

Levers of Eco-Control: Linking Environmental Concern, Stakeholder Pressure in Predicting Green Behaviour

Selly Puspita Sari^{1*}, Fauzan Fuadi²

Universitas Aisyah Pringsewu, Lampung, Indonesia^{1,2}

sellypuspita@aisyahuniversity.ac.id^{1*}, fauzanfuadi@aisyahuniversity.ac.id²



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Abstract

Purpose: This study investigates the influence of environmental concern and stakeholder pressure on green behavior in hospital medical waste management, with the Levers of Eco-Control (LoEC) as a mediating variable. The research emphasizes the importance of managerial control systems in translating environmental strategies into sustainable operational practices.

Methodology: Data were obtained from 140 respondents directly involved in hospital waste management activities. The data were analyzed using the Structural Equation Modeling Partial Least Squares (SEM-PLS) method to test the relationships among environmental concern, stakeholder pressure, LoEC, and green behavior.

Results: Stakeholder pressure has a significant positive effect on both LoEC and green behavior. LoEC strengthens green behavior and mediates the relationship between stakeholder pressure and environmentally responsible practices. Conversely, environmental concern does not exhibit a significant direct or indirect influence through LoEC.

Conclusions: External stakeholder pressure and structured eco-control systems are more effective in encouraging sustainable behavior than individual awareness alone. The integration of LoEC enhances hospitals' environmental accountability and compliance with sustainability standards.

Limitations: By focusing on behavioral factors, this study underscores the centrality of these factors in enhancing the effectiveness of sustainable medical waste management practices.

Contributions: This study extends the LoEC framework to the healthcare sector and provides theoretical and practical insights into how control-based mechanisms can institutionalize green behavior in medical waste management.

Keywords: *Eco-Control, Environmental Concern, Green Behaviour, Medical Waste Management, Stakeholder Pressure*

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1. Introduction

Environmental degradation, climate change, and resource depletion have made sustainability an urgent global concern. Organizations across various sectors, including healthcare, are increasingly required to adopt environmentally responsible behavior, known as green behavior. In hospitals, this responsibility is particularly critical because improper management of medical waste threatens public health and the environment. Hospitals must not only deliver quality healthcare services but also ensure that their operational activities comply with environmental standards. Ineffective handling of medical waste increases the risk of disease transmission and environmental contamination (Reinhardt & Gordon, 2018). Therefore, developing green behavior among hospital staff and management is essential to achieving sustainable healthcare operations.

This study applies the Levers of Eco-Control (LoEC) framework, an adaptation of Simons' Levers of Control (LoC), as a managerial mechanism to promote environmentally responsible behavior. LoEC integrates four control elements: belief, boundary, diagnostic, and interactive systems, to align environmental strategy with operational practices ([Alastal, Ateeq, Ali, Jamil, & Abd-Mutalib, 2024](#); [Pletsch & Lavarda, 2016](#)). Stakeholders must manage medical waste based on the principles of caution and sustainability, aligning their actions with environmentally friendly or green behavior.

Green behavior refers to the tendency of individuals or organizations to act consciously and proactively for environmental sustainability ([Etse & Adu-Aboagye, 2025](#); [Manan, Nursari, Sejati, Yoesseri, & Mareta, 2024](#); [Manan, Wuryanti, & Mufahamah, 2024](#); [Nelson, Junaidi, & Sentoso, 2025](#); [Romadloni & Pravitasari, 2022](#)). In the context of hospitals, green behavior is reflected in various medical waste management practices, such as waste sorting based on type, reducing the use of hazardous materials, recycling, safe storage, and the transportation and disposal of waste in accordance with applicable standards and regulations ([Sisdyani, Subroto, Saraswati, & Baridwan, 2020](#)). The implementation of green behavior not only strengthens the environmental accountability of hospitals but also serves as an indicator of the institution's commitment to sustainable healthcare services.

This study adopts the Levers of Eco-Control (LoEC) variable as a strategic control mechanism for encouraging green behavior, particularly in hospital medical waste management, by applying environmental regulations. This concept is an extension of the Levers of Control (LoC) framework introduced by Robert Simons, which consists of four main elements of organizational control: belief systems, boundary systems, diagnostic control systems, and interactive control systems ([Pletsch & Lavarda, 2016](#)). Organizations design these four elements to balance innovation and efficiency, as well as control and learning.

In line with the increasing urgency of environmental issues in modern organizational operations, the LoC framework was further developed in the context of sustainability by [Alastal et al. \(2024\)](#) into Levers of Eco-Control (LoEC). LoEC guides the implementation of environmentally based strategies by translating them into environmentally oriented behavioral and operational practices. In practice, LoEC functions as a control system that bridges the gap between strategic intent and actual actions, while minimizing organizational behaviors counterproductive to environmental conservation efforts. Through LoEC, hospitals can institutionalize eco-oriented values, monitor environmental performance, and encourage proactive engagement in sustainable waste management.

Empirical evidence and prior literature indicate that research on the levels of eco-control (LoEC) has primarily focused on manufacturing companies. While previous studies have examined LoEC in manufacturing contexts ([Heggen & Sridharan, 2021](#); [Journeault, De Rongé, & Henri, 2016](#)), its application in the healthcare sector remains underexplored. This study addresses this research gap by investigating how environmental concerns and stakeholder pressure influence *green behavior* in hospital medical waste management, with LoEC as a mediating variable. This focus arises because the manufacturing sector has long been identified as a major contributor to environmental damage through its emission-intensive production processes, waste generation, and high resource consumption ([Alastal et al., 2024](#); [Dharsana, Natsir, Hermansyah, & Syahnur, 2024](#); [Heggen & Sridharan, 2021](#); [Journeault et al., 2016](#); [Rahman, Ahmed, & Prideaux, 2024](#)).

However, the development of sustainability discourse shows that the service industry, which has been considered relatively 'clean,' also contributes significantly to environmental impacts, directly and indirectly ([Sisdyani et al., 2020](#)). This study makes two key contributions. First, it extends the LoEC framework to the healthcare context, enriching sustainability control literature beyond the manufacturing domain. Second, it provides practical implications for policymakers and hospital managers to design effective environmental control systems that strengthen accountability and promote sustainable waste management.

Therefore, applying LoEC as an environmental management control system is highly relevant to the study in the service sector context. Hospitals, as part of the healthcare services industry, are highly

strategic entities but are also vulnerable to generating hazardous medical waste. Such waste poses health risks to medical staff and patients and has long-term environmental impacts if not appropriately managed ([Shaizy Khan & Gupta, 2025](#)). With its complex operational characteristics and intensive use of chemical and biological materials, hospitals are the perfect context for exploring the application of environmental control systems such as LoEC, especially in encouraging green behavior among workers and management.

Previous studies on green behavior have been conducted in various fields such as environmental accounting, green marketing, sustainable information technology, corporate social responsibility, Islamic banking, and human resource management ([Singh, Ogunseitan, & Tang, 2022](#)). However, studies specifically linking LoEC with sustainable behavior in medical waste management in the healthcare sector remain limited. Most research has focused on technical aspects, such as waste treatment systems and technologies ([Shamshad Khan, Anjum, Raza, Bazai, and Ihtisham \(2022\)](#)), the classification and composition of medical waste ([TangTang \(2022\)](#)), or staff knowledge and awareness of standard operating procedures in waste management ([Janik-Karpinska et al., 2023](#)). This gap highlights the urgent need to understand behavioral aspects and managerial control systems that support sustainable medical waste management.

To date, research on the Levers of Eco-Control (LoEC) has been limited, particularly in contexts outside strategic management accounting, focusing on eco-strategy and eco-performance. [Pletsch and Lavarda \(2016\)](#) are among the early researchers to examine the relationship between LoEC and competitive environmental strategy. They found that the dominance of specific strategies, such as eco-efficiency or eco-branding, significantly influences the variation in applying the four main elements of LoEC belief systems: boundary systems, diagnostic control systems, and interactive control systems, in translating strategy into environmentally conscious operational practices. This finding indicates that environmental management control systems are contextual and highly influenced by the strategic orientation chosen by the organization.

However, existing studies in environmental management control, particularly those that explicitly use the LoEC framework, have focused narrowly and have failed to develop extensively within the service sector, including healthcare services. These limitations highlight a significant research gap and establish a strong foundation for further research. Organizations have recently adopted environmentally based strategies and programmes to respond to the modern context, which increasingly demands sustainability. Growing concerns over the negative impacts caused by organizational activities have driven this shift. This situation indicates a significant research gap and provides a strong basis for further research.

Organizations must adopt environment-based strategies and work programmes in a modern context that increasingly demands sustainability. Growing concern about the negative impact of operational activities on the environment reinforces this necessity ([Wahab, Imran, Ahmed, Rahim, & Hassan, 2024](#)). Scholars widely use environmental concern as a proxy to measure the extent to which individuals or organizations value and prioritize environmental conservation issues. This concern forms a critical foundation for the successful implementation of LoEC mechanisms within environmental control systems. In medical waste management, the level of environmental awareness among organizational actors determines their internal motivation to engage in environmentally friendly behavior (green behavior), as reflected in regulatory-compliant waste management practices.

In addition, external factors, such as pressure from stakeholders, also play a significant role in driving the environmental performance of organizations ([Tandiawan, 2022](#)). According to [Alessa, Akparep, Sulemana, and Agyemang \(2024\)](#), stakeholders include individuals or groups interested in and able to influence the operational sustainability of an organization, either directly or indirectly. Public companies or organizations, such as hospitals, must establish harmonious relationships with stakeholders by accommodating their needs and expectations, especially those of groups that have power over key resources, such as regulators, consumers, workers, and the surrounding community. [Al Basheer and Javad \(2024\)](#) add that pressure from stakeholders has been proven to influence an

organisation's environmental performance through compliance demands, increased transparency, or expectations regarding social and environmental responsibility. Therefore, when designing an environment-based management control system, such as LoEC, it is important to consider both internal factors, such as environmental awareness, and external factors, such as stakeholder pressure, to encourage sustainable green behavior, particularly in managing medical waste in the healthcare sector.

2. Literature Review and Hypothesis Development

Stakeholder Theory (ST) is one of the main theories in business ethics and organizational management studies that focuses on considering all parties interested in an organization. This theory emphasizes that organizations are accountable to shareholders as well as to various groups or individuals who can influence or be influenced by the organization's activities, such as customers, employees, suppliers, communities, governments, and civil society ([Freeman, 2010](#)). In this context, ST encourages organizations to understand and manage the needs and interests of stakeholders strategically and sustainably. Freeman argues that the long-term success of an organization depends on its ability to create value for all stakeholders, not only shareholders.

This approach marks a shift from traditional management models towards a more inclusive and ethical paradigm in decision-making ([Freeman, 2010](#)). Critically, this theory has served as a foundational basis for numerous studies examining the interrelationships among social responsibility, organizational legitimacy, and sustainability performance. Several studies support the view that the implementation of stakeholder theory principles can enhance an organization's reputation and social legitimacy by integrating the interests of diverse parties into strategic decision-making processes. However, other studies, such as those by [Anzilago, Gomez-Conde, and Lunkes \(2024\)](#); [Awonaiké and Atan \(2025\)](#); [Islam, Rubel, and Hasan \(2023\)](#) highlight the complexity of applying this theory, particularly in reconciling economic and social interests that often conflict.

Thus, stakeholder theory not only provides a normative approach that underscores ethics and fairness but also offers a strategic framework for comprehending the dynamics of stakeholder relationships within an increasingly complex business environment. Stakeholder theory serves as a holistic framework for organizational decision-making, as it promotes the creation of shared value and enhances a company's social legitimacy, strengthens organizational ethics, and reduces risks arising from misalignment between organizational interests and stakeholder expectations. This theory also encourages organizations to utilize stakeholders as a source of strategic inspiration and innovation while maintaining their social licence to operate in an increasingly connected and critical society.

Environmental awareness is a form of individual or organizational consciousness and concern regarding the impact of activities on ecosystems. Healthcare facilities demonstrate this awareness by committing to minimizing the risk of pollution and negative impacts on public health through responsible medical waste management ([Ye, Song, Liu, & Zhong, 2022](#)). Medical waste, such as used syringes, hazardous chemicals, and biological waste, can pollute the environment if not managed properly. Therefore, green behavior in medical waste management is necessary ([Lee & Lee, 2022](#)). Individuals or organizations with a high level of environmental awareness are more likely to be aware of the dangers of medical waste and have a greater desire to adopt sustainable practices. Previous studies conducted by [Luque-Alcaraz, Aparicio-Martínez, Gomera, and Vaquero-Abellán \(2024\)](#); [Sarfraz et al. \(2022\)](#) also show that environmental awareness positively contributes to adopting environmentally friendly behaviour in various sectors, including the healthcare industry. This result indicates that the higher the level of environmental awareness, the greater the tendency for an individual or organization to exhibit green behavior in medical waste management.

H₁: Environmental concern positively affects green behavior.

Stakeholders, such as the government, patients, the surrounding community, Non-Governmental Organizations (NGOs), and shareholders, are interested in how healthcare facilities manage medical waste ([Salvia et al., 2021](#)). Stakeholder pressure reflects how interested parties encourage organizations to implement socially and environmentally responsible practices. In medical waste management, this pressure can manifest in various forms, such as government regulations, hospital accreditation

requirements, community expectations regarding environmental safety, and advocacy from environmental NGOs. This pressure serves as a strong external stimulus for shaping and promoting green behavior, which encompasses systematic efforts to reduce, sort, store, and dispose of medical waste safely and sustainably ([Shabani, Mutekwa, & Shabani, 2024](#)). The greater the pressure exerted, the higher the commitment of healthcare institutions to implement medical waste management systems aligned with environmental principles. Various studies conducted by [Awonaike and Atan \(2025\)](#); ([Islam et al., 2023](#)) support the notion that stakeholder pressure can encourage organizations to improve their environmental performance, increase transparency, and comply with environmentally friendly standards.

H₂: Stakeholder pressure positively affects green behavior.

A high level of environmental awareness within a healthcare organization encourages the implementation of a managerial control system that supports environmentally friendly behavior. This is where the Levers of Eco-Control (LoEC) framework comes into play, an environmental control framework consisting of four types of controls: beliefs, boundaries, diagnostic, and interactive controls ([Journeault et al., 2016](#)). [Alastal et al. \(2024\)](#) state that organizations with high environmental awareness tend to be more proactive in designing and implementing control systems that support environmental values. For example, they will establish standards and procedures for handling medical waste, integrate sustainability values into the organizational culture, and involve various parties in environmental-based decision-making. Environmental concern serves as an internal driver that strengthens the application of LoEC to ensure that medical waste management practices align with the principles of caution and sustainability.

H₃: Environmental concern positively affects LoEC.

Pressure from stakeholders encourages organizations to increase their attention to environmental issues and systematically seek ways to respond to this pressure. One strategic response is the implementation of LoEC, a set of environment-based managerial control systems used to ensure that values, policies, and procedures supporting sustainability are applied in operational activities. [Anzilago et al. \(2024\)](#) state that external pressure from stakeholders can prompt organizations to implement diagnostic control systems to monitor medical waste management performance. Using interactive controls engages management and medical staff in ongoing discussions on environmental innovation. Reinforcing belief systems that instill sustainability values as part of the organizational culture. Establishing behavioral boundaries (boundary systems) to prevent violations of environmental standards. This argument aligns with the research by [Awonaike and Atan \(2025\)](#), which states that the higher the pressure from stakeholders, the greater the incentive for organizations to develop and implement strong and integrated environmental control systems.

H₄: Stakeholder pressure has a positive effect on the LoEC.

Effective implementation of LoECs can encourage green behavior, that is, behavior that reflects compliance with environmentally friendly waste management principles ([Nikzat, Hasangholi, Shah, & Taban, 2019](#)). To ensure safe and sustainable medical waste management practices, awareness and a control system are needed to shape and direct positive environmental behavior within the organization. LoEC plays a crucial role in transforming values and external pressures into operational work systems, ensuring that environmental practices are not merely theoretical but are translated into actual procedures and behaviors, thereby enhancing accountability and awareness among all organizational elements regarding their responsibilities in medical waste management ([Letmathe & Meyer, 2026](#)). A study conducted by [Sisdyani et al. \(2024\)](#) stated that implementing a structured and comprehensive environmental control system through LoECs will increase the consistency and effectiveness of green behavior in daily activities at healthcare facilities.

H₅: Increased LoEC positively affects the realization of green behavior.

LoEC is a mediation mechanism that translates environmental concerns into policies, procedures, and concrete actions. When organisations or individuals have a high level of environmental concern, they tend to promote the formation of a strong LoEC system [Budiwati, Mustopha, San, and Said \(2025\)](#), such as: the use of environmental performance indicators (diagnostic control), team involvement in

environmental discussions (interactive control), internalisation of green values (belief systems), and the establishment of clear rules and boundaries for behaviour (boundary systems). An effective LoEC system consolidates environmental concern into concrete and systematic behavior in medical waste management (Rodrigues, Wander, & Rosa, 2025). In other words, LoEC strengthens the relationship between intention (concern) and action (green behavior), bridging the gap between awareness and actual implementation.

H₆: Environmental concern positively affects green behavior with the latent environmental concern scale as a mediator.

Pressure from stakeholders, such as the government, accreditation agencies, the public, environmental NGOs, and the media, is important in encouraging health institutions to implement more environmentally responsible practices (Ali, Ma, Shahzad, Musonda, & Hussain, 2024). This pressure creates a strong external push for organizations to change their thinking and actions, including adopting green behavior and concrete actions that reflect environmental awareness and responsibility. However, such pressure does not automatically lead to consistent behavioral change without an internal system capable of responding to and managing that pressure. In this context, LoEC is a mediating mechanism that bridges the influence of stakeholder pressure on organizational behavior. By developing LoEC and organizational boundary systems, institutions can establish environment-based policies and procedures, measurably monitor medical waste management performance, involve management and staff in environmental decision-making, and embed sustainability values into workplace culture. Sisdyani et al. (2020) state that implementing LoEC converts stakeholder pressure into internal system reinforcement, encouraging the creation of structured and sustainable green behaviour in medical waste management.

H₇: Stakeholder pressure positively affects green behavior through lower employee CCCs as a mediator.

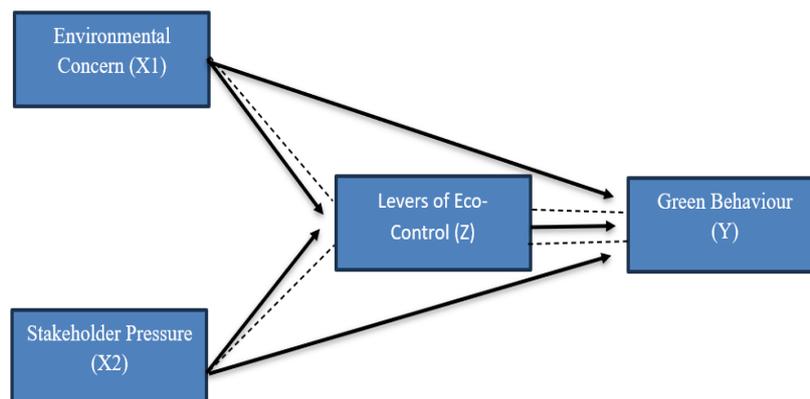


Figure 1. Hypothetical framework

Figure 1 shows above presents a conceptual framework that examines the relationships between Environmental Concern (X_1), Stakeholder Pressure (X_2), Levers of Eco-Control (Z), and Green Behavior (Y). Environmental Concern (X_1) and Stakeholder Pressure (X_2) are independent variables that influence the Levers of Eco-Control (Z). Levers of Eco-Control (Z) acts as a mediator, affecting the Green Behavior (Y), which represents sustainable or environmentally friendly practices. The arrows in the diagram show the direct and indirect relationships, with the dotted lines indicating indirect effects.

3. Research Method

This study uses a positive paradigm that emphasizes objectivity, measurement, and testing of observed phenomena. The researcher uses a quantitative approach to statistically analyze the collected data to produce generalizable findings. The type of research used is explanatory research, which aims to empirically explain the influence between variables through testing previously formulated hypotheses. With this approach, the research describes phenomena. With this approach, the research describes phenomena and tests the cause-and-effect relationships between independent variables, such as environmental concern and stakeholder pressure, mediating variables (Levers of Eco-Control), and the

dependent variable of green behavior in medical waste management. The results of this research are expected to provide a deeper understanding of the mechanisms of influence between the variables under study.

This study was conducted on regional government agencies, focusing on the Pringsewu District General Hospital as a PSU in the health sector. Based on the Decision of the Minister of State Apparatus Empowerment and Bureaucratic Reform No. 795 of 2023 on the Results of Monitoring and Evaluation of Public Service Performance, Pringsewu Regency achieved an Index of 3.27 out of the targeted 3.51, with a performance measurement of 93.16%. Three service units were evaluated: 1) Pringsewu subdistrict obtained an Index of 2.56 with a category of "C," 2) Social Affairs Department obtained an Index of 3.82 with a category of "B," and 3) Pringsewu General Hospital obtained an Index of 3.43 with a category of "B-". The data show that Pringsewu General Hospital has not yet maximized its focus and commitment to results-oriented management, particularly in managing medical waste. Public concerns over the foul odor from the hospital's medical waste disposal system, as reported by visiting patients' families, have drawn criticism.

The researchers selected the regional public hospital because it is a government-owned healthcare institution that performs strategic medical services and is responsible for managing environmental impacts, particularly in medical waste management. Based on Presidential Regulation No. 77 of 2015 concerning Guidelines for Hospital Organisation, the organizational structure of hospitals includes several key operational units, namely, medical services, nursing, medical support, general administration and finance, medical committees, and internal audit units. Among these components, four operational units, namely, medical services, nursing, medical support, and general administration and finance, are directly involved in the medical waste management process from both a technical operational perspective and administrative aspects, such as record-keeping, reporting, and evaluation.

Thus, this study specifically involved these four operational elements as the target population to obtain relevant and representative data related to implementing green behavior in medical waste management. The unit of analysis in this study was individuals who played an important role in the decision-making process and implementation of internal hospital policies, namely, the director or head of the hospital, deputy director or head of medical services, nursing, medical support, and general and financial administration. The researcher used Slovin's formula to determine the sample size, which is appropriate when the population is limited and homogeneous. The sample size was determined to be 160 individuals out of a total population of 268, based on calculations using the specified error tolerance level. Data were collected by distributing questionnaires as the primary instrument for measuring research variables.

The data obtained were primary data reflecting respondents' perceptions, attitudes, and behaviors toward the variables under study, such as green behavior, environmental concern, stakeholder pressure, and LoEC. The sampling technique employed a non-probability sampling approach using convenience sampling. Convenience sampling was chosen because this approach does not require diverse and specific considerations or criteria in selecting research samples. In certain studies, this technique is appropriate and can provide efficiency from various aspects. To minimize potential bias in this study, several measures can be taken, including ensuring that the research sample adequately represents the broader population to avoid sampling bias, employing measurement instruments that are tested and validated, and avoiding leading questions in the questionnaire. The measurement scale for the four variables was conducted using a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree).

The researchers analysed the data using the SmartPLS 4 model. They evaluated both the outer and inner models. They tested the outer model to assess the validity (convergent and discriminant validity) and reliability of the research instrument. The outer model testing used Average Variance Extracted (AVE), outer loadings, Cronbach's alpha, and composite reliability as parameters. The loading factor measures the correlation between item scores or the comparison between component scores and the construct score. The higher the loading factor value, the more significant its role in interpretation.

Average Variance Extracted (AVE) is a metric used to assess convergent validity by calculating the average variance extracted by a latent construct from its indicators. Cronbach's alpha in PLS is a measure of the internal consistency (reliability) of a construct assessed through multiple items or indicators. Composite Reliability (CR) is a more accurate measure of internal consistency used to evaluate the reliability of latent constructs or variables that are not directly observed. Subsequently, they tested the inner model to predict the causal relationships between latent variables. The inner model evaluation included goodness-of-fit testing and hypothesis testing. The structural model relationships tested in this study are as follows (Figure 2):

$$\begin{aligned}
 M &= \alpha + \beta_1 X_1 + \beta_2 X_2 + \varepsilon \\
 Y &= \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 M + \varepsilon
 \end{aligned}
 \tag{1}$$

Explanation:

- Y = Green Behaviour
- M = Levers of Eco-Control (LoEC)
- X1 = Environmental Concern
- X2 = Stakeholder Pressure
- $\beta_1, \beta_2, \beta_3$ = Regression coefficients for each X variable

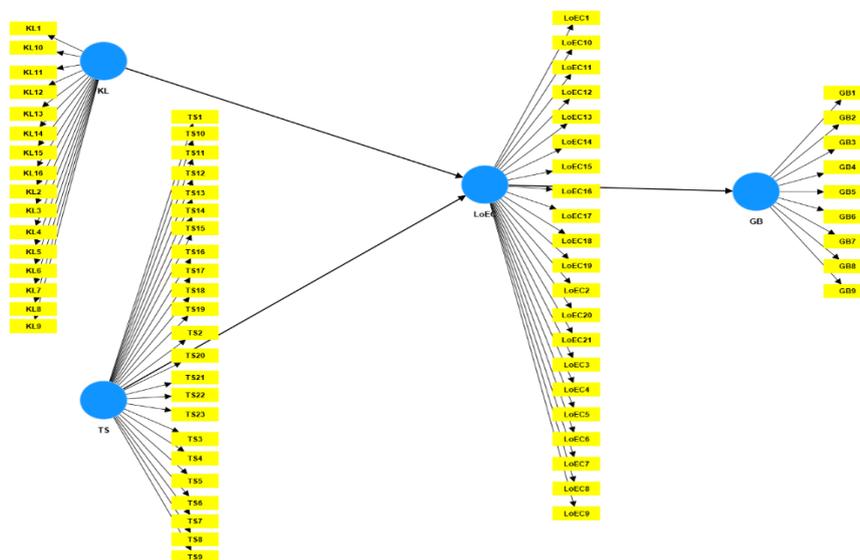


Figure 2. Path diagram

4. Results and Discussion

The data used in this study are primary data obtained through distributing questionnaires to respondents, including hospital directors/heads, deputy directors or heads of medical services, nursing, medical support, and general and financial administration at the Pringsewu District Hospital. Respondents returned 140 out of 160 distributed questionnaires in a complete and analyzable condition. Thus, the response rate in this study was 87.5%, indicating a sufficiently high level of respondent participation and providing a representative picture of the target population, which is the focus of this study.

Table 1. Demographics and characteristics of respondents

| Characteristics | Frequency | Percentage |
|-----------------|-----------|------------|
| Gender | | |
| a. Male | 30 | 21% |
| b. Female | 110 | 79% |
| c. Total | 140 | 100% |
| Age | | |
| a. 20-29 | 22 | 16% |
| b. 30-39 | 72 | 51% |

| | | |
|------------------------------|-----|------|
| c. 40-49 | 36 | 26% |
| d. >50 | 10 | 7% |
| e. Total | 140 | 100% |
| Education | | |
| a. Advanced Diploma | 94 | 67% |
| b. Applied Bachelor's Degree | 24 | 17% |
| c. Bachelor's Degree | 20 | 14% |
| d. Magister | 2 | 1% |
| e. Total | 140 | 100% |
| Position | | |
| a. Sanitarian | 4 | 3% |
| b. Kesling | 4 | 3% |
| c. Environmental Health | 6 | 4% |
| d. Nurse | 26 | 19% |
| e. Practising Nurse | 42 | 30% |
| f. Midwife | 46 | 33% |
| g. Head of Division | 4 | 3% |
| h. Skilled Nurse | 4 | 3% |
| i. Skilled Midwife | 4 | 3% |
| j. Total | 140 | 100% |

Based on the results of the demographic data analysis in Table 1, the majority of respondents in this study were female (79 %), while male respondents accounted for only 21%. This data indicates that female health workers are more dominant in managing and reporting medical waste at the Pringsewu District General Hospital. In terms of age, the majority of respondents were in the 30–39 age group (51%), followed by the 40–49 age group (26%), the 20–29 age group (16%), and the over-50 age group, which accounted for only 7%. These findings indicate that most respondents are in the productive age range and relatively mature with regard to work experience and professional involvement in hospital operational systems.

In terms of educational background, most respondents had a Diploma 3 degree (67%), followed by Diploma 4 (17%), Bachelor's degree (14%), and Master's degree (1%). These data indicate that the educational composition of the respondents reflects the characteristics of the individuals who completed the questionnaire in this study. In terms of job positions, the distribution of respondents was dominated by midwives (33%) and nursing assistants (30%), followed by nurses (19%) and other technical positions such as sanitation workers, environmental health workers, team leaders, skilled nurses, and skilled midwives, each with relatively small percentages. Overall, the demographic profile and characteristics of the respondents reflect the dominant involvement of women of productive age with vocational education backgrounds in the operational structure of the Pringsewu District General Hospital. This provides important context for understanding the background of the individuals who are the sources of information in this study.

4.1 Evaluation of the Measurement Model (Outer Model)

The first stage in PLS testing is outer model testing. The measurement model in this study consists of a reflective measurement model in which the variables of environmental concern, stakeholder pressure, LoEC, and green behavior are measured reflectively. The evaluation of the measurement model includes factor loadings ≥ 0.70 , significant p-values (< 0.05), an AVE value > 0.5 , cross-loadings smaller than the factor loadings, and the square root of the AVE must be higher than the correlations between variables.

The measurement model evaluation (outer model) was assessed using convergent validity, discriminant validity, and reliability tests. Table 4 presents the results of the measurement model evaluation (outer model). Indicators with factor loadings < 0.7 were eliminated or removed.

Table 2. Convergent validity testing results

| Construct | AVE |
|-----------|-------|
| GB | 0,722 |
| KL | 0,660 |
| LoEC | 0,775 |
| TS | 0,698 |

Description: GB, green behavior; KL, environmental concern; LoEC, levers of ecological control; TS, stakeholder pressure.

Table 2 presents the results of the convergent validity test conducted by the researchers. All constructs in the study showed AVE values that met the rule of thumb for validity testing, namely, a value > 0.5. Based on these test results, the indicators used in this study are valid.

Table 3. Discriminant validity testing results

| | GB | KL | LoEC | TS |
|------|--------------|--------------|--------------|--------------|
| GB | 0,850 | | | |
| KL | 0,671 | 0,812 | | |
| LoEC | 0,504 | 0,734 | 0,880 | |
| TS | 0,682 | 0,740 | 0,717 | 0,836 |

Table 3 shows that discriminant validity was evaluated using Fornell and Lacker's criteria. Fornell and Lacker 's criteria state that the AVE root of a variable must be greater than the correlation between variables. As shown in Table 3, the AVE root square values for the latent variable's green behavior (0.850), environmental concern (0.812), levers of eco control (0.880), and stakeholder pressure (0.836) are greater than the correlations between these constructs. Therefore, it can be concluded that all constructs and indicators used meet the rules of thumb for discriminant validity testing, and the indicators within each construct are not correlated.

Table 4. Reliability test

| Variabel | Composite Reliability | Cronbatch's Alpha | Description |
|----------|-----------------------|-------------------|-------------|
| GB | 0,897 | 0,871 | Reliable |
| KL | 0,941 | 0,928 | Reliable |
| LoEC | 0,983 | 0,982 | Reliable |
| TS | 0,972 | 0,969 | Reliable |

As shown in Table 4, the composite reliability and Cronbach's alpha values for the latent variables of green behavior, environmental concern (0.812), ECs (0.880), and SP (0.836) are > 0.7; thus, the construct model in this study has good reliability.

4.2 Structural Model Evaluation (Inner Model)

Structural model evaluation (inner model) is conducted after the measurement model meets the validity and reliability requirements, namely convergent validity, discriminant validity, and construct reliability. Using the bootstrapping technique, this evaluation aims to test the relationship between latent constructs through path coefficient analysis and their significance (Haji-Othman, Yusuff, & Hussain, 2024). The path coefficient in PLS is a numerical value that indicates the strength and direction of the direct relationship between two variables in the path analysis model. Additionally, the evaluation assesses the model's ability to explain endogenous variables, as indicated by the R-squared (R²) value. The R² value is used to measure the degree of variation in the dependent construct explained by the independent construct. The higher the R² value, the better the predictive power of the research model. Structural model evaluation generally encompasses two main aspects: model goodness of fit and hypothesis testing, to ensure the model's predictive power and suitability for the data used.

4.2.1 Goodness of Fit Test

The fit-of-sample model in the PLS analysis was used to assess the contribution of exogenous variables in explaining endogenous variables. This evaluation used R-square, Q-square (predictive relevance), and SRMR indicators. The results of the fit-of-sample model are summarized in Table 5.

Table 5. Model Suitability Analysis Results

| Measurement | Value |
|--------------------------|-------|
| R Square Green Behavior | 0,836 |
| R Square LoEC | 0,847 |
| Q Square Green Behaviour | 0,766 |
| Q Square LoEC | 0,837 |
| SRMR | 0,091 |

The R-square statistical value describes the variation in the endogenous variable that can be explained by other exogenous or endogenous variables in the model. According to [Bonamente, Chen, and Zimmerman \(2025\)](#), the qualitative interpretation of the R Square value is 0.19 (low influence), 0.33 (moderate influence), 0.66 (high influence). Based on the data analysis results, it can be concluded that the combined influence of environmental concern and stakeholder pressure on LoEC is 84% (high influence). The combined influence of environmental concern, stakeholder pressure, and LoEC on green behavior is 83% (high influence).

Q Square represents the prediction accuracy, that is, how well each change in exogenous/endogenous variables can predict endogenous variables. [Zheng and Bentler \(2025\)](#) state that Q Square values of 0 (low influence), 0.25 (moderate influence), and 0.50 (high influence) indicate the accuracy of prediction. Based on the data analysis using Smart PLS 4, the Q Square value for LoEC was 0.837 (high influence), and the Q Square value for green behavior was $0.975 > 0.766$ (high influence).

SRMR stands for standardized root mean square residual. SRMR is a measure of model fit that provides an overview of the difference between the data correlation matrix and the estimated model correlation matrix. An SRMR value between 0.08 and 0.10 indicates an acceptable fit or a good model. Based on the results in the table above, the SRMR value is 0.091, indicating an acceptable fit. Empirical data can explain the influence of variables in the model.

4.2.1 Hypothesis testing

Hypothesis testing is divided into direct and indirect effect or mediation hypothesis testing.

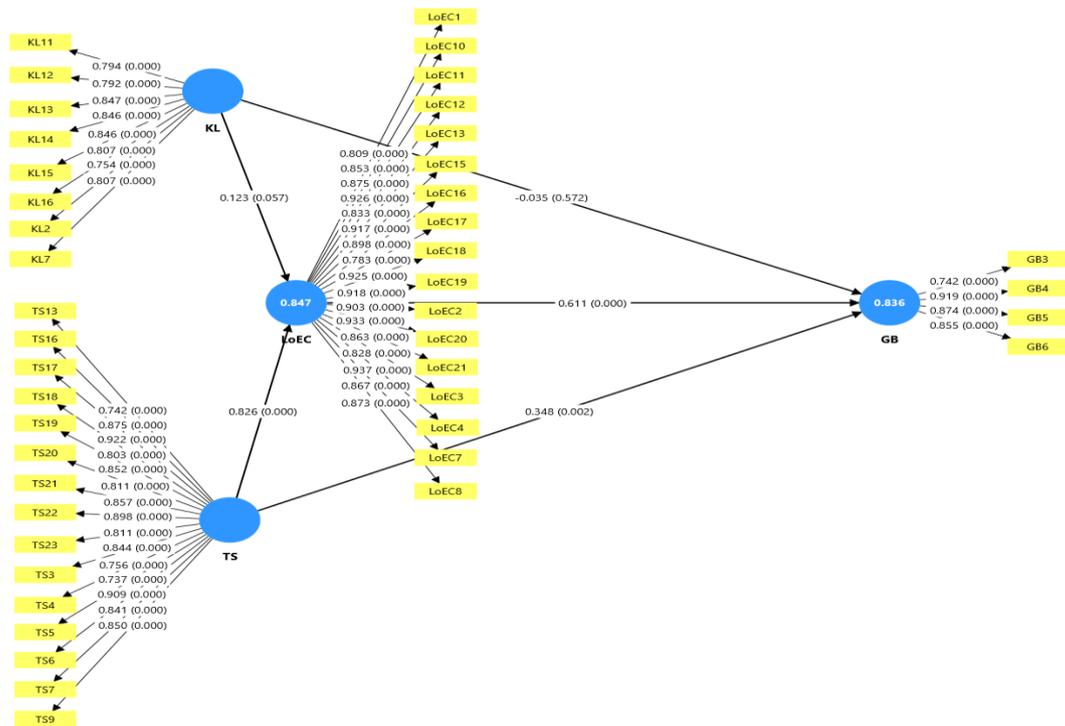


Figure 3. Hypothesis testing

Table 6. Results of direct effect hypothesis testing

| | Hypothesis | Path Coefficients | t-Statistic | P-Value | Description |
|-------|--|-------------------|-------------|---------|-------------|
| H_1 | Environmental concern positively affects green behavior. | -0,035 | 0,565 | 0,572 | Rejected |
| H_2 | Stakeholder pressure positively affects green behavior. | 0,348 | 3,063 | 0,002 | Accepted |
| H_3 | Environmental concerns have a positive effect on LoEC. | 0,123 | 1,906 | 0,057 | Rejected |
| H_4 | Stakeholder pressure positively affects LoEC. | 0,826 | 14,382 | 0,000 | Accepted |
| H_5 | Increased LoEC positively affects green behavior. | 0,611 | 5,883 | 0,000 | Accepted |

Table 6 shows that the hypothesis testing results that produced positive path coefficients and t statistics $\geq t$ table (1.977) indicated the influence of stakeholder pressure on green behavior, the influence of stakeholder pressure on LoEC, and the influence of LoEC on green behavior. Additionally, the p-value was < 0.05 . This result indicates that these exogenous variables positively and significantly affect their endogenous variables.

Table 7. Results of testing the hypothesis of indirect influence

| | Hypothesis | Path Coefficients | t-Statistic | P-Value | Description |
|-------|--|-------------------|-------------|---------|-------------|
| H_6 | Environmental concern positively affects green behavior, with lurker effect as a mediator. | 0,075 | 1,663 | 0,096 | Rejected |
| H_7 | Stakeholder pressure positively affects green behavior through the LOEC. | 0,505 | 6,058 | 0,000 | Accepted |

Table 7 shows that, based on the results of the specific indirect effect in SmartPLS 4, it can be seen that LoEC cannot mediate the relationship between environmental concern and green behavior. However, LoEC has been proven to mediate the relationship between stakeholder pressure and green behavior.

4.3 Discussion

The first hypothesis of this study states that environmental concern has a positive effect on green behavior. However, the test results show that environmental concern does not significantly affect green behavior. This finding indicates that the level of concern for the environment does not always encourage individuals or organizations to act environmentally friendly in managing medical waste. These results are consistent with those of [Vieira, Araújo, and Groening \(2025\)](#), who state that individuals do not always act based on their level of concern or intention towards environmental issues.

One of the causes is a work culture that does not have optimally internalized sustainability values and weak regulations and supervision related to medical waste management, which indirectly reduces the effectiveness of environmental awareness. The belief in the importance of environmental issues is generally formed through self-awareness that develops from experience and individual learning processes. The more experiences a person has in dealing with environmental problems, the higher their level of awareness, which ultimately encourages the formation of positive attitudes towards environmentally conscious behavior. Therefore, appropriate and sustained interventions are needed to foster and strengthen environmental awareness and concern, whether through education, training, the creation of a supportive organizational culture, or stricter enforcement of regulations.

The second hypothesis of this study states that pressure from stakeholders positively affects green behavior. The results showed that the greater the pressure exerted by stakeholders on hospital management, the stronger the management's intention to implement green behavior in medical waste management. Thus, the second hypothesis was supported. This finding aligns with [Thanh and Cong \(2025\)](#), who revealed that green innovation shapes organizational social behavior and strengthens relationships with stakeholders. In this context, green innovation is viewed as a strategic instrument that organizations use to fulfil their social responsibilities and enhance stakeholders' trust, loyalty, and ethical engagement. Therefore, stakeholders significantly influence the direction and policies of the organization, particularly in managerial decision-making processes related to the formulation of programs and budgeting for medical waste management in accordance with applicable regulations. These findings reflect a firm managerial intention to promote the adoption of environmentally friendly behavior (green behavior) in response to external pressures and stakeholder expectations in the context of hospital service sustainability.

The third hypothesis of this study states that environmental concern positively affects the Levels of Eco-Control (LoEC). However, the test results show that the environmental concern variable does not significantly affect the implementation of LoEC. Environmental concern reflects an individual's attitude towards the consequences of practices that are harmful to the environment, either directly or indirectly. Based on the questionnaire results, it is known that the level of environmental concern among hospital employees is still in the low category. This condition indicates that low concern for environmental issues impacts the low implementation of LoEC mechanisms in hospital medical waste management. This finding is consistent with the results of [Sharma et al. \(2025\)](#), who state that attitudes concerning the environment and individuals' perceptions of behavioral control do not always significantly influence the implementation of eco-control systems. This finding suggests that while environmental concern is an important concept, its implementation requires additional supporting factors, such as organizational culture, incentive systems, and strong regulations, to convert such concern into environmentally-based managerial practices.

The fourth hypothesis states that stakeholder pressure positively affects the Levers of Eco-Control (LoEC). The empirical analysis shows that stakeholder pressure significantly contributes to the implementation of LoEC mechanisms. This finding reinforces the validity of Stakeholder Theory (ST), which emphasizes the importance of stakeholders' roles in influencing organizational policy direction, particularly regarding environmental responsibility. Furthermore, the research findings indicate that

LoEC is an effective managerial control instrument for promoting regulation-based motivation in organizational practices. These findings align with Awonaike [Awonaike and Atan \(2025\)](#), who state that the greater the stakeholder pressure, the stronger the organization's incentive to design and implement a comprehensive and integrated environmental control system.

Thus, external pressure from stakeholders can strengthen institutional commitment to sustainable environmental management practices. The fifth hypothesis states that Levers of Eco-Control (LoEC) positively affect green behaviour. The results of the study show that the implementation of EC can significantly improve environmentally friendly behavior by providing clarity of direction and the achievement of organizational goals. This finding was achieved through effective communication and a deep understanding by individuals of the organization's vision, mission, goals, and core values. Additionally, the effectiveness of EC can be strengthened by integrating the organization's ideology, which is reflected in its work culture.

This step aims to foster management's belief and commitment to the importance of responsible medical waste management. Thus, the cultural-cognitive aspects of sustainable medical waste management can be strengthened so that green behavior can be internalized as shared beliefs, become part of habits, and form collective actions across all lines of the hospital organization. These findings are consistent with those of [Aydin \(2025\)](#); [Sisdyani et al. \(2024\)](#), who confirmed that the implementation of a structured and comprehensive environmental control system through the LoEC mechanism significantly enhances the consistency and effectiveness of environmentally friendly behavior in daily operational activities within healthcare institutions.

Hypothesis six states that environmental concern positively affects green behavior with the Levers of Eco-Control (LoEC) as a mediating variable. However, the research findings indicate that LoEC cannot mediate the relationship between environmental concern and green behavior. This finding suggests that environmental concern has not yet significantly contributed to the effective implementation of LoEC mechanisms, thereby failing to impact the increase in green behavior within organizations. These results align with the findings of [Li, Wei, Zhu, and Wang \(2025\)](#), who noted that weak regulations regarding environmental impacts, insufficient multidisciplinary involvement, suboptimal multisectoral regulatory approaches, and low public awareness are the main challenges in promoting the implementation of green behaviour in the healthcare sector. Therefore, various strategic efforts are needed to increase awareness and concern for the environment, particularly from hospital management. One approach can be implemented through education and continuous learning programs to enhance knowledge and understanding of sustainable environmental management.

Hypothesis seven states that stakeholder pressure positively affects green behavior through the Levers of Eco-Control (LoEC). The results showed that LoEC significantly mediated the relationship between stakeholder pressure and green behavior. The pressure exerted by stakeholders on hospital management to pay attention to environmental aspects, especially in medical waste management, is a determining factor in encouraging the implementation of the LoEC mechanism. In other words, the higher the stakeholder pressure to adopt the principles of environment-based control, the greater the possibility of forming organizational behavior oriented towards environmental sustainability (green behavior). This finding aligns with results [Sisdyani et al. \(2020\)](#), who state that applying LoEC allows external pressure from stakeholders to be converted into strengthening the internal control system that encourages the formation of green behavior systematically and sustainably. Thus, stakeholder pressure acts as a strategic external force that can direct or even require organizations to implement environmentally friendly practices by improving the quality of medical waste governance.

5. Conclusions

5.1 Conclusion

This study confirms that stakeholder pressure plays a significant role in influencing green behavior and the implementation of the Levers of Eco-Control (LoEC). LoEC strengthens green behavior and mediates the relationship between stakeholder pressure and environmentally responsible practices. In

contrast, environmental concern does not show a significant direct or indirect effect through LoEC. The findings suggest that external stakeholder demands and structured environmental control systems are more effective in promoting green behavior than individual awareness alone. Theoretically, this research extends the LoEC framework beyond the manufacturing sector into the healthcare industry, contributing to sustainability control literature by demonstrating how environmental control mechanisms can internalize external pressures into organizational behavior. Practically, the study emphasizes the strategic importance of institutionalizing LoEC within hospitals to align environmental goals with operational systems and staff behavior. This study contributes to a deeper understanding of how control-based mechanisms can support sustainable behavior in medical waste management and reinforce healthcare institutions' environmental accountability.

5.2 Research Limitations

This study is limited to healthcare institutions, specifically hospitals, within a specific geographic region, which may affect the generalizability of the findings. The research relied on self-reported survey data, which may introduce biases, as respondents may have over-reported environmentally responsible behaviors. Additionally, the cross-sectional design limits the ability to draw conclusions about causal relationships over time. The study also did not explore potential moderating variables, such as leadership style, organizational culture, or external environmental incentives, which may affect the implementation and success of LoEC. Future studies could address these limitations and examine other healthcare sectors or regions to improve the breadth of understanding.

5.3 Suggestions and Directions for Future Research

Future research should explore the implementation of LoEC in different types of healthcare institutions or across multiple regions to enhance the generalizability of the findings. A mixed-method or longitudinal approach would provide deeper insights into the causal mechanisms between stakeholder pressure, LoEC, and green behavior over time. Additionally, future studies could investigate the impact of moderating factors, such as leadership style, organizational culture, and environmental incentives, which may affect the effectiveness of LoEC in promoting sustainable practices. Cross-country comparisons could also reveal how different institutional frameworks and regulatory environments influence the adoption and effectiveness of LoEC in enhancing sustainable medical waste management.

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Author Contributions

SPS contributed to the conceptualization, study design, and manuscript drafting. She was responsible for data collection, analysis, and manuscript revision. FF contributed to the study design, data analysis, and manuscript revision. All authors participated in the final approval of the manuscript.

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