



Viral Negative Social Media, Cancel Culture, and Private Hospital Reputation: Moderating Roles of Positive eWOM

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Abstract: The increasing use of social media has enhanced private hospitals' exposure to negative digital content that may affect public perceptions and trigger cancel culture. This study investigates the relationships among Negative Social Media Content Virality, Positive Electronic Word-of-Mouth (eWOM), Corporate Reputation Shield, and Cancel Culture to identify digital reputation protection mechanisms in private hospitals. A quantitative cross-sectional approach was conducted involving 196 respondents selected through purposive sampling. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS and 5,000 bootstrap subsamples. The results indicate that Positive eWOM and Corporate Reputation Shield simultaneously influenced Negative Social Media Content Virality ($R^2 = 0.216$; $p < 0.001$). Negative Social Media Content Virality significantly affected Cancel Culture ($\beta = -0.332$; $p < 0.001$), while Corporate Reputation Shield reduced Negative Social Media Content Virality ($\beta = -0.459$; $p < 0.001$). However, Positive eWOM and Corporate Reputation Shield did not significantly moderate the relationship between Negative Social Media Content Virality and Cancel Culture. These findings highlight that Corporate Reputation Shield functions more effectively as a direct predictor. Strengthening reputation through service quality, transparent communication, patient safety, and stakeholder engagement can help hospitals manage negative digital issues.

Keywords: Cancel Culture; eWOM; Hospital; Negative Content; Reputation Shield.

1. Introduction

The rapid advancement of information and communication technologies has fundamentally transformed the relationship between healthcare organizations and the public. Social media has evolved beyond an information-sharing platform into a digital public sphere where patients and other stakeholders construct and disseminate perceptions of healthcare quality, credibility, and institutional trustworthiness. For private hospitals, this transformation creates both opportunities and reputational vulnerabilities. Unlike many service industries, healthcare involves high uncertainty, information asymmetry, and substantial consequences related to patient safety. Consequently, negative experiences or allegations disseminated through social media may rapidly influence perceptions of an entire institution. The increasing visibility of healthcare-related content therefore positions digital reputation as a strategic organizational asset that requires systematic and proactive management.

The scale and intensity of social media use have further amplified these challenges, particularly in Indonesia, where digital platforms have become important channels for obtaining and evaluating healthcare information. Negative content can achieve substantial reach through algorithmic amplification, user-generated sharing, and high levels of public engagement. When such content becomes viral, it may extend beyond individual complaints and develop into broader reputational crises, including the emergence of cancel culture. This phenomenon reflects collective forms of digital social sanction, such as public criticism, rejection, or boycotting of organizations perceived to have violated social or ethical expectations. In healthcare, such reactions may occur before the underlying information has been adequately

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verified, creating significant challenges for hospitals in maintaining public trust and organizational legitimacy.

Positive electronic word-of-mouth (e-WOM) represents a potentially important organizational resource for addressing these reputational risks. Patient testimonials, online reviews, recommendations, and positive healthcare experiences can contribute to favorable perceptions of hospital quality and reliability. Because such information originates from service users rather than directly from the organization, it may possess greater perceived credibility. Consistently accumulated positive e-WOM can therefore contribute to reputational capital and function as a corporate reputation shield, potentially reducing the adverse effects of negative digital information. Nevertheless, previous studies have predominantly examined e-WOM as a determinant of patient satisfaction, loyalty, revisit intention, and healthcare choice. Limited research has investigated whether positive e-WOM can operate as a reputational protection mechanism against negative content virality and cancel culture, particularly within private hospitals in emerging economies.

This study addresses this research gap by integrating Negative Social Media Content Virality, Positive e-WOM, Corporate Reputation Shield, and Cancel Culture within a single conceptual framework. The study extends the conventional understanding of e-WOM from a marketing-oriented communication mechanism to a potential strategic resource for organizational reputation resilience. Furthermore, it contextualizes the corporate reputation shield concept within healthcare organizations, where reputational consequences are closely associated with patient safety, service uncertainty, ethical concerns, and public trust. By examining these constructs simultaneously, the study contributes to the literature on digital reputation management, healthcare marketing, organizational reputation, and cancel culture. The proposed framework also provides an empirical basis for understanding how hospitals may respond to rapidly evolving digital reputational threats.

From a managerial perspective, the findings are expected to provide evidence for private hospitals seeking to develop more proactive digital reputation strategies. Strengthening positive patient experiences, service quality, transparent communication, patient safety, and stakeholder engagement may contribute to the development of reputational resources capable of supporting organizational resilience. Hospitals should also consider implementing social listening mechanisms to identify emerging negative issues and enable timely, evidence-based responses before they escalate into broader reputational crises. By integrating positive e-WOM management with systematic digital monitoring and organizational reputation strategies, private hospitals may enhance public trust and reduce vulnerability to reputational disruption. Ultimately, this study seeks to contribute both theoretically and practically to the development of sustainable digital reputation management in the contemporary healthcare environment.

2. Literature Review

Virality of Negative Social Media Content

The virality of negative social media content can be explained primarily through the Uses and Gratifications Theory (UGT) developed by Katz et al. (1973). UGT views media users as active agents who select and utilize media to satisfy needs for information, social interaction, personal identity, entertainment, and self-expression. In the social media landscape, users do not merely receive information; they also act as "prosumers" who produce, comment on, share, and amplify content in real-time. Consequently, negative content concerning hospitals can go viral when users derive informational, emotional, or social satisfaction from engaging with the issue (Blumler & Katz, 1974; Katz et al., 1973). This mechanism is reinforced by Agenda-Setting Theory, Two-Step Flow of Communication, Spiral of Silence Theory, and Diffusion of Innovations Theory, which explain how negative issues gain public attention, are amplified by opinion leaders, shape dominant opinion, and spread through social networks (Katz & Lazarsfeld, 1966; McCombs & Shaw, 1972; Neumann, 1974; Rogers, 2003). Based on this perspective, the virality of negative social media content in this study is operationalized through five dimensions information seeking, social interaction, content sharing, opinion formation, and connectivity which reflect user activities in acquiring, interacting with, disseminating, evaluating, and expanding the reach of digital information (Kaplan & Haenlein, 2010; Katz et al., 1973).

The information-seeking dimension encompasses the ease, speed, comprehensiveness, and accessibility of information regarding hospitals; social interaction covers the ease of discussing, commenting, interacting, and participating in online communities; while content sharing includes the frequency, ease, willingness, and tendency of users to share or repost content. Furthermore, opinion formation reflects the influence of information, user comments, viral content, and trust levels on the shaping of perceptions regarding hospitals, whereas connectivity describes the breadth of information reach, connectedness with the community, the ability to reach other users, and the speed of information dissemination across social networks. These five dimensions characterize key aspects of user interaction within the social media ecosystem and explain how individual activities can evolve into the widespread dissemination of information. Consequently, UGT serves as the primary theoretical foundation, as it elucidates the user motivations and activities that drive content dissemination, while other communication and diffusion theories provide supporting perspectives to explain the processes that reinforce and expand the virality of negative content (Kaplan & Haenlein, 2010; Katz et al., 1973; McCombs & Shaw, 1972; Rogers, 2003).

Electronic Word of Mouth Positif

Positive Electronic Word-of-Mouth (e-WOM) in this study is based on the Word-of-Mouth Theory introduced by Arndt (1967), which explains that informal communication among consumers regarding products, services, organizations, or experiences exerts a strong influence on the perceptions and behaviors of information recipients. With the rise of the digital landscape, the concept of WOM has evolved into e-WOM, enabling consumer experiences and recommendations to be disseminated rapidly, widely, and continuously via the internet and social media. Positive information from patients may be perceived as more credible because it stems from actual service user experiences and remains relatively independent of organizational communication. This perspective is reinforced by the Two-Step Flow of Communication Theory, Source Credibility Theory, Social Influence Theory, and the Information Adoption Model, all of which highlight the significance of opinion leaders, source credibility, social pressure, information quality, and message relevance in the process of information acceptance (Erkan & Evans, 2016; Hovland et al., 1953; Katz & Lazarsfeld, 1966; Kelman, 1958; Sussman & Siegal, 2003). In the hospital context, positive e-WOM can serve as an alternative source of information that reinforces positive perceptions and potentially mitigates the reputational impact of negative content and the tendency toward "cancel culture."

Building upon the classic WOM concept, positive e-WOM in this study is operationalized through four key dimensions: intensity, positive valence, content, and recommendation intention. Intensity captures the frequency with which individuals discuss the hospital, share their experiences, and offer recommendations; positive valence reflects the tendency to convey positive experiences, evaluations, and recommendations; content encompasses information regarding service quality, the competence of healthcare professionals, facilities, patient safety, and service experiences; and recommendation intention indicates the willingness to recommend the hospital to family or friends, as well as to provide support when faced with negative, factually incorrect information. These four dimensions reflect the core characteristics of e-WOM communication and have been extensively developed in research on digital consumer communication behavior (Goyette et al., 2010; Hennig-Thurau et al., 2004; Silverman, 2011).

Corporate Reputation Shield

The concept of Corporate Reputation Shield in this study is primarily grounded in the Resource-Based View (RBV) proposed by Barney (1991), which conceptualizes corporate reputation as an intangible and strategic organizational resource. According to RBV, resources can generate sustained competitive advantage when they are valuable, rare, inimitable, and non-substitutable (VRIN). Reputation developed through service quality, patient safety, organizational integrity, stakeholder experiences, and consistent performance can fulfill these characteristics because it strengthens stakeholder trust, loyalty, legitimacy, and organizational support while being difficult for competitors to replicate. This perspective is complemented by Signaling Theory (Spence, 1973), Stakeholder Theory (Freeman, 1984), corporate reputation theory (Fombrun, 1996), and Situational Crisis Communication Theory (Coombs, 2007), which emphasize the role of reputation as a source of credibility and reputational capital during organizational crises. In private hospitals, a strong reputation can therefore function as a reputation shield by encouraging stakeholders to evaluate negative information

more critically, providing organizations with greater benefit of the doubt, and reducing the likelihood that negative viral content will develop into rejection, boycott, or cancel culture.

Based on the RBV perspective, Corporate Reputation Shield can be conceptualized through four VRIN dimensions: valuable, rare, inimitable, and non-substitutable. The valuable dimension reflects the extent to which reputation enhances stakeholder trust, service quality, organizational performance, and resilience to external threats. The rare dimension represents the uniqueness and reputational superiority of the hospital compared with competitors, including distinctive services and stronger public recognition. The inimitable dimension indicates that reputation is developed through long-term experiences, stakeholder relationships, organizational culture, and accumulated public trust that are difficult for competitors to reproduce. The non-substitutable dimension reflects the extent to which reputation, credibility, and stakeholder loyalty cannot be effectively replaced by short-term promotional, marketing, or incentive-based strategies. Collectively, these dimensions position corporate reputation as a strategic organizational resource that can provide protection against the adverse effects of negative social media content virality and weaken the tendency toward cancel culture (Barney, 1991; Coombs, 2007; Fombrun, 1996).

The Cancel Culture Phenomenon

The phenomenon of cancel culture can be explained through several classical theories of communication, sociology, and reputation management, including Agenda-Setting Theory (McCombs & Shaw, 1972), Spiral of Silence Theory (Noelle-Neumann, 1974), Social Identity Theory (Tajfel et al., 2001). Among these perspectives, Social Identity Theory is particularly relevant for defining cancel culture because it explains how individuals derive part of their identity from membership in social groups and how group norms influence attitudes and collective behavior. Tajfel et al. (2001) argued that individuals categorize themselves and others into social groups to establish a sense of belonging and maintain positive self-esteem. In social media environments, these processes facilitate the formation of virtual communities based on shared values, moral standards, and beliefs. When negative information about an organization becomes viral and the organization is perceived as violating group norms, members may collectively express criticism, rejection, boycott, or *cancel culture*. Thus, Social Identity Theory provides a theoretical explanation for why canceling behavior can develop rapidly and collectively in digital environments.

Based on Social Identity Theory, Cancel Culture can be conceptualized through three dimensions: social categorization, social identification, and social comparison (Tajfel et al., 2001). Social categorization refers to the process of distinguishing between in-groups and out-groups, reflected in identifying with particular social media communities, perceiving shared values, and categorizing organizations as either supported or rejected. Social identification reflects the extent to which individuals internalize group membership through a sense of belonging, adherence to group norms, active participation, and loyalty to collective values and goals. Meanwhile, social comparison involves evaluating one's own group positively relative to other groups, including negative evaluations of organizations perceived as violating group norms, support for collective actions, and the maintenance of perceived moral superiority. These processes can collectively strengthen collective rejection, boycott intentions, and reputational withdrawal from organizations targeted by cancel culture.

3. Research Method

This study employs a quantitative approach using an explanatory research design to examine causal relationships among the research variables. The study investigates the effect of negative social media content virality on the phenomenon of cancel culture toward private hospitals in Indonesia, while also examining the moderating roles of positive Electronic Word of Mouth (e-WOM) and Corporate Reputation Shield. A cross-sectional survey design is used, with data collected from social media users who have been exposed to information about private hospitals through digital platforms. The quantitative approach enables objective measurement of respondents' perceptions through structured instruments and empirical hypothesis testing using inferential statistics (Sarstedt et al., 2022).

The population consists of Indonesian social media users who have been exposed to information about private hospitals through digital media. Since the population size is unknown, an infinite population approach is applied. The study uses purposive sampling, selecting respondents based on predetermined criteria relevant to the research objectives (Bougie & Sekaran, 2019; Sugiyono, 2020). Primary data are collected through an online

questionnaire using a five-point Likert scale, while secondary data are obtained from relevant literature and publications. The sample size is determined based on the requirements of Structural Equation Modeling (SEM), with Sarstedt et al. (2022) recommending approximately 5–10 respondents per indicator.

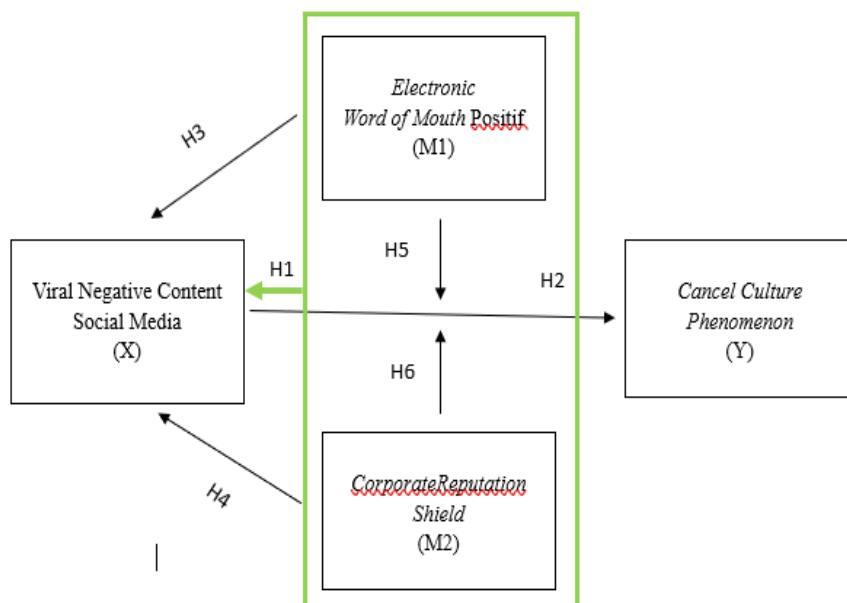


Figure 1. Research Model.

4. Results and Discussion

Respondent Characteristics

Most respondents were aged 36–45 years (46.9%), followed by those aged 26–35 years (26.0%), with males comprising 62.8% and females 37.2%. In terms of education, respondents were predominantly S1 graduates (40.3%), followed by those with elementary to high school education (30.1%). Nearly half of the respondents (49.5%) had used social media for five years or more, indicating sufficient digital experience to assess viral content and *cancel culture*. Respondents were distributed across Indonesia, particularly in DKI Jakarta (15.8%), West Java (14.3%), Central Java (13.8%), and East Java (13.8%). By occupation, private-sector employees dominated (32.7%), followed by professionals (18.4%) and civil servants (15.3%). Facebook was the most widely used social media platform (48.5%), followed by Instagram (46.9%) and TikTok (43.4%), while Twitter/X was used by 18.9% of respondents.

Validity Test

The test results indicate that all 20 items for the Social Media Negative Content Virality variable (X), all 17 items for the Positive Electronic Word of Mouth variable (M1), all 20 items for the Corporate Reputation Shield variable (M2), and all 12 items for the Cancel Culture Phenomenon variable (Y) are valid; the calculated *r*-values range from 0.3048 to 0.8045, all exceeding the *r*-table value (0.1402). Consequently, all 69 statement items across the four research variables are deemed suitable for measuring the intended constructs, allowing the study to proceed to the next stage of analysis.

Reliability Test

The reliability test is used to measure the consistency of a variable. The items within a variable are considered reliable if the respondents' answers remain consistent or stable over time. A construct or variable is considered reliable if it produces a Cronbach's Alpha value of ≥ 0.60 . The results of the reliability tests for Servant Leadership (X), Strong Adaptive Culture (Z1), Employee Compliance in Risk Management Implementation (Z2), and the Creation and Protection of Corporate Values (Y) are presented in the following table:

Tabel 1. Reliability Test .

Variabel	Cronbach's Alpha	Description
Viralitas Negatif Content Sosial Media (X)	0,942	Reliabel
Electronic Word of Mouth Positif (M1)	0,907	Reliabel

Corporate Reputation Shield (M2)	0,899	Reliabel
Cancel Culture Phenomenon (Y)	0,861	Reliabel

Source: Results of Primary Data Analysis, 2026

The table above shows that all research variables have Cronbach's Alpha values exceeding 0.80, which, based on established criteria, falls into the "highly reliable" category. Thus, all research instruments are considered consistent and suitable for use as measurement tools in this study.

Hypothesis Result

Hypothesis testing was conducted using a bootstrapping procedure with 5,000 subsamples via SmartPLS 3 software in accordance with the plan outlined in Chapter III at a 5% significance level. A hypothesis was considered accepted if it met the criteria of a t-statistic > 1.96 and a p-value < 0.05.

Table 2. Hypothesis Testing Results.

Track	Koefisien	P-value	Description
e-WOM Positive (M1) dan Corporate Reputation Shield (M2) → Viralitas Negative Content (X)	$R^2=0,216$; $F=26,59$	0,000	H1 Accepted
Viralitas Negative Content (X) → Cancel Culture phenomenon (Y)	-0,332	0,000	H2 Accepted (Negative Direction)
e-WOM Positive (M1) → Viralitas Negative Content (X)	-0,008	0,934	H3 Rejected
Corporate Reputation Shield (M2) → Viralitas Negative Content (X)	-0,459	0,000	H4 Accepted (Negative Direction)
e-WOM Positive (M1) memoderation X → Y	0,238	0,057	H5 Rejected
Corporate Reputation Shield (M2) memoderation X → Y	-0,151	0,100	H6 Rejected

The table above, Simultaneously, Positive Electronic Word of Mouth (M1) and Corporate Reputation Shield (M2) significantly influenced Negative Social Media Content Virality (X), with $R^2 = 0.216$ and $p < 0.001$, resulting in the acceptance of H1. Partially, Positive e-WOM did not significantly influence negative content virality ($\beta = -0.008$; $p = 0.934$), leading to the rejection of H3. In contrast, Corporate Reputation Shield had a significant negative effect on negative content virality ($\beta = -0.459$; $p < 0.001$), supporting H4. This indicates that stronger hospital reputation is associated with lower perceived virality of negative social media content.

Furthermore, Negative Social Media Content Virality significantly influenced the Cancel Culture Phenomenon ($\beta = -0.332$; $p < 0.001$), supporting H2, although the direction was negative and differed from the initially proposed hypothesis. Meanwhile, the interaction between virality and Positive e-WOM was not significant ($\beta = 0.238$; $p = 0.057$), leading to the rejection of H5, while the interaction between virality and Corporate Reputation Shield was also not significant ($\beta = -0.151$; $p = 0.100$), resulting in the rejection of H6. Thus, neither Positive e-WOM nor Corporate Reputation Shield was proven to moderate the relationship between negative content virality and cancel culture, although Corporate Reputation Shield maintained a significant direct effect on the cancel culture phenomenon.

Discussion

The Influence of Positive e-WOM and the Corporate Reputation Shield on the Virality of Negative Content (H1, H3, H4)

The finding that the Corporate Reputation Shield exerts a significant negative influence on the virality of negative social media content (H4 accepted) whereas the partial effect of positive e-WOM is not significant (H3 rejected) suggests that, between these two reputational resources, a hospital's long-established reputation (Corporate Reputation Shield) plays a more dominant role than electronic word-of-mouth (e-WOM) in mitigating public perception regarding the virality of negative content. This finding aligns with the Resource-Based View (Barney, 1991) and corporate reputation theory (Fombrun, 1996), which assert that reputation as a strategic asset that is valuable, rare, inimitable, and non-substitutable can provide protection against external organizational threats. Meanwhile, the lack of a significant partial effect for positive e-WOM may be attributed to potential conceptual overlap (conceptual multicollinearity) between positive e-WOM and the Corporate Reputation Shield; given the strong

correlation between these constructs ($r = 0.678$, based on the construct correlation table), the unique influence of positive e-WOM becomes less apparent when both are included simultaneously in the model and the influence of the Corporate Reputation Shield is accounted for.

The Impact of Negative Content Virality on the Cancel Culture Phenomenon (H2)

The findings revealed a significant but negative relationship between Negative Social Media Content Virality and the Cancel Culture Phenomenon, contrary to the direction initially assumed based on Uses and Gratifications Theory and Social Identity Theory. Uses and Gratifications Theory emphasizes that audiences actively select and use media to fulfill specific needs, while Social Identity Theory explains how group identification influences attitudes and behavior (Katz et al., 1973; Tajfel et al., 2001). The unexpected negative direction may be partly explained by the relatively low level of perceived negative content virality among respondents (mean = 2.55; 41.8% in the low category), which may have restricted variation in the variable. In addition, the virality indicators primarily measured the accessibility, speed, and reach of negative information on social media, whereas the cancel culture indicators focused more on group identification, digital community involvement, and moral positioning. This difference in measurement focus may have contributed to the divergence between the empirical findings and the expected relationship.

From a substantive perspective, the negative relationship may indicate that greater exposure to and access to negative hospital-related information does not necessarily increase cancel culture tendencies. Instead, greater information exposure may encourage respondents to evaluate information more critically before participating in collective rejection or condemnation. Conversely, individuals with lower exposure to negative information but stronger group identification may be more susceptible to collective social pressures. This interpretation is consistent with the Spiral of Silence Theory, which explains that individuals' willingness to express opinions can be influenced by perceived majority opinions and fear of social isolation (Noelle-Neumann, 1974). Therefore, the negative relationship should be interpreted cautiously as a finding specific to this research sample rather than as evidence that negative content virality generally reduces cancel culture. Further research using more specific measures of exposure to viral cases, qualitative approaches, or longitudinal designs is needed to clarify this relationship.

The Moderating Roles of Positive e-WOM and Corporate Reputation Shield (H5, H6)

The findings show that Positive e-WOM and Corporate Reputation Shield did not significantly moderate the relationship between Negative Content Virality and the Cancel Culture Phenomenon. This result does not fully support the initial proposition derived from Situational Crisis Communication Theory, which suggests that organizational reputation can function as a protective mechanism in mitigating the impact of crisis-related negative information. Nevertheless, both variables demonstrated meaningful direct effects within the model, particularly Corporate Reputation Shield, which was associated with lower perceptions of negative content virality and contributed to explaining the Cancel Culture Phenomenon.

Therefore, in this study, Corporate Reputation Shield is more appropriately interpreted as a direct predictor rather than a moderator of the relationship between negative content virality and cancel culture. Its influence appears to operate primarily through a direct pathway rather than through an interaction effect. The strong correlation between Corporate Reputation Shield and the Cancel Culture Phenomenon ($r = 0.792$) may further explain the prominence of its direct effect. This finding highlights that organizational reputation may function more effectively as an antecedent or protective organizational asset than as a mechanism that changes the strength of the relationship between negative virality and cancel culture (Barney, 1991; Coombs, 2007).

5. Conclusions

Based on the analysis of 196 respondents, Positive Electronic Word of Mouth (e-WOM) and Corporate Reputation Shield were found to jointly contribute significantly to Negative Social Media Content Virality, although their explanatory power was relatively weak ($R^2 = 0.216$). Negative Social Media Content Virality also demonstrated a significant relationship with the Cancel Culture Phenomenon, but the relationship was negative and contrary to the direction initially expected. Furthermore, Positive e-WOM did not demonstrate a significant partial effect on Negative Social Media Content Virality, whereas Corporate Reputation Shield showed a significant negative effect, indicating that stronger perceptions of hospital reputation were associated with lower perceptions of negative content virality.

Neither Positive e-WOM nor Corporate Reputation Shield demonstrated a statistically significant moderating effect on the relationship between Negative Social Media Content Virality and the Cancel Culture Phenomenon. Nevertheless, Corporate Reputation Shield showed a more consistent and dominant role through its significant direct effects within the model. Therefore, in the context of this study, Corporate Reputation Shield is more appropriately understood as a direct predictor and protective organizational asset that contributes to reducing perceptions of negative content virality and cancel culture, rather than as a moderator that changes the strength of the relationship between these variables.

Research Implications

This study implies that Corporate Reputation Shield is more appropriately positioned as a strategic asset and direct predictor in reducing perceptions of negative content virality and the potential for cancel culture, thereby strengthening the application of Resource-Based View and Corporate Reputation Theory in the hospital context. Practically, private hospital management should build and maintain reputation proactively through consistent service quality, patient safety, transparency, and strong stakeholder relationships. These efforts should be prioritized over relying solely on positive e-WOM, which did not demonstrate a significant effect in this study, by integrating reputation management, public communication, and preparedness for negative issues into a comprehensive and sustainable strategy.

Limitations of The Study

This study has several limitations that should be considered when interpreting the findings. The measurement instruments and conceptual distinctions among several constructs still require further refinement to improve their clarity and validity. The unexpected direction of the relationship between negative content virality and cancel culture also indicates the need for more specific and contextualized indicators, particularly those capturing exposure to actual viral cases. In addition, the cross-sectional design limits the ability to examine changes in perceptions over time, especially before, during, and after a digital reputation crisis. The use of purposive online sampling may also introduce selection bias, as digitally active individuals may be more likely to participate. Therefore, future studies are encouraged to refine the measurement instruments, employ longitudinal or mixed-method approaches, and use broader sampling techniques to enhance the generalizability of the findings.

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