

CEOs Psychological Capital and Service Quality in Nigeria Public Health Sector

Psychological
Capital

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Abstract

The critical role of psychological capital in shaping organizational outcomes has been widely recognized in the literature. In this study, we examined the effect of CEO psychological capital on service quality delivery in Nigerian healthcare organizations. Specifically, our objective was to explore how key dimensions of psychological capital - hope, optimism, resilience, and self-efficacy - influenced CEOs' service delivery behaviors and, in turn, the overall quality of healthcare services. Data were collected from 150 CEOs across federal medical centres and teaching hospitals in Nigeria's public health sector and analyzed using regression techniques. The results indicate a significant positive relationship between CEOs' psychological capital and service quality. All the dimensions of psychological capital positively influenced service quality. These findings highlight the strategic importance of fostering psychological capital among CEOs to enhance service delivery. The study recommended among other things that organizations should, prioritize leadership development initiatives aimed at strengthening psychological capital as a means of improving overall service quality.

Keywords: Psychological capital dimensions, CEO psychological capital, Service quality delivery, Nigerian healthcare organizations.

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Introduction

In recent times, business organizations have increasingly recognized the importance of Chief Executive Officers (CEOs) in driving quality service performance. Essentially, CEOs lead the organization, shape its culture, communicate key goals, engage with investors, and protect its public image. However, balancing these responsibilities can significantly affect their well-being and threaten their physiological and psychological health. The pressures of the role can lead to psychological conditions such as anxiety, stress, exhaustion, and even mental health issues, which may result in higher work-related burnout and ultimately a decline in corporate performance (Saif, Cao, Yasir, Pervaiz, 2017). The development of psychological capital therefore is crucial for corporate success, as it is not just about hard work but about ensuring the psychological balance and emotional intelligence of the employees and management (Blau et al., 2019) as a lack of it can lead to corporate failure. To mitigate the psychological pressures faced by CEOs and improve corporate effectiveness, organizations therefore must prioritize developing their psychological capital which is pivotal in assuring individual employee and organizational success. Given this reality, organizations are focusing on cultivating positive organizational behavior by fostering positive psychological states among their teams, in their pursuit of improvement in service quality and performance (Tang, 2020). In this connection, recognizing, cultivating, and enhancing CEOs' positive psychological capital is essential for sustaining long-term corporate performance (Luthans, 2002; Luthans et al., 2007; Luthans et al., 2015; Datu et al., 2018).

Essentially, psychological capital refers to the development of an individual's positive psychological strengths. It encompasses self-efficacy, or the confidence to tackle difficult tasks and the effort required to succeed; optimism, which involves maintaining a positive outlook and recognizing past and future achievements; hope, or the persistence to work toward goals and adapt strategies as needed; and resilience, which is the ability to overcome setbacks, recover from adversity, and ultimately perform at higher levels (Luthans, Youssef, & Avolio, 2007; Snyder, 2002; Masten, 2001; Bandura, 1997). The psychological capital is a measure of an individual's positive psychological capacities - self-efficacy, optimism, hope, and resilience - that go beyond economic, human, and social capital (Luthans et al., 2007; Chen et al., 2017). This suggests that individuals can be more effective and creative when their psychological strengths are properly developed and applied to delivering quality service in an organization (Gooty, Gavin, Johnson, Frazier, & Snow, 2009; Yu, et al., 2019).

Psychological capital among organizational leaders describes the “shared level of positive actions that fosters organizational success. The theory of psychological capital emphasizes how individuals evolve and change, rather than focusing on who they are (Luthans et al., 2007; Youssef-Morgan & Luthans, 2015). Success is more attainable when leaders are happy, stable, and not burdened by depression. CEOs who are hopeful, efficacious, resilient, and optimistic are more likely to “weather the storm” in both challenging organizational and personal environments. Thus, the development of psychological capital is crucial for CEOs and organizational leaders but often overlooked in today's competitive landscape. There is the need to explore creative strategies to leverage and enhance the psychological strengths of CEOs to ensure long-term service excellence.

Several studies have focused primarily on the effect of general workforce psychological capital on productivity and performance, including job growth (Anglin et al., 2018), innovation (Abbas & Raja, 2015; Wang et al., 2022; Zhou et al., 2019), task performance (Aizzat et al., 2018), entrepreneurial performance (Zhou et al., 2019; Wang et al., 2022; Yousaf, Hanafiah, & Usman, 2015), financial performance, organizational citizenship (Gooty et al., 2009; Luthans et al., 2008), and client relations (Gooty et al., 2009). However, little attention has been given to the effects of CEOs' psychological capital on service quality performance. Most research on psychological capital has focused on industries such as hospitality (Chen et al., 2020), financial institutions (Akhilesh et al., 2020) etc. The few studies that have explored psychological capital in the healthcare sector have mostly focused on nurses and not on the CEOs (Zhang et al., 2021; Tian et al., 2020).

In contrast to these studies, our research focused on the psychological capital of CEOs in the Nigerian healthcare sector, where government performance has been poor, infrastructure investment inadequate, and health workers face insufficient compensation, leading to a significant brain drain to the US and Europe (Minerva Strategies' Partner Agency). Specifically, we aimed to explore how the psychological capital of healthcare CEOs impacts the quality of services they provide. Given the critical role played by healthcare CEOs today, it is important to examine how their psychological capital influences service quality.

In the literature, psychological capital has been shown to play a significant role in boosting performance in developed countries, such as the United States (Luthans et al., 2007; Luthans et al., 2008), there is however a paucity of similar studies in Nigeria to the knowledge of the researchers. This study therefore sought to examine the effects of CEOs' psychological capital on service quality in Nigeria's public healthcare sector, where many CEOs face significant work-related stress, depression, and burnout, especially during and after the COVID-19 pandemic. Xu et al. (2020) highlighted the growing concerns regarding the well-being, fulfillment, and commitment of health professionals, concerns that have been exacerbated by the pandemic. Healthcare CEOs are under extreme stress as they navigate healthcare challenges to alleviate the social and economic burden of COVID-19. This strain requires well-motivated and satisfied CEOs, despite limited resources, poor working conditions, and low compensation, all of which contribute to workforce burnout (Abor, 2019). Investing in the psychological well-being of healthcare leaders therefore is imperative to help sustain patient care standards (Luthans & Youssef, 2004; Vähätalo & Kallio, 2015). Research (Tang, 2020; Carmona-Halty et al., 2019; Gupta, Shaheen, & Reddy, 2017) confirms that psychological capital, like human capital and social skills, can be actively developed. Enhancing psychological capital fosters greater stability and efficiency in performance, ultimately leading to significant improvements in service quality.

Theoretical and Conceptual Review

The Psychological Capital (PsyCap) Theory

This theory was developed by Fred Luthans and his colleagues. The theory focuses on an individual's positive psychological state and its effect on performance, well-being, and organizational success. Luthans (2002) introduced PsyCap emphasizing the importance of developing employees' mental and emotional strengths to improve workplace outcomes.

Psychological capital is a key concept in positive organizational behavior, emphasizing human capabilities that are theoretically grounded, measurable, dynamic, and capable of growth, which ultimately affect corporate performance (Luthans, 2002). Luthans et al. (2007) identified four core components of psychological capital: self-efficacy, hope, optimism, and resilience, forming a well-structured theoretical framework. Psychological capital is defined as an individual's positive psychological state characterized by confidence in managing challenging tasks, recognizing achievements both short- and long-term, pursuing goals while adapting when necessary, and demonstrating perseverance through difficulties to achieve quality service. Especially now after the COVID-19 pandemic in a country with a growing healthcare demand, the imperatives of continual improvement in customer healthcare service quality is uncontestable (Akıl & Urgan, 2022). Literature acknowledges that the delivery of excellent medical services is a key factor in attracting patients worldwide. Findings show that healthcare quality has a direct, positive effect on patient satisfaction and consequently a capacity to attract more patients (Haque et al., 2012; Sarwar, 2013; Hee et al., 2016). Therefore, CEOs with stable psychological capital, who oversee quality service delivery, are likely to promote higher service performance (Wright, 2007). Service quality is assessed by comparing customers' expectations with their actual experiences. Bitner and Hubbert (1994) define it as consumers' overall impression of an organization's competence.

The Service Quality (SERVQUAL) Model

Parasuraman, Berry, and Zeithaml (1985) developed the SERVQUAL scale, which measures service quality through key dimensions such as tangibles - the physical aspects of service, such as facilities, equipment, and personnel professionalism. Studies show it significantly impacts customer satisfaction and loyalty (Igbinedion & Adedoyin, 2024). Reliability – which is the ability to provide consistent and timely service is crucial, especially in healthcare (Cronin & Taylor, 1994), Responsiveness - which is the willingness to provide prompt and helpful service shapes customer perceptions (Johnston & Clark, 2005). Organizations must demonstrate responsiveness to meet customer needs. Assurance – which service providers must possess to instill trust and confidence by demonstrating competence and reliability, which in turn influences customer expectations and loyalty (Igbinedion & Adedoyin, 2024); while Empathy on the other hand refers to service provider compassionate, caring, and sensitive concern to customer needs and describes service provider ability to understand and respond to customer emotions and feelings. Studies have shown significant links between empathy and service quality (Davis et al. 1991; Adedoyin & Igbinedion, 2024) and highlight empathy as key in shaping customer expectations, satisfaction and loyalty.

The relevance of the SERVQUAL model in this study is supported by its strong theoretical foundation and extensive empirical validation in measuring service quality across multiple industries, including healthcare. Since service quality is determined by comparing customers' expectations with their actual experiences (Bitner & Hubbert, 1994), SERVQUAL offers a well-structured and comprehensive method for evaluating essential service quality dimensions in healthcare settings. The model's five key dimensions - tangibles, reliability, responsiveness, assurance, and empathy - are particularly significant in healthcare, where patient satisfaction is closely tied to service effectiveness (Hee et al., 2016). The physical environment and professionalism of healthcare staff (tangibles) significantly influence patients' perceptions of

care quality. Likewise, reliability and responsiveness are critical in ensuring timely and effective healthcare delivery, as delays and inefficiencies in this sector can have serious consequences. Additionally, assurance and empathy help build patient trust and confidence, enhancing satisfaction and fostering long-term engagement with healthcare providers (Igbinedion & Adedoyin, 2024).

This study also establishes a direct connection between psychological capital and service quality, emphasizing that CEOs who exhibit high levels of self-efficacy, hope, optimism, and resilience are better equipped to drive service excellence. Since service quality depends on both managerial leadership and frontline healthcare performance, SERVQUAL serves as an effective tool for capturing the multidimensional nature of hospital service delivery. Its ability to measure both technical competence and functional service aspects makes it a robust framework for evaluating how psychological capital influences service quality. Thus, given its comprehensive measurement approach, relevance to the healthcare sector, and established validity, SERVQUAL is a highly suitable model for this study. It effectively assesses the impact of CEOs' psychological capital on service quality within Nigeria's healthcare system.

Other theories that offer valuable insights on psychological capital and service quality include:

The Transformational Leadership Theory – This theory emphasizes that inspirational leaders drive employees to exceed expectations (Bass, 1985). Since psychological capital is closely tied to positive leadership traits, CEOs with robust psychological capital are more likely to advocate for continuous service enhancements. This aligns with transformational leadership principles, promoting customer-centered healthcare delivery.

The Expectation-Confirmation Theory - This theory by Oliver, (1980) explains customer satisfaction as a comparison between anticipated and actual service experiences. Given that psychological capital equips CEOs to maintain high service benchmarks, their leadership plays a pivotal role in shaping patient expectations, satisfaction levels, and loyalty—key aspects of the SERVQUAL model.

The Job Demands-Resources (JD-R) Model – According to Bakker and Demerouti, (2007) the theory illustrates how workplace demands (e.g., stress, workload) and available resources (e.g., psychological capital) impact employee well-being and job performance. In healthcare environments, CEOs with strong psychological capital act as a crucial resource, enabling employees to manage job-related challenges while nurturing a culture of responsiveness, reliability, and overall service excellence.

The Social Exchange Theory - Blau, (1964) highlights the significance of mutual relationships within organizations. CEOs who demonstrate high psychological capital cultivate trust and motivation among healthcare workers, ultimately enhancing service quality and patient satisfaction. In response, employees reciprocate with increased dedication and efficiency, contributing to service quality dimensions such as empathy and dependability.

Collectively, these complementary theories provide explanation and insight into the relationship between psychological capital and service quality. They underscore how psychological resources, leadership effectiveness, and reciprocal organizational relationships contribute to superior service delivery, heightened patient satisfaction, and overall institutional improvement in healthcare service quality.

Hypothesis Development and Conceptual Framework

Hope and Service Quality

Hope is a crucial psychological resource that reflects an individual's confidence in achieving goals and overcoming challenges. According to Snyder et al. (1991), hope consists of two key mechanisms: pathways, which involve identifying possible routes to goals, and agency, which provides the motivation to pursue those paths. These elements enable individuals to deliver high-quality services and enhance work performance (Adams et al., 2002; Luthans et al., 2005). For CEOs, hope is particularly important, as it strengthens their ability to navigate change, develop strategies, and respond to challenges with confidence rather than uncertainty (Michael, 2000). Leaders with high levels of hope are perceived as more effective because they clearly define and communicate goals, fostering innovation and creativity among subordinates. In the Nigerian healthcare sector, hope plays a vital role in CEOs' ability to provide high-quality patient care, especially in the wake of the COVID-19 pandemic. Research indicates that hope is positively associated with patient satisfaction, as hopeful healthcare leaders demonstrate better communication, empathy, and service quality (Youssef & Luthans, 2007). Additionally, studies (Luthans et al., 2007; 2008) show a strong correlation between employee hope and job performance. Thus, cultivating hope in CEOs can enhance organizational psychological capital, leading to improved service delivery and overall performance. Hope should be deliberately nurtured as a leadership trait to strengthen CEOs' ability to drive quality outcomes. Based on this connection, the study proposes the following hypothesis.

H₁: CEOs Hope significantly and positively enhances service quality render in Nigeria public Health Sector

Self-efficacy and Service Quality

Self-efficacy refers to an individual's confidence in their ability to apply cognitive resources, motivation, and strategies to accomplish tasks (Youssef-Morgan & Luthans, 2015). It shapes how employees handle challenges, complete tasks, and achieve goals (Stajkovic & Luthans, 1998). Research indicates that individuals with high self-efficacy are more likely to take on challenging responsibilities, enhancing both personal and organizational performance (Cavus & Gokcen, 2015). CEOs with strong self-efficacy exhibit higher motivation, which fosters innovation and corporate success. Studies consistently link self-efficacy to improved job performance, satisfaction, and service quality. For example, in the hospitality and airline industries, employees with high self-efficacy demonstrate proactive and customer-oriented behaviors, leading to increased guest and passenger satisfaction (Wong et al., 2015; Kim et al., 2017). Similarly, in healthcare, nurses with strong self-efficacy provide better patient care and emotional support (Youssef & Luthans, 2007). The food and beverage industry also benefits

from employees with high self-efficacy, as they exhibit attentiveness and responsiveness, enhancing customer satisfaction (Chan et al., 2020). For CEOs, self-efficacy plays a crucial role in driving innovation, service quality, and leadership effectiveness (Lee & Kim, 2012). Employees with high self-efficacy embrace challenges, stay motivated, and work diligently toward achieving organizational objectives (Ali & Ali, 2014; Okhakhu et al., 2016). Research further supports a positive correlation between self-efficacy and professional performance across various industries (Van Hooft et al., 2016). Strengthening self-efficacy among CEOs and employees alike can be a strategic approach to enhancing service quality, customer satisfaction, and overall business success. Based on this, the study proposes the following hypothesis.

H₂: CEOs Self-efficacy significantly and positively influences service quality in Nigeria Public Health Sector.

Resilience and Service Quality

Resilience is a key component of psychological capital, referring to an individual's ability to recover from stress, conflict, and failure. Cavus and Gokcen (2015) describe it as maintaining a hopeful outlook despite challenges. In corporate settings, resilient individuals overcome obstacles with enthusiasm, while resilient leaders gain the respect of their followers. Research suggests resilience contributes to well-being (Tugade & Fredrickson, 2004) and helps leaders maintain a clear vision (Hinds, 2005). Organizations that develop workforce resilience are better equipped to navigate uncertainty and outperform competitors (McNulty, 2020; Hamel & Välikangas, 2003). Rather than just coping, resilience leads to sustainable positive outcomes and quality service delivery (Bonanno, 2004). Reivich and Shatte (2002) highlight resilience as adapting, growing, and finding meaning in challenges. In healthcare, CEOs face financial pressures, regulatory shifts, and workforce shortages, making resilience essential for maintaining service quality (Coutu, 2002; Cetin & Basim, 2012). Resilient CEOs adapt positively to operational changes and ensure high-quality patient care. Psychological capital research links resilience to positive service behaviors, such as responsiveness and empathy, which enhance customer satisfaction (Luthans et al., 2006; Yu et al., 2020). Hill et al. (2018) found a strong connection between CEO resilience and patient satisfaction in hospitals. Additionally, resilience supports extra-role behaviors (Jung & Yoon, 2015) and task performance (Luthans et al., 2007). Strengthening CEO resilience can improve service quality and customer experience, leading to the following hypothesis.

H₃: CEO Resilience positively influences CEOs service quality in Nigeria Public Health Sector.

Optimism and Service Quality

Psychological capital includes optimism, a positive outlook that influences an individual's expectations of external situations (Youssef-Morgan & Luthans, 2015). Optimists believe in positive outcomes and attribute negative events to temporary, external factors (Ali & Ali, 2014). This trait, which can be developed, promotes mental and physical well-being (Cavus & Gokcen, 2015). In healthcare, CEOs' optimism plays a crucial role in service quality, reducing stress and improving leadership effectiveness. Optimists believe they can control their circumstances, maintain enthusiasm in adversity, and motivate others to work harder (Segerstrom et al., 1998; Luthans & Youssef, 2007). Optimistic CEOs inspire employees, fostering engagement and self-

confidence in overcoming challenges. Optimism in leaders has been linked to higher job performance, transformational leadership, and better service outcomes (Chen et al., 2017). In healthcare, CEO optimism correlates with patient satisfaction (Bae et al., 2019) has been linked to organizational performance. Luthans et al., (2015) discovered a positive correlation between CEO optimism, employee well-being, and organizational commitment in healthcare settings. This is crucial as a motivated and dedicated workforce can improve patient service quality. As a result, healthcare organizations may want to introduce initiatives that promote the development of optimism and other positive psychological traits in their CEOs. Hence, the following proposition is put forth:

H4: CEOs Optimism positively enhances service quality in Nigeria Public Health Sector.

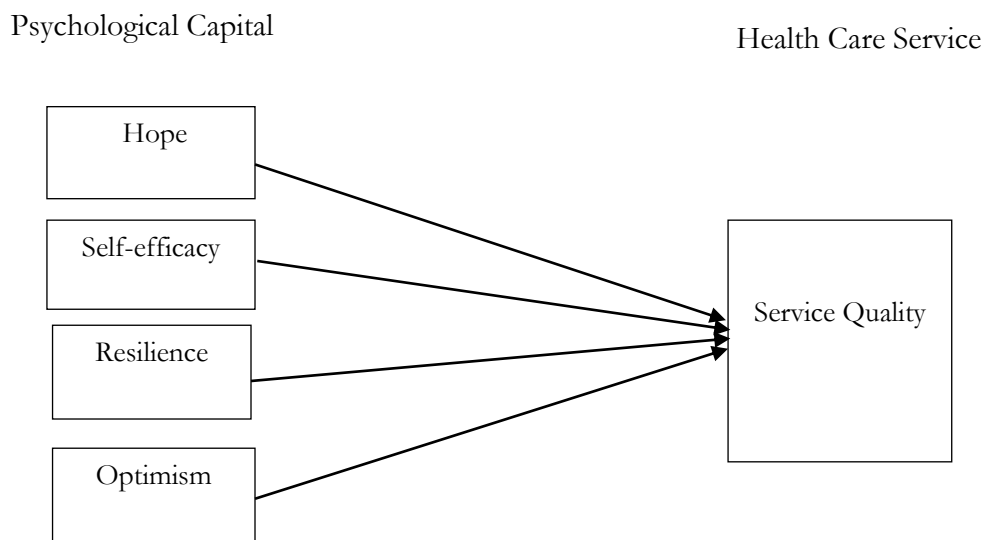


Figure 1. Conceptual framework showing the link between variables

Source: Authors' construction

Methods

This study used a cross-sectional design executed through a survey. The population of this study consisted of CEOs in the Nigeria Health Sector -Federal Medical Centres (FMC) and Universities Teaching Hospitals (UTH). The sample for this study was comprised of 176 CEOs from 22 Federal Medical Centres and 22 University Teaching Hospitals employed in healthcare sector in Nigeria. The response rate was 150 (80%). The Federal Medical Centres and University Teaching Hospitals were selected because of their high patronage and they equally possess large proportion of assets of the healthcare sector.

A properly structured 30 item questionnaire focused on CEOs' psychological capital and service quality was used for the collection of data. The questionnaire was validated by using the confirmatory factor analysis across multiple samples (Luthans, et al., 2007). The reliability for the different dimensions of the independent and the dependent variable were measured using statement items of different scales such as Luthans, et al., (2007) on psychological capital with 24 items. (It comprised selected six items for each of the four constructs). To measure the overall

service quality of hospitals in FMC and UTH Nigeria, the HEALTHQUAL model by Lee, (2017), which is a modified SERVQUAL model was used. The reliability of the instrument was assured as the items for both the dependent and independent variables were from previously validated scales. All the variables had cronbach alpha values greater than 0.70 indicating they had a high degree items consistency. The study adopted a 5-point Likert-type scale, ranging from strongly disagree to strongly agree to assess the statement items.

Model Specification

We used the following model to test our hypotheses:

$$SERVQUAL = \alpha + \beta_1 Hp_i + \beta_2 Sef_i + \beta_3 Rst_i + \beta_4 Opt_i + \beta_5 Age_i + \beta_6 Size_i + \epsilon_i$$

Where: SERVQUAL is the dependent variable (service quality), α is constant, β s are coefficient of regression, Hp is Hope, Sef signifies self-efficacy, Rst signifies resilience, Opt signifies optimism, age signifies firms age, size signifies firm size and ϵ_i signifies error term which is meant to represent or capture other factors capable of influencing the dependent variable but not addressed in the model.

β_s = different coefficients of independent variables.

Hp_i = Hope made up of the following items: $HpQ_1, HpQ_2, HpQ_3, HpQ_4, HpQ_5$ and HpQ_6

Sef_i = Self-efficacy made up of the following items: $SefQ_1, SefQ_2, SefQ_3, SefQ_4, SefQ_5$, and $SefQ_6$

Rst_i = Resilience made up of the following items: $RstQ_1, RstQ_2, RstQ_3, RstQ_4, RstQ_5$, and $RstQ_6$

Opt_i = Optimism made up of the following items: $OptQ_1, OptQ_2, OptQ_3, OptQ_4, OptQ_5$, and $OptQ_6$.

The final model is given as:

$$SERVQUAL = \alpha + \beta_1 + \sum_{i=6}^n H_{pi} + \beta_2 \sum_{i=6}^n S_{efi} + \beta_3 \sum_{i=6}^n R_{sti} + \beta_4 \sum_{i=6}^n O_{pti} + \beta_5 age_i + \beta_6 size_i + e_i$$

Results and Discussion

The variables presented in Table 1 have a standard deviation (SD) of no more than 1. The difference between the minimum and maximum values demonstrate variability in the data, confirming its appropriateness for regression analysis.

Table 1: Descriptive Statistics

ECM	Min	Max	Mean	Std. Dev
Hpi	1	5	3.32	.605
Sefi	1	5	3.41	.613
Rsti	1	5	3.38	.649
Opti	1	5	3.32	.666
agei	1	5	3.55	.549
sizei	1	5	3.43	.584
SERVQUAL	1	5	3.57	.537

Valid N (listwise)	0.452	0.541	0.487	0.421
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Source: Authors construction

Table 2. Correlation Matrix

	SERVQUAL	Hpi	Sefi	Rsti	Opti	agei	Sizei
SERVQUAL	1						
Hpi	.125**	1					
Sefi	.128**	.012	1				
Rsti	.103**	.117	.042	1			
Opti	.169**	.021	.056	.269**	1		
Agei	.157**	.119**	.027	.073*	.092**	1	
Sizei	.000	-.026	.037	.135**	.203**	-.124**	1

* Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

Source: Authors' estimation using SPSS

Table 3: Regression Output

Model	Coefficients		T
	B	Std. Error	
(Constant)	2.679	.218	12.280
Hpi	.140	.029	3.374**
Sefi	.175	.029	2.838**
Rsti	.146	.028	3.640**
Opti	.117	.028	4.194**
agei	.139	.033	4.263**
sizei	.019	.031	.628*
Hope f-stat	6.575		
f-sig	.000		
Self-efficacy f-stat	7.717		
f-Sig	.002		
Resilience f-stat	9.642		
f-Sig	0.002		
Optimism f-stat	26.288		
f-sig	.000		
f-stat	8.523		
f- sig	.000		
R-value	.233		
R- Squared	.540		

Note: *t- value is significant at 5% (0.05 level); **t-value is significant at 1% (0.01 level)

Source: Authors' estimation using SPSS

Interpretation of Results

The results from Table 3 confirm the effectiveness of the regression model, highlighting the significant role of psychological capital in explaining variations in firms' service quality. The R-Square value of 0.540 demonstrates that a substantial portion of the service quality model's

variability (54%) can be attributed to the included factors. Using the R-Square value of 0.54, we obtained a VIF value of 2.17. This suggests moderate multicollinearity amongst predictor variables but is not considered grievous; as it is well below the threshold of 5 or 10, which would typically signal high multicollinearity problems (Fujikoshi, Ulyanov, & Shimizu, 2010; Kalnins, 2018). Furthermore, the Durbin Watson value of 1.481 suggests no serious concerns regarding the presence of autocorrelation in the residuals. The F-statistic shows significant results at the 1% level, supporting the notion that psychological capital is a significant factor in the model. It is essential to recognize that this significance is observed at the variable level, indicating statistical support for the impact of individual variables. Consequently, the hypotheses tests and overall conclusions are based on the effects of specific variables' on firms' service quality. The table also provides information about the F-statistics for each variable individually: Hope, Self-efficacy, Resilience, and Optimism. These statistics evaluate the overall significance of each variable in the model. The F-statistic values and associated p-values (f-sig) indicate that Optimism (f-stat = 26.288, $p < 0.001$), Resilience (f-stat = 9.642, $p = 0.002$), and Self-efficacy (f-stat = 7.717, $p = 0.002$) are all highly significant, while Hope (f-stat = 6.575, $p < 0.001$) is also statistically significant.

Discussion of Findings

The analysis presented in Table 3 provides compelling evidence of the positive and significant impact of hope on the service quality delivered by CEOs in the Nigerian public health sector. The variable hope, with a coefficient of 0.140 and an F-statistic of 6.575, demonstrates statistical significance at a high confidence level ($p < 0.01$). These findings support the acceptance of Hypothesis 1, which posits that CEOs' hope significantly and positively enhances service quality in the Nigerian public health sector. This suggests that fostering the psychological development of hope among CEOs can effectively improve service quality. These results align with previous research by Raupach et al. (2015), which found a positive association between hope and patient satisfaction with medical care. Their study showed that doctors with higher levels of hope also received higher ratings for communication, empathy, and overall quality of care, underscoring the importance of hope in delivering quality services. Similarly, Luthans et al. (2008) found a positive relationship between employees' hope and job performance, further supporting the findings of this study.

Regarding Hypothesis 2, the coefficient for self-efficacy (Sefi) is 0.175, with a t-value of 2.838 and an F-statistic of 7.717, indicating statistical significance at a high confidence level ($p < 0.01$). This highlights the substantial impact of self-efficacy on service quality. Consequently, Hypothesis 2, which suggests that CEOs' self-efficacy significantly and positively influences service quality in the Nigerian public health sector, is accepted. These findings are consistent with research by Van-Hooft et al. (2016), which demonstrated a positive relationship between self-efficacy and professional performance among nurses. Chan et al. (2020) also found that frontline employees in the food and beverage industry with higher levels of self-efficacy exhibited positive service behaviors, leading to higher customer satisfaction. Similarly, Youssef and Luthans (2007) discovered that nurses with higher levels of self-efficacy displayed positive service behaviors, resulting in higher patient satisfaction.

Regarding Hypothesis 3, the study examined how CEOs' resilience positively influences service quality in the Nigerian public health sector. The analysis revealed that the variable resilience has a coefficient of 0.146, a t-value of 3.640, and an F-statistic of 9.642, indicating statistical significance at a high confidence level ($p < 0.01$), suggesting a substantial impact on service quality. As a result, the hypothesis that CEOs' resilience promotes high-quality service delivery is accepted. These findings have significant implications for psychological capital and service quality. Organizations striving for exceptional service quality should prioritize developing resilience among their CEOs. Previous research on psychological capital has consistently shown that a workforce with higher levels of resilience is more likely to demonstrate positive service behaviors, such as responsiveness, empathy, and customer accommodation, all contributing to higher levels of customer satisfaction (Luthans et al., 2006; Luthans et al., 2005; Youssef, 2004; Yang et al., 2018; Yu et al., 2020; Lam et al., 2019; Kusuma et al., 2021). Furthermore, Hill et al. (2018) found a positive association between CEO resilience and patient satisfaction with hospital services.

Finally, optimism among CEOs was found to significantly enhance service quality in the Nigerian public health sector. As shown in Table 3, the coefficient for optimism is 0.117, with a t-value of 4.194 and an F-statistic of 26.288, indicating that optimism is statistically significant at a high confidence level ($p < 0.01$). This suggests that optimism has a meaningful impact on service quality (the dependent variable). Based on these findings, we accept Hypothesis 4 and conclude that CEOs' optimism positively and significantly enhances service quality in the Nigerian public health sector. This implies that organizations should create an environment that fosters the development of this psychological capital dimension among their leaders, as it can lead to improved service delivery. This conclusion supports previous studies, such as those by Chen et al. (2017) and Luthans et al. (2015), who found a positive association between optimism and job performance among hospital CEOs.

Conclusions

The significance of psychological capital in relation to CEOs' service delivery quality in Nigeria's public health sector has been largely overlooked in existing literature. This study aimed to examine the impact of CEOs' psychological capital on service quality, using a regression model to analyze the data. The results demonstrated that the model effectively accounted for the variables and remained consistent, free from any known biases.

The empirical evidence presented by this study underscores the significant and positive influence of hope, self-efficacy, resilience, and optimism on service quality within Nigeria's public health sector. These findings highlight the importance of strengthening these dimensions of CEOs' psychological capital to enhance service quality. Healthcare organizations should prioritize the development of these psychological traits among their leaders, cultivating a culture that focuses on delivering high-quality services.

Understanding the theoretical and practical relevance of this study is crucial, particularly in establishing a model that links service quality to psychological capital among CEOs. As key decision-makers, CEOs significantly influence organizational performance, and overlooking their psychological capital - which includes hope, self-efficacy, resilience, and optimism - can impede

efforts to improve healthcare service quality, particularly in Nigeria's public health sector. Any framework that excludes CEOs' psychological capital offers an incomplete perspective on service quality. Therefore, policymakers and healthcare administrators must recognize that CEOs are not only strategic leaders but also individuals whose psychological well-being directly impacts hospital performance. To enhance service quality, organizations should integrate psychological capital development into leadership training and executive support programs, equipping CEOs with the psychological resources needed to drive service excellence and overall healthcare sector efficiency.

Policy Implications

The study's findings carry important policy implications for Nigeria's public health sector. Given the strong link between CEOs' psychological capital and service quality, policymakers and healthcare administrators should implement the following strategic measures to enhance the psychological well-being of healthcare leaders. These include –

Designing and integrating psychological capital elements into leadership development programs. There should be targeted interventions such as workshops, mentorship programs, and psychological resilience training to strengthen these attributes among healthcare executives

Establishing a national policy framework on psychological well-being that mandates regular psychological assessments, resilience-building programs, and mental health support systems for CEOs and senior healthcare executives.

Psychological capital development should be encouraged through incentives and reward structures that motivate CEOs to develop and demonstrate strong psychological capital. Performance appraisals too should integrate psychological assessment attributes.

An organizational culture that prioritizes and promotes psychological capital development as a core element of leadership effectiveness should be encouraged.

Mandating continuous leadership development programs through appropriate legislation that requires all leadership development programs to include psychological capital training as a core component for all public health executives.

By adopting these policy recommendations, Nigeria's public health sector can equip healthcare CEOs with the psychological tools necessary to enhance service quality, improve patient satisfaction, and strengthen overall healthcare system efficiency.

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