Exploring Compassion-Buying Behavior Among Demographic Segments During COVID-19

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Abstract

Purpose : The pandemic affected disadvantaged service providers, such as street vendors. Different media urged consumers to "no bargain" and "vocal for local" to alleviate pandemic challenges. The self-interest and value-seeking customer behavior were contextually unsuitable with the fear of infection, reduced time for buying, scarcity, and price fluctuations. Did compassion influence a person's buying behavior? This research investigated the validity of a compassion buying scale and found its demographic differences.

Methodology : An online, anonymous survey with convenient sampling collected 551 responses during the second wave of the pandemic in Eastern India. The questionnaire sought responses to demographic and compassion buying measures. The compassion buying behavior scale was developed from relevant literature. The reliability and validity measures calculated from the obtained responses were in the acceptable range.

Findings : The results indicated that during the COVID-19 pandemic, people did less compassion buying. Compassion buying indicated a U-shape curve by age and economic status. To enhance the scale, future research can include bargain intent, product characteristics, and psychographic characteristics.

Practical Implications : Given the large informal market, vendor, and workforce in a developing nation like India, compassion buying is probably the key to the recovery and growth of various products and services typically offered by disadvantaged vendors. The role of compassion in consumption requires additional investigation during normal times.

Originality : This study reported preliminary findings on "compassion buying" as a distinct aspect of consumer psychology, different from altruism. It complements responsible consumption, ethical consumerism, and sustainable development.

Keywords : **compassion, buying, pandemic, demography, instrument**

Paper Submission Date : August 10, 2022 ; Paper sent back for Revision : April 8, 2023 ; Paper Acceptance Date : April 15, 2023 ; Paper Published Online : May 15, 2023

Generally, customers are price and quality conscious while purchasing products and services; they look for value in exchange. In other words, customers always seek personal gains through their buying behavior. However, recent studies have identified a new dimension among consumers called ethical consumerism. This implies the attentiveness of consumers toward social and ethical issues, such as global labor standards, energy consumption, and animal welfare, among others (Anderson & Cunningham, 1972; Auger et al., 2003; Crane, 2001; Kinnear et al., 1974; Torjusen et al., 2001). One subset of ethical consumerism is altruistic buying behavior that involves making some compromises (such as buying green products at high prices) while buying

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DOI : https://doi.org/10.17010/ijom/2023/v53/i5/172726

(Auger et al., 2003). Such behaviors are often triggered by factors such as an individual's sense of self-identity, reputation, and bystander effect (Le Grand et al., 2021). Consumers are also engaged in compassionate behavior or "doing good" (Arli & Anandya, 2018), and organizations also engage in "doing good" to improve the quality of life of customers (Suar & Mishra, 2020). With increasing attention to sustainable development, such behaviors have a tremendous impact on public and social policies (Le Grand et al., 2021). Hence, this research study aims at studying compassion buying behavior. The study, conducted during the COVID-19 pandemic, is likely to explore another facet of ethical consumerism.

Epidemics or the spread of diseases affect the emotions of individuals substantially. In the history of human civilization, it is noticed that epidemics like plague and AIDs have elicited hatred and anger toward the victims. However, there are also instances like yellow fever in Philadelphia in 1793 and many other epidemics that generated hatred initially, but later on, people forgot their class barriers and racial discrimination and showed tremendous compassion toward each other (Cohn Jr, 2018). Epidemics are like a common enemy of society that unites people, regardless of their inequalities, stratification, or other differences. As self-categorization theory (Turner et al., 1987) puts it, during emergencies, individuals tend to self-categorize themselves among the sufferers and come forward to support each other. Drury et al. (2009), in their study, reported how people tend to show prosocial behavior toward each other during mass emergencies that put everyone in the same fate. During the COVID-19 pandemic, individuals showed altruistic behavior toward each other in providing tangible and intangible support (Tekin et al., 2021).

Widespread deprivation and loss of income and livelihood of street vendors were reported in the wake of COVID-19. Short-notice lockdowns in large cities impacted street vendors and migrant laborers severely (Majithia, 2020). Usually, such individuals are without adequate housing facilities, and they even did not have the recourse to return (Singha, 2020). The government of India launched a scheme for the self-reliance of street vendors to extend loans and ensure comprehensive development. Street vendors and informal workers play an important role in the Indian economy. For example, during the festive seasons, there is a spurt in demand, and the informal economy helps in meeting such demand. One of the appeals during the period was "vocal for local," urging consumers to support local products and suppliers (Vachhatani, 2020). The authors suggested that as the disadvantaged vendors make up an integral, important, and large section of society, efforts to re-integrate must go beyond state policies (Singh, 2021). The creation of a more just and equitable society by caring for the needs of local or street vendors was also argued for (Haokip et al., 2020). Social media messages such as "not to bargain with street vendors" became a trend. The bargaining in the street stalls was compared with agreeableness to pay retail prices in large shops (Nainar, 2022). Bargaining takes place due to the information asymmetry present, and it generates value for customers. In a one-off buyer-seller transaction, the party with more information is usually better off (Ahearne et al., 2022). During the pandemic, prices of several commodities increased, and reports blamed the vendors for such price rises. The pandemic situation prompted a complex situation involving distressed vendors, price, availability, and time restriction, among others; such dynamics created a paradoxical situation of "need to bargain" versus "empathize."

Empathy leads people to be attentive to the suffering of people. However, compassion extends beyond empathy. Compassion motivates action, whereas empathy may not (Galea, 2020). In other words, a compassionate customer would be empathetic toward the plight of the street vendors and choose to buy from them rather than from large vendors in normal situations. However, the COVID-19 pandemic put people in a different position owing to fear of the spread of the disease and a long period of isolation. In such a situation, to what extent people displayed compassion-buying is the main research question before us.

Although the pandemic situation exhorted customer compassion toward disadvantaged sellers, it is not known if compassion influences buying behavior. The pandemic provided a larger and unique context to investigate the behavior. Relevant literature is discussed in the subsequent section to establish the research gap.

Review of Literature

Defining Compassion and Compassion Buying

Compassion is a term mostly derived from Buddhist psychology. This term is similar to empathy, sympathy, and pity but has a subtle difference. Compassion refers to a unique human motivation that is evolutionary and has been playing a crucial role in the survival of the offspring and community cooperation. According to Goetz et al. (2010), compassion can be defined as "the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help." While operationalizing this compassion construct, researchers have understood it as having cognitive, affective, and behavioral dimensions (Clark, 1997; Kanov et al., 2004). It implies noticing, feeling, and responding to others' sufferings. Researchers working on organizational compassion even add another dimension to this construct. For example, Dutton et al. (2014) defined organizational compassion as "an interpersonal process involving the noticing, feeling, sense-making, and acting that alleviates the suffering of another person" (p. 277). Similarly, Simpson and Farr-Wharton (2017) proposed a NEAR model of organizational compassion with four component processes, such as noticing, empathizing, assessing (rationally evaluating the situation), and responding. In a similar vein, Goetz et al. (2010) gave the following five-dimensional conceptualization of compassion: awareness, feeling, appraisals, judgment, and engagement. According to them, the compassion motive involves these overlapping processes where people first become aware of the suffering of others, then experience subjective bodily experiences, followed by evaluation of the social context, judgment about the extent of the suffering of the other person, and finally responding to alleviate the suffering.

Compassion as a motive influencing individual behavior has been studied in the context of sustainable consumption (Hume, 2010), disaster context (Skitka, 1999), and organizational context (Simpson et al., 2013). Admittedly, study on compassion in the context of buying behavior is scarce. A similar construct, "altruistic buying," has been studied in the context of buying behavior. In altruistic buying, a customer buys a product wherein the vendor promises a benefit to a cause or a disadvantaged section. In this case, the buyer does not see the ultimate beneficiary. Compassion buying, on the other hand, is compassion toward the vendor, who is typically perceived to be disadvantaged in some way.

Antecedents of Compassion-Buying Behavior

In the absence of the construct of compassion buying in marketing literature, we referred to compassion literature to derive some of the antecedents of compassion buying. The primary focus is on identifying the demographic antecedents. As the study was conducted during the COVID-19 pandemic, it also explores the significance of other antecedents of compassion during a pandemic.

Family and the individual's role in the family play an important part in purchase decisions (Kakati & Ahmed, 2016). Family has a multi-dimensional influence in shaping values, which influence subsequent behavior. If we look at the major themes of different religious traditions, compassion appears to be the common desirable attribute of human beings. Although compassion is an innate, evolutionary survival motive (Mayseless, 2016), it can also be nurtured (Goetz et al., 2010). Compassion is a trait that makes an individual fully human and develops through accumulated experiences of compassionate states. As a child, an individual shows compassion toward family members and loved ones, then to other individuals in society and animals (Fennell, 2014). Hence, it can be assumed that compassionate behavior increases with age. With the increase in age, people can make a rational evaluation of the level of suffering and can have an enhanced ability (financial and physical resources) to respond, which are crucial dimensions of compassionate behavior (Gilbert, 2005). However, studies reveal that younger adults show more compassionate behavior (Grühn et al., 2008), and Gen Y oscillates between compassionate values and unsustainable consumption (Hume, 2010).

Gender being a cultural construct differentiates men from women in their roles, personalities, values, and preferences. Particularly women from cultures high on the masculinity index (Hofstede, 2011) display more distinctive attributes than men. According to sociologists, both men and women acquire the gender role through the socialization process and eventually display "idealized gender representations" (Schahn & Holzer, 1990). However, studies from different parts of the world have portrayed women to be more nurturing, empathetic, compassionate, and helpful (Spence & Helmreich, 1978). Women respond better to the suffering of others as compared to men (Hoffman, 1977). Previous studies conducted on ethical consumerism have reported that women do better in green buying behavior (Lee, 2009), altruistic purchasing behavior (Hopkins & Powers, 2009), and intention to buy fair trade products (de Leeuw et al., 2014). In the same vein, it can be assumed that women would score better in compassion buying behavior than men.

As compassionate behavior precedes certain cognitive evaluations of the condition of the sufferer and the capability of the carrier/agent, certain demographic conditions of the agent, such as education level, socioeconomic status, and marital status, among others, may influence the compassionate behavior of individuals. Studies have demonstrated that compassion can be taught to individuals (Kirby, 2017), and researchers have pleaded for compassion-based education in schools (Jazaieri, 2018). It has also been seen in different studies that children learn compassion from family; hence, compassion-based parenting is good for the emotional development of the children (Kirby, 2020).

Whether social class is a determinant of prosocial behavior has been an intriguing question. Piff et al. (2010), in their classic experiments, have demonstrated that people from lower socioeconomic status tend to be more empathetic and responsive to the suffering of others. Similarly, Van Kleef et al. (2008) report that people with high social power show low compassion.

Methodology

Sample

The questionnaire was designed and made available online, and its link was circulated on various platforms for wider reach. Primarily, the responses were self-reported; a few responses were also collected telephonically due to the imposed travel restriction during the period. Responses were collected between May 10, 2021 and June 26, 2021, and this period coincided with the highest incidences of COVID-19 in India, during the second wave. The geographical spread of the sample was from the eastern part of India. After the rejection of a few responses due to incomplete information, the sample size was 551. The sample (Table 1) had 53% men. The age group 25–45 years was maximum around 41%. Around 52% were university-educated (maximum), around 56% were single, and

Table 1. ***Sample Profile (Distribution in Percentages, N = 551)***

Age in year	**Up to 24**	**25–45**	**46–59**	**60 and above**	
	40.1	41.4	13.1	5.4	
Gender	Men	Women			
	53.0	47.0			
Highest Education	No formal education	High School	College	University	Professional
	5.4	7.3	26.0	52.1	9.3
Marital Status	Single	Married	Widow/ Widower	Separated	In-relationship
	56.1	32.1	2.7	2.7	6.4
Economic Status of Family	BPL	Lower Middle	Middle	Upper Middle	Upper

	2.9	9.6	49.9	31.2	6.4
Occupation	Student	Business	Unemployed	Employed	Professional
	44.5	9.3	11.3	26.9	8.2
House Type	Independent	Apartment	Shared		
	57.5	27.9	14.5		
Family Type	Nuclear	Joint			
	63.5	36.5			

45% were students (maximum). Most respondents lived in an independent house (58%) and were from a nuclear family (64%). Twenty-five percent were from middle-class economic status. Most (26%) perceived their residential areas as moderately crowded.

Instrument

This study is a part of the project on service buying during the COVID-19 pandemic, funded by the Indian Council for Social Science Research. The survey instrument contained several demographic variables and other studied variables. The instrument collected data on the compassion buying scale. It also collected data on various classification variables such as gender, age, education, occupation, marital status, economic status of the family, family type (joint/nuclear), house type (apartment/shared/independent), perceived crowdedness of the area, comorbid condition (Y/N), services accessed during COVID-19 period (visited markets, accessed hospital, traveled in public transport, stayed/dined in hotel, used personal care, and grooming services), and affected by COVID (myself, someone in family, or someone close). Compassion-buying behavior is a new construct that has been conceptualized based on the personal observation of the principal investigator. The scale development procedure has been narrated below.

Compassion Buying Scale Development

The purchase of services during the pandemic context had additional complexities compared to the purchases during normal times. The vulnerability, fear of illness, fear of out-of-stock situations, fear of price increases, and buying extra to compensate for staying at home prompted impulsive purchases during the pandemic (Naeem, 2021). Such findings are not conclusive, though. Selfish behavior rather than the pandemic fear was associated with hoarding (Dinić & Bodroža, 2020). Although consumers are motivated by their self-interest, there is evidence of altruistic buying involving personal sacrifice, the reputation of individuals, and a sense of self-identity (Le Grand et al., 2021). Customers showed compassion when employees had to be present even when sick, and compassion affected the repurchase and recommendation intentions (Dietz & Zacher, 2022). On the other hand, service providers such as nurses and educators suffered from compassion fatigue during the pandemic (Jo, 2021; Yang, 2021).

Given the context of the pandemic, we anticipated a demonstration of compassion from customers toward service providers. When we looked for literature to find a measurement scale or any study on this behavior, we did not find any exact measurement of compassion buying behavior. We got insights from some studies on compassion behavior and workplace compassion described above in the literature review section. Taking insights from the conceptualization of compassion behavior, we define compassion buying as "buying certain goods or services to respond to the suffering of the seller." To develop the indicators, we relied on personal observations of the display of compassion by different buyers while buying. For example, customers may choose to buy

vegetables from a small farmer from a street vending zone rather than from organized large malls. Similar behavior can be observed when a customer buys products of small value from a disadvantaged vendor or a vendor who pleads for mercy or narrates a difficulty. Customers often buy when the vendors are needy artisans, small farmers, or distressed. It is often observed that under-aged children, mothers with kids, or physically challenged sellers offer small-value products around street corners or traffic signals, specifically in developing countries. Customers often resist bargaining with such vendors.

Our indicators were influenced by the indicators of Martins et al. (2013). The scale includes indicators like the intent to give away future savings to a friend or a stranger in need, one is ready to spend one's skills without being paid for a friend or a stranger, sharing personal space for a friend or stranger, the intent of doing the right thing if it puts one's friend or family at risk, denying one the pleasure if it causes pain to others, and allowing pain to self if it gives pleasure to others. Initially, the following five indicators were developed for the scale: (a) I buy products or services to help service providers in need of financial help; (b) I purchase without need, products or services to help sellers; (c) I ignore the risk if buying products/services help the seller; (d) Quality of the product and services is not important during the pandemic; and (e) I give time to listen and share the feelings of service providers during purchase. The responses were recorded on a scale of 1–5 (1-*strongly disagree*, 2-*disagree*, 3-*neutral*, 4-*agree*, and 5-*strongly agree*). A higher score on the items indicated higher compassion.

Scale Reliability and Validity

In the initial attempt, a short version scale of the compassion buying behavior was constructed based on the compassion literature and personal observation. Marketing professors confirmed the face validity of the items. After collecting responses on the scale, statistical analyses were conducted to find out different validity and reliability scores. Cronbach's alpha reliability test was found to be 0.60 after deleting one item (Item no. 5). The alpha value was lower than the widely accepted prescription of Nunnally (1978). However, large scales are better representative of the attribute under study and can have higher reliability scores (De Vellis, 2003); the reliability value of 0.60 for this short version can be acceptable. The item-to-total correlations of the remaining four items ranged from 0.35–0.44 with significant *p*-values. This indicates the internal consistency of the scale. The exploratory factor analysis scores revealed that all the items had significant loading, and the loading ranged from 0.63–0.74. According to Hair et al. (2018), factors loading of 0.5 and above are good for scale validation. The cumulative percentage was 45.73% for a single factor. The KMO value of more than 0.5 indicated sample size adequacy for running factor analysis. The reliability and validity are indicated in Table 2.

Table 2. ***Reliability and Validity of the Compassion Scale***

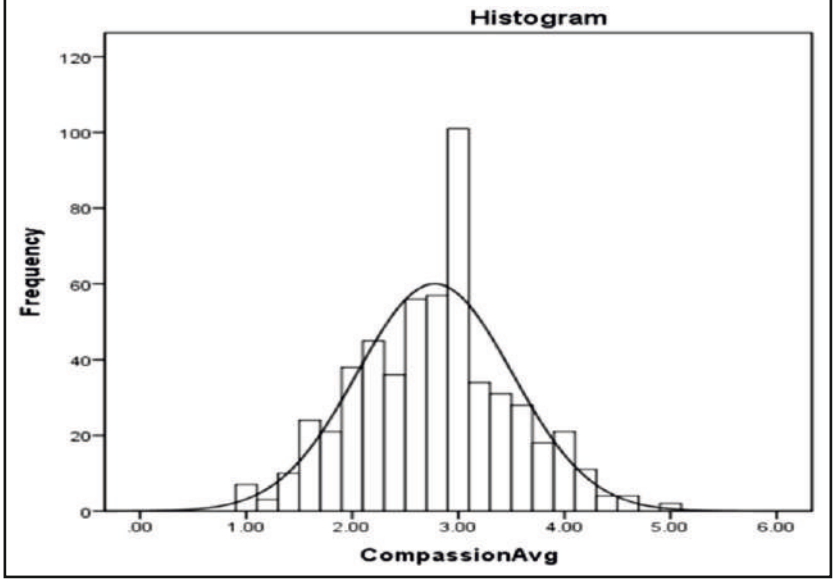
Items	Item Statistics			Item-Total Statistics				
	Factor Loading	Mean	*SD*	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
1. I buy to financially help the seller.	0.63	2.93	1.18	10.96	9.44	.36	.18	.542
2. I buy, even without the need, to help the seller.	0.74	2.63	1.17	11.25	8.92	.44	.23	.493
3. I buy, ignoring the risk involved.	0.67	2.66	1.21	11.22	9.16	.38	.18	.526
4. While buying, I ignore the quality of products or services.	0.66	2.53	1.21	11.36	9.33	.35	.16	.542
5. I give time to vendors to share their feelings.		3.14	1.14	10.757	10.38	.23	.06	.602

Note. Factor analysis results of four items: KMO = 0.64; Cumulative percentage (45.73) ; *N* = 551.

Analysis and Results

Descriptive statistics, *t*-tests, and analysis of variance (ANOVA) tests were performed to analyze the obtained data. The initial plot of the average compassion score reveals that data were normally distributed with a mean of 2.78 and a standard deviation of 0.73 (Figure 1). Hence, the data were conducive for mean-based analysis and ANOVA test.

Figure 1. ***Distribution of the Average Compassion Buying Score***



The level of compassion buying among respondents indicated (Table 3) that it was in the low or medium range (46.5% and 44.5%), implying that customers either did not find the scope for compassion buying or were not interested in compassion buying. Another possible reason could be that the implementation of social distancing and lockdown during the COVID-19 pandemic had reduced the scope for compassion buying. Close observation of the ratings of individual items reveals that people usually do compassion buying when the seller or the service provider is a needy person. However, customers are not willing to show compassion when they have to sacrifice quality or safety.

Table 3. ***Item-Wise High, Medium, and Low Compassion Buying Scores***

Items	Low (1–2 Rating)	Medium (3 Rating)	High (4–5 Rating)
(1) I buy products or services to help service providers in need of financial help.	35.6	29.8	34.7
(2) I purchase without need, products, or services to help sellers.	49.2	27.8	23
(3) I ignore the risk if buying products/ services helps the seller.	47.2	29.4	23.4
(4) Quality of the product and services is not important during the pandemic.	52.5	24	23.6
(5) I give time to listen and share the feelings of service providers during the purchase.	27.8	33.6	38.7
Total	46.5	44.5	9.1

Note. The number represents row-wise percentages.

We intended to find out whether compassion buying behavior differs across different demographic segments. The *t* and *F* statistics reveals (Table 4 and Table 5) that the compassion buying behavior of the respondents differed only across the age groups ($F = 2.58$, $df = 3/547$, $p<.05$) and economic status groups ($F = 2.44$, $df = 4/546$, $p<.05$). Close observation of the mean values reveals that compassion buying is higher among the respondents who are above 60 years and belong to either the lower middle class or upper class of the society. The insignificant *t* and *F* values for the other demographics indicate that irrespective of gender, family type, education, and marital status, respondents show similar compassion buying. In other words, it seems as if compassion is a universal virtue, and people from different demographic segments tend to show a similar amount of compassion while buying.

During the COVID-19 pandemic, several variables accounted for the individual difference in behavior, such as neighborhood crowding status, comorbidity condition, interaction with others, and COVID-19 exposure. Hence,

Table 4. ***Demographic Differences in Compassion-Buying Behavior***

Variables	Groups	Low	Medium	High	Total	χ^2 *(df)*	Mean	*SD*
Age (Years)	Up to 24	18.0	18.0	4.2	40.1	3.52 (6)	2.73	0.79
	25–45	20.3	17.4	3.6	41.4		2.60	0.82
	46–59	6.2	6.2	0.7	13.1		2.67	0.78
	≥60	2.0	2.9	0.5	5.4		3.00	0.76
	Total	46.5	44.5	9.1	100.0		2.68	0.80
Gender	M	23.8	23.4	5.8	53.0	2.78 (2)	2.70	0.83
	F	22.7	21.1	3.3	47.0		2.68	0.78
	Total	46.5	44.5	9.1	100.0			
Education	No Formal Education	2.4	2.5	0.5	5.4	7.30 (8)	2.83	0.83
	High School	2.5	4.2	0.5	7.3		2.93	0.58
	College	12.2	11.3	2.5	26.0		2.69	0.80
	University	25.0	21.8	5.3	52.1		2.65	0.84
	Professional	4.4	4.7	0.2	9.3		2.65	0.74
	Total	46.5	44.5	9.1	100.0		2.69	0.81
Occupation	Student	21.4	18.1	4.9	44.5	7.25 (8)	2.69	0.80
	Business	3.6	5.1	0.5	9.3		2.74	0.76
	Unemployed	5.4	4.7	1.1	11.3		2.73	0.87
	Employed	12.9	12.0	2.0	26.9		2.62	0.83
	Professional	3.1	4.5	0.5	8.2		2.78	0.71
	Total	46.5	44.5	9.1	100.0		2.69	0.81
Marital Status	Single	26.1	23.8	6.2	56.1	12.58 (8)	2.71	0.81
	Married	16.2	14.3	1.6	32.1		2.58	0.80
	Widow/Widower	1.3	1.5	0.0	2.7		2.65	0.80
	Separated	0.9	1.3	0.5	2.7		2.95	0.85
	In relationship	2.0	3.6	0.7	6.4		2.92	0.70
	Total	46.5	44.5	9.1	100.0		2.69	0.81
Economic Status of the Family	Below Poverty Line	1.5	1.1	0.4	2.9	12.00 (8)	2.73	0.94
	Lower Middle	3.1	4.9	1.6	9.6		2.90	0.76

	Middle	24.7	20.9	4.4	49.9		2.62	0.81
	Upper Middle	14.9	14.5	1.8	31.2		2.66	0.76
	Upper	2.4	3.1	0.9	6.4		2.95	0.88
	Total	46.5	44.5	9.1	100.0		2.68	0.80
Accommodation Status	Independent	28.3	24.0	5.3	57.5	3.69 (4)	2.64	0.81
	Apartment	11.6	13.4	2.9	27.9		2.75	0.82
	Shared Accommodation	6.5	7.1	0.9	14.5		2.76	0.75
	Total	46.5	44.5	9.1	100.0		2.69	0.81
Family Type	Nuclear	28.5	28.9	6.2	63.5	1.16 (2)	2.71	0.79
	Joint	18.0	15.6	2.9	36.5		2.63	0.82
	Total	46.5	44.5	9.1	100.0			
Neighborhood Crowding	Not crowded	15.6	14.7	2.2	32.5	4.65 (4)	2.65	0.82
	Moderately crowded	25.8	22.7	5.6	54.1		2.69	0.82
	Very crowded	5.1	7.1	1.3	13.4		2.78	0.72
	Total	46.5	44.5	9.1	100.0		2.69	0.81

we also tested these variables in the context of compassion buying to know whether these variables account for any individual difference in compassion buying.

Comorbidity and exposure to COVID-19 indicate the suffering level of the respondents, and compassion is the behavior shown to respond to the suffering of others. We assumed that one's suffering would make them more

Table 5. ***Compassion and Services Used, Personal Experience with COVID-19***

COVID-19 Related Experience		Low	Medium	High	Total	χ^2 *(df)*	Mean	*SD*
Comorbid Condition	No	29.4	31.8	5.8	67	3.98 (2)	2.71	0.78
	Yes	17.1	12.7	3.3	33		2.62	0.84
	Total	46.5	44.5	9.1	100			
Visited Market for Grocery and Vegetables	No	17.1	18.1	4.5	39.7	3.29 (2)	2.79	0.84
	Yes	29.4	26.3	4.5	60.3		2.61	0.77
	Total	46.5	44.5	9.1	100			
Visited Hospitals	No	24	26.7	4.4	55	4.69 (2)	2.69	0.79
	Yes	22.5	17.8	4.7	45		2.67	0.81
	Total	46.5	44.5	9.1	100			
Used Public Transport	No	30.7	31	5.4	67.2	2.09 (2)	2.68	0.79
	Yes	15.8	13.4	3.6	32.8		2.69	0.81
	Total	46.5	44.5	9.1	100			
Stayed in Hotel	No	32.1	28.7	6.4	67.2	1.43 (2)	2.68	0.8
	Yes	14.3	15.8	2.7	32.8		2.68	0.81
	Total	46.5	44.5	9.1	100			
Used Personal Hygiene Services	No	28.3	28.5	6.2	63	1.13 (2)	2.71	0.81
	Yes	18.1	16	2.9	37		2.64	0.78
	Total	46.5	44.5	9.1	100			

Have you suffered from COVID?	No	33.9	32.5	6	72.4	1.13 (2)	2.66	0.81
	Yes	12.5	12	3.1	27.6		2.73	0.79
	Total	46.5	44.5	9.1	100			
Someone in the family suffered	No	29.6	32.3	5.6	67.5	5.37 (2)	2.71	0.77
from COVID	Yes	16.9	12.2	3.4	32.5		2.61	0.86
	Total	46.5	44.5	9.1	100			
Someone close suffered from COVID	No	21.2	18.9	3.6	43.7	0.85 (2)	2.65	0.81
	Yes	25.2	25.6	5.4	56.3		2.71	0.79
	Total	46.5	44.5	9.1	100			

Note. The number under low, medium, high, and total columns indicates percentages from the total.

attentive to the suffering of others, and hence, people with more levels of morbidity and exposure to COVID-19 would show more compassion buying. However, the respective t and F statistics reveal that respondents' compassion buying behavior did not differ across these variables.

Discussion

The scale constructed to measure compassion is reliable, but admittedly, it needs further improvement. For example, the absence of bargaining tendency can indicate compassion; specifically when the vendor is small or disadvantaged. Secondly, the literature indicates that the compassionate and compassioned devote time to share feelings. Although such practices are situation-specific and depend on the time spent during service exchange, the pandemic situation precluded such a possibility. However, personal interaction as a factor of retail service criteria has the lowest weight in influencing customer satisfaction (Rashid & Rokade, 2021). Any product purchase involves various risks (for example, risk of performance), but in the pandemic case, the risk closely approximates the risk of infection. This could be also a pertinent reason for the low compassion buying among the respondents. It is worth mentioning here that the display of compassion is often a function of the level of distress tolerance of the individual displaying compassion (Gilbert, 2014). Distress in the compassion process comes from the following two sources: (a) noticing the suffering of others and (b) the sacrifices one has to make to respond to the suffering. Hence, a low score on compassion buying can be attributed to the low distress tolerance among the respondents during the deadly pandemic.

Our findings are in contradiction with the previous study that a mass emergency like COVID-19 develops community identification among people and makes them engage in pro-social behavior (Tekin et al., 2021). Our study contradicts the studies that reported gender differences in the display of compassion and is supported by a study (Mercadillo et al., 2015) that did not find a gender difference in the display of compassion by police personnel. However, the brain activity of the women police officers reflected high compassion. As compassion is a function of biological and cultural factors (Mercadillo & Arias, 2010), studies focusing on gender differences should bring both factors into the design.

This study did not find compassion to be significantly different across many demographic variables except age and economic status. This suggests the following: (a) compassion is more innate characteristics than the variable demographic characteristics, and (b) compassion, possibly, has a variation that is more psychographic. A third possibility is that the risk of infection and perceived fear were overriding in the pandemic context. These propositions need further validation in future research. Product category-specific research may bring out a nuanced understanding of compassion buying.

Additionally, vendor-centric research can also add to the understanding of the compassionate buying behavior

of customers. Such vendors can validate the compassion buying characteristics and its manifestation. Ethnography and other qualitative studies may add to our understanding of this behavior. It is important to understand buying behavior in light of pandemics, disasters, and economic recovery. Given that developing countries have informal markets, vendors, and workforce, compassionate action is likely to help in recovery from disaster, regional economic growth, and developing markets for products and services.

Customer satisfaction research in organized retail settings has identified hedonic, functional, and individual-materialistic values to be significant (Singh & Nigam, 2021). Similarly, product assortment, customized services, and relationships also influence customer satisfaction (Agarwal & Singh, 2018). The perceived fairness, in return, is also significantly different and influences purchase intention in organized retail compared to street vendors (Kar et al., 2022). There are substantial differences in the contexts of street vendors and organized retail. Comparative research focusing on compassion as a purchase criterion would broaden our understanding.

Managerial and Theoretical Implications

Compassion, as an innate characteristic and a driving force for action, can trigger various decision-making. Such decisions are likely to help disadvantaged vendors, especially during the time of a crisis, for economic recovery. It can facilitate policy prescriptions and be helpful in regional economic recovery. Thus, research needs to focus on compassion generation, communication, and a call for action. Beyond individual compassion, institutional compassion also can ameliorate the difficulties of disadvantaged vendors. Disadvantaged vendors or retailers can appeal to and negotiate with other stakeholders for their survival and growth. Micro-entrepreneurs, artisans, traditional handicraft sellers, tribal entrepreneurs, and non-governmental organizations (NGOs) are likely to benefit substantially from the understanding of the role of compassion in buying behavior.

Conclusion

In the context of the pandemic, this research finds differences in compassion buying across age and economic status. Further refinement to the scale in future research is expected to bring a nuanced understanding of compassion buying behavior. As we have proposed, compassion buying is exhibited in the purchase intention, particularly from disadvantaged service providers or vendors. Variation of the scale that is representative of the compassion-buying attribute, customized to specific products/services, or events that capture several observations of compassion-buying would yield a better result. However, in the absence of a prior conceptual and operational definition of the compassion-buying construct, our study is the first of its kind to come up with such a construct and can be the torchbearer for other studies.

Limitations of the Study and Suggestions for Future Research

Although the pandemic situation provided a context to study compassion-buying behavior, it limits the display of the behavior due to the constraints of lockdown and fear of infection. Thus, a significant gap can be expected in the intent to be compassionate and display the behavior. Secondly, the display of such behavior may also have product-specific and vendor-specific dimensions, which was not considered in the study. Thirdly, a self-reported survey has biases and may not be the best method to observe the display of compassion. Methodological improvement can generate richer insights.

Significant research scope exists on the compassion behavior of customers. The stability of compassion as an emotion and its ability to influence purchase behavior significantly is the core research question. Compassion can be driven by a situation, as in a pandemic situation. It can also be triggered when the seller or service provider is perceived as disadvantaged. Thus, it can be driven by an assessment of the status of the seller or service provider. In

the case of doctors and patients, the doctors' compassion toward patients can influence service delivery, and trust can moderate the behavior (Kar & Satpathy, 2021). Furthermore, compassion can act with other purchase behaviors, such as bargaining, value seeking, and trust, among others. These aspects require a comprehensive research design and investigation in future studies.

Authors' Contribution

Dr. Brajaballav Kar conceived the idea and developed the study design. He supervised the data collection, analyzed the data, and contributed to writing the paper. Dr. Sasmita Mishra wrote the initial draft, performed the literature review, contributed to the analysis, and proofread the article. Both authors jointly discussed and wrote the article's findings, conclusion, and implication sections. The data were analyzed in SPSS 27.

Conflict of Interest

The authors certify that they have no affiliations with or involvement in any organization or entity with any financial or non-financial interest in the subject matter discussed in the manuscript.

Funding Acknowledgement

This research is funded by a grant from the Indian Council of Social Science Research. Project title: Social Trust, SERVQUAL Model, & Service Consumption: A COVID-19 Study, File No: COVID/172/47/2020-21/ICSSR, Date 01-03-2021 awarded to Dr. Brajaballav Kar as Principal Investigator.

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