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COGNITION TO CONATION: AN ASSESSMENT OF SUSTAINABLE HEALTHCARE SERVICE ENGAGEMENT

Mohammad Zulfeequar Alam^{1*}, Rahmatullah Rehmani², Anis Ali³, Shaista Parveen⁴

¹Professor, Department of Marketing, University of Business and Technology (UBT), Jeddah, Saudi Arabia.

²Senior Medical Officer (Unani) CGHS, Kolkata, India.

³Assistant Professor, Department of Management, Prince Sattam bin Abdulaziz University, Saudi Arabia.

⁴Assistant Professor, Department of Education and Training, MANUU, Varanasi, U.P., India.

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Corresponding Author: Mohammad Zulfeequar Alam
(zulfeqarm@ubt.edu.sa)

ABSTRACT

Intertwined psychology aspects, cognition, affect, and conation influence the engagement in sustainable healthcare services (SHS) as the basis of consumer engagement in sustainable healthcare practices. According to the theoretical formulations of consumer behavior and psychology, to take a forgetting approach, the researchers analyze the interaction of cognition, affect, and conation in a cumulative manner to predict and explain sustainability engagement in the hospital service industry. Having obtained data on 320 sustainable healthcare service consumers under the criteria of a structured survey tool that measures cognition in terms of prior knowledge, affect in terms of emotion and value, and conation in terms of behavioral intention, Direct Analysis is contracted to assess directionality among the constructs and proved by Confirmatory Factor Analysis to assess the issue of dimensionality. Also, additional statistics were carried out to increase reliability, including calculation of reliability measures such as Cronbach's alpha, Composite Reliability, Average Variance Extracted, discriminant validity test through the Fornell-Larcker Criterion test, Multi-Collinearity Test through VIF statistics, and normality test through Skewness-Kurtosis statistics to test univariate assumptions. Model Fit Measures such as CFI, TLI, RMSEA, and SRMR additionally confirms adequacy of proposed models. As tools for analysis, the study utilizes PLS-SEM-graphic software and the SPSS software. Findings indicate that cognition positively predicts affect showing $\beta=0.46$, $p<0.001$ probability levels, affect predicts conation showing $\beta=0.42$, $p<0.001$ probability levels, conation predicts sustainability engagement showing $\beta=0.56$, $p<0.001$ probability levels, thus implying that only cognition among the principles to influence sustainability undertaking is not enough unless accompanied by affect synergy.

KEYWORDS: Consumer Cognition, Dispositional Factors, Sustainable Healthcare, Service Engagement, Healthcare Sustainability.

1. INTRODUCTION

The healthcare system faces the same issues of sustainability (through its use of energy, waste materials and products) that are common in many industries. To be more environmentally sustainable, the healthcare system must continue to improve the way services are delivered in hospitals (Laprise, C. 2023). Patients' contributions play an important role in delivering sustainably when providing healthcare services. The patient impact on resource use, waste disposal, and the overall sustainability of the services provided is significant (Walsh et al. 2021, Alam and Salah 2023). Additionally, many healthcare systems have placed a higher emphasis on sustainability through education and policy development than on customer involvement, yet these activities do not create continual and ongoing opportunities for patients to practice sustainable behaviours (Krishnan et al. 2023, Shaban et al. 2024, Alam et al. 2024). Thus, to provide insight on how to change consumers' behaviour, it will be necessary to consider how customers make their decisions on sustainability and what influences those decisions; this includes consideration of the individual factors of intention, cognition, emotion and behaviour that will help determine the level at which consumers will become involved with the healthcare system regarding sustainability (Szilvassy, & Širok, 2022, Alam 202). Cognition refers to a patient's knowledge and awareness of the available sustainable practice options in their health care system, which is the foundation from which the patient's perception and attitudes about provider services develop (Luque et al. 2024). Positive emotions about a sustainable service create for a patient a greater sense of personal connection to the service and lead to positive feelings toward the services provided, as well as increased individual involvement in sustainable service activities (Alam 2023a). Positive emotional associations allow for a deeper connection between patients and services as well as facilitate the development of long-term relationships (Contzen et al. 2021). Conation refers to the motivation, preparation, and willingness to act that an individual demonstrates to achieve a particular goal. As such, the term for motivation is the critical link or intermediate between the desired attitude and the actual participation in healthcare for sustainability as stated by (Silverman et al. 2022). The three areas of the psychological process include cognitive, emotional and conative aspects as cited in (Hanley et al. 2022). The cognitive-affective-conative (CAB) process provides solutions for the CAB process (Majeed et al. 2024). Researchers have applied the

CAB structure in various ways within the services and marketing industries extensively. Previous research shows that CAB has shown promise as a method for defining consumer attitudes, intentions, and behaviours (Huang et al. 2024). In the healthcare field, sustainability requires more information than advertisement. The CAB model describes the psychological processes by which awareness can and should result in a sustainable impact (Rakib et al. 2022). There has yet to be sufficient integration of research conducted on sustained involvement in health care areas. To date, very few empirical studies documenting the sequential relationships between cognition, affect and conation, exist as part of integrated studies (Valencia et al. 2024). Consequently, the complex nature of the relationships between these subsequent psychological processes could only be studied in a high-level study. The use of SEM enables researchers to test numerous constructs and test the effects of the different constructs on one another in real time (Amini, & Alimohammad (2021). Hospitals have a very high level of contact with consumers, making them an ideal setting in which to conduct research on how best to promote engagement behaviours on the part of consumers of healthcare services (Cavaller et al. 2021).

1.1. Research Objective

The purpose of this research was to examine the psychological processes related to participation in SHS, specifically how cognitive awareness, affective response, and conative intent all work together through the CAB framework as measured by SEM in hospitals.

This research is divided into six sections. Section 1 is the introduction section, followed by Section 2, which shows the related works. Then, Section 3 illustrates the method used in this study. Next is Section 4, which presents the results of this research. Proceeding is Section 5, the discussion section, and finally, Section 6 is the conclusion section.

2. RELATED WORKS

Perceived intimacy, cohesion and privacy were also tested to determine their influence on patient engagement and how they affect their perceptions of quality in mental healthcare services (Rahman et al. 2021). Upon collecting information about 279 respondents, PLS-SEM analysis revealed that there were both beneficial and adverse impacts that were linked to a couple of limitations based on the focus and complexity. The measure of work engagement was deemed as an indicator of safeguarding the

psychological health of mental health practitioners in Italy during the COVID-19 (Fietta et al. 2025). The positive impact on psychological resilience and the negative correlations with burnout, stress, and dysfunctional coping of some limitations were demonstrated by correlation and regression analysis, based on using standardized questionnaires (Alam et al. 2025). The application of the IoT in a healthcare facility was evaluated with regard to its impact on the engagement of patients (Bhatt & Chakraborty 2023). The PLS-SEM analysis indicated that wearable IoT technology positively affected patient engagement, decision-making, and engagement associated with the general limitations such as generalization and data, depending on the perceptions, and modifications in patient experiences.

The Theory of Planned Behaviour was used in the article to investigate factors that affect the implementation of green healthcare practices in a rural Taiwanese hospital (Lee et al. 2025). The most significant groups of influence on intention are positive in the data analysis of the 339 employees, as the results of this single hospital and specific stakeholder perspectives reveal. The anxiety-sustainability attitudes-climate change awareness relationship was investigated among nursing students (İlaslan and Şahin. 2024; Al-Kumaim et al., 2021). The descriptive, correlational design was adopted; it involved a sample of 289 students and utilized survey and statistics. The results indicated an awareness that is moderate, above-average anxiety and sustainability attitudes, 25.1% of the sustainability attitudes were explained by the awareness and anxiety (Amin et al., 2022). Limitations included single site sampling and self-reports. TOE framework was used to assess how well Artificial Intelligence was adopted in the hospitality sector during COVID-19 (Chen et al. 2023). In a survey of 290 managers using PLS-SEM, management support, competitive pressure, innovativeness, perceived AI risk, and regulatory support were found to play an important role in determining performance.

Co-creation and stakeholder input were used to investigate the use of mass media as a customer appointment tool in hospitals (Walsh et al. 2022). Results showed that usability, executive support, gradual implementation, and capacity building enhance the guide and translate research into practical strategies on how to design hospital services and their quality. Consumer Voice was developed to learn about the engagement of consumers in the healthcare implementation process through interviews, beta-testing, and focus groups

(Woodward et al. 2023). Results showed principle-based and flexible tools support the work of implementers to adopt the use of engagement strategies, build trust, and facilitate fair sharing of evidence-based practices. In the context of private health clinics in a developing economy setting, the interactions between the consumer-based product equities and the client appointments were examined (Cambra et al. 2021). Results showed indirect and positive relationships between brand equity and satisfaction and reputation, and customer engagement, which reflect on the theory and practice in business.

The process of adoption of customer relationship management practices in the Indian public healthcare sector was done using reflexive method with Fuzzy Delphi, Fuzzy best-worst, and Strategic Planning Matrix methods (Sharma et al. 2025). Results revealed a necessary digitally integrated, regulatory, and literacy-related practices accompanied by limitations to applicability. Patient safety climate was studied for its indirect association with nurses' adherence via infection prevention climate and attitude towards it (Jiang et al. 2025). Using PROCESS mediation analysis on 913 nurses' data, it was revealed that the serial mediation was full and attitude had highest predictive power, thus requiring interventions on both levels - organizational and individual levels. The study that was developed to explore the factors that influenced vaccination adherence through COVID-19 in Ghana (Mbele et al. 2024). Data that were collected from 256 health professionals and were analysed by means of a logistic regression analysis indicated that, while the theory was supported, that the principal reason for not adhering to vaccine protocols, was a lack of confidence and cues to action. The concept of accessibility of health care was explored using this framework as it had been tested in several other countries in India (Patel et al. 2024). Results from the study indicated that these elements have a significant impact on effective performance in immunization and in turn contribute significantly to the future of equity in access to primary care. Also, through the SEM process, it was possible to determine the factors influencing faculty members' ability to navigate the psychosocial work environment in Saudi Arabia (Ayyashi et al. 2024). The findings of the research study revealed that among the identified factors that impacted job engagement, family/work conflict and mental health were found to have the most negative implications, as they resulted in stress and burnout, both of which can be devastating psychosocial conditions that are detrimental to a worker's well-

being. Additionally, it was found that there was a positive relationship between the degree of public health worker engagement in the Chinese epidemic and their level of organizational commitment (Yi et al. 2022). It is estimated that nearly half of this relationship can be accounted for by the amount of organizational commitment exhibited by public health workers. As a result, encouraging public health workers to have a strong commitment to their jobs and providing workers with the tools necessary to be successful will improve job satisfaction for all public health workers.

3. METHODS

A quantitative (cross-sectional) approach used a survey of 320 healthcare consumers and was conducted using a structured questionnaire to collect data. Data analysis included the analysis of healthcare consumers' sustainability cognition, affect, conation, trust, and practices using PLS-SEM and SPSS. Figure 1 depicts the methodology flow for SHS engagement research.



Figure 1: Methodology Flow for SHS Engagement Research.

3.1 Data Collection

A quantitative research design of cross-sectional nature is thus used to study the psychological determinants of sustainable engagement in healthcare service use within the CAB framework.

These data have been collected from N = 320 users of healthcare services via the use of a structured questionnaire. At one point of time, this design thus allows the testing of interrelationships among cognition, affect, and conation about sustainable engagement. Table 1 displays the respondents' demographic characteristics.

Table 1: Demographic Profile of Respondents (N = 320).

Demographic Variable	Category	Frequency (n)
Gender	Male	168
	Female	152
Age (years)	18-30	94
	31-40	102
	41-0	78
	Above 50	46
	High school / Diploma	68
Educational Qualification	Undergraduate	146
	Postgraduate	106
	Occasionally	88
Frequency of Hospital Visits	2-3 times every year	124
	> 3 times every year	108
	Public hospital	174
Type of Healthcare Facility Used	Private hospital	146

Inclusion and Exclusion Criteria: For this research, Participants were chosen only if they were adult

users of healthcare services and had experience with healthcare services and the ability to comprehend

and answer the questionnaire. Interviewees with incomplete questionnaire and lack of experience with healthcare services were excluded in the final analysis.

Selection of Participants: The research involved a selection of 320 participants who used healthcare services, and these were undertaken by utilizing a non-probability sampling technique known as convenience sampling. The participants were reached through physical survey administration at service point stations and also through digital survey administration.

3.2. Research Variable

The research analysed six main research variables identified on the basis of the CAB framework.

- **Cognition (COG):** This involves consumer awareness and knowledge of the ideas of sustainability, operations, and environment in the provision of health services.
- **Affect (AFF):** It preserves their emotional responses, congruity of values, as well as their favourable attitudes toward environmentally responsible sustainability practices conducted by hospitals.
- **Conation (CON):** This scale is an attempt to measure consumers' intentional preparedness and eagerness to accomplish and/or engage

with sustainable healthcare service actions.

- **Healthcare Sustainable Service Engagement (SE):** Consumers' sustainable SE in the context of the healthcare industry implies an extent of SE, preference, and identification with sustainable healthcare practices.
- **Perceived Sustainability Practices (PSP):** It denotes the consumer's perception related to the visible and responsible environment sustainability practices pursued by the concerned hospitals.
- **Trust in Sustainable Healthcare Services (TRUST):** It represents the trust held in the authenticity of credentials of the hospital concerning their devotion to healthcare services' sustainability.

3.3. Questionnaire Development

The questionnaire was created using a five-point Likert scale to capture the essential psychological aspects of participating in the SHS. The six constructs: COG, AFF, CON, SE, PSP, and TRUST is measured by the use of reflective scales based on literature from the field. This enabled the research to capture the intention to act in setting of SHS. Measurement scales of constructs are outlined in Table 2.

Table 2: Measurement Items for SHS Engagement Constructs.

Cognition (COG)	
COG1	I am aware of sustainable practices in healthcare services.
COG2	I understand the importance of sustainability in hospital operations.
COG3	I am knowledgeable about the environmental impact of healthcare activities.
Affect (AFF)	
AFF1	I feel positive about hospitals adopting sustainability practices.
AFF2	Sustainability in healthcare aligns with my personal values.
AFF3	I feel emotionally supportive of hospitals that implement eco-friendly initiatives.
Conation (CON)	
CON1	I intend to choose hospitals that engage in sustainable practices.
CON2	I am willing to participate in sustainability-related healthcare programs.
CON3	I plan to support hospitals that promote sustainability in their services.
Sustainable Healthcare Service Engagement (SE)	
SE1	I actively follow sustainable practices when using healthcare services.
SE2	I prefer environmentally responsible options when available in hospitals.
SE3	I encourage others to engage in sustainable healthcare behaviors.
Perceived Sustainability Practices (PSP)	
PSP1	My hospital follows environmentally responsible procedures.
PSP2	The hospital makes visible efforts to reduce its environmental impact.
PSP3	I believe the hospital uses resources (energy, water, materials) responsibly.
PSP4	The hospital actively promotes sustainability-related initiatives.
Trust in Sustainable Healthcare Services (TRUST)	
TRUST1	I trust that the hospital is genuinely committed to sustainability.
TRUST2	I believe the hospital's sustainability claims are credible.
TRUST3	The hospital is transparent about its sustainability efforts.
TRUST4	I trust the hospital to prioritize environmentally conscious decisions.

3.4. Hypothesis Development and Conceptual Framework

The CAB model explains how cognition, affect,

conation, trust, and perceived sustainability practices interact to drive healthcare service engagement. The following hypotheses were developed to test these

relationships, as shown in Figure 2.

H1: Cognition (COG) positively influences Conation, indicating that higher sustainability awareness strengthens intention to engage.

H2: Conation (CON) positively influences Sustainable Healthcare Service Engagement, by demonstrating that intention directly drives sustainable behavior.

H3: Perceived Sustainability Practices (PSP) positively influence Trust (TRUST), as credible sustainability efforts increase confidence in healthcare providers.

H4: Cognition (COG) positively influences Affect by strengthening individuals' emotional responses toward sustainability.

H5: Conation (CON) mediates the relationship

between Cognition (COG) and Sustainable Healthcare Service Engagement (SE) by converting the knowledge into actionable behavior.

H6: Perceived Sustainability Practices (PSP) positively influence Sustainable Healthcare Service Engagement (SE) by motivating consumers to adopt sustainability-oriented actions.

H7: Trust (TRUST) mediates the relationship between Perceived Sustainability Practices (PSP) and Conation (CON), by strengthening intention through improved credibility.

H8: Affect (AFF) mediates the relationship between Cognition (COG) and Conation (CON), influencing behavioral outcomes.

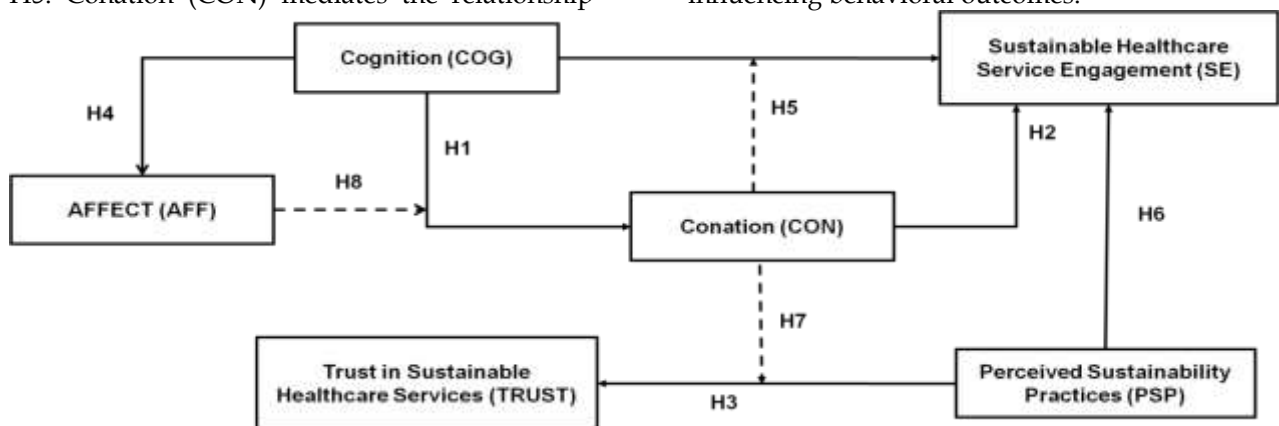


Figure 2: Conceptual framework of SHS engagement based on the CAB model.

3.5. Data Analysis

Statistical analysis was achieved utilizing PLS-SEM version 4.0 and SPSS version 28.0. To describe the characteristics of respondents, descriptive statistics were used. Cronbach's alpha, CR, AVE, and Discriminant Validity tests utilizing the Fornell-Larcker criterion were used to evaluate a measurement model. To determine multicollinearity, Variance Inflation Factor (VIF) was used, while normality tests were done through Skewness and Kurtosis. SEM techniques were used to test the proposed relationships, where fit tests include CFI, TLI, RMSEA, and SRMR.

4. RESULTS

CFA results with reliability and convergent rationality measures are reported for all research constructs. Since all factor loadings are higher than the 0.70 criterion, each item may accurately measure its own latent constructs. Both the CR and Cronbach's alpha values are greater than 0.80, suggesting sufficient internal consistency. The AVE values for all construct exceeded (> 0.50), thereby establishing acceptable convergent validity. Therefore, these findings establish that the measurement items reliably represent their respective latent constructs (cognition, affect, conation, perceived sustainability practices, trust, and SHS engagement), thus confirming the validity and resilience of the dimension model as determined by Table 3.

Table 3: Conformatory Factor Analysis.

Construct	Item	Factor Loading	Cronbach's Alpha	CR	AVE
COG	COG1	0.82	0.88	0.90	0.65
	COG2	0.85			
	COG3	0.80			
AFF	AFF1	0.84	0.87	0.89	0.63
	AFF2	0.81			
	AFF3	0.82			

CON	CON1	0.85	0.90	0.91	0.67
	CON2	0.88			
	CON3	0.83			
SE	SE1	0.86	0.89	0.91	0.68
	SE2	0.84			
	SE3	0.85			
PSP	PSP1	0.83	0.88	0.90	0.64
	PSP2	0.81			
	PSP3	0.82			
	PSP4	0.80			
TRUST	TRUST1	0.84	0.89	0.91	0.65
	TRUST2	0.85			
	TRUST3	0.83			
	TRUST4	0.82			

Fornell and Larcker's standards for discriminant validity values are provided. For each construct (COG = 0.81, AFF = 0.79, CON = 0.82, SE = 0.82, PSP = 0.80, TRUST = 0.81), The square roots of the AVE values are the diagonal values. On the other hand, the correlations between the constructs are off-diagonal values. For instance, there is a connection of 0.52 between COG and AFF, 0.55 between COG and CON, and 0.51 between PSP and TRUST. The square root of AVE values has been discovered to be greater than the values of correlations between constructs in every construct. This has implications that each construct taps into a different domain that does not correlate highly with other constructs. Cognition, affect, conation, perceived sustainability practices, trust, and sustainable health care service engagement constructs are found to be dissimilar constructs and thus provide valid results during analysis of the structural model. Table 4 makes this clear.

Table 4: Discriminant Validity (Fornell-Larcker Criterion).

Construct	COG	AFF	CON	SE	PSP	TRUST
COG	0.81					
AFF	0.52	0.79				
CON	0.55	0.57	0.82			
SE	0.49	0.50	0.60	0.82		
PSP	0.41	0.44	0.46	0.45	0.80	
TRUST	0.43	0.46	0.48	0.47	0.51	0.81

Skewness and kurtosis values of all research constructs are described to check normality in the data, and is shown in Table 5. Kurtosis levels range from -0.36 (PSP) to -0.50 (SE), whereas skewness values range from 0.08 (CON) to 0.15 (SE). The values indicate that the range in skewness and kurtosis is in the acceptable limits of ±2, which suggests that the data are normally distributed. Thus, this confirms the suitability of the dataset for the analysis of SEM. As extreme deviations from normality are not noted, there is a less probability of biased estimates in the parameter estimation; thus, the results on inference are reliable. The findings suggest that normality is assumed to be satisfied in the context of robust

estimation for SEM analysis.

Table 5: Skewness and Kurtosis.

Construct	Skewness	Kurtosis
COG	0.12	-0.45
AFF	0.10	-0.38
CON	0.08	-0.42
SE	0.15	-0.50
PSP	0.09	-0.36
TRUST	0.11	-0.40

The correlation matrix between the research's constructs is displayed in Table 6 below. It shows that the correlation coefficients are positive and significant at 0.01 significance levels; thus, there are significant relationships between cognition, affect, conation, perceived sustainability practices, trust, and engagement in SHS. It is worth noting that conation shows the greatest correlation with engagement in affect (r = 0.50) and cognition (r = 0.49) came after SHS (r = 0.60, p < 0.01), this formulates an important dimension in behaving in accordance with the mechanism. Moderately correlated dimensions among the constructs explain goodness of fit of hypotheses on structural model.

Table 6: Pearson Correlation Analysis.

Construct	COG	AFF	CON	SE	PSP	TRUST
COG	1	0.52**	0.55**	0.49**	0.41**	0.43**
AFF	0.52**	1	0.57**	0.50**	0.44**	0.46**
CON	0.55**	0.57**	1	0.60**	0.46**	0.48**
SE	0.49**	0.50**	0.60**	1	0.45**	0.47**
PSP	0.41**	0.44**	0.46**	0.45**	1	0.51**
TRUST	0.43**	0.46**	0.48**	0.47**	0.51**	1

The results of the structural model show the path coefficients, t-values, and p-values of hypothesis testing, as shown in Table 7. At p < 0.001, every direct and indirect effect is positive and significant. This suggests that the models fit the data well and provide enough evidence to justify the proposed explanation. Granger causality result shows that the cognition significantly influences conation (β = 0.42, t = 8.40) and affect (β = 0.46, t = 8.92), which in turn suggests that sustainability awareness significantly influences emotional and intentional responses. SHS participation is most strongly impacted by the

conation ($\beta = 0.55, t = 9.17$), by confirming intention as the primary driver of sustainable behavior. Perceived sustainability practices significantly enhance trust ($\beta = 0.48, t = 8.50$) and have a direct and positive effect on engagement ($\beta = 0.39, t = 7.80$). The

test for mediation supports that affect ($\beta = 0.26$), conation ($\beta = 0.23$), and trust ($\beta = 0.41$) are the significant mediators for the relationships among cognitions, sustainability practices, and sustainable healthcare engagements.

Table 7: Structural Model/Regression Results (Path Coefficients).

Hypothesis	Path	β	SE	t-value	p-value	Supported?
H1	COG → CON	0.42	0.05	8.40	<0.001	Yes
H2	CON → SE	0.55	0.06	9.17	<0.001	Yes
H3	PSP → TRUST	0.48	0.05	8.50	<0.001	Yes
H4	COG → AFF	0.46	0.05	8.92	<0.001	Yes
H5	COG → CON → SE	0.23	0.04	5.75	<0.001	Yes (Mediated)
H6	PSP → SE	0.39	0.05	7.80	<0.001	Yes
H7	PSP → TRUST → CON	0.41	0.05	8.10	<0.001	Yes (Mediated)
H8	COG → AFF → CON	0.26	0.04	6.50	<0.001	Yes (Mediated)

The structural model's good fit to the data, with model fit indices exceeding recommended values ($CFI = 0.95, TLI = 0.94, RMSEA = 0.048, and SRMR = 0.045$), validates the suitability of the proposed model. PLS-SEM results illustrating the hypothesized relationships among COG, AFF, CON, PSP, TRUST, and SE. Figure 3 present standardized path coefficients for all significant direct and mediating relationships, highlighting the CAC framework underlying SHS engagement.

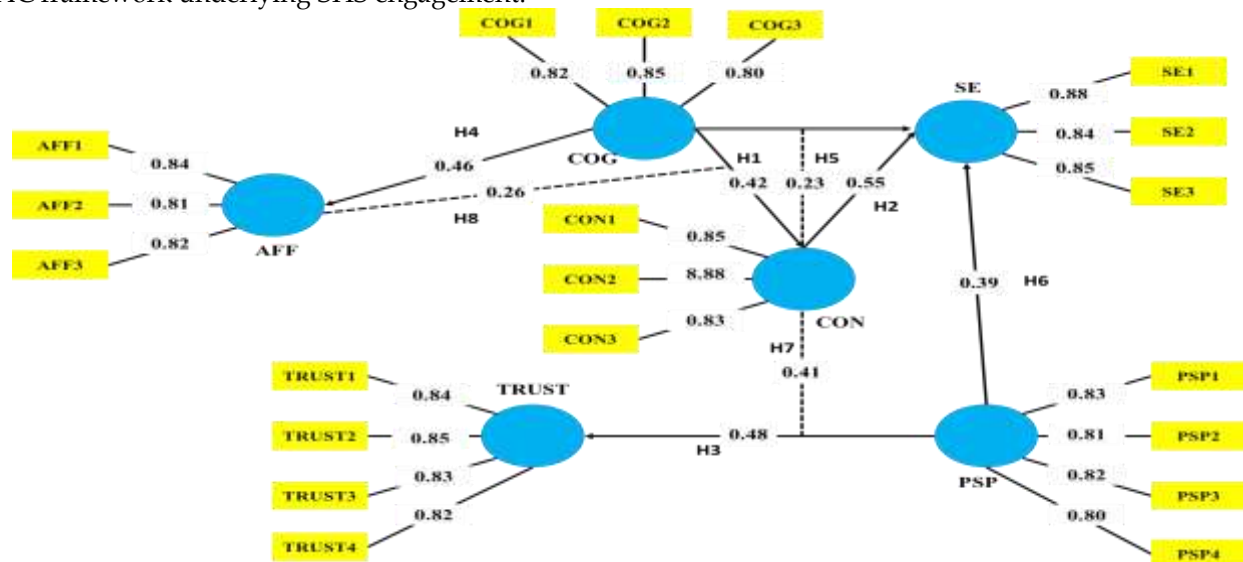


Figure 3: PLS-SEM Structural Model of SHS Engagement.

5. DISCUSSION

This research explored SHS engagement through the CAB model by empirically validating the linkages among cognition, affect, conation, perceived sustainability practices, trust, and engagement. Previous research provided valuable insights into healthcare engagement, yet several conceptual and methodological limitations remain within the existing literature. Most prior studies focused on isolated aspects such as information technology adoption, work engagement, or attitudes, restricting comprehensive understanding [16 -18]. In addition, many of the studies were only able to apply within a specific institution/profession, thus not enhancing generalizability across other healthcare systems (Lee

et al. 2025, İlaslan and Şahin. 2024))[19, 20]. Lastly, to address these limitations, the study utilized the holistic model of the CAB framework, which underwent strict and robust analyses for validation. Construct validity, reliability and normality have all been addressed in the results, indicating that the operationalization of study variables was effective. Structural equation modelling evaluated three major findings: cognitive awareness is a strong predictor of affect and conation, and sustainable healthcare services will only occur if they are preceded by intent; conation has a large, direct effect on actual behaviour, and cognition and conation have significant mediating roles that convert cognitive awareness into actionable, sustainable healthcare practices. Overall, the strong model fit statistics

demonstrate that the CAB framework provides an adequate explanation for factors contributing to participation in SHS and supported the research findings as contributions to the body of knowledge within the field and provided practical implications for sustainable healthcare decisions.

6. CONCLUSION

A healthcare service organization provides a framework to study the psychological aspects that may have an influence on a healthcare provider's ability to participate in their service. This study utilizes the quantitative research method and the primary tool for conducting the research is a structured questionnaire distributed to consumers regarding healthcare services. A total of 320 respondents participated in the survey. To examine the hypotheses related to Cognition, Affect, Conation, & Sustainability Practices, Trust, and SHS User Engagement, Structural Equation Modelling was used to confirm the reliability and validity of the items tested. Findings show a strong and significant

effect of cognition on both affect ($\beta = 0.46, p < 0.001$) and conation ($\beta = 0.42, p < 0.001$), thus supporting an impact of sustainability awareness on both emotional and intentional outcomes. The effect on SHS engagement is greatest for conation ($\beta = 0.55, p < 0.001$), thus underlining the importance of intention in promoting sustainable behaviors. Trust is positively influenced by perceptions of sustainable practices ($\beta = 0.48, p < 0.001$) and also has a strong direct effect on engagement ($\beta = 0.39, p < 0.001$). Findings on mediation show a significant effect on SHS engagement using both affect ($\beta = 0.26$), conation ($\beta = 0.23$), and trust ($\beta = 0.41$) to express the application of CAB models on sustainable healthcare. Despite these contributions, there are limitations. The research adopts a cross-sectional design that does not provide adequate evidence concerning causes and effects. Convenience sampling is also adopted; thus, it is not representative. There is also potential bias brought about by self-reported measures. Impending research should reflect longitudinal studies, use of probability sampling, and comparative analysis of different healthcare systems.

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