

# **Differences and Similarities Between Mobility-Disabled and Nondisabled Consumers**

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## **1. Introduction**

Academic research in marketing on the subject of the disabled consumer is quite limited. Only three articles have appeared so far in the marketing literature, and these date back to the last two years. Stephens and Bergman (1995) point to the need to consider the disabled as valued consumers, this being a consequence of the passage of the Americans with Disabilities Act (ADA) in 1990 in the U.S. Using a qualitative research approach, Vézina, d'Astous and Deschamps (1996) offer preliminary findings about the decision process of blind consumers in Canada. Burnett and Paul (1996) focus on media habits of mobility-disabled versus nondisabled consumers.

The study of disabled consumer is an important research topic. The accepted figure of 43 million disabled Americans (Reedy, 1993) and the often quoted proportion of 10%-15% of the overall population by the National Center for Health Statistics (1988) convince us that a significant number of individuals living in the West fit in that broad category. What seems more compelling though is the necessity of expanding our knowledge about this under-researched subject, using the accumulated tools of consumer behavior theory. One logical way to blaze this new territory is to investigate consumer behavior constructs susceptible of discriminating between disabled and nondisabled consumers.

Reedy (1993) has propounded a taxonomy of physiographic segmentation, which refers to four broad groups, based on as many clusters of impairments: mobility impairments, hearing impairments, sight impairments and speech impairments. Both on the basis of the appropriateness of building on Burnett and Paul's (1996) previous research and the interest in concentrating on a single group, as well as the desirability of reaching a sufficient number of respondents, the present research focuses on mobility-disabled consumers as a point of comparison with nondisabled consumers.

## **2. Research objectives**

Comparing groups of people with regard to their similarities and differences corresponds to a straightforward approach in marketing research. However, the nature of the exercise depends much on the objectives being pursued. In this case, because of the exploratory nature of the research, we have chosen first to compare the consumption-related behaviors and orientations as well as the demographics of the two groups of people, and second to evaluate the perceptions of mobility-disabled consumers as to the various obstacles they have to overcome in the marketplace.

The specific consumption-related behaviors and orientations we have retained in view of their importance and impact on the development of consumer theory are the following: materialism, innovativeness, decision-making and social influence.

Materialism is a construct which has been popularized by Belk (1984, 1985), Richins (1987, 1992) and Richins, McKeage and Najjar (1992). It is construed as general materialism and personal materialism (Richins, 1987), the former corresponding to the

belief that money breeds happiness, and the latter referring to an individual's degree of feeling that his or her happiness rests on material wealth. Sherman and Newman (1978) have shown that consumer goods may play some therapeutic function among older people or people suffering from mental problems. This finding has led us to research hypotheses in the context of the current research.

Innovativeness is a personal trait derived from the seminal work of Robertson (1967) and Rogers (1969, 1976). Over and above the five well known categories of adopters developed by Rogers and Shoemaker (1971), the trait has been examined in consumer behavior research by Midgley and Dowling (1978), Hirschman (1980) as well as Bearden, Calcich, Netemeyer and Teel (1985), among others. Many researchers accept the classical hierarchy of internal steps by which a consumer adopts an innovation: awareness, interest, evaluation, liking and adoption. In the absence of any contradictory literature on the subject, we assume that mobility-impaired consumers go through the same sequence of attitudinal steps, even though they might require some assistance when it comes to actualizing into a purchase a previously formed attitude.

The decision-making process has been popularized through the seminal textbook of Engel, Kollat and Blackwell (1968), who had borrowed this idea of a sequential process from Dewey (1910). Although criticized by Olshavsky and Granbois (1979) and others, it has stimulated numerous conceptual developments and now permeates consumer behavior theory as a whole. Moreover, the decision-making process is consistent with other popular cognitive models such as the Fishbein model (1963), the Lavidge and Steiner model (1961), among others.

Social influence is a research topic which has been developed by sociologists and social psychologists (Asch, 1952; Deustsch and Gerard, 1955; Kelman, 1958). Basically, we now recognize two types of consumer social influences, normative and informational (Burnkrant and Cousineau, 1975). Normative social influence operates whenever one seeks approval from others, while informational influence occurs whenever one uses others as a source of information for determining appropriate behaviors. Hallé (1995) has already emphasized the fact that mobility-disabled consumers value dearly the opinion of their equals, since they generally receive information from people who experience the same predicament.

### **3. Research hypotheses and research questions**

From the scarce literature on the subject of the disabled consumer, it is hard to derive hypotheses concerning differences between disabled and nondisabled consumer, at least with respect to consumption-related orientations. With regard to materialism though, while we would propose no difference between the two groups inasmuch as general materialism is concerned, we would submit that mobility-disabled consumers do have greater expectations as to the experiential aspect of materialism, because of the therapeutic function that cherished goods play mostly with older people and people with mental problems (Sherman and Newman, 1978). As for the decision-making process, since it is a complex process, it seems more appropriate not to formulate any hypothesis, but rather keep it as research questions. Hence:

- H<sub>1a</sub>: Mobility-disabled consumers do not score differently from nondisabled consumers with respect to general materialism.**
- H<sub>1b</sub>: Mobility-disabled consumers score higher than nondisabled consumers with respect to personal materialism.**
- H<sub>1c</sub>: Mobility-disabled consumers do not score differently from nondisabled consumers with respect to innovativeness.**
- H<sub>1d</sub>: Mobility-disabled consumers do not score differently from nondisabled consumers with respect to social influence.**

In line with the second part of the first research objective mentioned above, we now turn to demographics. From Hallé's descriptive account (1995) as well as Reedy's monograph (1993), we submit the following hypotheses:

- H<sub>2a</sub>: Mobility-disabled consumers have a personal income which is lower than that of nondisabled consumers.**
- H<sub>2b</sub>: The proportion of mobility-disabled consumers who do not hold a regular job is higher than that of nondisabled consumers.**
- H<sub>2c</sub>: Mobility-disabled consumers as a group are older than nondisabled consumers.**

Finally, the perception of obstacles in the marketplace stands as a research question.

## **4. Method**

### ***4.1 Questionnaire***

Because it was more convenient, the data were collected through a questionnaire administered by telephone. An identical questionnaire was put together both for mobility-disabled and nondisabled consumers, apart from two questions purported to identify the nature of physical handicaps within the group of disabled respondents. A first version was pre-tested with 9 mobility-disabled people attending a day-care center and 3 students attending lectures in a university, and with 5 nondisabled people who were selected at random through the telephone directory. Minor adjustments were made, which involved mainly reducing the range of the various scales. The questionnaire consisted of six sections, four of which corresponding to the four variables and processes mentioned above, the two remaining ones being devoted to patterns of store patronage and to the evaluation of social programs for the disabled.

Materialism was measured using Richins' scale (1987), with the following Likert-type range of answers: completely disagree, more or less agree, completely agree. Table 1 provides the six questions, which have been translated back to English after being drafted in French in the questionnaire.

**Table 1**  
**Statements Used to Measure Materialism**

- |   |
|---|
| <ol style="list-style-type: none"><li>1. It is important for me to own nice things.</li><li>2. I would like to be rich enough to buy anything I want.</li><li>3. I would be happier if I could afford more things.</li><li>4. It really bothers me to realize that I can't afford all the things I want.</li><li>5. People often overrate material possessions.</li><li>6. It is true that money does not automatically bring in happiness.</li></ol> |
|---|

To measure innovativeness, we used three items from the seven-item scale developed by Oliver and Bearden (1985) (same three agreement options). The reduction in the number of items was decided on the basis of feedback resulting from the pre-test. The statements appear in Table 2.

**Table 2**  
**Statements Used to Measure Innovativeness**

- |  |
|--|
| <ol style="list-style-type: none"><li>1. I enjoy buying new and different things.</li><li>2. I am always among the first customers who buy new products coming to the market.</li><li>3. I usually don't like to run the risk of losing something I crave for.</li></ol> |
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The decision-making process is a complex one to evaluate, since it involves many steps. Within the broad literature on the subject, Hallé's (1995) qualitative investigation was of

particular significance to us, since it deals with consumers in wheelchairs. Berkowitz and Walton's (1978) approach was also useful, although these researchers did not study consumers with infirmities. Questions were developed covering all decision-making steps such as the identification of the problem, information seeking, the buying itself, and so on. Table 3 shows a few questions intended to evaluate some aspects of the decision-making process.

**Table 3**

**Questions for Assessing Stages Within the Decision-Making Process**

1. When you go out for shopping, do you have specific things to buy in mind?
2. Before going out for shopping, do you make up a list of things to buy?
3. Can you tell us about the importance you give to the following information sources: advertising, family members, friends, acquaintances, salespeople, experts, personal experience, people in the store?
4. Before making up your mind to buy, do you compare brands or products?
5. Do you generally believe that all existing brands are equal?

The measure of social influence was taken from MacKenzie and Zaichkowsky (1980) and Biehal (1983). Only two questions were drafted here, the statements of which are reported in Table 4.

**Table 4**

**Statements Used to Evaluate the Social Influence Process**

1. Do you consult with people around you, in order to choose the best brand you want to buy?
2. Is it important for you that your entourage gives good ratings to the kind of products you buy?

**4.2 Sampling**

The objective was to obtain 100 duly filled-in questionnaires for each group, in a medium-size Canadian city. We thus contacted a nursing home for mobility-disabled people and finally managed to secure 100 usable questionnaires, as Table 5 shows. As for the second group, 260 names were selected through the telephone directory (systematic sampling), which finally yielded 100 usable questionnaires.

**Table 5**  
**Response Rate**

	<b>Mobility-disabled consumers</b>	<b>Nondisabled consumers</b>
No. of people contacted	172	260
Absentees	56	70
Refusals	14	90
Wrong language	2	0
Number of completed questionnaires	100	100
Completion rate	58.1%	38.4%
Rate of reject	8.1%	34.6%

## 5. Results

### 5.1 Demographic characteristics

As can be seen from Table 6, mobility-disabled people are older than their counterparts and the difference is statistically significant ( $p=0.0001$ ). The distribution of men and women is about the same in both samples. Mobility-disabled consumers are more likely to be singles (Chi-square=15.290;  $p=0.0004$ ), less educated (Chi-square=51.92;  $p=0.000$ ), more likely to be unemployed (Chi-square=62.04;  $p=0.000$ ), and earn a smaller income (Chi-square=32.09;  $p=0.000$ ). Thus, hypotheses  $H_{2a}$ ,  $H_{2b}$  and  $H_{2c}$  are supported.

**Table 6**  
**Respondents: A Few Demographic Characteristics**

	<b>Mobility-disabled consumers</b>	<b>Nondisabled consumers</b>
Mean age	46.8	38.1

Gender		
-Males	42%	41%
-Females	58%	59%
Marital Status		
-Singles	51%	39%
-Married	21%	43%
-Separated or divorced	28%	18%
Educational Level		
-Primary	35%	2%
-Secondary	44%	34%
-College	6%	22%
-University	15%	41%
Occupation		
-Employed	21%	48%
-Unemployed	69%	21%
-Volunteers	6%	0%
-Students	4%	30%
Income		
-Less than \$10,000	72%	34%
-Between \$10,000 - \$20,000	17%	27%
-More than \$20,000	9%	36%
-No answers	2%	3%

### ***5.2 Reliability of the scales***

Three constraints had to be taken into account before deciding on the final version of the scales being used. First, these were translated from English to French. Second, the range of answers had to be reduced to 3, because 7-item answers were too taxing for mobility-disabled respondents using the phone. Third, the total length of the questionnaire, that is the number of statements, had also to be reduced, since the original duration of 30-45 minutes was deemed too tiring for impaired people. These considerations probably explain why some reliability estimates (Cronbach's alpha) are less than satisfactory.

The reliability of the materialism scale is 0.54 for disabled respondents, and 0.49 for the comparison group. The value of alpha for the innovativeness scale is respectively 0.46 and 0.15, and the value of alpha for the social influence process is respectively 0.20 and -0.13. Given the low reliability of the social influence scale, the two statements making up the scale were analyzed as individual scales.

### ***5.3 Consumption-related orientations***

Getting back to the first research objective we formulated at the onset of the article, we now proceed to give the formal results of the study. Table 7 displays the scores on personal materialism, since no difference has been found with respect to the general materialism scale. The mean scores are statistically different ( $t=1.67$ ;  $p=0.048$ ), although the difference



is small. As predicted, disabled people are more materialistic than nondisabled consumers. Hence,  $H_{1a}$  and  $H_{1b}$  are both supported.

**Table 7**

**Observed Differences on Personal Materialism**

	<b>Mean score</b>	<b>Standard Deviation</b>
Mobility-disabled	8.97	2.04
Nondisabled	8.48	2.04

Table 8 displays the scores on innovativeness. As can be seen, the means scores between the two groups do not vary much and the difference is not statistically significant ( $t=1.27$ ;  $p=0.203$ ), which brings support to  $H_{1c}$ , predicting no difference between the two groups.

**Table 8**

**Observed Differences on Innovativeness**

	<b>Mean Scores</b>	<b>Standard Deviation</b>
Mobility-disabled	4.08	1.18
Nondisabled	3.87	1.03

The last formal research hypothesis concerned with consumer theory deals with the social influence process, and submits that there are no differences between the two groups. At this stage, because of the low alpha value for the scale alluded in section 5.2, we can only state that indeed no differences were found when cross-tabulations were made for the two questions (Chi-square=3.270;  $p=0.19$ , and Chi-square=3.52;  $p=0.17$ ), but that the support for  $H_{1d}$  is at best temporary.

#### **5.4 Decision-making process**

The first phase of the decision-making process is need identification. Cross-tabulations between the two groups of respondents show that people from the two groups are very similar. Respondents in both groups have a clear sense of what their consumption needs are and also have a clear idea of the brands they are likely to purchase (Chi-square=4.778;  $p=0.092$ ).

Inquiring about the importance of various information sources, cross-tabulations again show much similarity between the two groups. The only major difference comes from the



	<b>at all</b>	<b>or less</b>	<b>much so</b>	<b>at all</b>	<b>or less</b>	<b>much so</b>		
Brand	15	40	45	11	58	30	6.99	0.03
Service	3	15	82	2	19	78	0.76	
Quality	0	7	93	2	9	88	2.38	
Guarantee	2	10	88	5	17	77	3.82	
Packaging	34	42	24	35	53	11	6.11	0.04
Price	3	11	86	3	19	76	2.73	

**Table 11**

**Observed Differences on Satisfaction**

	<b>Frequencies: Mobility-disabled</b>			<b>Frequencies: Nondisabled</b>			<b>Chi- square</b>	<b>p- value</b>
	<b>Not at all</b>	<b>More or less</b>	<b>Very much so</b>	<b>Not at all</b>	<b>More or less</b>	<b>Very much so</b>		
Access to stores for m-d.	7	54	39	15	60	23	7.33	0.02
Access to displays for m-d.	22	54	23	38	48	13	7.39	0.02
Salespeoples' attitudes towards m-d.	8	33	59	8	35	45	1.18	
Facilities for m-d.	16	52	32	29	44	22	6.15	0.04
Special services for m-d.	6	32	62	6	45	41	6.15	0.04
Fitting rooms adapted for m-d.	46	21	18	49	28	11	2.73	
Reserved parking for m-d.	17	40	39	6	24	68	17.1	0.00

The last phases of the decision-making process are purchase and post-purchase evaluation. What comes out of the analysis of the results is that both groups behave similarly in that respect.

Table 11 also gives a measure of comparison between both groups of respondents as to their degree of satisfaction with regard to specific features within stores. From these numbers it emerges that nondisabled people tend to exaggerate certain difficulties that disabled people have to go through: how to enter stores, how to get close to the store displays, how to move inside the store, while they give some higher appreciation as to the parking facilities that have been arranged for the disabled. The former perceptions might be explained in part by the fact that unimpaired people have not yet figured out the resourcefulness of their counterparts, and the latter one by the fact that special parking spaces appear so openly convenient to those who do not use them.

### ***5.5 Perception of surrounding obstacles***

The second research objective was concerned with the perception of obstacles mobility-disabled people have to face up to in order to do their shopping. Among a list of items, transportation is the one which appears the most serious, since 28% of mobility-disabled respondents consider it very significant. Moreover, the fact that close to 33% of these same impaired respondents avail themselves of special transportation facilities does not seem to alleviate the problem, because new obstacles stem from the pick-up time schedule or the physical location where boarding takes place.

Time constraint on the other hand does not represent a major factor for mobility-impaired people, who, surprisingly enough at first glance, turn out to be less affected than nondisabled people, as Table 12 shows (Chi-square=8.48;  $p=0.014$ ). A plausible explanation for this result might come from the realization that, as previously noted, 69% of the former group of individuals are unemployed and as a consequence dispose of more leisure time.

**Table 12**

#### **Observed Differences on Time Constraint As a Source of Difficulty**

	<b>Frequencies: Mobility-disabled</b>	<b>Frequencies: Nondisabled</b>	<b>Total</b>
No difficulty	47	35	82
Average difficulty	41	36	77
Serious difficulty	12	28	40
Total	100	100	200

## 6. Conclusions

In an exploratory research, one is bound to encounter limitations which in more streamlined research would disqualify the results arrived at. A case in point here is the low reliability of the scales which have been used. Although this situation might be tolerated in the light of the difficulty in using the original scales with impaired respondents, it would be of the utmost importance in future research to develop more dependable instruments. The design of new instruments should take into account the physical limitations as well as the cultural aspects associated with mobility impairment.

At a more theoretical or conceptual level, lessons can be learned from the mere observation that not only mobility-impaired people are not used to being investigated for marketing research purposes, as we have found, but that they still represent a group of people about which consumer behavior concepts have to be studied more thoroughly. On the one hand, future researchers might concentrate on more qualitative work through in-depth interviews for instance, trying to lay the foundations for specific models of consumer behavior of the mobility-impaired with critical variables to analyze. On the other hand, other researchers could stick to existing concepts, for instance evaluation criteria, but resort to less biased approaches for applying them. Elicitation techniques (Bech-Larsen & al. 1997) could be looked at here.

In spite of severe limitations attached to the present study, one might draw some tentative implications at the managerial level. The most obvious one, which comes from Reedy (1993), is that a physiographic segmentation could be an inspiring guidance. Depending on the distinctions between the similar terms of deficiencies, impairments and handicaps (Fougeyrollas, 1994), as well as the various types involved, consumers are bound to give more importance to different features of the stores' offer, so that marketing efforts should be adapted. For instance, the mobility-disabled expect more assistance from salespeople, which would have to translate into specific training for those individuals dealing on a regular basis with these customers.

One other implication would advocate for a more extensive application of relatively new concepts in industrial design, also mentioned in Reedy (1993): universal and adapted design. By working on such an approach, manufacturers could incorporate product features which could not only help market them properly to customers, but would also make certain customers less marginalized. Avant-garde could also eventually be derived from this revived fashion in architecture, Fench-Shui, which comes from the Chinese ancient art of placement and living in harmony with the environment (Rossbach, 1991; Wong, 1996).

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