapeutic entrepreneurship and rehabilitation therapy among African nations towards aligning with the SDG.

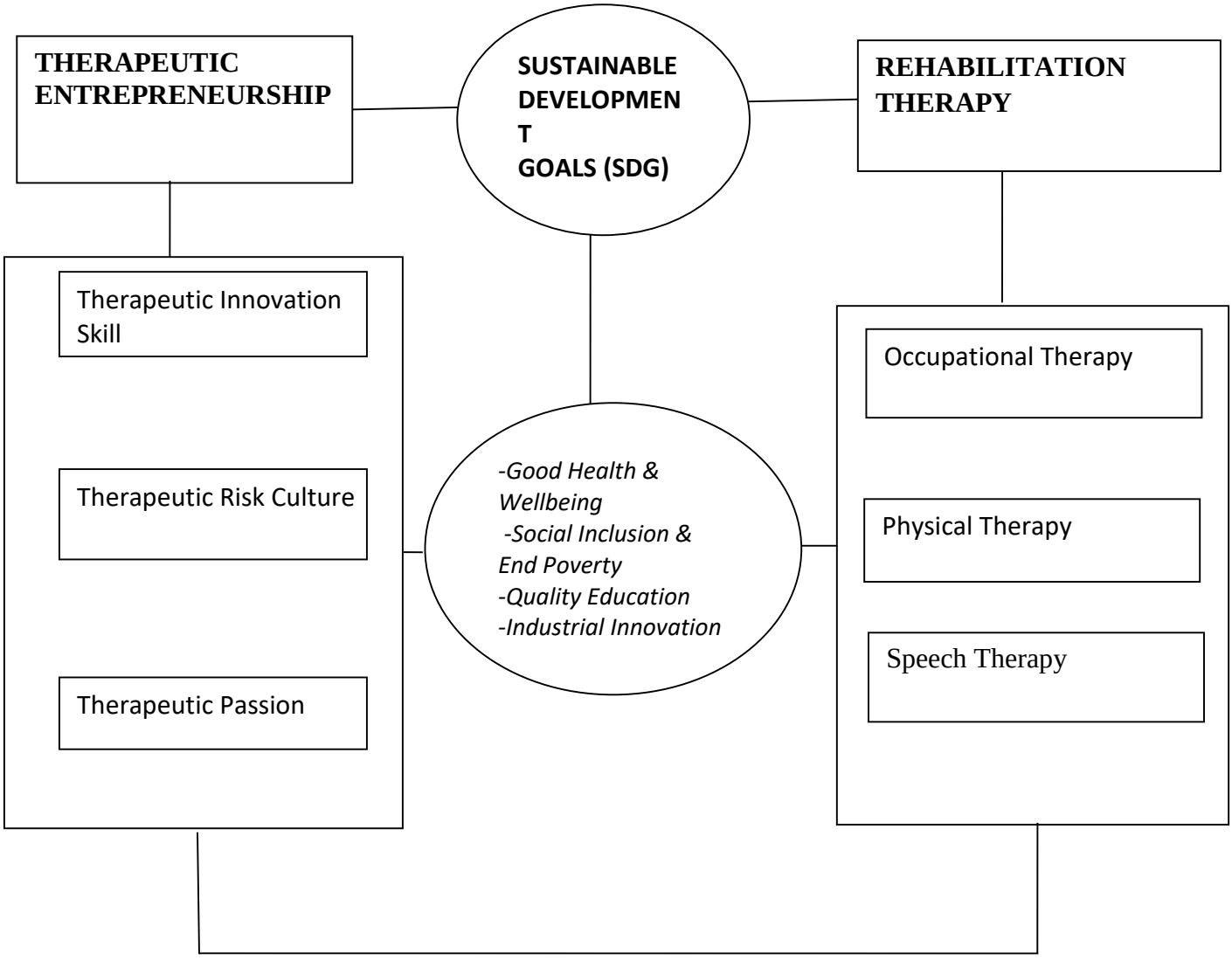


Figure 1.1: Conceptualized Framework on the Moderating, Explanatory and Response Variables on Sustainable Development Goals, Therapeutic Entrepreneurship and Rehabilitation Therapy
SOURCE: Researcher's Conceptualization, 2022

The predictor variable in this study is Therapeutic entrepreneurship. Based on the earlier study of Ovharhe *et al.,* (2021), the dimensions in this study are Therapeutic (entrepreneurship) innovation-skill, Therapeutic (entrepreneurship) risk-culture and Therapeutic (entrepreneurship) passion. On the other hand, the criterion variable for this study is rehabilitation therapy. The measures of Rehabilitation therapy adopted by Scott (2018) for this study includes; Occupational therapy, Physical therapy, Speech therapy and Cognitive therapy. However, the moderating variable is adopted as Sustainable Development Goals coined from the early work of Millennium Development Goals being adopted as SDG-2030 (Dsouza, 2021) which entails good health and well-being, quality education, social inclusion, no poverty, industrial innovation and infrastructure, reduced inequality, partnership to achieved goals and zero poverty.

Aim and Objectives of the Study

More so, this study explores the multicollinearity between therapeutic entrepreneurship and rehabilitation therapy among African nations. Hence, the following specific objectives were explored.

1. To explore how therapeutic innovation-skill align with rehabilitation therapy among African nations.

2. To explore how therapeutic risk-culture align with rehabilitation therapy among African nations.

3. To explore how therapeutic passion align with rehabilitation therapy among African nations.

4. To explore how sustainable development goals moderate with therapeutic entrepreneurship and rehabilitation therapy among African nations.

Research Questions

The research questions were framed as itemized below.

1. Does therapeutic innovation-skill align with rehabilitation therapy among African nations?

2. Does therapeutic risk-culture align with rehabilitation therapy among African nations?

3. Does therapeutic passion align with rehabilitation therapy among African nations?

4. Does sustainable development goals moderate the alignment between therapeutic entrepreneurship and rehabilitation therapy in African nations?

Research Hypotheses

Based on the research questions and specific objectives, the following hypotheses were stated in their null form as illustrated in the operationalized framework beneath.

Ho_1: Therapeutic innovation-skill does not significantly align with occupational therapy in African nations.

Ho_2: Therapeutic innovation-skill does not significantly align with physical therapy in African nations.

Ho_3: Therapeutic innovation-skill does not significantly align with speech therapy in African nations.

Ho_4: Therapeutic risk-culture does not significantly align with occupational therapy in African nations.

Ho_5: Therapeutic risk-culture does not significantly align with physical therapy in African nations.

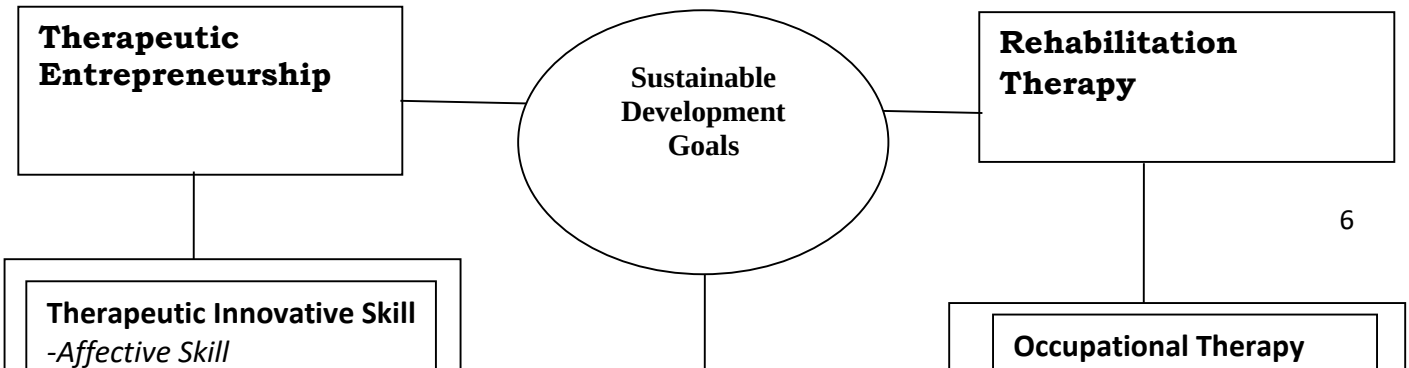
Ho_6: Therapeutic risk-culture does not significantly align with speech therapy in African nations.

Ho_7: Therapeutic passion does not significantly align with occupational therapy in African nations.

Ho_8: Therapeutic passion does not significantly align with physical therapy in African nations.

Ho_9: Therapeutic passion does not significantly align with speech therapy in African nations.

Ho_{10}: Sustainable development goals do not significantly moderate the alignment between therapeutic entrepreneurship and rehabilitation therapy in African nations.



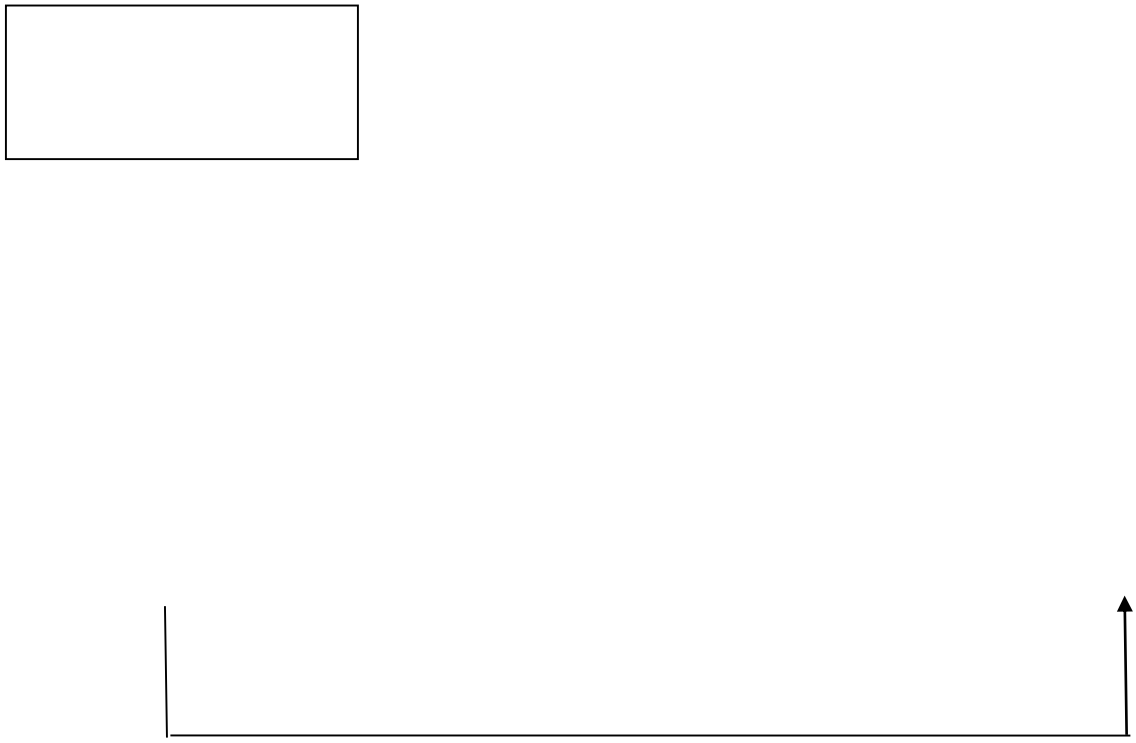


Figure 1.2. Operationalized Framework on the variables of Sustainable Development Goals, Therapeutic Entrepreneurship and Rehabilitation Therapy
SOURCE: Researcher's Operationalization, 2022

LITRATURE REVIEW

Conceptual Review

Concept of Therapeutic Entrepreneurship

Therapeutic entrepreneurship is a brand-new breed of entrepreneurship discipline, course, model and approach that address physical, mental, occupational and cognitive challenges that affects entrepreneurs or intrapreneurs to excel in their business functions. It equipped the individual entrepreneurs to imbibe risk culture, innovations, passion and merchandizing capability suitable for her healthiness (Chibuike & Ovharhe, 2022). This means, it is the rehabilitation therapy fusion of total wellness and wellbeing that enable entrepreneurs to function efficiently and efficiently to generate high level of profitability, return on investment (ROI), return on Asset (ROA), return on

capital employed (ROCE), return on equity (ROE), cost-benefit analysis, wealth maximization, value creation and profit maximization (Ovharhe & Igbokwe, 2021).

Therapeutic entrepreneurship is the most rehabilitation therapy which involves restoration, refurbishment, renovation, reinstatement and reinforcement of entrepreneurs with unawesome condition that considers to boost their capital budgeting, break even analysis, capital rationing, gross domestic product (GDP), tax considerations, gross national product (GNP), customer funded business, venture capital and business angel unlike other rehabilitation approach (Afolabi, 2015; Dhalum, 2017).

Therapeutic entrepreneurship enables entrepreneur to function to her maximum competency, knowledge, skills and capacity which empower them fit for their fiduciary task despise their deficiency status and condition. These enable those entrepreneurs in the field of sport, theater art, craft, art, engineering, ICT, agriculture, among others to perform without feeling outrageous in their environment. Hence, it does not really matter what is the cases or condition of the potential entrepreneur, be it deformation, epilepsy, stroke, heart condition, deaf, blind, dumb, depression, trauma, anxiety and amputation, their passionate entrepreneurial journey will be accomplish through therapeutic rehabilitation process (Zilcha-Mano, 2017).

Therapeutic entrepreneurship is a booster that enables every entrepreneur and intrapreneur with absurd condition to have the sense of preventive, restorative, re-transformative, re-branding, re-productive, reintegration and repositioning via rehabilitation to access momentum assessment that would have a positive resultant outcome on her merchandizing activities or job functions. This is because certain entrepreneurs and intrapreneurs have critical health, physical and mental conditions that possess threat to their livelihood in pursuit of quality of life in terms of increasing patronage, job satisfaction, customer satisfaction and supply chain management. It acts as a synergy to the conventional entrepreneurship such as corporate entrepreneurship, social entrepreneurship, hybrid entrepreneurship, infopreneurship, engineering entrepreneurship, ultrapreneurship, extrapreneurship, intrapreneurship, co-entrepreneurship and copreneurship. If other fields of entrepreneurship adopt therapeutic entrepreneurship as a synergetic concept, they will experience organizational healthiness, social healthiness, business healthiness and clinical healthiness (Kazantzis, 2018).

Therapeutic entrepreneurship is the aftermath or end benefit on the rehabilitation therapy process that guarantee the well-being and wellness, livelihood of the entrepreneur to full maximum capability to function effectively and efficiently in her passionate dreams desire. It makes the individual (intrapreneurs or entrepreneurs) to be job fit, task fit and enterprise fit for job which could enhance the survival and sustainability of the organization. Therapeutic entrepreneurship focuses on the individual physical, cognitive and mental ability to function at maximum capacity and capability in her job and fiduciary duty (Baldwin & Del Re, 2016). Therapeutic

entrepreneurship does not just involve health cases, illness, addiction and condition, it also extend impressively to the correctional care services (imprisonment), military forces aftermath war, crisis and societal turbulence.

Other rehabilitation therapist focuses more on the clinical and medical proceedings, whereas therapeutic entrepreneurship draws more attention to the enterprise, social, economic, client, supply chain, SWOT (Strength, Weakness, Opportunity and Threats) analysis; PESTLE (Politic, Economic, Social-Cultural, Technology, Legal and Ecological). It strengthens the entrepreneurs for their wellness and fitness towards facilitating merchandizing activities in her business functions. Rehabilitation services help individual entrepreneur return to her daily life and lives normal or near-normal way. These services may include physical therapy, psychotherapy, occupational therapy, social work therapy, speech and language therapy, cognitive therapy and mental health rehabilitation services (Scott, 2018). In the line of this study rehabilitation could be the process, strategy and tactic of care an individual receive with unawesome condition that requires to regain lost skills with maximum self-reliability, self-employable, self-dependable and self-sufficiency to perform effectively and efficiently in the enterprise functions. For example, rehabilitating a stroke entrepreneur, the aftermath with entrepreneurial skills will be pleasurable to the entrepreneur functions in quality livelihood for reintegration and re-positioning (Beck, 1963). The function of rehabilitating an individual entrepreneur is to ensure maximum ability, capacity and capability to perform effectively and efficiently with pleasurable means that is most convenient with adequate time, cost, speed and less burden (Zilcha-Mano, 2017).

For rehabilitation process to be efficient and effective, the therapy application should involve immerse learning, training, innovation and development. This calls for vocational, technical, self-reliance, employable and marketable skills such as therapeutic innovation-skills. Therapeutic innovation-skills can only be proficient if it is integrated with entrepreneur passion and considering the risk culture involved. Passion is very critical for every entrepreneur because of the vision, mission and fusion pressure its entails (Nordström, Sirén, Thorgren & Wincent, 2016; O'Keefe, Dweck & Walton, 2018). If passion dies the vision and mission will dies because there will be no fusion force to drive to achieve the entrepreneur's goals. Another critical factor to be considers is the ability to manage risk. The status of the entrepreneur's condition should be able at all point in time to develop the appropriate risk culture to address every bottleneck, pitfalls and threat in the business environment (Chibuike & Ovharhe, 2022). The risk culture entails the risk attitude, risk behaviour and risk competence which therapeutic entrepreneurs can manage and cope with (Ovharhe*et al*., 2021). This risk culture should flow with emergence of integrating therapeutic entrepreneurship in entrepreneur's livelihood, career, profession and merchandizing functions. Therapeutic entrepreneurship function poses possible remedies to address the pitfalls and bottleneck on the total well-being, wellness and the healthiness of intrapreneurs, entrepreneurs,

extrapreneurs, cotrapreneurs, coentrapreneurs, ultrapreneurs, business angels, incubators, venture capitalist, social entrapreneur, public service and corporate enterprise.

Therapeutic entrepreneurship fusion is a drive and motion that synthesizes the emotion and hope of entrepreneurs towards livelihood longevity despite their current condition. The entrepreneur then sees life with more reasons to live. For example, the entrepreneur will fusion its radiant energy on good debts, business opportunities, social capital with clients/customers, volume and frequency of patronages, market leadership among others. These would boost the entrepreneurs social and mental healthiness. Hence, the level of the blood pressure and other stressors might start experiencing reduction. If it is a stroke therapeutic entrepreneur, the healthiness climax would be on positive phenomena (Zilcha-Mano, 2017).

In Africa, where there are lots of uncertainties from the internal and external environmental factors, therapeutic entrepreneurship practices could act as optimistic remedies to safe life, business and healthiness of entrepreneurs in the small-scale enterprise, medium-scale enterprise and large-scale enterprises. Both the micro enterprise and macro enterprise dependability on the application of therapeutic entrepreneurship to her operandi cannot be over emphasizing. This is because therapeutic entrepreneurship is one of the best approaches to synchronize with the SDG on her *Entrepreneurship 7S Model* (i.e. sustainability, survival, success etc).

Therapeutic Innovation-Skill

Innovation-skill is the ability to brainstorm and invent marketable and sellable goods and services that possess economic value and subject to scarcity. The fact that goods and services possess economic value means it has pricing concept and could be subject to scarcity (Afolabi, 2015; Adejuwon, 2018). Thus, in this context, goods and services could be product innovation, process innovation, market innovation, idea innovation, technological innovation and administrative innovation (Green, 2015; Ovharhe *et al*, 2021). However, the skills needed for innovation process are affective skill, cognitive skill and psychomotor skill. Hence, innovation-skill can be idea, experience, tangible and intangible (Ezeh & Ekemezie 2015; Aloysius, Ismail, Suandi & Arshad, 2018).

Therapeutic entrepreneurship is the vital tool therapeutic entrepreneurs need to change their dream world. Therefore, with innovation-skill therapeutic entrepreneur can fabricate, design and invent the future despise their epileptic condition, circumstances and rough climax. Therapeutic entrepreneur will have the energy to be adaptive at any competitive parity in the business environment (Ovharhe & Igbokwe, 2021).

Therapeutic Risk-Culture

The plight of every therapeutic entrepreneur is the ability to manage risk. This is the necessity of risk culture to the sense of humor that enables entrepreneurs to develop risk alert and risk awareness (Chibuike & Ovharhe, 2022). More so, risk culture is disciplinary value system with caution to deal and handle risk in the enterprise environment. Risk culture gives entrepreneur the capability of monitoring risk appetite and risk tolerance towards wealth maximization and profit maximization (Ovharhe & Igbokwe, 2021). Risk culture could be easily analyzed by the ABC approach; risk attitude, risk behavior and risk competence (Ovharhe *et al.*, 2021). The right attitude, behavior and competence of managing risk it the bedrock for therapeutic entrepreneur to cope and be successful in enterprise function.

Therapeutic Passion

Passion is the driver and inspiration of any entrepreneur, because in the times of high storm and turbulence in the business environment, the vital tool that is needed is the spirit of passion (Bhansing, Hitters, & Wijngaarden, 2017). Passion is the rhythm that every entrepreneur needs to sustain, survive and successful in business. Therapeutic passion is highly a stimulating and motivating concept which enable entrepreneurs in tough times to withstand every catastrophe and risk in times of business turbulence especially during covid-19 pandemic (Ovharhe *et al*., 2021).

Passion is the architect of vision, mission and fusion for therapeutic entrepreneurs to achieve their entrepreneurial journey. Passion is the pivoting fusion on creativity and perseverance (Duckworth, 2016; Biraglia & Kadile, 2017). Passion is the anchor of entrepreneurial alert that makes them to burn with fusion which fuels the vision and mission not to dies (Campos, 2017; De Mol, Ho & Pollack, 2018). Passion is obsessive and possessive that causes the entrepreneurial fire to burn and keeps rekindling without quenching the zeal by igniting continuous improvement of fusion, vision, mission and job embedded satisfaction (Li, Chen, Kotha & Fisher, 2017; Fisher, Merlot & Johnson, 2018; Moeller, Ivcevic, White, Menges & Brackett, 2018; Murnieks, Cardon & Haynie, 2020).

Therapeutic entrepreneurs need to develop hybrid entrepreneurial tendency to fully exploit their passion that will enable them to focus on their fusion energy on accomplishing their vision and mission with their predetermined expectation (Nordström, Sirén, Thorgren &Wincent, 2016; O'Keefe, Dweck & Walton, 2018).

Rehabilitation Therapy

Rehabilitation therapy in the light of therapeutic entrepreneurship is an allied rehabilitation field in occupational therapy, physical therapy and speech therapy. Each form of rehabilitation serves as a unique purpose in helping therapeutic entrepreneur achieved full recovery and stability. But the recovery process should be garnished with re-integration and re-positioning into the entrepreneur's fiduciary function and life expectancies (Zilcha-Mano, 2017).

Rehabilitation therapy can be used to treat therapeutic entrepreneurs' wide range of injuries or conditions. Rehabilitation in therapeutic entrepreneurship is strictly based on non-pharmaceutical intervention approach that guides the entrepreneurs, intrapreneurs and co-entrepreneurs to actualize their goals and target by active participating on boosting their socio-economic activities (Kazantzis, 2018).

Irrespective to potential entrepreneurs ages (paediatric-geriatric) or gender (male/female), common conditions that needs therapeutic entrepreneurship allied approach are orthopedic (amputation, dislocation, fracture) and musculoskeletal injuries such as sprains/strains/tears or post-surgical rehabilitation, genetic disorder, degenerative diseases, neurological injuries such as stroke, brain injury or spinal cord injury, or multi-trauma injuries due to accidents (Scout, 2018).

The goal of rehabilitation therapy differs from individual cases or condition. Some entrepreneurs might need therapy such as physical, occupational, speech, sport, music or recreational, and may include different treatment techniques such as therapeutic exercise, manual therapy, neurological re-education (learning, relearning and unlearning) or modalities for pain relief, to name a few of the many possible treatment strategies, whereas others need different approaches (Scout, 2018).

Occupational Therapy

Occupational Therapy (OT) rehabilitates entrepreneur who need specialized support to participate in their functional lifestyle or rekindle their jobs. Occupations do not just refer to work or your job, but can also refer to self-care practices, everyday tasks and recreational activities. The goal of occupational therapy is to assist entrepreneur participate in the things they want and need to do to live an independent and satisfying lifestyle (Scott, 2018). The process assists entrepreneurs to become adaptive and dynamic in the enterprise environment and wellbeing of their daily life such as eating, playing, toileting, dressing, washing, brushing one's teeth, completing academic activities and working with embeddedness.

The rehabilitation process on therapeutic entrepreneurship may include changing the way the task is approached, changing the environment in which the task is completed or aiding an entrepreneur to develop affective, cognitive and psychomotor skills necessary to complete certain tasks

(Kazantzis, 2018). Entrepreneurs with physical disabilities, mental disorder and neurological conditions may need therapeutic entrepreneurship approach with the utilization of occupational therapy techniques by activities of daily living (ADL) and instrumental activities of daily living (IADL) to boost the functions in ICT, engineering, fashion and design, catering and hospitality, agro-business and general merchandizing activities (Scott, 2018). Entrepreneurs may need therapeutic entrepreneurship to create an optimal work-life balance designed to reduce stress and maximize health or modify their work environment based on ergonomic principles screw from occupational therapy techniques. Also, entrepreneur needs good retentive memory and cognitive function to deal with her client/customer to enhance productivity, patronage and profitability. This can only be achieved effectively by the help of therapeutic entrepreneurship embedded with the assistance of occupational therapy model.

Physical Therapy

Physical therapy interventions to therapeutic entrepreneurs are for those experiencing pain or difficulty in functioning, moving or living life normally in their businesses. If entrepreneurs are not physical fit, it affects their performance to discharge their function. Entrepreneur will not be focusing, creative, innovative and take required risk as means of indulging in the sustainability, survival and success of the enterprise. The physical fitness of every entrepreneur determines the extent and level of passion, vision, mission and fusion on supply chain management and lean management.

Thus, if therapeutic entrepreneurship is not applied, there will not be consistency, drive, adaptability, dynamism, ability to cope with change in the business environment. Just little threats and challenges can deactivate the business enterprise. The ability to cope with the enterprise internal and external environment depends on the capability to rehabilitate entrepreneurs by synchronizing physical therapy techniques (Hayes & Hofmann, 2018).

Physical therapy is commonly used to relieve pain, improvement movement function, provide rehabilitation after a stroke, injury or surgery, assist in recovery after giving birth, assist in the recovery of sports-related injuries, teach individuals entrepreneur how to use devices such as walkers and canes, manage chronic illnesses like heart disease or arthritis, and more (Hofmann, 2011; Scott, 2018).

In the condition of the above, entrepreneurs need massage, special exercises and stretches designed to relieve pain, improve mobility or regain strength (Zilcha-Mano, 2017). Also, the need of orthotic and prosthesis intervention may be critically needed if it is severe.

Speech Therapy

Speech therapy focused generally on those that have problem with their speech or vocal issues. They need the speech-language pathologists to rehabilitate their level of communication via sound, talk and language therapy (Ellis, 1970). They can help rehabilitate entrepreneur to communicate fluently and spontaneous (Hayes & Hofmann, 2017). Potential therapeutic entrepreneurs that stammer and muster as musicians, comedians, master of ceremonies, religious leaders, orators and lecturers need the assistance of speech therapy as in therapeutic entrepreneurship. For future potential entrepreneur as in (pediatric and geriatric) learning process, speech therapy are needed for those with conditions such as cerebral palsy, stroke, neck or head cancer, parkinson's disease or dementia, autism, stammering, cleft palate or down syndrome that cause difficulties with drinking, swallowing or communicating (Kazantzis, 2018).

This is while therapeutic entrepreneurship is very essential as aspect of the rehabilitation process that will promote and develop the communication of entrepreneur in their various field of specialty. Therapeutic entrepreneurship might still consider combining the mechanics associated with speech with the use of speech therapy (articulation therapy; feeding and swallowing therapy) (Scott, 2018). The resultant effect is to boost entrepreneur's communication effectively and efficiently. To achieve the task of speech therapy for therapeutic entrepreneurs to be effective in their function, the psychotherapy approach needs to be imbibed (Zilcha-Mano, 2017).

Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing (Ellis, 1970). Problems helped by psychotherapy include difficulties in coping with daily life; the impact of trauma, deformed medical illness or loss, like the death of a loved one and specific mental disorders, like depression or anxiety (Beck, 1963). There are several different types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in combination with other therapies (Baldwin & Del Re, 2016).

Therapeutic Entrepreneurship and Rehabilitation Therapy

In the view of therapeutic entrepreneurship, rehabilitation therapy creeps and systematically knit into six endogenous variables. The rehabilitation process in therapeutic entrepreneurship is concerned with six proxies which orchestrates its recovery function such as preventative rehabilitation, restorative rehabilitation, transformative rehabilitation, supportive rehabilitation, palliative rehabilitation and causative rehabilitation (Zilcha-Mano, 2017; Hayes & Hofmann, 2017). However, causative rehabilitation entails integration rehabilitation and repositioning rehabilitation into the society, system and her fiduciary functions (Uranta & Ovharhe, 2018). This

is while the call for passion, innovation-skill and risk-culture is of great relevance (Mueller, Wolfe & Syed, 2017).

Moderating Role of SDG on Therapeutic Entrepreneurship and Rehabilitation Therapy

The mission of the SDG 2030 adopted in this study that affected the African continents could be streamline on the following: end poverty and hunger in all its forms everywhere, structure conducive healthy lives and promote well-being for all at all ages; fine-tunes inclusive and equitable quality education and promote lifelong learning opportunities for all; activate convenient, inclusive and sustainable economic growth, full and productive employment and decent work for all; fabricate resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; and energized the means of implementation and revitalize the global partnership for sustainable development (Dsouza, 2021; Bhatia & Mohsin, 2021).

However, from the therapeutic entrepreneurship model employed in this research, it could be seemed that SDG 2030 could be achieved if this paradigm is well implemented towards the physically challenges, basic life support, mentally challenges, and others with prominent condition and cases. Therapeutic entrepreneurship encourages inclusion in all ramifications that enables all to be carried along for short term and long-term benefits.

The multicollinearity of the moderating role of SDG between the therapeutic entrepreneurship and rehabilitation therapy (also known to be *THERAPEUNEURSHIP*) could be illustrated below.

Figure 2.1. Analytical Model of THERAPEUNEURSHIP

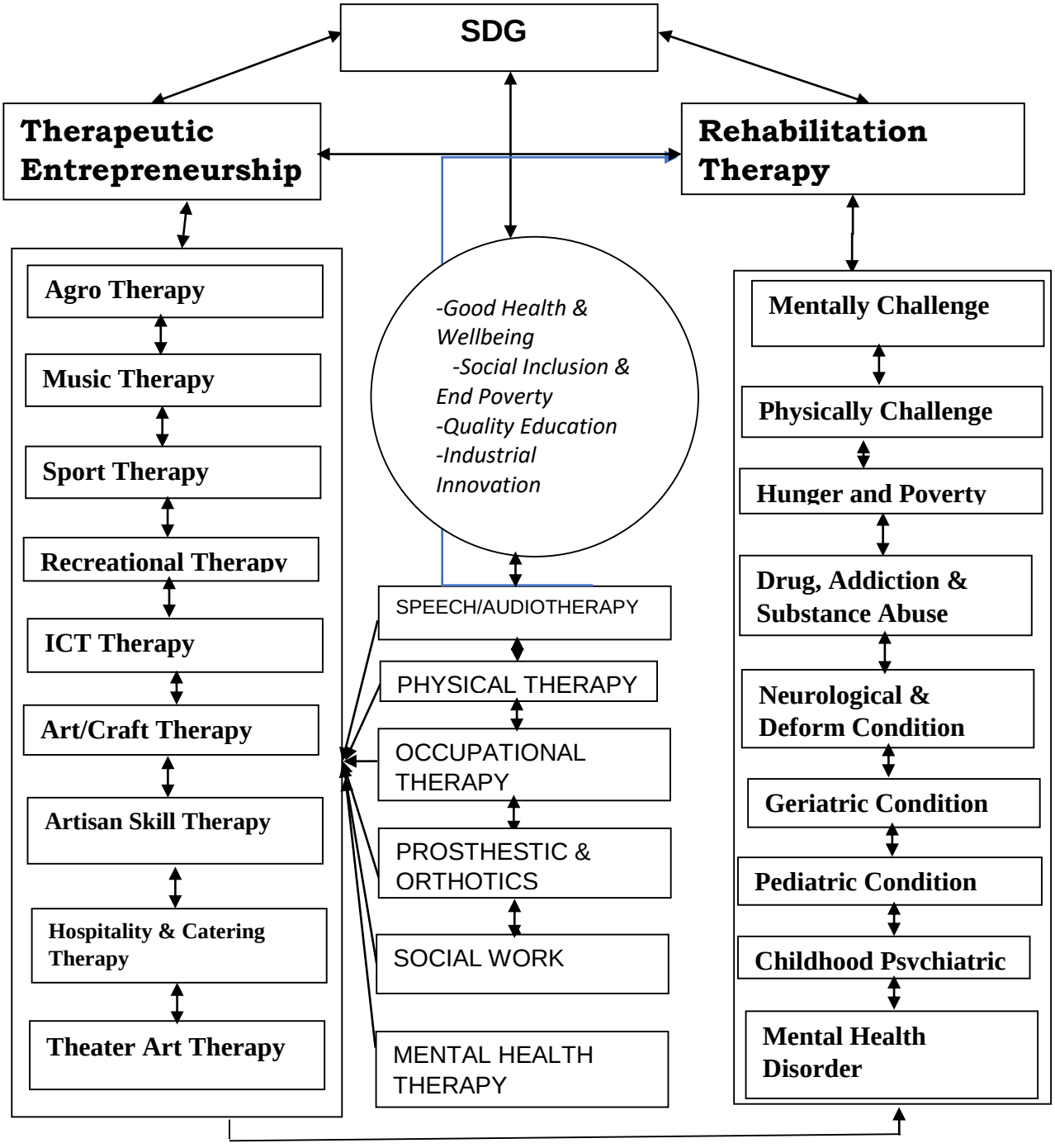


Fig 2.1: ANALYSTIC MODEL OF FRAMEWORK OF THERAPEUTIC ENTREPRENEURSHIP AND REHABILITATION THERAPY

The framework above illustrates how the SDG moderate therapeutic entrepreneurship and rehabilitation therapy. The multidimensional application of the therapeutic entrepreneurship (art, sport, job, agricultural, theater art and more) has strong improvement on the rehabilitation therapy (conditions, trauma, challenged, abuse and more).

Therapeutic rehabilitation analytic framework is so vast that it could be fathomed into a multiple course line of study, vocational training, department and discipline. The stakeholders that bridge the knowledge gap and gave the lacuna for discovery and emergence of the therapeutic entrepreneurship are occupational therapy, speech therapy, physical therapy, social work, mental health therapy, nurses, among others (i.e. convening variables). The only field that has synchronized rehabilitation and occupation therapy in managing risk avoidance, risk control, risk metrics, risk assessment and risk dashboard are entrepreneurs when compared with other rehabilitation therapy field.

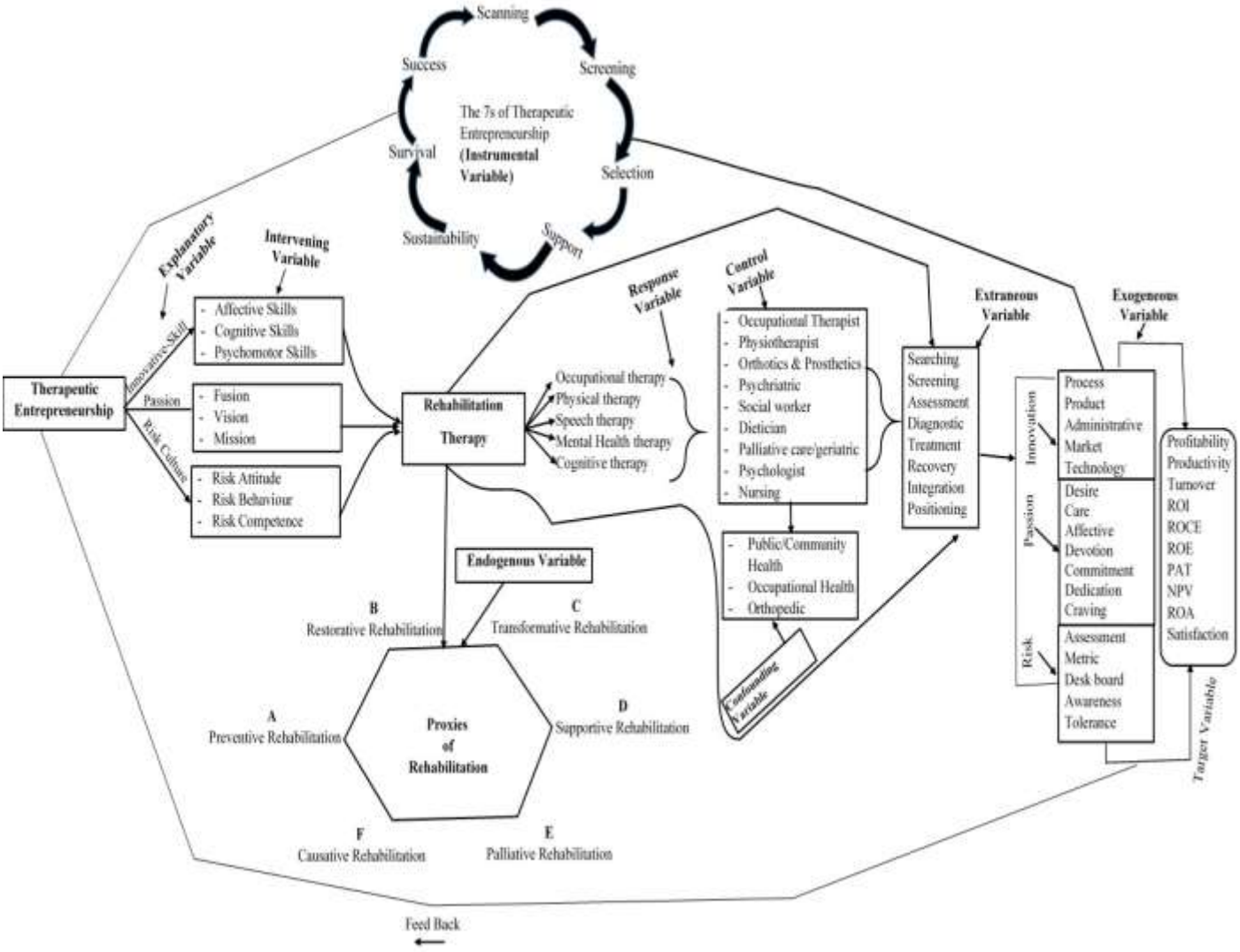
Theoretical Paradigm

This utilized two models that discussed the correlates among the variables of therapeutic entrepreneurship and rehabilitation therapy (i.e. therapeutic entrepreneurship model and cognitive behavioral therapy model).

Therapeutic Entrepreneurship Model

Though, based on the point of approach, the model could be repositioned to suit the purpose because of its nature on multicollinearity or correlations. For instance, the predictor and criterion variable from the conceptual framework determine how the explanatory variables and response variables are positioned.

Figure 2.2. Therapeutic Entrepreneurship Model



Source: Research Explored, 2022

This above model fine-tuned the parity of alignment of therapeutic entrepreneurship functions on other forms of rehabilitation therapy. The key aspect from the variable is portraying the innovation skills, risk culture and passion as critical therapeutic element in rehabilitation for an entrepreneur status or condition. However, most fields have skills as in psychology, social works, occupational therapy and among others but lack the potency of therapeutic innovation skill, therapeutic risk-culture and therapeutic passion. Thus, none curtails the proxies of risk-culture and passion as

formidable point of attraction to their client. The outcome of these influence the response variable and control variable which are the main determinate factors of the rehabilitation process that results to the target variable; profitability, productivity, turnover, return on investment (ROI), return on capital employed (ROCE), profit after tax (PAT), net present value (NPV), return on equity (ROE), return on asset (ROA), client/customer satisfaction and volume of patronage.

To achieve the target variable, the two variables that constitute the engine house of the rehabilitation climax should be properly guided and implemented. These are the instrumental variable and the endogenous variable. The instrumental variable of the 7s of therapeutic entrepreneurship (scanning, screening, selection, support, sustainability, survival and success) should be followed, because the internal and external environment scanning of any business enterprise determine the sustainability, survival and success. If the scanning or auditing process are not well assessed, scrutinized, appraised and evaluated the sustainability, survival and success of the therapeutic entrepreneurship is bound to fail. Also, affected with this failure is the endogenous variable such as preventive, restorative, transformative, supportive, palliative and causative rehabilitation cycle. This is very important attention needed because the causative rehabilitation is sub categorized into re-integration rehabilitation and re-positioning rehabilitation. The very end of all therapeutic entrepreneurship should endeavor to successfully address the entrepreneur's re-integration back to business, society, family, institution and external environment. Whereas, re-positioning of the entrepreneurs should be encroaching into new knowledge, skills, attitude and ability to discharge fiduciary duty. This is likely in the case of drug rehabilitation, deformed, amputation, blindness, deaf, dumb, epilepsy and malignant conditions. In the light of these, entrepreneur can fashion her intervention modeling towards the SDG if therapeutic entrepreneurship measures are applied. It is important to note that, the heartbeat and breathe of the therapeutic entrepreneurship model are the control variables and the entrepreneur concerned that was instituted in the intervening variable in the study.

The entrepreneurs breathe and life stream is coupled with her energetic and momentum of fusion on vision and mission. The fusion of every business enterprise buttresses its strength, energy, speech and focus. The therapeutic entrepreneur also utilized her innovative skills to change the entire business concept which give drives to develop risk-culture such as risk appetite, risk tolerance, risk avoidance, risk awareness, risk retention and risk dashboard.

The model drive with therapeutic passion, risk culture and innovation skills to energize the SDG mission of 2030 achievement. It sets to position enterprise and institutions to model the product, process, service, technology, market and administrative function towards maximum achievement on pursuit of her vision and mission. The model tends to radiant to sustainability, survival and success of the enterprise long-term and short-term pursuit of her entrepreneurial journey. The model integrates focus on the long-term and short-term drives to achieve her enterprise dreams.

Cognitive Behavioral Therapy Model

Cognitive-behavioral therapy (CBT) model was the first application of these ideas to psychotherapy being credited to Beck (1963) and Ellis (1970), in order to explain emotional and behavioral disturbance involved in psychiatric disorders (Hofmann, Asnaani, Vonk, Sawyer & Fang, 2012). Cognitive behavioral therapy (CBT) model could be symmetrically integrated with therapeutic entrepreneurship model that boost the entrepreneurial rehabilitation process with a predictable optimistic outcome. The CBT model without reasonable doubt has authenticate reliability in solving therapeutic entrepreneur problems such as frustration, depression, anxiety, trauma, perinatal mood and anxiety disorders among the physically challenges, emotionally challenge, mentally challenge and psychologically challenged (Kazantzis, Luong, Usatoff, Impala, Yew & Hofmann, 2018). Beck's cognitive therapy, foreseen the scenario that acts like catastrophe and turbulence among entrepreneur's psychopathology on basis of issues with their emotion and behavior affecting their enterprise function (Beck *et al*., 1979).

The cognitive-behavioral therapy model has posited possible remedies to social, emotional and clinical challenges. Entrepreneurs with certain critical cognitive or behavioral conditions that affect its business performance could have solution if the therapy is been applied (Kazantzis, Whittington & Dattilio, 2010; Aldao, Nolen-Hoeksema & Schweizer, 2010; Hayes and Hofmann 2017, 2018; Kazantzis, 2018).

These core processes have led to the establishment of synchronized models of psychopathology (Beck and Bredemeier2016), clarifications of the complex change mechanisms occurring within CBT, as well as unified treatments of anxiety and mood disorders, such as the protocol pioneered by Barlow (Barlow, Farchione, Bullis, Gallagher, Murray-Latin, Sauer-Zavala, Bentley & Cassiello, 2017). Contemporary CBT is now an umbrella term for a set of empirically supported psychological interventions targeting specific processes (Hayes & Hofmann 2017, 2018).

The overall goals of treatment are distress reduction and improvement in functioning, and ultimately, enhancement of well-being and quality of life. In order for these treatment outcomes to be achieved, the patient engages with the therapist in a particular style of therapeutic relationship, comprised of generic elements (e.g., alliance, expressed empathy, feedback, expressed positive regard; Zilcha-Mano, 2017) and CBT-specific elements (e.g., collaborative-empiricism, Socratic dialogue; Kazantzis *et al*. 2017), and a particular session structure (e.g., agenda, homework, summary, feedback). Thus, contemporary CBT refers to cohorts of entrepreneur interventions that include both (a) in-session processes that are generic and specific, as well as (b) core treatment processes that target core dimensions in psychopathology (Hayes & Hofmann 2017, 2018). At the same time, in-session processes are also recognized for their role in facilitating meaningful changes in the disorders being treated.

Kazantzis, Luong, Usatoff and Impala (2018) are of the view that cognitive behavioral therapy (CBT) is a rehabilitation treatment approach with strong empirical support for its efficacy for various disorders and populations. These forms of disorder for therapeutic entrepreneurs include trauma, depression, frustration and anxiety that affect their functioning and goals if not taken care of urgently. The goal of the present review was to provide a comprehensive paraphrase the survey of meta-analyses examining the processes of CBT, namely: treatment processes which involves dealing with entrepreneur's emotions, behavior, cognition, self-motivation and self-efficacy (Lex, Gielnik, Spitzmuller, Jacob & Frese, 2020). Whereas the in-session processes entail projected goals, target, strategic and operational objective, team spirit, task oriented and home assignment (Feng & Chen, 2020).

Cognitive behavioral therapy (CBT) is a form of psychological, cognitive and social intervention that has been demonstrated to be effective for a range of problems including trauma, substance abuse, social problems, eating disorders, and mental condition (Kazantzis, 2018). Thus, if this theory is adopted to the therapeutic entrepreneurship model, rapid intervention will be achieve on rehabilitating entrepreneurs back to their normal status.

METHODOLOGY

For the frame of fifteen (15) years till date, the research of therapeutic entrepreneurship and rehabilitation therapy with respects to various disciplines has been seriously investigated. This article is the first outcome from various prospects. The research design synchronizes correlational design, exploratory design and cross-sectional cohort design. The correlational design was employed to find out if the explanatory variables and response variable exist in multicollinearity form or significant correlation among the variables. Whereas, the exploratory design was instituted because this field of research is new area of specialty which is being explored on conventional basis as approach, model, paradigm, course, profession and discipline. Also, cross-sectional cohort design was incorporated because the study establishes in the cycles of rehabilitation in alignment with management sciences, humanities, social sciences, arts, health sciences and allied medical sciences. In a cross-sectional cohort study, the participants do not have the outcome of interest to begin with. They are selected based on the exposure status of the individual expertise with statutory license on individual basis for convenient purposes. The targeted population of the study consists of 55 certified license individuals which were drawn from African nations as professionals that has experience outside the Africa continent that are rehabilitation experts and correlated allied in the field of entrepreneurship, occupational therapy, physical therapy and audio/speech therapy. Hence, much attention was focused on entrepreneurship rehabilitation therapist, occupational therapist, physical therapist, speech therapist, orthotics and prosthetics, drug rehabilitation specialist, mental health rehabilitation therapist, psychologist, social workers and nurses in related field. The goal of the research was to provide a comprehensive survey and comparative study for future academic based on meta-analysis by examining the processes, procedure, strategies and tactics of *Entrepreneurship Rehabilitation Therapy* [therapeutic

entrepreneurship (i.e. therapeutic innovation-skills, therapeutic risk-culture and therapeutic passion) and rehabilitation therapy (i.e. occupational therapy, physical therapy and speech therapy)].

The Krejcie and Morgan Table was used to determine the sample size for the multicollinearity research. From the table, at the population of 55 professionals, the sample was 48 respondents. Non-proportionate stratified random sampling technique and convenience sampling technique were introduced to obtain the selected sample size of 48 respondents from the 55 population of the study. The split half reliability was used for the reliability, while the Guttman Split-Half Coefficient and Spearman-Brown Coefficient were used to determine the reliability. Additionally, the measures to incorporate the Cronbach Alpha Coefficient was introduced since the study is based on cohort, correlated and exploratory design to ensure that there is internal consistence accuracy in the study. Furthermore, to fashion the factor analysis on basis of the sphericity and sample adequacy, Barllett test and Kaiser-Meyer-Olkin (KMO) were used for the confirmatory principal component. Both KMO which measure the sampling adequacy and Bartlett test evaluate all available data together. A KMO value over 0.6 and a significance level for the Bartlett's test below 0.05 suggest there is substantial correlation in the data. This is to say that, KMO values between 0.8 and 1 indicate the sampling appropriateness of adequacy. KMO values less than 0.6 indicate the sampling is not adequate and that corrective action should be taken. Hence, variable collinearity indicates how strongly a single variable is correlated with other variables. Thus, regression analysis was used to determine the multicollinearity among the explanatory variables and response variables. More so, the five-point Likert scale was utilized in the study.

The univariate analysis used the descriptive method to describe the Mean, Standard Deviation, Variance, Skewness and Kurtosis. The bivariate hypotheses were tested using the regression analysis model with T test, Adjusted R square (R^2_{adj}), Durbin Watson, Variance Inflation Factor (VIF), Tolerance, Collinearity Diagnostic Test (Condition Index), Best Model Statistic and Eigenvalue (λ). Also, the moderating variable was evaluated with Partial Correlation with matrix, while Adjusted R square (R^2_{adj}) and Likelihood Function value $\{L(x)\}$ were used to determine the best of fit among the collinearity variables. When the VIF is above 4 and Tolerance is 0.25 (reciprocal of VIF), it ignites the presence of collinearity. A condition index ranges from 10 and 30 ignites the presence of collinearity, while very small eigenvalue closer to 0 anchors or pivots presence collinearity. Thus, the SPSS version 25 was used for the data analysis.

The Model Specification

The Multiple Regression Model is appropriate for our analysis because all the variables in this study are measured in ordinal scale.

Where: Therapeutic Innovation-Skill (TPI), Therapeutic Risk-Culture (TPR), Therapeutic Passion (TPP), Occupational Therapy (OTP), Physical Therapy (PTP), Speech Therapy (STP) and Sustainable Development Goals (SDG).

Algebraic Expression Equations

$OTP_t = f(TPI, TPR, TPP)$……(1a)

$PTP_t = f(TPI, TPR, TPP)$……(1b)

$STP_t = f(TPI, TPR, TPP)$……(1c)

Multi-Linear Expression Equations

$OTP_t = a_o + a_1(TPI_t) + a_2(TPR_t) + a_3(TPP_t) + U_t$…..(2a)

$PTP_t = a_o + a_1(TPI_t) + a_2(TPR_t) + a_3(TPP_t) + U_t$…...(2b)

$STP_t = a_o + a_1(TPI_t) + a_2(TPR_t) + a_3(TPP_t) + U_t$……(2c)

It is important to note that the proxies can also be express in simple linear equation during data analysis

Apriori Expectation of Variables in the Model

The variables in the model comprises of the variable among the therapeutic entrepreneurship and rehabilitation therapy. The therapeutic entrepreneurship proxies are therapeutic innovation-skill, therapeutic risk-culture and therapeutic passion, whereas the rehabilitation therapy proxies occupational therapy, physical therapy and speech therapy. Hence, the moderating variable is sustainable development goals. The subscript "*t"* represents the time period, where "a_o" is the intercept and "a" the proxies.

a_o is the intercept
a_1, a_2, a_3, a_4, a_5, a_6, a_7, are parameter estimates
u_t is an uncorrelated stochastic error term at time t
A priori, it is expected that there will be a significant collinearity or correlates among the variables for Therapeutic Innovation-Skill, Therapeutic Risk-Culture, Therapeutic Passion, Occupational Therapy, Physical Therapy, Speech Therapy and Sustainable Development Goals i.e. $a_1>0$, $a_2>0$, $a_3>0$, $a_4>0$, $a_5>0$, $a_6>0$, and $a_7>0$.

DATA ANALYSIS, RESULTS AND DISCUSSIONS

To actualize the reliability statistics, various techniques were adopted because the study explored new trend of cohort research of specialty. Hence, the Cronbach Alpha, Spearman-Brown and Gultman Split-Half Co-efficient were conducting simultaneously as applicable to their respective model as shown beneath.

Table 4.1a: Reliability Statistics

Cronbach's Alpha	Part 1	Value	.954
		N of Items	4[a]
	Part 2	Value	.954
		N of Items	3[b]
	Total N of Items		7
Correlation Between Forms			.950
Spearman-Brown Coefficient	Equal Length		.974
	Unequal Length		.975
Guttman Split-Half Coefficient			.961

a. The items are: TPI, TPR, TPP, OTP.

b. The items are: PTP, STP, SDG.

The above, table signified that Cronbach Alpha Co-efficient was 0.954 (95.40%), Spearman-Brown equal length was 0.974 (97.40%) and Guttman Split-Half Coefficient (0.961).

4.1b: Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
TPI	27.6500	10.450	.931	.	.970
TPR	27.6500	10.450	.931	.	.970
TPP	27.5500	11.313	.909	.	.973
OTP	27.7000	10.642	.862	.	.975
PTP	27.6000	10.358	.980	.	.966
STP	27.7500	10.829	.804	.	.979
SDG	27.6000	10.358	.980	.	.966

However, the Cronbach Alpha was used to TPI (α =0.970), TPR (α=0.970), TPP (α=0.973), OTP (α =0.975), PTP (α=0.966), STP (α=0.979) and SDG (α =0.966). From the output speech therapy (STP) and occupational therapy (OTP) have the utmost co-efficient reliability value. This is because their expectancies in Africa are so needed to fuse into the rehabilitation field. Also, this shows the genuineness of the instrument in the pilot study from the cohort. From the response, the

results portray that the explanatory, response and moderating variables were above 90%, which connotes the worthiness of the pilot study.
Hence, to proof the authenticity among the variables, conformity of factor analysis, it is necessary therefore important to portray the strength of sample adequacy of the instrument among the proxies using the Barlett test and Kaiser-Meyer-Olkin (KMO) by using the principal component analysis.

Table 4.1c: Confirmatory Factor analysis test using the Barlett Test and KMO
Communalities

The communalities model was employed, because it was inculcating the level sphericity and adequacy of the variables using KMO and Barllett test are for adequacy to ascertain for the quality of goodness.

	Raw		Rescaled	
	Initial	Extraction	Initial	Extraction
TPI	.358	.323	1.000	.903
TPR	.358	.324	1.000	.906
TPP	.221	.190	1.000	.858
OTP	.366	.297	1.000	.813
PTP	.345	.335	1.000	.972
STP	.368	.269	1.000	.731
SDG	.345	.335	1.000	.972

Extraction Method: Principal Component Analysis.

The output above shows the raw value and rescaled value of computed KMO and Barlett test. The research seems more appropriate and adequate. A threshold statistical value reflects the multi-collinearity and autocorrelation among items of the explanatory variables and response variable. The KMO (Kaiser-Meyer-Olkin) of sampling size is greater than 60% (0.6) in all employed explanatory variables and response variables indicating each element deduced from the frame of items in the instrument was authentic and reliable. The significance levels are all below 0.05(5%) which leads to the rejection of the null hypothesis of no structure detected. Therefore, suitability of our proxies shows that the variables viability and eligibility for subsequent tests.

Statistical Analytical Test
The statistical analysis considered the univariate, bivariate and multivariate analysis. From the total 48 copies of questionnaire distributed, only 42 were justified from the process of data coding and data cleaning. The regression analysis was employed to analyze the hypotheses 1 to 9, whereas, the Partial Correlation Co-efficient matrix was used to analyze the moderating variable.
Univariate Analysis

The univariate analysis discussed the outcome of the descriptive statistics as illustrated below.

Table 4.1d: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
TPI	42	3.00	5.00	4.6000	.59824	.358	-1.245	.512	.783	.992
TPR	42	3.00	5.00	4.6000	.59824	.358	-1.245	.512	.783	.992
TPP	42	4.00	5.00	4.7000	.47016	.221	-.945	.512	-1.242	.992
OTP	42	3.00	5.00	4.5500	.60481	.366	-1.003	.512	.189	.992
PTP	42	3.00	5.00	4.6500	.58714	.345	-1.521	.512	1.636	.992
STP	42	3.00	5.00	4.5000	.60698	.368	-.785	.512	-.213	.992
SDG	42	3.00	5.00	4.6500	.58714	.345	-1.521	.512	1.636	.992
Valid N (listwise)	42									

Based on the above table, from the maximum/minimum statistic it can be easily identified that the highest value is TPP (therapeutic passion) which implies that it has the potential of entrepreneurial impact and value creation on the rehabilitation process. Also, the TPP has the lowest standard deviation and variance of all variables that are largely close to one. This implies that the TPP has less volatility, more stability and sustainability in the therapeutic and rehabilitation process. The rule of thumb for a normally distributed data in the tail of the standard deviation probability is that the statistics or deviation must lie between 1 or be close to one. This is easily the case as seen from Table above which therefore shows good parametric tendencies in the study variables as deduced from the deployed instrument.

As a rule of thumb, skewness should be between -1 and -0.5 or 0.5 and 1. Any skewness less than -1 or greater than 1 showed that the distribution is highly skewed. The average responses associated to these variables must most likely be evenly distributed over the five-point Likert scale. While for other dimensions and measures, their respective responses must most likely be "highly" skewed negatively. Similarly, skewness close to zero shows a non-normally distributed data which is not the case with our study variables.

The kurtosis which shows the sharpness and height of the central peak is meant to be with the range of -2 and 2 and in some cases -3 and 3. It can be seen that majority of the variables fall between these bracket and are therefore seen as normally distributed.

Bivariate Analysis

The bivariate analysis beneath is based on the operationalized framework in Figure 1.2. as expressed in the hypotheses. Since the Adjusted R Square possesses the potency of analyzing the variables in the model on collinearity test, our discussion was best on using it in analyzing the hypotheses. Also, the Eigenvalue was utilized to confirm the plight of collinearity in the study

based on increase or decrease of absolute limit of approaching infinity. Where, R^2_{adj} represent the Adjusted R Square value, whereas λ represent the Eigenvalue. The Condition Index is used to determine the presence of collinearity, but the VIF and Tolerance were used as final conclusion to accept or ignore the collinearity. The entire test in the model displayed were based on significance value of 0.00 which is less than the 5% significance level (p= 0.00 < 0.05) that leads to the rejection of the null hypotheses. The study similarly observes the regression output in the table beneath.

Hypotheses 1

Ho$_1$: Therapeutic innovation-skill does not significantly align with occupational therapy in African nations.

Table 4.2a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics: R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.786[a]	.617	.596	.617	28.999	1	40	.000	2.487

a. Predictors: (Constant), TPI
b. Dependent Variable: OTP

Table 4.2b: Coefficients[a]

Model		Unstandardized Coefficients: B	Unstandardized Coefficients: Std. Error	Standardized Coefficients: Beta	t	Sig.	Correlations: Zero-order	Correlations: Partial	Correlations: Part	Collinearity Statistics: Tolerance	Collinearity Statistics: VIF
1	(C)	.897	.684		1.312	.206					
	TPI	.794	.147	.786	5.385	.000	.786	.786	.786	1.000	1.000

a. Dependent Variable: OTP

4.2c. Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions: (Constant)	Variance Proportions: TPI
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: OTP

The study observes that the adjusted R-square value of 0. 596 is averagely strong and positive orientation of the relationship between Therapeutic Innovation-Skills (TPI) and Occupational Therapy (OTP) which accounted for up to 59.60 percent of anchor in the variable as captured in the model. This shows that the variables used to predict the therapeutic affective skill, psychomotor skills and cognitive skill enhance the entrepreneur's rehabilitation process which facilitates the growth and value creation of the enterprise. As such, the F-statistics value of 28.999 at a significance level of 0.000 which is lesser than the 0.05 significance shows that the model is well fitted. Specifically, the Durbin-Watson value is appropriate if lies within the range of 1.5-2.5. Since the value reveals 2.487, it parades appropriate goodness of fit of the employed variables in the model.

In shock of OTP (Occupational Therapy), the study observes that the dimension (Therapeutic Innovation-Skills) exhibit positive coefficient which established that every unit increase in Therapeutic Innovation-Skills (TPI) by the rehabilitated therapeutic entrepreneurs will lead to 0.794-unit being aligned with Occupational Therapy functions especially in ADL (Activity of Day Living) and IADL (Instrumental Activity of Day Living). The standardized coefficient beta of 0.786 which shows the t-statistics value of 5.385 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 which is less than the 0.05 significance level.

Although, the Partial Correlation inclined positively with the strength of 0.786 (78.60%) intervention among the proxies which favors the entrepreneurs benefits from the rehabilitation process that augment the tolerance of the collinearity statistics of 1 among the proxies. This ascertains that the null hypothesis is strictly rejected, and the alternate hypothesis accepted. In all, from the Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841, there is significance presence of minute collinearity but not relevant to create an effect among the Therapeutic Innovation-Skills and Occupational Therapy functional activities in the short-term and long-term. This therefore reinforces the findings on this basis that the null hypothesis is rejected, while the alternate form of the hypothesis is accepted because the VIF ignores the collinearity effect, therefore concluding that there is a significant correlate among TPI and OTP on African nations. This is in line with the findings of Abubakar and Attahir (2018) research which supported therapeutic innovative and creative skills that are required by librarians in the 21st Century in order for them to perform optimally in academic library. This is to anchor the fact that therapeutic entrepreneurs with the like of "Heller Keller" who is blind, deaf and dump was able to transform their world via research, innovation and development. This is to say that in this 21st century therapeutic entrepreneurs with critical conditions should be able to be optimistic about their condition retransformation, reintegration and repositioning towards survival, success and excellence in their various field of entrepreneurial dreams. Also, Avsec, Jagiełło-Kowalczyk and Zabicka (2022) used transformative learning (TL) and innovation skill to improves sustainable development and results in an immersive experience through which higher-order thinking skills can be adopted. Their paper aims to revealed significant progress in TL achievement while innovation skill development differs significantly across the groups in which online collaborative learning was found as an influence in creativity and motivation.

Hypothesis 2

Ho_2: Therapeutic innovation-skill does not significantly align with physical therapy in African nations.

4.3a. Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	Durbin-Watson

					R Square Change	F Change	df1	df2	Sig. F Change	
1	.929[a]	.863	.855	.22324	.863	113.430	1	40	.000	2.172

a. Predictors: (Constant), TPI

b. Dependent Variable: PTP

4.3b. Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	Correlations Zero-order	Correlations Partial	Correlations Part	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(Constant)	.456	.397		1.148	.266					
	TPI	.912	.086	.929	10.650	.000	.929	.929	.929	1.000	1.000

a. Dependent Variable: PTP

4.3c. Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	Variance Proportions TPI
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: PTP

The above table shows adjusted R-square value of 0.855, employed TPI roped that up to 85.50% captured in the model by PTP. This nominates very strong presence of alignment among Therapeutic Innovation-Skills and Physical Therapy. Also, it is the most common and knowledgably among African nations (local and orthodox physical therapy), because of the role of physiotherapy, prosthetics and orthotics performance on rehabilitating clients (therapeutic entrepreneurs). The F-statistics value of 113.430 at a significance level of 0.000 and the Durbin-Watson value of 2.172 lies with the range 1.5 to 2.5 that shows fitness of the model continuity on further procession to verify the essence of rejecting the null hypothesis. This established that every unit increase in Therapeutic Innovation-Skills (TPI) will lead to 0.912-unit enhancement in Physical Therapy. This therefore postulate therapeutic entrepreneurs to derive booster metric that strongly increase the level of physical therapy functions in its exercise therapy, massage therapy, thermal therapy and cryotherapy. The partial correlation and standardized coefficient beta of 0.929 (booster) shows a t-statistics value of 10.650 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 which is less than the 0.05 significance level. In all, from the Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841 among the proxies

confirm significance presence of collinearity, but could be ignored by the VIF and tolerance of the collinearity statistics of 1.

Like, Binuyo, Adesoga, Adefulu, Asikhia and Odumosu (2020) which investigated the causes of mismatch of skills and incompetency among workers (intrapreneurs), revealed its affected the progress of the enterprise. They focused and adopted social innovation skill as possible remedies. The findings further showed that education innovation skills and digital innovation skills has positive significant influence among the intrapreneurs during skills acquisition. Hence, in applicable to therapeutic entrepreneurs, those with unawesome condition should be involved with skill acquisition to rehabilitate and transform their condition to success towards pursuing the SDG (i.e. poverty and destitute, neurological condition, drug, addiction and substance abuse, mentally challenge, physically challenge, geriatric condition, pediatric condition, childhood psychiatric and mental health disorder). Frankly, Tidd and Bessant (2015) opined on innovation and entrepreneurship fathoms that innovation-skill in therapeutic entrepreneurship angle are critical factors responsible for survival and growth. This is because innovation-skill is therapeutic rehabilitation processes which assist entrepreneurs in handling their difficulties in managing uncertain and risky process. This entails that therapeutic entrepreneurs with the spirit of innovative skill could be able to survive and succeed with excellence in engineering, sports, craft and art, movie industry and artisan skills because of the tremendous hope of inspiration to climb their respective career and professional ladder. Hence, the directional hypothesis should be accepted.

Hypothesis 3

Ho3: Therapeutic innovation-skill does not significantly align with speech therapy in African nations.

4.4a: Model Summary[b]

				Change Statistics					
Model	R	R Square	Adjusted R Square	R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.870[a]	.756	.743	.756	55.862	1	40	.000	2.337

a. Predictors: (Constant), TPI
b. Dependent Variable: STP

4.4b: Coefficients[a]

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics	
Model	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF

1	(C)	.441	.547		.806	.431					
	TPI	.882	.118	.870	7.474	.000	.870	.870	.870	1.000	1.000

a. Dependent Variable: STP

4.4c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	TPI
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: STP

The Adjusted R-square value of 0.743 relates with Therapeutic Innovation-skills to lean 74.30% captured in the model by Speech Therapy. The F-statistics value of 55.862 at a significance level of 0.000 and the Durbin-Watson value of 2.337 shows the model realism that autocorrelation was addressed in favor of the study. This model established that every unit increase in Therapeutic Innovation-Skills (TPI) will lead to .882-unit aligned with Speech Therapy. This therefore shows that entrepreneur with language pathology via communication difficulty, pronunciation, stammering and non-vocal should engage Speech Therapy techniques that has positive contribution to rehabilitates entrepreneurs with sound therapy, listening therapy, talk therapy and sign interpretation on communication to boost merchandizing activities. Both partial correlation and standardized coefficient beta of .870(87.00%) which shows a t-statistics value of 7.474 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 which is less than the 0.05 significance level. Additionally, the tolerance of the collinearity statistics of 1 among the proxies indicate certainty to ignore collinearity, but from the Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841 showed that there is irrelevant significance presence of collinearity among the proxies, hence the alternate hypothesis is accepted because of the VIF. In the same track, Puentes and Hag (2019) asserted that entrepreneurship processes is an important process in the development and mature economies. Hence, therapeutic entrepreneurship with innovation-skill has positive impact on economic growth and development. They accorded that technological, market, administrative, process and product innovation is another factor to be considered in entrepreneurship for its impact in enterprise innovation process and the therapeutic innovation process irrespective of aging. Hence, the rejection of the null hypothesis is optimistic.

Hypothesis 4

4.5a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics: R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.931[a]	.867	.859	.867	117.029	1	40	.000	2.204

a. Predictors: (Constant), TPR
b. Dependent Variable: OTP

4.5b: Coefficients[a]

Model	Unstandardized Coefficients: B	Unstandardized Coefficients: Std. Error	Standardized Coefficients: Beta	T	Sig.	Correlations: Zero-order	Correlations: Partial	Correlations: Part	Collinearity Statistics: Tolerance	Collinearity Statistics: VIF

1	(C)	.221	.403		.547	.591					
	TPR	.941	.087	.931	10.818	.000	.931	.931	.931	1.000	1.000

a. Dependent Variable: OTP

4.5c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	TPR
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: OTP

The Adjusted R-square value of 0.859 (85.90%) captured in the model by OTP (Occupational Therapy) has positive alignment on therapeutic entrepreneurship. Occupational Therapy over time works hand in hand with entrepreneurs globally. Most of client assessment, intervention and integrate are always knit to entrepreneurship. If the entrepreneurial process is success in the long run both benefit the magnificence. This established that every unit increase in Therapeutic Risk-Culture (TPR) will lead to .941-unit enhancement in Occupational Therapy. This therefore shows that an enterprise engagement in Therapeutic Entrepreneurship is likely to strongly increase the level of occupational therapy functional activities that boost the performance ability for entrepreneurs to enhance their job functions. The F-statistics value of 117.029 at a significance level of 0.000 with the Durbin-Watson value of 2.204 means that the model is suitable for further continuity because of the prediction of long-term effect on the variables among entrepreneurs. The Partial Correlation/standardized coefficient beta of .931 (93.10%) and t-statistics value of 10.818 (which is greater than the ±1.96 threshold level) parade very strong alignment among Therapeutic Entrepreneurship and Occupational Therapy. In all, from the Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841 that there is insufficient significance presence of collinearity among the proxies in the short-term and long-term. However, the null hypothesis is strictly rejected, and the alternate hypothesis accepted because of the VIF and Tolerance. In the case of Streicher, Eller and Zimmermann(2018) they emerges risk culture as a model for handling risk and uncertainty. They introduce a model of risk culture that contains different levels of accessibility ranging from formal structures, like documented risk management procedures, over trusted rules of thumb for decision making, to basic assumptions like implicit beliefs or shared experiences in handling risks. Furthermore, the model considers relevant factors for the dimensions of individuals, social interactions and organizational structures. They demonstrates how the model can be used as an integrative framework for existing risk research and sketch an avenue for future research for the development of a measurement and for the practical application of risk culture. This is in line with the view that therapeutic risk culture could clear limiting barrier that affected entrepreneur with certain conditions such as frustration, depression, trauma, physically challenges and socially challenged cases. Hence, therapeutic entrepreneur could energize booster to conquer limitations and barrier to be functional in her merchandizing activities (Ovharhe, *et al*., (2021). This is harmonized with the rejection of the null hypothesis.

Hypothesis 5

Ho$_5$: Therapeutic risk-culture does not significantly align with physical therapy in African nations.

4.6a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics					Durbin-Watson
				R Square Change	F Change	df1	df2	Sig. F Change	
1	.929[a]	.863	.855	.863	113.430	1	40	.000	2.530

a. Predictors: (Constant), TPR
b. Dependent Variable: PTP

4.6b: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			Correlations			Collinearity Statistics	
		B	Std. Error	Beta	T	Sig.	Zero-order	Partial	Part	Tolerance	VIF
1	(C)	.456	.397		1.148	.266					
	TPR	.912	.086	.929	10.650	.000	.929	.929	.929	1.000	1.000

a. Dependent Variable: PTP

4.6c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions	
				(Constant)	TPR
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: PTP

The model depicts that the Adjusted R-square value of 0.855 (85.50%) aligned with TPR (Therapeutic Risk-Culture) on very strong positive correlates variation captured in the model on PTP (Physical Therapy). The F-statistics value of 113.430 at a significance level of 0.000 and the Durbin-Watson value of 2.530 means that the model is fit. This established that every unit increase in Therapeutic Risk-Culture (TPR) will lead to 0.912-unit enhancement in Physical Therapy. Similarly, the regression output of Partial Correlation/standardized coefficient beta is .929 (92.9%) which trend with t-statistics value of 10.650 (which is greater than the ±1.96 threshold level) sparks a positive significance among the variables. Nevertheless, from the Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841 that trace with tolerance of the collinearity statistics of 1 among the proxies, shows the insignificance presence of collinearity among the proxies. Hence, the null hypothesis is rejected because of the Tolerance and VIF. These pointed that the high resultant outcome from the model portrays that risk tolerance, risk awareness and risk dashboard are critical characteristic of entrepreneurs that need to be aligned with Physical Therapy for she to survive and sustain in business. Hence, in the nutshell the alternate hypothesis was

accepted. In a similar study, Kanu (2022) established that fact that sound risk culture being mediated with strategic planning (long-term planning) has positive correlation in enhancing return on assets in African context. These shows that the therapeutic risk culture could goes further if well implemented in the long-term plans which would facilitates growth in the return on investment, return on equity, increased in net present value, profitability, patronage and sales revenue.

Ho_6: Therapeutic risk-culture does not significantly align with speech therapy in African nations.

4.7a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics					Durbin-Watson
				R Square Change	F Change	df1	df2	Sig. F Change	
1	.725[a]	.525	.499	.525	19.912	1	40	.000	2.501

a. Predictors: (Constant), TPR
b. Dependent Variable: STP

4.7b: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			Correlations			Collinearity Statistics	
		B	Std. Error	Beta	T	Sig.	Zero-order	Partial	Part	Tolerance	VIF
1	(C)	1.118	.764		1.463	.161					
	TPR	.735	.165	.725	4.462	.000	.725	.725	.725	1.000	1.000

a. Dependent Variable: STP

4.7c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions	
				(Constant)	TPR
1	1	1.992	1.000	.00	.00
	2	.008	15.841	1.00	1.00

a. Dependent Variable: STP

The model outcome shows the Adjusted R-square value of 0.499 that result to an average or almost weak short-term correlates on TPR (Therapeutic Risk-Culture) which pivoted 49.90% captured in the model by STP (Speech Therapy). This is because STP fiduciary function has not gain ground and made known in African rehabilitation process to the downstream especially in therapeutic listening, therapeutic sound and therapeutic talk. Although, the F-statistics value of 19.912 at a significance level of 0.000 and Durbin-Watson value of 2.510 shows that the model is well fitted. These poses long term motion being in alliance among TPR and STP that fortify entrepreneurial

sustainability, survival and success in line with SDG. In pursued of STP (Speech Therapy), the study observes that the proxy (Therapeutic Risk-Culture) exhibit positive coefficient with the measure of the criterion variable. This established that every unit increase in Therapeutic Risk-Culture (TPR) will lead to 0.735-unit augmentation on Speech Therapy. This therefore shows that therapeutic entrepreneur engagement in Risk Culture may likely to strongly increase the level of speech therapy functions in its vocal speech, eloquent and dissemination of information. This agrees with theoretical underpinnings that predicts proficiency in the wake of Therapeutic Entrepreneurship overtime. The study Partial Correlation/standardized coefficient beta of .725 (72.50%) aligned with t-statistics value of 4.462 (which is greater than the ±1.96 threshold level) and a probability level of 0.000. Thus, the tolerance and VIF of the collinearity statistics of 1, also with Collinearity Diagnostics the Eigenvalue of 1.992 and Condition Index of 15.841 call for the null hypothesis is rejection, while revealed the alignment between TPR and STP in African Nations.

In antecedent to the Global Financial Crisis of 2008, Kpodo (2018) asserted that risk culture has positive correlates with financial and non-financial measures in organizational performance in developing nations such as Ghana. Miller (2022) is in accord that risk culture is the foundation for collecting and analyzing behavioral metrics in making enterprise risk management program credible towards assessing the risk mentality of therapeutic entrepreneurs and intrapreneurs before important decisions are made. This supports the fact that therapeutic risk culture influences both long-term and short-term decision making in an enterprise (Ovharhe*et al*., 2021; Chibuike & Ovharhe, 2022).

Hypothesis 7

Ho7: Therapeutic passion does not significantly align with occupational therapy in African nations.

4.8a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.796[a]	.633	.613	.633	31.105	1	40	.000	1.572

a. Predictors: (Constant), TPP
b. Dependent Variable: OTP

4.8b: Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	T	Sig.	Correlations Zero-order	Correlations Partial	Correlations Part	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(C)	-.262	.867		-.302	.766					
	TPP	1.024	.184	.796	5.577	.000	.796	.796	.796	1.000	1.000

4.8c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	TPP
1	1	1.995	1.000	.00	.00
	2	.005	20.561	1.00	1.00

a. Dependent Variable: OTP

The model above fine-tunes that adjusted R-square value of 0. 613 is strongly elegant which underpins strategic and operational alliance among Therapeutic Passion (TPP) and Occupational Therapy (OTP) with 61.30%. This forecast systematic and chronicle growth in alignment to Occupational Therapy (care, assessment, intervention, integration, positioning) functions on therapeutic entrepreneurs. From the variables, the OTP is just accepted to the plight of the entrepreneurial process. This 61.30% indicates that African nations needs much to do to augment the necessity of the Occupational Therapy impact as the awareness of the Physical Therapy in the rehabilitation industry. The F-statistics value of 31.105 at a significance level of 0.000 and Durbin-Watson value of 1.572, demonstrate authenticity of the model fitness.

In trace of OTP (Occupational Therapy), every unit increase in Therapeutic Passion (TPP) leads to 1.024-unit being aligned with tremendous Occupational Therapy functions which reveal that there is long term potential need of increase in OTP demonstration fiduciary duty for entrepreneurs to perform effectively and efficiently. The Partial Correlation/standardized coefficient beta of .796 (79.60%) with the t-statistics value of 5.577 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 which is less than the 0.05 significance level that aligned with VIF and tolerance of the collinearity statistics of 1 among the proxies. In all, from the Collinearity Diagnostics the Eigenvalue of 1.995 and Condition Index of 20.561 that there is insignificance presence of collinearity among the Therapeutic Passion and Occupational Therapy, which demonstrates the rejection of the null hypothesis because of the VIF and tolerance output. Schumpeter in Lee & Herrmann (2021) articulated entrepreneurial passion as an important factor of success and social ascent in every walk of life. They argued that entrepreneurs are passionate, full of emotional radiant energy, drive and spirit. Moving beyond general passion, the concept of entrepreneurial passion has been established framework which includes passion for work and perceived passion. They used entrepreneurial passion as the overarching term because it has been continuously utilized to refer diverse domains of passion in the entrepreneurship (Cardon, Glauser, & Murnieks, 2017a). Therapeutic entrepreneurs' passion is associated with desire to pursuit goals, vision and mission with energizing fusion. Passionate entrepreneurs have trait to accomplished task because of the fusion radiant momentum they possess. Therapeutic entrepreneurs have certain trait that sparks up their fusion energy, vision and mission to accomplish that task. In Lee & Herrmann (2021) paper, they systematically review 63 published articles on entrepreneurial passion. In summary, they conceptualized four of passion that are the key performance index of

entrepreneurs which are passion for work, the dualistic model of passion, entrepreneurial passion, and perceived passion. In conclusion, these summations are in line with the therapeutic entrepreneurship passion that enhances their spirit of fusion, vision and mission which would transform and reposition therapeutic entrepreneurs to achieve the entrepreneurial dreams.

Hypothesis 8

Ho_8: Therapeutic passion does not significantly align with physical therapy in African nations.

4.9a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics					Durbin-Watson
				R Square Change	F Change	df1	df2	Sig. F Change	
1	.934[a]	.873	.866	.873	123.480	1	40	.000	1.933

a. Predictors: (Constant), TPP

a. Dependent Variable: PTP

4.9b: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T		Correlations			Collinearity Statistics	
		B	Std. Error	Beta		Sig.	Zero-order	Partial	Part	Tolerance	VIF
1	(C)	-.833	.496		-1.681	.110					
	TPP	1.167	.105	.934	11.112	.000	.934	.934	.934	1.000	1.000

4.9c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions	
				(Constant)	TPP
1	1	1.995	1.000	.00	.00
	2	.005	20.561	1.00	1.00

a. Dependent Variable: PTP

The model portrays that adjusted R-square value of 0. 866 is very strong efficiently which reinforces Therapeutic Passion (TPP) and Physical Therapy (PTP) with 86.60%. This shows that the variables used to predict the therapeutic affective, devotion and commitment is in alignment physical therapy (exercise, strength, radiant energy, focus, vision) which as key drives to every entrepreneur excelling in competitive parity. The F-statistics value of 123.480 at a significance level of 0.000 which is less than the 0.05 significance shows that the model is well fitted. Specifically, the Durbin-Watson value is 1.933, which support the rejection of the null hypotheses based on the model on autocorrelation and collinearity of the predictor variable.

In track of PTP (Physical Therapy), every unit increase in Therapeutic Passion (TPP) leads to 1.167-unit being aligned with tremendous Physical Therapy functions that act as booster to

energized entrepreneurs in short-run and long-run. The standardized coefficient beta of 0.934 which shows the t-statistics value of 11.112 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 which is less than the 0.05 significance level. More so, the Partial Correlation predisposes 0.934 (93.40%) that aligned with tolerance of the collinearity statistics of 1 among the proxies. In all, from the Collinearity Diagnostics the Eigenvalue of 1.995 and Condition Index of 20.561 that there is significance presence of collinearity among the Therapeutic Passion and Physical Therapy, but ignore because of the Tolerance and VIF which orchestrate the rejection of the null hypothesis. More so, Newman, Obschonka, Moeller and Chandan (2021) utilized qualitative vs. quantitative, survey-based vs. experimental/intervention analysis on entrepreneurial passion. They averred that entrepreneurs have gained growing attention in various sub-fields of entrepreneurship research including entrepreneurial management, accounting, psychology and finance. This point supports the advent of therapeutic entrepreneurship on passion, which argues that the commitment, desire and total devotion by entrepreneurs should yield sustainability, survival and success. Wei, Yan, Fuqiang and Yun (2022) depicted that entrepreneurship success is the ultimate goal pursued by entrepreneurs, and entrepreneurial passion is also considered an indispensable and important element on the journey to entrepreneurial success. The study asserted that because of the fusion of internal mechanism that drives entrepreneurial passion via psychological capital and the promotion of external entrepreneurial policy support, success could be accomplished. This follows the same pathway that passion on the entrepreneurial journey of therapeutic entrepreneurs necessitates them to achieve their dreams which is indispensable in their mission and vision (Schwarte & Song, 2019).

Hypothesis 9

Ho_9: Therapeutic passion does not significantly align with speech therapy in African nations.

4.10a: Model Summary[b]

Model	R	R Square	Adjusted R Square	Change Statistics: R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.738[a]	.544	.519	.544	21.493	1	40	.000	2.515

a. Predictors: (Constant), TPP
b. Dependent Variable: STP

4.10b: Coefficients[a]

Model		Unstandardized Coefficients: B	Unstandardized Coefficients: Std. Error	Standardized Coefficients: Beta	T	Sig.	Correlations: Zero-order	Correlations: Partial	Correlations: Part	Collinearity Statistics: Tolerance	Collinearity Statistics: VIF
1	(C)	.024	.970		.025	.981					
	TPP	.952	.205	.738	4.636	.000	.738	.738	.738	1.000	1.000

a. Dependent Variable: STP

4.10c: Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	TPP
1	1	1.995	1.000	.00	.00
	2	.005	20.561	1.00	1.00

a. Dependent Variable: STP

The model above connotes that the adjusted R-square value of 0. 519 have average correlates between Therapeutic Passion (TPP) and Speech Therapy (STP) which engineered for up to 51.90 percent of variation in the variable as captured in the model. This shows that the variables used to predict the sound therapy, listening therapy and talk therapy enable entrepreneurs to communicate with production of final words positioning to her customer/client, accurate in structural and grammatic phrases, ability to presents the grammatic words on sales presentation which would facilitate profitability and productivity index. As such, the F-statistics value of 21.493 at a significance level of 0.000 which is less than the 0.05 significance revealed that the model is adequate. Specifically, the Durbin-Watson value is appropriate if lies within the estimate of 1.5-2.5 which is acceptable to determine the extent of autocorrelation among the proxies. Since the value reveal 2.515, the fittest of the model raises hope for the passion to drive speech therapy function to be strictly adhered to by African entrepreneurs.

In shock of STP (Speech Therapy), the study observes that Therapeutic entrepreneurship has positive coefficient which anchored that every unit increase in Therapeutic Passion (TPP) by the rehabilitated therapeutic entrepreneurs will lead to 0.952-unit being aligned with Speech Therapy functions in communication, syntax and verbal expression in conduct. The standardized coefficient beta of 0.738 which shows the t-statistics value of 4.636 (which is greater than the ±1.96 threshold level) and a probability level of 0.000 is less than the 0.05 significance level.

Although, the Partial Correlation inclines positively with the strength of 0.738 (73.80%) intervention among the proxies which favors the entrepreneurs benefits from the rehabilitation process that augment the VIF and tolerance of the collinearity statistics of 1 among the proxies. This ascertains that the null hypothesis is strictly rejected, and the alternate hypothesis accepted. In all, from the Collinearity Diagnostics the Eigenvalue of 1.995 and Condition Index of 20.561 that there is insignificance presence of collinearity among the Therapeutic Passion and Speech Therapy, unlike other model, there is a variance signifying potential future shift and progress of the index meaning in the long term. This support the entrepreneurs with dysphasia and cognitive disorder to disseminates information with eloquent speech and fluent in any forms of speech-language pathology. Hence, these prevent social embarrassment, chewing time and difficulty in confidence expression of speech which ignite the therapeutic passion effectively. This therefore reinforces the findings on this basis, the null hypothesis is rejected while the alternate form of the

hypothesis is accept therefore concluding that there is a significant relationship between TPP and STP in African Nations. Hence, Pollack, Ho, O'Boyle and Kirkman (2020) used a meta-analytic examination to study 87 manuscripts to work-related outcomes of three dominant literature streams of work passion: general passion, dualistic passion (i.e., harmonious passion and obsessive passion), and role-based passion (i.e., passion for developing, passion for founding, and passion for inventing). It shows passion is more complex that reasoning. This fashioned out while therapeutic passion is very significant to entrepreneur's wellness and wellbeing.

Multivariate Analysis

The partial correlation was employed for the moderating variable to estimate the multicollinearity.

Ho_{10}: Sustainable development goals does not significantly moderate the alignment between therapeutic entrepreneurship and rehabilitation therapy in African nations

4.11a: Partial Correlation

Control Variables			TPI	TPR	TPP	OTP	PTP	STP	SDG
SDG-[a]	TPI	Correlation	1.000	.853	.861	.786	.929	.870	.929
		Significance (2-tailed)	.	.000	.000	.000	.000	.000	.000
		Df	0	40	40	40	40	40	40
	TPR	Correlation	.853	1.000	.861	.931	.929	.725	.929
		Significance (2-tailed)	.000	.	.000	.000	.000	.000	.000
		Df	40	0	40	40	40	40	40
	TPP	Correlation	.861	.861	1.000	.796	.934	.738	.934
		Significance (2-tailed)	.000	.000	.	.000	.000	.000	.000
		Df	40	40	0	40	40	40	40
	OTP	Correlation	.786	.931	.796	1.000	.867	.645	.867
		Significance (2-tailed)	.000	.000	.000	.	.000	.002	.000
		Df	40	40	40	0	40	40	40
	PTP	Correlation	.929	.929	.934	.867	1.000	.812	1.000
		Significance (2-tailed)	.000	.000	.000	.000	.	.000	.000
		Df	40	40	40	40	0	40	40
	STP	Correlation	.870	.725	.738	.645	.812	1.000	.812
		Significance (2-tailed)	.000	.000	.000	.002	.000	.	.000
		Df	40	40	40	40	40	0	40
	SDG	Correlation	.929	.929	.934	.867	1.000	.812	1.000
		Significance (2-tailed)	.000	.000	.000	.000	.000	.000	.
		Df	40	40	40	40	40	40	0

a. Cells contain zero-order (Pearson) correlations.

As revealed from the Partial Correlation outcome, the coefficient is 1, while the significance is 0.000. This stipulates that there exists perfect beneficial positive alignment among sustainable development goals (SDG) the explanatory variables and response variable. This shows that the alignment among therapeutic entrepreneurship and rehabilitation therapy has viable significant short-term and long-term effect on the society, institution and nations. This fingers that adoption of the therapeutic entrepreneurship model has great resultant influence on good health and well-being, quality education, social inclusion, no poverty, industrial innovation and infrastructure, reduced inequality, partnership to achieved goals and zero poverty. This mean if everyone can be carried along in the field of entrepreneurship without drawback, there will be proper implementation of the therapeutic entrepreneurship model as advantage and opportunities. As measures to curtail the achievement of the sustainable development goals Dsouza (2021) discussed the entrepreneurial activities as fundamental role of women contribution in the livelihood security of the family in providing food, clothing, shelter, and education via fisher in the coastal region. Bhatia and Mohsin (2021) argue that to facilitate sustainable development goals in the educational sector, teacher's happiness is the paramount as source of motivation and inspiration to enhance their performance stream. To achieve sustainable development goals and high academic performance, they stretch the main streamline as happiness index, teacher's engagement, life satisfaction, work-life quality, subjective well-being, sustainable performance. This is in line with the SDG target for quality education for all, especially in the developing nations. Kulmaganbetova, Kozhakhmetov, Tlessova, Sharapayeva, Baimbetova, Kirdasinova and Mamutova (2022) posit that the high concern on the sustainable development goals (SDG) plight on carrying all along in the area of industrialization and education could be achieved via innovative potential on small medium enterprises scale being buttress with online education for easy reachability, accessibility, timeliness, remote working, expert assessment and component assessment. It is strongly believed that if these are of great concern there will be positive changes to achieve the sustainable development goals (Ovharhe & Igbokwe, 2021; Chibuike *et al*., 2022).

CONCLUSION, RECOMMENDATIONS AND CONTRIBUTION TO SCHOLARSHIP

Conclusion

From the apriori expectations it could be deduced that there is positive outcome which revealed minute level of multicollinearity presence among the explanatory variables and response variable from the Condition Index and Eigenvalue, but it is insignificant. However, this is insignificant because of the VIF (1) and Tolerance (1) which calls for rejection of the multicollinearity presence. This is in accord with the findings from the regression model used to analyze the hypotheses. In conclusion the null hypotheses were rejected, while the alternate hypotheses were accepted. However, from the descriptive statistics, the therapeutic passion exhibited very high frequency. But have least of the variance (0.221) and standard deviation (.47016) which indicates viable strength and less porosity of therapeutic passion.

In the inferential statistics; from the response variable, the least efficient and effective was the speech therapy follows by the occupational therapy. This is because both disciplines are not functioning at their peak in Africa due to lack of awareness and rehabilitation therapy faculty, also, the society prefer non-orthodox approach. Hence, the societal value creation impact is not felt unlike the physiotherapy that is recognized in the tertiary institution. From the discussion in the model, it is very important to take cognizance knowledge that, the heartbeat and breathe of the therapeutic entrepreneurship model are the control variables and the entrepreneur concerned that was instituted in the intervening variable in the study. Hence, multicollinearity does not usually affect control variable, especially when the sample size is small. Hence, its presence cannot affect the results from the model, which posits that it should be ignore. In conclusion, the alignment of the study is correlational, not multicollinearity, meaning there could be criterion and predictor proxies in both strategic and operational functions.

Additionally, there were credible correlations among therapeutic entrepreneurship and rehabilitation therapy. Physical therapy shows both short-term and long-term impact, whereas, occupational therapy and speech therapy revealed only long-term impact. This calls for a lot of attention on the intervention of stakeholders to boost the short-term effect of occupational therapy, audiology and speech therapy in Africa.

Recommendations

Based on the findings and conclusion, the following recommendations were made.

1. For effectiveness and efficient growth in the enterprise by entrepreneurs, therapeutic entrepreneurship must be practices regularly.
2. Therapeutic entrepreneurship should be design as academic curriculum and should be adopted as course of study in vocational and technical training program.
3. Therapeutic entrepreneurship should be seen as therapy for entrepreneur's rehabilitation on restorative, preventive, positioning and integration.
4. Entrepreneurship rehabilitation therapist should be employed as a major trend of research and development towards achieving the SDG.
5. Enterprise should endeavor to create position for therapeutic entrepreneurist (entrepreneurship rehabilitation therapist or entrepreneurship therapist).
6. Therapeutic entrepreneurship should be learned and developed by integrating knowledge and skills from occupational therapy, physical therapy, speech therapy, mental health therapy, psychology, geriatrics, occupational health and social worker to create a formidable entrepreneurship rehabilitation therapist (therapeutic entrepreneurist or entrepreneurship therapist).

Recommendation for further study

The following could forecasted for further study

1. Therapeutic entrepreneurship and entrepreneurial satisfaction among entrepreneurs in Africa

2. Therapeutic entrepreneurship and mental health therapy functions among traumatized entrepreneurs

3. Therapeutic entrepreneurship and social work practices among entrepreneurs with depression.

4. Therapeutic entrepreneurship and social entrepreneurship for female entrepreneurs in Asia

5. Therapeutic entrepreneurship and socio-economic development in field of agriculture and engineering

6. Therapeutic entrepreneurship and enterprise growth towards SDG 2030

Heuristic Model

To arrive at definite point of decision making on the SDG relevance, the Heuristic Model was used to synchronize all functions with the explanatory and response variables to arrive at credible remedies (Appendix B). The Weighted Least Squares Analysis using Best Model Statistics were adopted to determine the adjusted R-squared and log-likelihood function value. The Adjusted R-squared is an augmented version of R-squared that has been adjusted for the number of explanatory variables in the model. Whereas, the log-likelihood function value expresses the goodness of fit on the relevance of the model and the observed data. The higher the value, the better the likelihood of relevance. The crux of the discussion is structure in the heuristic model beneath.

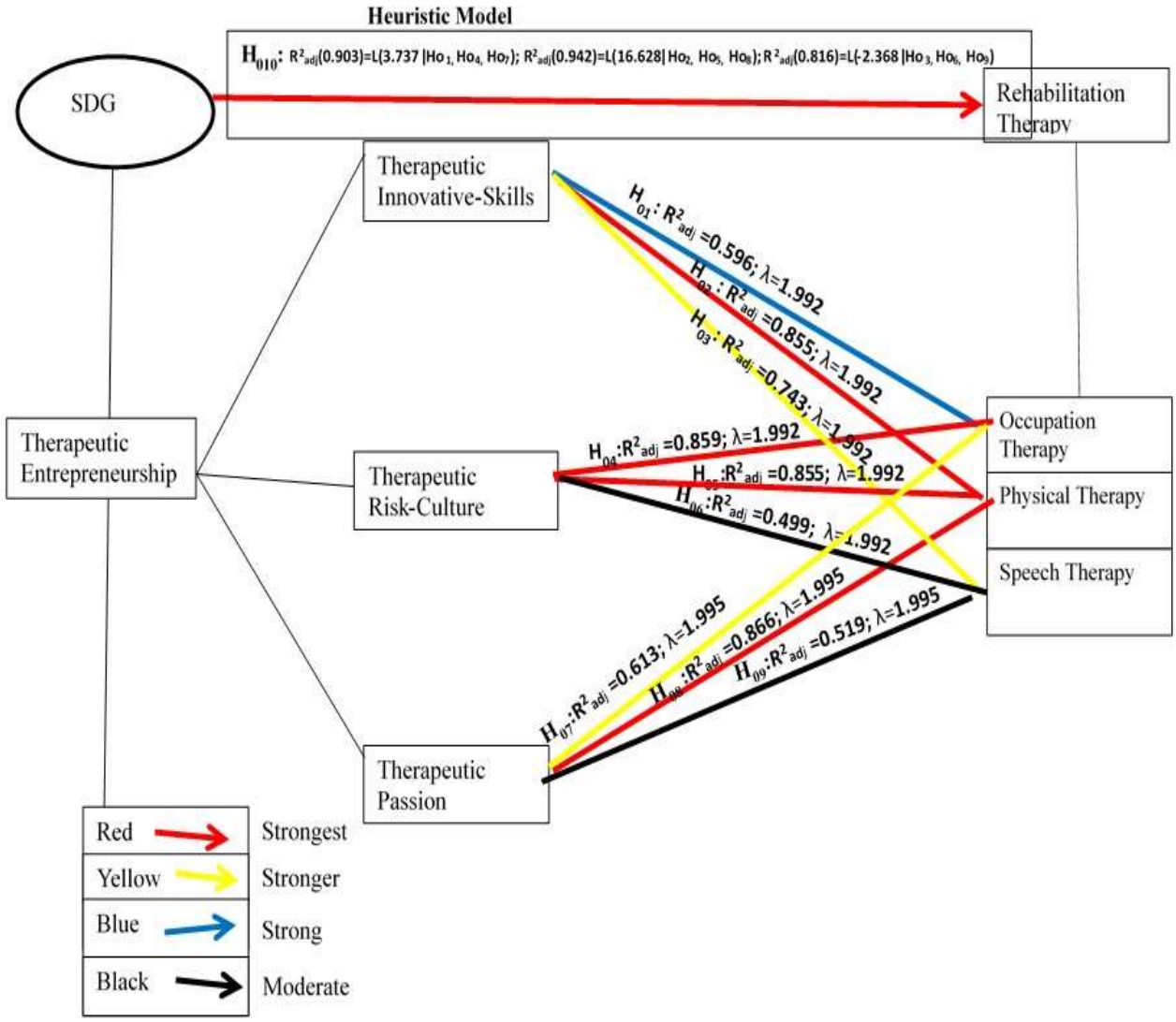


Figure 5.1: Heuristic Model of Multicollinearity between Therapeutic Entrepreneurship and Rehabilitation Therapy

I. The Weighted Least Squares Analysis using Best Model Statistics (Appendix B) from the likelihood ratio revealed that there are $R^2_{adj}(0.903)=L(3.737|Ho_1, Ho_4 Ho_7)$; meaning that the adjusted R square is 0.903 (90.03%) with log-likelihood functional value of 3.737 indicates that therapeutic innovation skill has very strong correlation with rehabilitation therapy. This revealed credible level of relevance of therapeutic entrepreneurship and occupational therapy on SDG if properly implemented with dedicated attention on occupational therapy.

II. From the hypotheses 2, 5 and 8; the weighted least square output are $R^2_{adj}(0.942)=L(16.628|Ho_{2,}$ $Ho_{5,}$ $Ho_8)$. Thus, the adjusted R square was 0.942 (94.20%), with log-likelihood functional value of 16.628. This shows that very high relevance of the explanatory variable and response variable has strongest correlate on physical therapy. This is because from the earlier findings, the familiarity of Africans on physical therapy is vast compare to occupational therapy, audiology and speech therapy. These also buttress the fact that physical therapy is a facilitator to SDG in Africa.

III. From $R^2_{adj}(0.816)=L(-2.368|Ho_{3,}$ $Ho_{6,}$ $Ho_9)$, the weighted least square output revealed a shock of danger signal alert about the therapeutic entrepreneurship and speech therapy/audiology. This supported the earlier findings that speech therapy and audiology needs urgent action in Africa because of its unawareness unlike western nations.
Thus, for the SDG to have tremendous impact in African nations, much attention should be dedicated on investing and furnishing in the field of occupational therapy and speech therapy relevance. These will have positive long-term impact in actualizing the SDG especially on good health and wellbeing, social inclusion, end poverty, quality education and industrial innovation.

Implication of the Study

The research implies that this study has developed and discovered new trend of field in the future (i.e. therapeutic agriculture, therapeutic art, therapeutic sports, therapeutic engineering, therapeutic accounting and therapeutic sciences). This new trend of research will have positive impact in the SDG program for decades.

This research connotes hope for prospective and potential entrepreneurs on basis of rehabilitation. This poses that the wellbeing and wellness of entrepreneurs could be insured with insurance policy. This impact will be felt on the social development policy, gross domestic product and gross national income.

This study poses the potency of generating cause-and-effect correlates via longitudinal research design.

Contribution to Scholarship

-Therapeutic entrepreneurship is an active support to SDG (i.e. good health and well-being, quality education, industrial innovation and infrastructure, reduced inequality, zero poverty and partnership to achieved goals).

-Therapeutic entrepreneurship model is a problem-solving approach paradigm.

-Therapeutic entrepreneurship is a new field of research to achieve designated functions of SDG program.

-Therapeutic entrepreneurship can be applicable to several field of specialty such as health, military, sport, caterer, correctional care services, theater art, creative art, agro-enterprise, ICT, engineering etc.

-Therapeuneurship (therapeutic entrepreneurship) is a booster to entrepreneurs with ability to rehabilitates business enterprise owners with unawesome condition and cases (i.e. trauma, autism, amputation and deformity).

-Therapeutic entrepreneurship is a new research that ought to become academic course, discipline and department as line of study.

-Therapeutic entrepreneurship is a hope and booster for future enterprise career and profession of practices on their wellness and well-being.

-The field of therapeutic entrepreneurship focused on the therapeutic entrepreneur and therapeutic entrepreneurist (entrepreneurship rehabilitation therapist or entrepreneurship therapist).

Acknowledgement

My research team are highly grateful to the rehabilitation therapist, Prof. P. C. Stanley (Mental Health), Dr Omojunikanbi, Alfred (Physiotherapist), Dr. G. Timighe (Nurse), Chinaka, A. Francisca (Speech Therapist) and E. A. Oyegoke (Occupational Therapist) for their illuminations.

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APPENDIX A
QUESTIONNAIRE

Please Tick [ ] in the appropriate place

PERSONAL DATA

1. Name of Specialty ……...

2. Gender:
   a. Male [ ]
   b. Female [ ]

3. Marital Status:
   a. Single [ ]
   b. Married [ ]

4. Age:
   a. 20 – 29 [ ]
   b. 30 – 39 [ ]
   c. 40 – 49 [ ]
   d. 50 – 59 [ ]
   e. 60 and above [ ]

5. Educational qualification:
   a. Primary [ ]
   b. Secondary [ ]
   c. Tertiary [ ]
   d. Non Literate [ ]

6. Number of years in the practice:
   a. less than 2 years [ ]
   b. 2 – 5 years [ ]

c. 6 – 10 years [ ]
d. above 10 years [ ]

7. Condition, Deformity, Case:……..

Please carefully tick (√) the option as it relates to your likelihood perception of the questions.

1 = Definitely Not
2 = Probably Not
3= Possibly
4 = Probably
5 =Definitely

THERAPEUTIC ENTREPRENEURSHIP

S/N	**PART A: Therapeutic Innovation Skills**	**1**	**2**	**3**	**4**	**5**
1.	Affective skills are the driver of motivation to achieved goals by therapeutic entrepreneurs					
2.	Cognitive skills facilitate competence for therapeutic entrepreneur to be function effectively					
3.	Psychomotor skill fashion therapeutic entrepreneurs' fiduciary task					
4.	Technical skills match therapeutic entrepreneur's technology innovation					
5.	Analytical skills are the spirit of creativity and innovativeness					
S/N	**PART B: Therapeutic Risk Culture**	**1**	**2**	**3**	**4**	**5**
1.	Risk attitude is therapeutic entrepreneurs' power of diligence and competitive advantage					
2.	Risk behavior is utilized by therapeutic entrepreneurs to actualized risk management and control					

3.	Risk competence gives therapeutic entrepreneurs the ability to design business with risk metrics, risk assessment and risk dashboard					
4.	Risk tolerance enable therapeutic entrepreneurs to identify the level of risk factors to cope with or accommodate					
5.	Risk alert and awareness guides therapeutic entrepreneurs on the trend of threat and danger signal					

S/N	**PART C: Therapeutic Passion**	**1**	**2**	**3**	**4**	**5**
1.	Fusion is the energy force that triggers and fuels therapeutic entrepreneur desire					
2.	Vision is the directional focus for the future of every therapeutic entrepreneur					
3.	Mission is the pathway which orchestrate the journey of therapeutic entrepreneurs					
4.	Entrepreneurial journey is the trip to achieved therapeutic entrepreneurs target					
5.	Dreams are the motion picture of therapeutic entrepreneur future					

REHABILITATION THERAPY

S/N	**PART D: Occupational Therapy**	**1**	**2**	**3**	**4**	**5**
1.	Assessment of therapeutic entrepreneur condition gives hope and nourishment					
2.	The performance function of the therapeutic entrepreneurs is paramount concern of occupational					

	therapist and entrepreneurship therapist					
3.	Intervention by the occupational therapist and entrepreneurship therapist sought to provide care and support for therapeutic entrepreneur					
4.	Support function with Activity Day Living(ADL) approach by occupational therapist and entrepreneurship therapist makes effectiveness and efficiency to therapeutic entrepreneur					
5.	Societal integration and repositioning by therapist are major desire for therapeutic entrepreneurs' growth					
S/N	**PART E: Physical Therapy**	**1**	**2**	**3**	**4**	**5**
1.	Exercise is a good therapy to therapeutic entrepreneurs					
2.	Screening of therapeutic entrepreneurs gives room for problem identification					
3.	Evaluation of the therapeutic entrepreneur is basically of necessity to solve problem					
4.	Cryotherapy may be needed to solve therapeutic entrepreneurs' problem					
5.	Motor response, eye opening response are good approach for recovery of therapeutic entrepreneurs					
S/N	**PART F: Speech Therapy**	**1**	**2**	**3**	**4**	**5**
1.	Listening therapy helps therapeutic entrepreneurs with speech condition					
2.	Interview is a conducive approach to encounter with therapeutic entrepreneurs					

3.	Sign language has long-term resultant functioning on therapeutic entrepreneurs					
4.	Psychotherapy keeps the interest and continuity in communication					
5.	Cognitive communication enhances the intelligent quotient and brain function of therapeutic entrepreneur					

MODERATING VARIABLE

	PART G: Social Development Goals					
1	Good health and wellbeing are deterministic factor for livelihood					
2	Poverty are the iota of depression, frustration and anxiety in Africa					
3	Hunger is rapidly increasing as threat to human existence					
4	Education is the bedrock of knowledge, information and meaningful sustainable development					
5	Industry innovation and infrastructure are pivotal strength of human development and scientific discovery					

APPENDIX B

Weighted Least Squares Analysis (Best Model Statistics)

I. Model Description

Dependent Variable		OTP
Independent Variables	1	TPI
	2	TPR
	3	TPP
Weight	Source	SDG
	Power Value	2.000

Multiple R	.958
R Square	.918
Adjusted R Square	.903
Std. Error of the Estimate	.048
Log-likelihood Function Value	3.737

II. Model Description

Dependent Variable		PTP
Independent Variables	1	TPI
	2	TPR
	3	TPP
Weight	Source	SDG

	Power Value	-2.000
Multiple R	.975	
R Square	.951	
Adjusted R Square	.942	
Std. Error of the Estimate	.537	
Log-likelihood Function Value	16.628	

III. Model Description

Dependent Variable		STP
Independent Variables	1	TPI
	2	TPR
	3	TPP
Weight	Source	SDG
	Power Value	2.000
Multiple R	.919	
R Square	.845	
Adjusted R Square	.816	
Std. Error of the Estimate	.065	
Log-likelihood Function Value	-2.368	

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