



Compulsive buying in China: Measurement, prevalence, and online drivers[☆]

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ABSTRACT

This research establishes the validity and reliability of the Richmond Compulsive Buying Scale in the Chinese consumer market. Using two different Chinese samples, the scale is able to identify compulsive buyers in China. The prevalence of compulsive buyers in China is found to be 10.4% in a student sample and 29.1% in a general population. In addition to identifying compulsive buyers, six compulsive buyers' motivations to buy online are identified: immediate positive feelings, avoiding social interaction, buying anytime/anywhere, daydreaming, observed buying, and emotional response to receiving online purchases. The Chinese concept of face consciousness (*mianzi*) can be used to explain the high prevalence of compulsive buying among online buyers in China.

1. Introduction

Over the last 30 years, compulsive buying has become an increasingly important subject in consumer behavior research (Kukar-Kinney, Scheinbaum, & Schaefers, 2016; O'Guinn & Faber, 1989). Compulsive buying refers to a consumers' tendency to be preoccupied with buying and a lack of impulse control over buying (Ridgway, Kukar-Kinney, & Monroe, 2008). As a global phenomenon, compulsive buying has been studied in many countries, such as the United States (Koran, Faber, Aboujaoude, Large, & Serpe, 2006), Canada (Valence, d'Astous, & Fortier, 1988), Germany (Mueller et al., 2010), England (Dittmar, 2005), and Brazil (Leite et al., 2013). A systematic review of compulsive buying literature found that the prevalence of compulsive buying in adult representative samples in different countries ranges from 3.4% to 6.9%, although estimates are higher for university students, ranging from 2% to 16% (Maraz, Griffiths, & Demetrovics, 2016). Another study reported that the percentage of Emirati female college students scoring above the Compulsive Buying Scale (Valence et al., 1988) cutoff point is 44.4%, the highest prevalence reported in all published articles (Thomas, Al-Menhali, & Humeidan, 2016). Although one study found a similar percentage of males and females are affected by the Compulsive Buying Disorder (5.5% and 6.0%, respectively, as reported by Koran et al. (2006)), many scholars believe that females are more likely to show a higher compulsive buying tendency (e.g., Maraz et al., 2016). However, these reported gender differences may be a result of a latent problem: while women readily admit that they love shopping, men tend to assert that they “collect” things (rather than compulsively buy

(Black, 2007).

Despite the attention dedicated to studying compulsive buying in developed countries, research on this phenomenon in developing countries has been relatively limited. As economies in emerging countries rapidly develop, the changing consumer landscape may give rise to increased compulsive buying. Given that China has the largest population in the world and has had one of the fastest-growing economies over the past 30 years, compulsive buying in this consumer market requires more attention.

According to Horváth, Adigüzel and Herk (2013, p.8), the foremost reason for the limited attention to compulsive buying in developing countries is “the lack of cross-culturally validated scales.” The authors compared two popular scales—the Clinical Screener for Compulsive Buying (CS, Faber & O'guinn, 1992) and the Richmond Compulsive Buying Scale (RCBS, Ridgway et al., 2008). Faber and O'guinn (1992) developed the clinical screener to be a diagnostic or classification scale. The screener has been used widely in compulsive buying research (e.g., Koran et al., 2006; Mueller et al., 2010) for the purpose of clinically diagnosing psychiatric patients who are experiencing severe negative consequences. Thus, many items used in CS are predominantly consequences of compulsive buying or are income-dependent (e.g., not having enough money in the bank to cover a written check, paying only a minimum amount on the credit card, buying things even if one could not afford them) rather than true measures of consumer tendency to buy compulsively. A person who experiences preoccupation/obsessiveness with buying and a lack of impulse control over buying, but has sufficient income to be able to afford the buying, would not be classified

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as compulsive using the CS. On the other hand, the RCBS focuses on underlying compulsive buying tendency, and consequences are considered as part of the nomological network, but not as a part of the compulsive buying construct itself. Existing literature suggests that the RCBS has the partial measurement invariance, but the CS does not, in a cross-cultural context (Horváth et al., 2013). Another study also provides evidence that the Brazilian version of the Richmond Compulsive Buying Scale is appropriate for the Brazilian context (Leite et al., 2013). For the above listed reasons we selected the RCBS, rather than CS, for evaluation in the Chinese context.

Specifically, the objectives of the current study are to investigate whether the Richmond Compulsive Buying Scale is appropriate for use in China and to establish its validity and reliability in the Chinese buying context. The study further aims to determine whether the appropriate cutoff point for the classification of consumers into compulsive and non-compulsive buyers in China should be different than what was established with the U.S. samples as well as to determine the prevalence of compulsive buying in China. Lastly, as many popular press articles (e.g., Hsu, 2016) suggest that online shopping addiction has become an increasing problem in China, the research seeks to identify key drivers of online compulsive buying, some of which may be unique to the Chinese market.

2. Literature review

2.1. Compulsive buying in China

Since China launched its reform and opening-up policy in 1978, a materialistic consumer culture has engulfed the country, leading to the possible emergence and spread of compulsive buying, particularly in the online shopping realm. Numerous popular press articles and websites have described this behavior and presented cases of compulsive buying (e.g., Braun, 2014; Hsu, 2016). A large scale consumer survey identified 71.4% of respondents as demonstrating some behaviors associated with the presence of an “online shopping obsessive-compulsive disorder”, while 36.3% respondents stated that compulsive buying was quite common, and 23.5% admitted to have an “obsessive-compulsive disorder for online shopping” (Zhou, 2013).

Existing research on compulsive buying behavior in China investigates issues, such as the relationships between compulsive buying, attitudes towards money (Li, Jiang, An, Shen, & Jin, 2009), physical vanity (Chang, Lu, Lin, & Chang, 2011), psychological motives behind online compulsive buying (Li, Yang, & Wang, 2009) and cross-cultural compulsive buying comparisons between China, Thailand (Guo & Cai, 2011) and Germany (Unger & Raab, 2015). These empirical studies employed various compulsive buying measures without first establishing the validity of the scales in the Chinese context.

Due to possible cross-cultural differences, it is important that validity of the scale is established first. As one exception, an adaptation of the German Compulsive Buying Scale was conducted, with the authors determining that a different factorial structure for the Compulsive Buying Scale can be found with a sample of Chinese college students than what was found in Western samples, with 6.7% of compulsive buyers in the sample (Li, Unger, & Bi, 2014). A limitation of this study is the use of student samples only, which limits generalizability of the results to a broader consumer population.

2.2. Richmond Compulsive Buying Scale

After a systematic review of the related literature, Ridgway et al. (2008) defined compulsive buying as a consumer tendency to be pre-occupied with buying, which can be seen through repetitive buying behavior, and a lack of impulse control over buying. Compulsive buying is thus thought to contain elements of both obsessive-compulsive disorder (OCD) and impulse-control behaviors. This consideration has at least two advantages when adapting the resulting scale to cross-cultural

contexts: (1) it reflects many scholars' belief that compulsive buying is an obsessive-compulsive spectrum disorder (Hollander, 1999), and (2) it concentrates on describing behavioral tendencies rather than behavioral consequences (Horváth et al., 2013). In line with the above definition, Ridgway et al. (2008) developed the Richmond Compulsive Buying Scale following a strict scale development process including construct definition, item generation and selection, data collection, measure purification, further data collection, reliability assessment and validity assessment (Churchill, 1979). The scale was tested using three different samples and was found to be reliable and valid. The final scale has a total of six items, three measuring the obsessive-compulsive dimension and three measuring the impulse-control dimension. To utilize the scale, the scores across all six items were summed to form a compulsive buying index, which was then used in the subsequent analysis.

In order to classify consumers into compulsive and non-compulsive buyers, the authors examined the relationship between the compulsive-buying index and important consequences, including negative feelings, hiding purchases, arguing with family about buying, and self-reported frequency of buying. The analysis showed that the value of those variables strongly increases when the compulsive buying index reaches 25 (Ridgway et al., 2008). As such, the value 25 was identified as an elbow or an inflection point, and it was determined that it should serve as a cut-off value for classifying consumers into compulsive and non-compulsive buyers, with compulsive buyers experiencing a much more severe level of negative consequences of uncontrolled buying than non-compulsive consumers.

The Richmond Compulsive Buying Scale has performed well when adapted to different cross-cultural contexts. On the basis of data from samples of females in shopping malls in developed (Spain and the Netherlands) and emerging (Russia and Turkey) economies, the scale has demonstrated its suitability for cross-cultural contexts (Horváth et al., 2013). Specifically, the obsessive-compulsive dimension of the scale exhibits configural invariance, while the impulse-buying dimension exhibits metric invariance (Horváth et al., 2013). The Brazilian and Hungarian versions of the RCBS have similar structures to the original scale and have also demonstrated good cross-cultural adaptation: good reliability, constant two-factor structure and excellent balance between sensitivity and specificity (Leite et al., 2013; Maraz et al., 2015).

The objectives of the present research are to (1) establish the validity of the Richmond Compulsive Buying Scale in the Chinese consumer market, (2) determine prevalence and key correlates of compulsive buying in China using the adapted Chinese version of the scale, and (3) given the spread of compulsive buying in the online shopping context (Zhou, 2013), identify drivers of online compulsive buying in China.

3. Study 1

Following the recommended procedure for cross-cultural research (Brislin, 1986), the original English questionnaire was translated into Chinese and then back-translated into English. The questionnaire contained not only the RCBS, but other scales thought to be correlates and consequences of compulsive buying. One of the authors translated the English version to Chinese. This initial translation was revised by three Chinese marketing experts who had studied abroad. The revised translation was retranslated into English by two English-Chinese bilingual speakers. Two American English-speaking experts on compulsive buying checked the back-translated version to verify the accuracy of the translation.

Study 1 examines the validity of the Richmond Compulsive Buying Scale, its characteristics, correlates, and drivers using a student sample. A total of 1292 students from a university in south China took part in the online survey in return for either ¥10 in cash coupons or on a voluntary basis. Limiting the analysis to those respondents who completed the questionnaire in a time of between 5 and 60 min resulted in a sample of 1167 respondents, including 65.3% females, 35.2%

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