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## Responsible gambling: Sympathy, empathy or telepathy?

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## ABSTRACT

This study investigates whether customer contact employees can identify difficulties in managing gambling behavior among the diverse groups of patrons that frequent gambling venues. The researchers recruited employees from non-casino gambling venues located in areas with a high concentration of residents considered vulnerable to problem gambling. The results reveal that venue employees are capable of recognizing signs of difficulties in controlling time and money spent on gambling and can distinguish differences in behavior between age, gender and specific cultural groups. Young men emerged as most vulnerable to problem gambling, however, venue employees had little sympathy for these patrons. The study contributes to the literature on how recreational gamblers manage their gambling behavior and has implications for venue management and gambling policy.

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## 1. Introduction

Recreational gambling includes escapist elements that create an intrinsically enjoyable, hedonic experience that frequently occurs in pleasant environments (Bridges & Florsheim, 2008). Consequently, differentiating between those that enjoy the gambling experience from those that have difficulty in maintaining gambling control can be challenging. In Australia, approximately 15% of the population gambles regularly and a number of those develop into problem gamblers (Hing & Nusk, 2011a; Scull & Woolcock, 2005). While problem gamblers display unique antecedent conditions (Burn, Gillett, Rubenstein, & Gentry, 1990; Prentice & Woodside, 2013), the risk of developing problem gambling is heightened by the over consumption of gambling products (Blaszczynski & Nower, 2002).

As a result, the gambling industry in Australia is required to ensure that gambling is conducted responsibly so that those that display gambling difficulties can be identified before problems escalate (Delfabbro, Borgas, & King, 2012). This includes minimizing the risks associated with excessive gambling through the introduction of industry codes of practice, which in some jurisdictions, mandate how gambling venues should operate (Breen, Bultjens, & Hing, 2003; Hing, 2004; Hing & Dickerson, 2002; Monaghan, 2009; Song, Lee, Norman, & Han, 2012). These responsible gambling procedures include identifying

and assisting those that show visible signs of distress (Productivity Commission, 2010). The literature shows that the responsible management of gambling within gambling venues can only be effective if customer contact employees recognize when patrons are experiencing difficulties in controlling gambling behavior (Delfabbro et al., 2012).

Research has sought to establish whether venue employees are capable of identifying those in need of assistance based on their understanding of patrons' gambling behavior (Delfabbro et al., 2012). For example, Delfabbro et al. (2012) use the Problem Gambling Severity Index (PGSI) to assess patron's gambling and compare the results with venue employees' views about the gambling habits of these patrons. Over 63% of patrons presenting in the PGSI as having gambling problems were identified as not having any difficulties by venue employees.

The present study contributes to the literature by exploring whether gambling venue employees are capable of identifying signs of gambling difficulties that might indicate problem gambling behavior among the diverse groups of patrons that frequent gambling venues. Specifically, the study examines employees' perceptions of the gambling behavior of groups that are understood to be vulnerable to loss of gambling control. This includes those of low income (Caillois, 1961, Lynch, 1990), seniors and those from culturally diverse backgrounds (Ohtsuka, 2013; Ohtsuka & Ohtsuka, 2010; Raylu & Oei, 2004).

The majority of definitions of problem gambling include loss of control, anxiety, frustration and levels of debt that lead to negative consequences such as conflict within the home (O'Guinn & Faber, 1989; Prentice & Woodside, 2013). In Australia, the accepted definition is presented by Neal, Delfabbro, and O'Neil (2005, p. 5) as "difficulties in limiting money and/or time spent on gambling that leads to adverse consequences for the gambler, others, or for the community". Neal

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et al. (2005) recognize that limiting money and/or time spent on gambling involves a continuum of gambling consumption ranging from consumers that have no difficulty to those who have extreme difficulty.

The notion of a continuum or stages in gambling difficulty is supported within the literature (Kimberley, 2005; Prentice & Woodside, 2013), however, time spent in gambling venues can be influenced by a variety of factors including the servicescape (Lam, Chan, Fong, & Lo, 2011). Thus, while “problem and at risk gamblers clearly spend considerable time in gaming venues ...” (Hing & Nuske, 2011b, p. 459), time spent in venues may not be an accurate method of identifying problem gamblers or those who are at risk of becoming problem gamblers.

The purpose of this study is to investigate whether customer contact employees within non-casino gambling venues are capable of identifying signs of difficulties in controlling time and money spent on gambling that might indicate problem gambling behavior among patrons that are perceived to be vulnerable to loss of gambling control. The study extends the literature by investigating gambling behavior from a venue employee perspective, concentrating on non-casino venues. That is, gambling venues that supply food and drink in premises that include electronic gaming machines (EGMs), which are more commonly known as slot machines in the northern hemisphere.

## 2. Literature review

The literature on gambling behavior is multi-disciplinary, incorporating hospitality, service management, clinical, psychological and neurobiological perspectives (Walker, 1992). An understanding of these underpinnings is therefore valuable to inform this study so that the research environment and the groups that are considered vulnerable to gambling difficulties are better understood.

Philips and Jang's (2012) investigation of gambling intentions of seniors within casinos shows that this group sees casinos as attractive leisure and entertainment environments. The availability of free transportation as well as discounted meals adds to the attraction and increases the social component of the experience. Sullivan (2001) confirms this adding that seniors can be lonely, bored and crave social involvement. Gambling venues can provide a social outlet for this group, allowing them to combat loneliness in a pleasant environment (Hagen, Nixon, & Solowoniuk, 2005). The prospect of winning is not a key motivator for seniors, most of whom understand that the odds are stacked against them (Hope & Havir, 2002; Ohtsuka, 2013; Philips & Jang, 2012).

Holdsworth, Hing, and Breen's (2012) extensive review of literature on problem gambling among women concludes that gambling has become a mainstream activity for women. There are several stages in the development of gambling difficulties for women which begin with gambling as a social activity and progress to problem gambling (Kimberley, 2005). The first is the solo stage which highlights how women who gamble alone have progressed from gambling at a social level to where they may have difficulty maintaining gambling control. Women that use EGMs are considered to be at greater risk of developing problem gambling (Holdsworth et al., 2012). Social isolation is also a motive for women to frequent gambling venues particularly where friendly employees create a sense of belonging and community (Brown & Coventry, 1997).

The attraction of the venue is a recurrent theme within the literature on gambling motivation. Recent studies show that various amenities and entertainment offered within casinos increase gambling volumes, particularly on low-end slot machines (Suh, 2011; Tanford & Lucas, 2010). The physical environment also influences overall satisfaction, duration of stay and behavioral intentions (Haw & Hing, 2011; Lam et al., 2011). As a result, time spent in gambling venues may be a poor indicator of problem gambling making it difficult for customer contact employees to distinguish between the frequency and duration of visits and difficulty in managing gambling behavior.

### 2.1. Control

Although disordered gambling is classified as an addictive syndrome (American Psychiatric Association, 2013), impaired control is a key dimension in the medical model of pathological gambling (American Psychiatric Association, 2000; Corless & Dickerson, 1989). Research indicates that subjectively assessed self-control in electronic gaming machine players distinguishes between starting a session and continuing a session (Corless & Dickerson, 1989). A link has also been found between beliefs in chasing and loss of control. These are divided into two types of control beliefs (Moore & Ohtsuka, 1997, 1999a,b). The first is the illusion of control, which is a reliable predictor of problem gambling. Illusion of control refers to the overly optimistic level of control that people claim to have over chance events. Langer (1975, p. 13) defines this as “... an expectancy of personal success probability inappropriately higher than the objective probability would warrant” which translates to failure to recognize a distinction between chance activities and tasks requiring skill (Ginakis & Ohtsuka, 2005). Gambling participation, as well as familiarity with gambling, tends to increase illusion of control beliefs (Langer, 1975). As a result, illusion of control is a risk factor in gambling behavior.

Gambler's fallacy is a further cognitive distortion associated with perceived gambling skill levels. An example is a coin flip, which is a discrete independent, chance event (both “head” and “tail” have a 50% chance of occurrence). However, some people mistakenly use the immediate history of outcomes (for example, a sequence of head, head, tail, head) to estimate the likelihood of a future chance event. Since the perfection of skill is a measure of success in many societies, applying a skill-based approach to gambling is common despite the fact that gambling activities are governed by chance or high levels of uncertainty (Moore & Ohtsuka, 1999a,b). Recent research in erroneous gambling-related beliefs (EGRBs) investigates cultural and idiosyncratic beliefs that contribute to the maintenance of cognitive distortions and extended gambling sessions (e.g., Ohtsuka & Chan, 2010; Ohtsuka & Ejova, 2014). Research indicates that pathological gamblers gamble to win, for excitement and risk-taking, control and power and to test their skills based on the notion that they can beat the odds (Platz & Millar, 2001). These risk taking tendencies are significantly related to many forms of compulsive consumption behavior (Kwak, Zinkhan, & Roushanzami, 2004).

Although the chance of winning is an objective estimate of probability, a gambler's perception of control varies. Gamblers tend to overestimate their overall influence over games and attribute losses to external factors (Gadbourey & Ladouceur, 1989; Wagenaar, 1988). When gamblers believe that they have a greater chance of winning due to greater perceived control, they will be more satisfied and conversely will be less satisfied if they perceive that they do not have the greatest chance of winning. As a result, if patrons blame venue management for their losses this may indicate that they believe that external factors contributed to their lack of success.

The second type of belief in relation to gambling is self-control or an individual's ability to maintain control over his or her gambling behavior (Moore & Ohtsuka, 1997, 1999a,b). Self-control beliefs are protective in recreational gambling because they are related to levels of gambling frequency and problem gambling. Consequently, the ability to discontinue a gambling session is central to maintaining control and a key element in gambling harm minimisation (O'Connor & Dickerson, 2003).

### 2.2. Harm minimization

The use of harm reduction strategies to minimize adverse health, as well as the social and economic consequences of gambling behavior is well recognized (Błaszczynski, 2001). A wide range of harm minimization initiatives are recommended, however, the majority relate to the gambling environment including the display of information; the design and layout of gaming machines; and patrons' access to funds, with

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