A thesis submitted in partial fulfilment of
the requirements for the degree of
Doctor of Philosophy


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FOOD CHOICE: THE SHOPPING EXPERIENCE OF OLDER CONSUMERS IN SCOTLAND

CAROLINE ANNE HARE BA

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in the discipline of Food and Consumer Studies

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Abstract

This thesis investigates the food shopping experience of older consumers (aged 65+) in Scotland. The aim was to develop the shopping dimension of food choice research and broaden the understanding of older consumers within this context. The need for such a study is borne out of the political impetus on food choice research, with the older age segment being particularly important due to: increasing numbers of older people; their vulnerability in terms of nutrition; the changes in food shopping that they have experienced in their lifetime; and their potential for being disadvantaged consumers.

The growing numbers of older people present a number of challenges within the food choice discipline. The food retail sector, which is highly competitive, is faced with meeting the needs of a growing market segment which it has previously neglected. There have been efforts by governments to integrate the food retailing sector into the policy for improving the dietary health of the nation. However, these recommendations have been limited and the specific issues for older people in terms of food shopping not fully described.

This thesis provides four major findings which provide an original contribution to knowledge. The first is that the characteristics of the older consumer result in a diverse shopping activity. This is reflected in the diversity of their personal circumstances, their preferences and their shopping activity. Secondly, the disadvantage experienced by older consumers is more complex than previously recognised. Thirdly, a comprehensive framework for investigating the shopping
dimension of food choice research has been developed, and specifically applied to older consumers. Finally, there is a lack of inter-dependence and integration both between sectors influencing food choice and across the disciplines investigating it, and this must be addressed.

There are several implications of these findings. First, academic research in the field of food choice should seek to undertake more multidisciplinary research and the conceptual model provides a framework from which to develop future studies. Secondly, specific recommendations can be made for retailers, both at a store level and concerning their contribution to the wider shopping environment. Thirdly, the findings are a catalyst for debate on the extent to which policy-makers should seek to integrate members of a multidisciplinary team in more detailed planning of recommendations.
Acknowledgements

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CHAPTER ONE

INTRODUCTION

1.0 Background to Study

The food shopping experience of older consumers is an important, but under-researched, area of food choice. This thesis helps to address this gap and presents a new contribution which will be of significance to academics, retailers, health professionals, those responsible for developing policy and organisations associated with older people. In particular, the thesis develops understanding of the conceptual frameworks for studying food choice and the characteristics and the experiences of shopping for older consumers.

The study of older consumers in this context is important for a number of reasons. First, the numbers of older people in the UK, including Scotland, are increasing. This has implications for food retailers as they represent a growing market to develop (Gunter, 1998; Burt and Gabbott, 1995). For those involved in formulating health policy and strategy for older people, such as social services, the growing numbers will mean greater costs and new challenges in service provision (Lobstein, 1996; Kenny and Pierson, 1996; Colquhoun and Lyon, 1994; 1996). A healthy diet contributes to the general health of older people and so access to a healthy diet is important (Herne, 1995) and the ability to shop is a key activity in maintaining independence (Burnett, 1996; McKie, 1999). Therefore, retailers play a role in helping to maintain independence amongst older people. Consequently, for those studying food choice, the food shopping dimension needs to be a priority.
Secondly, the older consumer needs to be understood more in terms of food choice. There has been, and continues to be, a political impetus for the improvement of the nation’s dietary health. Emphasis has been placed on the area of nutrition, people on low income and on developing multidisciplinary teams to tackle health problems. This has been evident in milestone documents such as ‘The Health of the Nation’ (Department of Health, 1992a) and specifically the ‘The Nutrition of Elderly People’ (Department of Health, 1992b). These pertained to England and Wales, however, Scotland has also been identified as having poor dietary health, particularly amongst older people (Scottish Office, 1993a). This issue was addressed in ‘The Scottish Diet Report’ (Scottish Office, 1993b), with a sub-section devoted to the food choice of older people. The broader issues of low income and poverty, which have been associated with poor health, have also been addressed within the report on ‘Inequalities in Health and Social Exclusion’ (The Lord Provost’s Commission on Social Exclusion, 2000).

Food retailers influence food choice (Wrigley, 1998a; Dawson, 1995). They have been included within the Scottish Office (1996) ‘Scotland’s Health: A Challenge to us All. Eating for Health’ report, highlighting the contribution they can make to improving health. However, retailers have also been affected by policy at a national level in terms of planning policies (Department of Environment, 1988; 1993; 1996; Department of Environment and Department of Transport, 1994), indicating that they have a role in the multidisciplinary team at a policy level.
Thirdly, for older people, the food shopping environment has changed dramatically since the post-war period, with the independent and specialist retailers having been replaced by the centralised multiple supermarket/superstore. Hockey and James (1993) identify that changes in personal circumstances, for example changes in economic status and health, occur with age, but changes in the structure of society can also influence the independence of older consumers. Nevertheless, the role that food retailers play in food choice, and the impact this has on older consumers, has not been fully researched.

Finally, those studies which have recognised the importance of the food shopping dimension in food choice have often focused on the problems of low income and accessibility. Such studies have concluded that older people are disadvantaged in these respects and that they are marginalised consumers in retailing (Guy, 1985). Work undertaken in the rural areas of Scotland has, however, shown that the problems experienced within retailing appear broader and that the shopping experience has more meaning to older people than simply obtaining food (McKie, 1999; Skerratt, 1999; Henderson and Carlin, 1997; Black et al, 1994).

Therefore, the shopping experience of older consumers needs to be understood more fully and a framework for studying the shopping aspect of food choice developed in order that retailers can play an effective role in the multidisciplinary team. This research problem is expressed through the aim and objectives.
1.1 Aim and Objectives

The aim of this thesis is,

*To develop the shopping dimension of food choice research and provide a greater understanding of the factors that influence the shopping experience of older consumers.*

This aim captures two strands to the thesis, highlighted in Section 1.0; that is, to provide new contributions to both the understanding of shopping in food choice research and to understand more of the older consumer within this context. In order to meet this aim, a number of objectives guided the study.

**Objective One:** *To identify and evaluate the factors that influence the food shopping experience of older consumers.*

(a) *To identify the patterns of the food shopping activity of older consumers;*  
(b) *To identify the factors that influence the food shopping experience of older consumers;*  
(c) *To provide a quantitative measure of the relative importance of these factors;*  
(d) *To provide a measure of satisfaction of these factors.*

Objective one set the framework for the primary research of the study. First the patterns of shopping needed to be identified in order to build a picture of the shopping activity of
older consumers. Read and Schlenker (1993) suggest that more research is needed into understanding the shopping activity and shopping patterns of older people. Building a description would not, in itself, have been enough and so food shopping as an experience needed to be understood. From this the factors that influence the food shopping experience could be defined and whether these factors lead to satisfaction or dissatisfaction measured.

**Objective Two:**  
*To develop further the conceptual models of food choice in relation to shopping of older consumers*

This objective sought to investigate the conceptual food choice models as a framework for studying the shopping activity and the shopping experience of older consumers. The primary research was to be used to produce a conceptual model that both explained the results of this study, and would provide a framework for developing this area of food choice research further.

**Objective Three:**  
*To evaluate the understanding of disadvantaged older consumers*

As stated earlier, the term ‘disadvantage’ is associated with older consumers in terms of income, mobility and accessibility (Bromley and Thomas, 1995; Stitt et al, 1995). A number of studies into ‘food deserts’, that is limited provision of food supply at a local level, also conclude that price and difficulties of access disadvantage some older consumers (Donkin et al, 1999; Cummins and Macintyre, 1999). This study sought to determine whether these definitions were adequate in describing the term ‘disadvantage’.
Objective Four: To identify the role of the retail sector in providing for the needs of older consumers

As highlighted earlier, this thesis will primarily inform retailers, but have policy implications. Whilst the retail sector has been recognised within health strategies to improve food choice, such as Scottish Office (1996) in Section 1.0, this has focused on aspects of product development, accessibility for those on low incomes and broad merchandising issues. This study sought to investigate whether these recommendations could be developed further, thus maximising the effectiveness of the role of retailers in the multidisciplinary team.

The objectives of the research seek to build a broad and yet detailed understanding of older food consumers and their shopping experience. In order to achieve the stated objectives, the thesis is structured as follows.
1.2 Structure of Thesis

A summary of the structure of the thesis can be seen below.

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Chapter Two of the thesis introduces the study of food choice and presents a review of the conceptual models of food choice. In particular, the factors identified in these models that relate specifically to older consumers are reviewed as well as those influencing food shopping.
Chapter Three reviews the literature in relation to the older consumer. There are three sections to this chapter. The older consumer is first defined and described in relation to demographic and personal characteristics. This is further developed by looking at the issues of disadvantage associated with older consumers. The satisfaction and needs of older consumers are then reviewed.

Chapter Four describes the methodological approach of the study. It first sets the research in context by discussing inductive and deductive approaches to research and then describes the two stages of primary research. A discussion of the analysis of the two stages of research is also given.

Chapter Five is the first of the three results chapters and combines results from both stages of the research. It focuses on profiling the shopping activity of consumers and explores issues of disadvantage.

Chapter Six is the substantial qualitative results chapter reporting on the results of the Critical Incident Technique interviews. It is this chapter which sets the framework for studying the food shopping dimension of food choice.

Chapter Seven reports on the findings of the quantitative stage of research, specifically the satisfaction survey. The importance of factors influencing the shopping experience and satisfaction levels with each aspect of the shopping experience is identified. Parallels and differences are drawn with results in Chapter Six.
Chapter Eight draws the findings of the research together and discusses them in relation to the literature chapters. The chapter begins with a summary of the findings and a critique of the methods used in the study. The findings are then discussed in detail, in three main sections, reflecting the themes of the literature review in Chapter Three. First, the description of the older consumer is expanded. Secondly, the disadvantages associated with older consumers are considered in light of the findings. The shopping experience is then discussed in detail, both in terms of broad analysis of factors and the specific factors influencing the consumer.

Finally, Chapter Nine provides a series of conclusions in relation to the findings of the study. Four main conclusions are presented in relation to the four objectives of the study and the implications of these findings for various interested parties are discussed. Further to this, conclusions on the methodological approach are also considered. Areas for future research that emerge from the study are then given.
CHAPTER TWO     A REVIEW OF FOOD CHOICE MODELS

2.0  Introduction

This chapter develops the theoretical background for the study of the older consumers' food shopping experience, by evaluating relevant models of food choice. The review of literature first sets the study of food choice in an historical context and highlights the diverse nature of the field. Secondly, a range of conceptual food choice models is reviewed and their applicability as frameworks for investigation discussed. Models of food preference and food acceptance are then evaluated. Thirdly, models that account for the specific needs of older people and food shopping influences are considered, with particular emphasis put on the coverage of consumer-related factors.

2.1  Historical Context of Food Choice Research

Food choice research is not a new phenomenon. For many years the diet and nutritional status of individuals has been of concern, with the fundamental link between poverty and poor dietary health being identified as early as the turn of the last century (Booth, 1902; Rowntree, 1941). Since then, a number of issues have emerged such as supply and nutrition in war times, development of retail systems and product development during post-war years, and personal health and food safety, particularly in the latter part of the century (Mozley, 1994). However, a new era of food choice has developed since the 1950s with a particular surge of research in the 1980s and 1990s as food and health issues moved up the political agenda. As stated
in Chapter One, this political impetus appears set to continue for the foreseeable future.

2.2 Diversity of Food Choice

Research into food choice has covered many disciplines and been used in many diverse applications. Collections of edited works, such as those by Henson (1992), Ritson et al (1986), Marshall (1995a) and Murcott (1998), have illustrated related research within a range of disciplines including: geography; retailing; consumer behaviour; anthropology; sociology; psychology; economics and nutrition. Diversity in application has been evident from the authors included in Murcott’s (1998) book, with babies (Murphy et al, 1998), children (Lowe et al, 1998), ethnic groups (Williams et al, 1998) and families (Henson et al, 1998) being amongst the population segments used as subjects for research.

Each of these disciplines has interpreted the term ‘food choice’ within its own context and so has added to the eclectic approach found in food choice research. Not only have different disciplines been involved, but a variety of vested interests have shaped the research topics considered and the models developed. For example, health professionals, seeking improved dietary health amongst the population, have lived in tension with food suppliers, and particularly retailers, who were seeking to understand consumer behaviour to maximise profit (Shannon, 1992). Not only have retailers sought information on consumers’ food choices, but they have also sought to influence behaviour in selling their food. Whilst prominent researchers on food choice have recognised this (Conner 1993a; Shepherd, 1990; Shepherd and Sparks,
1994) and the food choice models have been applied and tested in consumer settings, there has been limited appreciation of food shopping or retailing factors within existing models. Marshall (1995b), for example, observed that external factors had not featured heavily in food choice research.

It is from these diverse roots that the theoretical frameworks of food choice have been developed and a number of formal models, both predictive and conceptual, have emerged. This chapter considers two of the main predictive consumer behaviour models used in food choice research and demonstrates that an investigation into older consumers and their food shopping experience needs to be developed at the conceptual level.

2.3 Consumer Behaviour Models

An important driver of food choice theory development is found in the field of social psychology. A number of social cognition models designed to predict health behaviour have received much attention in food choice studies, with comprehensive reviews given by Conner and Norman (1995) and McEwan (1990). One of the main predictive models used is the Theory of Reasoned Action (Fishbein, 1967; Fishbein and Ajzen, 1975; Ajzen and Fishbein, 1980).

The Theory of Reasoned Action is a structured attitude model which uses measurement of beliefs and attitude to predict behaviour, as shown in Figure 2.1 (over).
Figure 2.1  Theory of Reasoned Action


The model assumes that behaviour is rational and under the individual’s control. The intention to behave in a particular way is the ‘predictor’ element of the model, with the intention itself predicated by two further components. These are Attitude, for example that a behaviour is ‘good’, and the Subjective Norm, being the social pressure to behave in a certain way. Other influences upon the individual, such as demographics and marketing factors, are assumed to manifest themselves in these two components (Shepherd and Sparks, 1994).

Within food choice research, this model has been used to demonstrate strong relationships between attitude and food choice, but it has also been widely recognised as a tool for measuring consumer choice behaviour in marketing (Peter et al, 1999). Raats et al (1995), acknowledging that the model was not developed to be a marketing tool but rather as a framework for policy and health studies, criticises the model for not allowing the key factors in food selection to be prioritised. Another
limitation is identified by Warshaw (1980), namely that the model does not take account of enjoyment patterns.

In response to the criticisms that it was based on rational behaviour, the model was developed further into the Theory of Planned Behaviour (Ajzen, 1988). This revised model includes the component of perceived control, which takes account of non- volitional behaviours and outcomes. Habit is also included on the grounds that decision making and behaviour often becomes an habitual state. Conner (1993b), however, applying the Theory of Reasoned Action and Theory of Planned Behaviour to snacking habits, concludes that a more individualistic approach is needed to determine groups of like individuals.

Despite their weaknesses, these main predictive models play a significant role in food choice research and the development of behavioural theory (Sparks and Shepherd, 1994), reflecting the dominance of social psychologists in this field (Marshall, 1995b). In respect of this study, one strength of the models is that they recognise the influence of 'external factors', or environmental influences, that is the physical, social and marketing environment, and personal influences, upon beliefs and motivation and levels of control (Peter et al, 1999). However, this study is concerned with the shopping experience of older consumers and requires greater understanding of what constitutes this component of 'external factors'. It is the conceptual models that provide a valuable framework for doing this.
2.4 Food Choice Models

A number of conceptual models that guide empirical research can be found in the food choice literature. They identify factors that influence food choice and facilitate a structured approach to their study (Pilgrim, 1957). The following sections present a selection of the main conceptual food choice models that have been grouped into models of food acceptance and food preference. The review of these main conceptual food choice models focuses on the coverage of factors contained within them, particularly those related to 'external factors' in order to identify relevant shopping issues and their applicability to older people, and to evaluate them as frameworks for guiding research.

2.4.1 Models of Food Acceptance

Pilgrim's (1957) model of food acceptance presented in Figure 2.2 (over), was one of the earliest formal food choice models to be developed. It was originally presented as a framework for testing hypotheses through a variety of methodologies, such as sensory testing, surveys and consumption data. It was a clear goal of Pilgrim (1957) that this model should become a tool for predictive work, but in its original form it only provided a framework for classifying influences on food choice.
The model looks at food acceptance, taken to mean ‘consumption with pleasure’, and identifies three main components which influence the perceptions of pleasure, along with some of the factors that affect them. The components are Physiology, for example internal biological aspects as well as the degree of hunger, Sensation, for example, what the food tastes and smells like, and Attitudes, whether based on past learning or the current external environment.

An important aspect of this model, as discussed by Shepherd (1989), is that a time dimension is incorporated in it. The model recognises that physiological influences are both stable and intermittent and attitudes are subject to learning and change over time. This accommodates the dynamic nature of food choice, where individuals change over time.
Other authors who have looked at food acceptance have similarly summarised the influences (Booth and Shepherd, 1988 - Appendix One; Cardello, 1993). Like Pilgrim (1957) these authors present influences on food acceptance which could be related to aspects of the individual, the food itself and the environment. However, models that can be grouped in terms of looking at food preference also highlight factors influencing food choice.

2.4.2 Models of Food Preference

Food preference refers to preferred choices made within a set of available choices (Pilgrim, 1957; Randall and Sanjur, 1981). A feature of two well established models, Randall and Sanjur’s (1981) model and Khan’s (1981) model, is the range of factors listed as influencing food choice. Randall and Sanjur’s model (1981) (see Figure 2.3) divides the influences on food preference into the main themed areas of the individual, the food itself and the environment. The following discussion contains examples which demonstrate the relevance of these factors to food choice research.

![Figure 2.3 Randall and Sanjur's Food Preference Model](image)

The Characteristics of the Individual that influence their food preference include age, gender, education and income. Such characteristics have been found to influence food choice (Conner, 1994) and particularly affect fruit and vegetable consumption. For example, Dittus et al (1995) found that low income and low education groups had higher mean scores for the ‘barriers’ to fruit and vegetable consumption, with gender differences showing that women reported the benefits of fruit and vegetable consumption more than men, who tended to focus on the barriers.

Attitudes to food and health, as well as nutritional knowledge and cooking skills, are also listed as influences. Interaction of some of these factors with the demographic factors has been found. For example, differences in gender, age and social class have been found in relation to cooking skills, with women predominantly involved in food preparation and in some instances preparing food to suit other household members’ preferences over their own (Nicolaas, 1995). Such evidence demonstrates the interaction of factors within each themed grouping and shows that Randall and Sanjur (1981) have grouped common factors together.

The Characteristics of the Food that influence food preferences relate to sensory aspects, acquisition of food and preparation of food. The sensory aspects cover taste, appearance and texture. Other related factors are type of food, seasoning and food combinations. This largely relates to the actual point of food consumption and meal situation.

The acquisition of food is related to cost. Cost can be both monetary, as in the price of food, or a resource cost of time in relation to buying and preparing food. The
effects of high monetary costs can be linked to the demographic factor of ‘income’, discussed previously, but changes in the time resources people have can also be linked to demographic trends and consequently to changing food preferences. For example, an increase in the numbers of working women has seen the emergence of a time conscious consumer and an increasing dependence upon convenience foods, affecting food preparation (Gofton, 1995).

The Characteristics of the Environment are diverse. Potential demographic changes, for example in employment and social trends, such as population and mobility and urbanization, are included in the environmental characteristics. A limited number of ‘supply’ or retailing factors are also included. These focus on seasonal factors, such as the supply of fresh produce on a seasonal basis, which affect the choice available. Other characteristics that relate to the consumer and so to food shopping, are the size of the household and stage of family.

In discussing the factors identified in this model, it can be seen that there is interaction both across and within categories, such as the examples given of income and cost, method of food preparation, such as convenience meals, and employment and demographics patterns and attitudes within individuals. The presentation of the model, however, appears not to represent this interaction and is limited in its consideration of retailing and shopping factors. The complexity of presenting influences on food choice has been recognised as a potential weakness of conceptual models by Shepherd (1989). Khan’s (1981) model (see Figure 2.4 below) goes some way to addressing this.
This model on food preferences demonstrates interaction across, although not within, categories. However, Khan (1981) recognises in his discussion of the model that such interaction exists. This indicates that Khan’s model is representing the complexity of food choice to a greater extent than Randall and Sanjur.

In terms of the factors included, whilst more loosely defined than in Randall and Sanjur’s model, Khan’s model also covers aspects of the individual, food and environment. Similarities between these two models can be drawn, such as demographic influences, intrinsic and sensory factors and certain extrinsic factors such as seasonal variations in food supply.
Khan’s (1981) model also has differences from Randall and Sanjur’s, with Khan’s being more detailed, drawing out the cultural aspects, food supply and marketing factors and physiological aspects.

While these main food choice models discussed above are generic, they have also been used in studies concentrating on specific segments of the population. One such application has been that of Khan’s model to older people in a comprehensive review by Herne (1995). It is, therefore, an appropriate model to consider in relation to the elderly.

2.4.3 Application of Khan’s Model to Older People

Older people have been found to be a nutritional risk group, making them both ‘vulnerable’ and ‘critical’ consumers because of their changing needs and circumstances (Nazarko, 1993). Herne (1995) recognises the need for research into older people’s nutritional health and provides a comprehensive literature review on the influences on food choice by using Khan’s (1981) model as a framework. Khan’s (1981) model is now discussed and the applicability of factors to food choice in general, and that of older people in particular, is demonstrated through examples of relevant research. In addition, the consumer and shopping dimensions that are not fully considered by Herne (1995) are highlighted.

Personal Factors

As shown in Figure 2.4, Khan’s model recognises certain Personal Factors as an influence on food preference. By this the author was referring to the personal attributes held by an individual (Khan, 1981) and this can be seen to be similar to the
factors grouped by other authors relating to the theme of the individual, as discussed previously (Shepherd, 1990; Conner, 1993a).

Khan (1981) describes a number of sub-factors that relate to the individual. First the level of expectations held by people of the food will influence their acceptance of the food. Expectations can be lowered or raised depending on the nature of the situation, for example people have low expectations of hospital food.

Linked to this is the priority given to food within the individual’s current circumstances. For example, patients in a hospital setting have the primary objective to recover and so will rate other aspects of treatment as more important than food (Khan, 1981).

Thirdly, the familiarity of the food to the individual will determine how new foods are accepted. Foods that are familiar to people are more likely to be chosen, although consuming the same foods regularly can reduce the acceptance of these (Herne, 1995).

Fourthly, personality type also influences food preferences through self-esteem and levels of confidence in making food choices. It also influences the individual’s perceptions of the eating occasion, as included in Booth and Shepherd’s (1988) model, referred to in Section 2.4.1 and presented in Appendix One.

Linked to personality are appetite, emotions and moods. The level of appetite can be linked to emotions, such as those resulting from bereavement, and can include a loss
of appetite (Herne, 1995). This is particularly relevant to older people who lose a partner and have to adapt to cooking and shopping, and may be particularly important for older men who have not been involved in such activities whilst their partners were alive. Bereavement, therefore, can be a 'risk' for the nutritional health of older people (Brech, 1994; Harvey, 1993; Hama and Chern, 1988; Read and Schlenker, 1993). As with personality, moods and emotions are seen by Booth and Shepherd (1988) as influencing the perceptions of the eating occasion and ultimately food acceptance. For those who have suffered bereavement, the eating occasion changes as they adjust to eating alone.

The perceptions of food also emerge from the meanings attached to food. Within a personal context, symbolic meanings are attached to food (Khan, 1981) and this influences the brand attributes and composition of the food accepted (Booth and Shepherd, 1988).

Finally, other people influence the preferences of individuals. This is particularly important for older people, as illustrated in the following two ways. First, in a social setting, Mitchell (1996a) found in day centres and lunch clubs that social contact and reliance on family were increasingly important as people aged and so for older people, there was a range of people influencing their diet. This was recognised by Herne (1995) in her review of Khan's model and the elderly. Secondly, such social support may also be linked to personality type, appetite, moods and emotions, as a social setting may minimise feelings of loneliness and lack of motivation in meal preparation.
Khan (1981) and Herne (1995) also refer to the influence that other people have on health promotion and dietary advice. McMahon (1995) identifies a range of people influencing dietary health such as: the media; manufacturers; politicians; scientists/academics; health professionals and consumer groups. However, members of the food supply chain and the government appear to be mistrusted. A consumer survey by Goode et al (1995) found that 60.1% did not trust food companies, 59.2% did not trust the government and 43.7% did not trust farmers. The reason for this mistrust was primarily that consumers perceived these members of the food supply chain to be motivated by profit rather than the safety and health of consumers.

A clear theme that emerges from the research into the nutritional status of older people, is the need to target the food preferences of individuals and their needs. This is particularly true for specific sub-groups of older people. The Caroline Walker Trust (1995) highlighted the dangers of mass catering within residential homes and set nutritional guidelines for menu planning. Similarly, Herne (1994) found there to be diverse needs within residential homes and that individuals needed to be catered for more. Some of these issues appear to be taking affect as Read and Worsfold (1998) identified in their survey of 24 residential homes that these guidelines were being followed, though there was still found to be a lack of choice and variety in the menu. As discussed earlier, this may lead to foods becoming too familiar and so less acceptable (Khan, 1981; Herne, 1995). In order to improve nutritional status of those in residential care, The Caroline Walker Trust (1995) report recommended that at least £15 should be spent per person, per week on food and that lunch clubs should be organised to help improve diet and general well-being.
Within a hospital setting, Arney and Tiddy (1992:129) found that preferences also need to be catered for, recognising that "nutritional well being is an integral component of the health, independence and quality of life in the aged." For those in hospital, recovery has been found to be faster and better if nutritional problems are addressed (Allison, 1995). Lilley (1996) observed at the University Hospital in Nottingham that recovery from fracture operations was slower for malnourished patients and that their return home was often dependent on their nutritional health. Within such a hospital setting it is important, according to the discussion of Khan's model, that expectations of food and the priority given to food, be managed.

Thus, through Personal Factors, Khan's model has been demonstrated to contain generic factors that appear to be relevant to the older person. However, there are undoubtedly unique situations encountered by older people, such as living in residential homes or receiving support in the community. The sub-factors within this model are also complex, with many interacting and depending on each other. Similar patterns can be seen throughout the rest of the categories, as now discussed.

Socio-economic Factors

The three sub-factors of income, social status and costs, within Socio-economic Factors, influence food choice. Leather (1995) states that poorer households have poorer diets and experience budgeting problems in trying to buy food. Any change in income has been found to destabilise this food budget and reduce the variety and quality of the diet (Anderson and Morris, 2000; Shepherd et al, 1996). Poorer people spend a greater proportion of their income on food (Shepherd et al, 1996) and for older consumers, the lower the expenditure on food, the poorer the nutrient intake in
their diet (Hama and Chern, 1988). Linked to income is social class, with Wrieden et al (1994) finding that those in lower social classes consume more biscuits, cake and confectionery.

However, the barriers to food choice appear complex. Marshall et al (1994) found through the 1992 Scottish Opinion Survey that 41% of respondents wanted to change their diet, but 9% cited expense as a barrier to changing to a healthier diet. This was particularly the case for fruit, as 38% stated expense to be a limitation in purchasing it. However, for those over 55 years, the feeling that fruit was not filling was more likely to be cited as being a barrier to changing diet. This survey also highlighted a number of key factors relating to the retail sector that could improve healthy choices, including price reductions, health campaigns, recipes/in-store demonstrations and portion information and special offers. The retail sector was, therefore, seen by consumers as being a key player in promoting health. This presents a tension with the findings of mistrust of food companies expressed in the study by Goode et al (1996), discussed earlier under Personal Factors.

Chung and Magrabi (1992) emphasise that the older consumer segment are not a homogeneous group as they held differing views on their ability and resources to improve their health. Mitchell (1996), in her qualitative study using focus groups, found respondents to hold strong views that individuals are responsible for improving their health and that lack of income is no reason for poor health. However, Forsyth et al (1994) recognise that, although important, household resources alone cannot change dietary health and that cultural factors and local availability also influence dietary choice.
Cultural Factors are further reflected in the symbolic meanings of food, security in terms of food supply and old eating habits, and acceptance in society. Acceptance in society is also linked to income and social status. Herne (1995) found conflicting evidence of the importance of this social status to older consumers. Social class was found to affect types of food eaten, methods of cooking, nutritional intake and perceptions of food, for example whether good or bad for health. However, Herne (1995) also found evidence to suggest that it may be related to income and lifestyle rather than social class.

Thus, the social, cultural and economic infra-structure of society are inter-related, with income and cost being important influences on both food preferences and food shopping, with Marshall et al (1994) identifying the role of retailers in dietary health. Such factors are generic and applicable to older people.

**Educational Factors**

There are two aspects of education incorporated in the model in Figure 2.4. A good general education has been found to be linked to better nutrition, due to the increased likelihood of better job opportunities and higher income (Khan, 1981). This was identified by Lookinland and Harms (1996) who found that those who had had a good general education had better nutritional habits and took more exercise. Reinforcing the importance of education, Holcomb (1995), studying the effect of age, education and residence on food consumption and nutrient intake, found that older women living alone had a higher consumption of fruit, vegetables and meat when better educated. However, age did not lead to differences in the level of
consumption, nor were those living in rural areas found to be at greater nutritional risk.

Past education cannot, however, be looked at in isolation. Backett and Davison (1992) identify that different stages of life imply having different priorities about behaviour relevant to health. The elderly in their study felt that it was too late to address poor diet and behaviour. Herne (1995) highlights that this attitude has also been evident in health promotion in the past.

In terms of health promotion, specific nutritional education has been studied. There has been mixed evidence regarding the links between nutritional knowledge and a healthy diet in older people. Specific nutritional knowledge amongst older people has been found to be good by Lilley and Johnson (1996). They undertook two studies, one funded by ESRC and the other by MAFF as part of its Food Acceptability and Food Choice Research Programme. The MAFF study focused on Food Choice in Later Life and involved a multidisciplinary team based in Nottinghamshire. It was found that knowledge of nutrition was good and was reflected in consumption of milk, spreads and meats and by using, for example, semi-skimmed milk. This consumption did not always reflect tastes and preferences, with 65% stating that whole milk tasted better than reduced fat, but only 46% were drinking whole milk. Other examples further showed that knowledge and diet were not similar, for example 87% felt they should be eating less salt but 82% added salt when cooking vegetables.
There is other evidence to support this dietary pattern. In describing the changes in the nation’s diet over the past century, Buss (1995) observed an increase in consumption of white meat, yoghurt, vegetable fats and exotic fruits, with lower sugar and whole milk intake, but noted that older people’s consumption had not changed so positively. Povey et al (1998) argue that older people should be targeted for health promotion, as it has been found that their perceptions of healthy eating do not comply with nutritional guidelines.

There also appear to be regional differences. In Scotland older people were found to be still consuming a diet of high dairy products and red meat (Mainland, 1998), although the dietary intake picture shown by Marshall et al’s (1994) study discussed under Socio-economic Factors, is mixed.

Nutritional knowledge is important in both food shopping and food preparation. In terms of food shopping, Burton and Andrews (1996) found that nutrition information on products was difficult to read and interpret and suggest that education at the point-of-purchase might be necessary. In relation to food preparation, Lang et al (1996) report on the Health Education Authority’s 1993 Health and Lifestyle survey which found that one third of men did not feel confident about cooking from basic ingredients, compared with 7% of women.

Khan’s model has some similarities with other models. Cooking skills and creativity are explicitly mentioned under characteristics of the individual in Randall and Sanjur’s (1981) model and could also feature under the environment in Pilgrim’s
(1957) food acceptance model. The time dimension incorporated in Pilgrim’s (1957) model appears to be appropriate given the examples of education changing over time.

**Cultural, Religious and Regional Factors**

The sub-factors of this category, in Figure 2.4, reflect the interaction that exists within this main factor grouping. Culture can be linked closely with religion, but these factors can often be associated with a geographical region. Similar to other age segments, aspects of culture and religion are applicable to older people in determining their food preferences (Herne, 1995; Keane and Willets, 1994). These factors have been found to influence beliefs, meal patterns and usage of support services, for example the up-take of Meals-on-Wheels service is much lower amongst ethnic minorities (Herne, 1995). Also, Miller et al (1996) found blacks in America to have lower nutritional knowledge and lower nutritional intake than whites and so culture, religion and region also affect educational factors of the model. These influences are mentioned in Booth and Shepherd (1988) as cultural norms affecting the food purchased and values and beliefs influencing the eating occasion.

Demonstrating the interaction of sub-factors, and of particular interest in the food shopping context, regional differences have been found to exist in terms of food availability and diet. The study by Forsyth et al (1994), referred to previously under Personal Factors, found there to be intra-urban variations in diet within Glasgow. Generally, a traditional Scottish diet was found but with variations occurring in consumption of fruit, vegetables, meat, type of bread, spreading fats, sugar, natural fruit juice and alcohol, and in total amounts consumed. In particular, socially
advantaged areas were found to have a better diet. However, as previously stated, it was concluded that it was not just socio-economic factors such as household resources that influenced this variation, but cultural factors and local availability. Piacentini et al (1995) also highlight that aspects of availability influence food choice and argue that it is tied to income and consequently area of residence. Therefore, where older people live and the extent of local retail provision in that area are important, in terms of availability of food.

Interaction within the model occurs amongst sub-factors and across main factors, with older people sharing similar influences to other age segments and yet with specific requirements unique to their age, such as appropriate support services.

Intrinsic Factors

Intrinsic Factors feature in other food choice models, for example see Pilgrim (1957) and Randall and Sanjur (1981). Sensory aspects dominate Intrinsic Factors, with Khan (1981) finding that quality, quantity and temperature were the most common characteristics associated with food preference within this category. Such characteristics appear relevant to the actual meal situation. Older people in institutions or other social settings, for example, were found to be influenced by the way the food was served to them (Herne, 1995).

In terms of aspects of the food, older consumers have been found to use frozen meals for convenience and taste more often than younger people, with men being more likely to use them than women (Gregoire et al, 1993). This is particularly valuable for older people living alone, as it has been found that single households over aged
65 have poorest nutrition (Perso and Brandt, 1991). It also helps to minimise the negative effects that come from personal factors, such as bereavement, on food preparation. Colquhoun and Lyon (1994) recognise the role of retailers and manufacturers in this, through product development for older people. This can take account of the individual tastes that older people have, for example poor sensory functioning that affects the sub-factors of taste, smell, flavour and quality. Other marketing developments can tailor products to the need for smaller quantities and portion sizes.

Extrinsic Factors

This refers to three aspects: situational/circumstances; advertising/merchandising; and time/seasonal factors (see Figure 2.4). Situational/circumstances factors have been discussed to some extent in Personal and Intrinsic Factors with, for example, those in residential homes being influenced by the menu and the way food is served. Social dimensions of eating, for example at lunch clubs, have also been examined. The evidence of the nutritional benefits of eating at social clubs appears conflicting, with Mahajan and Schafer (1993) and Neyman et al (1996) finding poorer nutrient intake, but Caughey et al (1994) finding better nutrient intake. Despite this conflict, the social benefits derived from the eating occasion have been recognised (Lobstein, 1996).

Advertising and merchandising are the first direct references to retailing dimensions within the model and relate to food acquisition (see Goody’s model in Marshall 1995b). The way that foods are advertised and merchandised, or displayed, influences food choice, particularly of fruit and vegetables. Fresh produce provides
high margins to retailers (Hughes, 1996) but is difficult to promote in terms of branding. Tinned and frozen produce is easier to brand and promote than fresh produce as it can be packaged and can reinforce the store’s brand image (Flora Project Team, 1996). Suggestions on how to promote fresh produce and healthy foods made by the Flora Project Team (1996) are through discounting, tasting, recipe cards, leaflet distribution, quality and freshness and advertising and promotion. One small impact study on this was carried out by Paton et al (1996) of Ayrshire and Arran Health Promotion Unit and Asda superstore, Ayr. A one day event took place, preceded by pre-day publicity. The event involved having healthy eating messages displayed on signs, in-store features and displays, the giving out of discount coupons for fruit and vegetables, as well as personal diet advice, and other activities aimed at raising awareness. The exit interviews found that one in five bought something different, with increased fibre and reduced fat choices being observed.

This type of active promotion and multidisciplinary approach is considered by Anderson et al (1994) who suggest special promotions, with price manipulation, could be used to improve people’s diets. Promotions such as combining fish and vegetables at an attractive price could be put on offer by supermarkets. However, it is recognised that this would be easier to co-ordinate with multiples than independents.

Time and seasonal factors affect diet in two ways. First, the availability of foods in supermarkets and local stores is, to some extent, dependent on what foods are in ‘season’. Fresh produce is, however, increasingly available all year round due to better transportation technology and the opportunities to import food. The
availability of foods does influence the purchasing patterns and consumption of consumers, as discussed by Forsyth et al (1994) (see under Socio-economic Factors).

Time and seasonal factors are also related to the personal construct of time, where individuals have particular attitudes about what is appropriate to eat at certain times of the day and year. Whilst seasonal factors are specifically referred to in Randall and Sanjur's (1981) model under 'characteristics of the environment', merchandising and promotion are not considered by Randall and Sanjur.

Extrinsic factors, therefore, are influences external to the older consumer and relate to the availability of food and the retailer's selling of the food, in terms of promotions and merchandising. This is of particular importance to the increase of fruit and vegetable consumption amongst all consumer groups and was recognised in the Scottish Office report (1996) referred to in Chapter One.

**Biological, Physiological and Psychological**

This category of Khan's model is broad. It first takes account of the physical influences of individuals on their food preferences and food choice. This is particularly important with older consumers as the ageing process sees a number of changes occurring to the body such as slower metabolism and poorer utilisation of nutrients (Wright et al, 1995).

Pender (1994) states that there are physical changes with age, namely: reduced activity, and hence reduced energy expenditure; more sensitive digestive system; a greater need to maintain fluid intake because the skin is thinner, and an increased
susceptibility to fractures. In light of these changes, the nutrient intakes that are recommended include an increase in fibre, calcium and vitamin D, fluids and protein. Less consumption of fat and sugar is important, as with other segments of the population (Department of Health, 1992b). Vitamin C intake is also particularly poor in elderly people and making efforts to increase this have been recommended (Loughbridge, 1994; Wright et al, 1995).

These nutrient recommendations must be considered in the light of wider factors, such as eating patterns. Nutrient intake is related to eating patterns of the elderly. Maisey et al (1995) surveyed 68-90 year olds living in Norwich and found nutrient intake varied according to the day of the week, with increased vegetable-derived nutrients evident at weekends, especially Sundays. Also, older consumers’ needs in terms of the actual food must be considered, as discussed under intrinsic factors.

Whilst physiological and biological changes influence nutrient intake, they also affect food shopping. Herne (1995) briefly mentions that the ageing process can bring problems with mobility and therefore shopping becomes more difficult, but provides little development of this and indicates that there is a lack of research into the food shopping aspects of older people.

Psychological factors also influence the biological and physical state. These are similar to the personal factors described earlier, such as bereavement, leading to loneliness which can suppress appetite and a lack of motivation to prepare food for one (Read and Schlenker, 1993; Brech, 1994; Harvey, 1993). Khan (1981) notes that this initially impacts greatly on women, who have better diets than men. The impact
declines with age because more women experience bereavement as men have shorter life expectancies (Herne, 1995).

There is, therefore, a complex interaction between social and psychological factors, although there is a lack of understanding of the impact that this has on food acquisition and the food shopping trip.

2.4.4 Critique of Khan’s Food Preference Model

The review of Khan’s model in relation to the elderly reveals that, as a framework for investigating food choice, this generic food choice model has strengths and weaknesses.

In terms of strengths, the model raises awareness of a wide variety of factors that influence food choice. These factors are consistent with those included in other models such as Randall and Sanjur (1981) and Booth and Shepherd (1988) illustrated in Section 2.4.3.

The model also illustrates the interaction between some of the main factors influencing food choice, and the discussion in Section 2.4.3 shows that the sub-factors are grouped appropriately, as their interactions are also demonstrated. This interaction, however, can make it difficult to measure the effect individual factors have on food choice. Khan (1981) suggests that multidisciplinary studies are appropriate to help account for the complexities of factors. The value of such an approach was recognised in the MAFF call for proposals for funding, as a result of
which Lilley and Johnson (1996) undertook such a study into older people, referred to under Educational Factors in Section 2.4.3.

Khan’s model is an accepted model of food choice research (Shepherd and Spark, 1994) and has been shown to be useful as a framework for studying segments of the population, such as older consumers (Herne, 1995). It also allows for the identification of similar factors which affect different segments of the population, such as the discussion of cultural influences under Socio-economic Factors and the discussion under the main grouping of Cultural, Religious and Regional Factors. However, such a generic model also has its weaknesses.

The discussion in Section 2.4.3 shows that aspects of the model lack depth. For example, personal factors can be interpreted in a number of different ways depending on the sub-group of older people being considered, such as those in hospital or residential care. Also, the specific life-stage changes are too general. For example, the biological, physiological and psychological changes that occur with ageing are complex and largely unique to the older age group.

Linked to this lack of appreciation for older people’s needs, is a lack of depth to the conceptual framework. One of the criticisms of conceptual food choice models in general has been their lack of depth and their limitedness in moving the ‘theory’ of food choice forward (Shepherd and Spark, 1994). Undoubtedly, from the discussion in Sections 2.4.2 and 2.4.3, there is an overlap between models of food choice, such as Randall and Sanjur (1981) and Khan (1981) and it can be seen that they vary
mainly in ‘how’ they have categorised factors, rather than in the range of factors they have categorised.

A number of factors are highlighted in the discussion in Section 2.4.3 which show the impact on the older consumer. These include income and cost under Socio-economic Factors, availability (Piacentini et al, 1995; Forsyth et al, 1994) under Cultural, Religious and Regional Factors and health problems that could affect shopping under Biological, Physiological and Psychological Factors. However, these are not explicitly in relation to food shopping or a consumer perspective. The main grouping which refers to shopping aspects is Extrinsic Factors and this concentrates on merchandising and promotions. Herne (1995) concludes in her review that factors influencing food choice are under-researched. As Marshall (1995b) suggests, (referred to in Section 2.2), the external environment has been a neglected area of study and the discussion in Section 2.4.3 shows that there is a need for more understanding of older consumers and their food shopping to be incorporated into the conceptual framework. Other models and theoretical frameworks help develop further the influences on both the elderly consumer and shopping aspects in general.

2.5 Other Influences on Older Consumers

Read and Schlenker (1993) provide a model containing a list of factors that influence of food choice of older people. Figure 2.5 (over) shows that these are categorised according to Psychological, Physiological and Socio-economic Factors.
Such a grouping of influences has also been used by Lilley (1996) when discussing older people. A number of sub-factors are similar to those discussed in Section 2.4, although some are more explicit about the needs of older people. For example, loneliness and bereavement are specifically mentioned, as are the problems of sensory decline and physical health. The impact of poor health on the independence of the elderly, in terms of activities of daily living (ADL’s) is also recognised.

Figure 2.5  Read and Schlenker’s Model of Influences on Food Choices

**Influences on Food Choices**

- **Psychological Factors**
  - Social activity
  - Self-esteem
  - Nutrition knowledge
  - Perceived health benefit
  - Loneliness
  - Bereavement
  - Symbolism of food
  - Mental awareness
  - Food aversion
  - Food faddism

- **Physiological Factors**
  - Appetite
  - Taste acuity
  - Olfactory acuity
  - Dental status
  - Prescribed diets
  - Chronic disease
  - Food intolerance
  - Health status
  - Physical status (based on activities of daily living [ADLs] and instrumental activities of daily living [IADLs])
  - Physical exercise
  - Use of drugs (prescribed and over the counter)

- **Socioeconomic Factors**
  - Age
  - Sex
  - Income
  - Cooking facilities
  - Daily schedule
  - Retirement/leisure time
  - Education
  - Distance to food store
  - Availability of transportation
  - Availability of familiar foods

One major ADL identified through each part of the model by Read and Schlenker (1993) is food shopping. In relation to Psychological Factors, the authors discuss the importance of social factors to the elderly and how shopping is an important source of social contact. Physiological Factors include the need for exercise as part of a healthier lifestyle and highlights how food shopping provides that opportunity. A number of Socio-economic sub-factors relate to the activity of food shopping. Income and education are cited as an influence on food choice, reflecting Randall and Sanjur’s (1981) and Khan’s (1981) generic models of food choice. Familiarity of food, also discussed in Khan’s model, is developed by Read and Schlenker (1993) who set it within a food shopping context and stress the importance of the availability of familiar foods when shopping.

There are other Socio-economic Factors that relate to food shopping. The part that food shopping plays in the daily schedule of older people and the increasing leisure time they have to shop implies that food shopping contributes to the structure of older peoples’ lives.

Developing food shopping further, the issue of accessibility is raised by the model. The distance to the food store and the availability of transport are cited as influences on the food choice of elderly people and appear important as Lilley (1996) includes it in her discussion.

Shopping dimensions are, therefore, important to this segment of the population. These go largely undefined in food choice although a number of other generic food
choice models refer to some shopping related sub-factors that expand those cited by Randall and Sanjur and Khan, as well as Read and Schlenker.

2.6 Other Influences on Food Shopping

A number of other food choice models have been developed which capture in more detail the factors that influence food shopping. As with the models discussed previously in this chapter, the following models also use the grouped themes of the food itself, the individual and the environment. First, Shepherd (1985), (see Figure 2.6), pulls together a number of the factors described by Khan and Randall and Sanjur, but develops the Economic and Social influences to include price, availability and brand. Shepherd (1985) shows that these influence attitudes, for example attitudes to price and value and ultimately food intake.

Figure 2.6 Shepherd’s Model of Food Choice

Such influences upon food choice have been documented in official health reports, as discussed in Chapter One. 'The Scottish Diet Report' (Scottish Office, 1993b) used a model (see Figure 2.7), similar to that of Randall and Sanjur (1981), to describe the influences upon food choice. In this model the factors are seen to be influencing people's food preferences, but with the acknowledgement that there can be constraints on preferences. These are termed as 'barriers' to food choice within the report.

Figure 2.7  'The Scottish Diet Report' Model : Influences on Food Preference


In terms of food shopping, income, cost, aspects of the food product, household size and mobility are recognised as potential barriers on food choice. Within 'The Scottish Diet Report' (Scottish Office, 1993b), the needs of elderly people are discussed, drawing particularly on the psychological and physiological factors rather than the social factors covered by Read and Schlenker (1993).
Different aspects of shopping appear in Piacentini et al's (1995) model (see Figure 2.8), which is based on influences on fruit and vegetable consumption.

**Figure 2.8** Piacentini et al's Model on Factors Influencing Fruit and Vegetable Consumption

![Diagram of factors influencing fruit and vegetable consumption.]


Issues of convenience, quality and versatility are covered under the characteristics of the Individual and can be linked to availability under the Economic, Social and Cultural Factors. Availability is described in terms of the variety available, quality available and the retail outlet accessed, highlighting how the retail provision and the merchandise within that store influence food choice.
The importance of the shopping environment is not only identified within conceptual models describing the influences on food choice. Furst et al. (1996) develop a model on the food choice process, based on 29 interviews selected purposefully from a range of respondents. There are a number of limitations to the model, particularly in relation to it being based on a small number of interviews and not a representative sample. However, the authors see as its main strengths the fact that it has been developed from 'people's experiences' and that it integrates a number of food choice dimensions.

Furst et al. (1996) discusses the components of the food choice process (see Figure 2.9), highlighting the influence of various factors on decision making.

**Figure 2.9  Furst et al’s Food Choice Decision-Making Model**

![Diagram](image)

There are three components. The first is Life Course, which is a continuous state that arises from the exposure to different environments and personal roles held throughout life. This Life Course generates a set of Influences which is the second component.

These Influences are ideals, personal factors, resources, social framework and food context. Ideals refer to the cultural and symbolic point of reference for evaluating a single food choice. Personal factors are the needs and preferences of an individual within their psychological and physiological being. Resources are the tangible aspects influencing food choice, such as money. The social framework represents the interpersonal relationships influencing food choice, such as family. The food context refers to the environment, availability and store choice. The food context, therefore, appears to be a key component of food choice decision-making as Furst et al (1996) illustrate from one older respondent discussing the store environment,

*I think the type of store and the service...goes a long way with old people...and the way the store is laid out.* p.256

However, Furst et al (1996) states that some people are more affected by the store and shopping environment than others.

A number of the factors discussed from previous models fit into this Influences component and the complexities of these factors are indicated through the interaction of the factors in the model. These influences then affect the Personal System.
This second component of the food choice process refers to the Personal System that is developed over time. For each food choice decision an individual negotiates between his/her set of values. Values appear in Furst et al’s study as being related to sensory perceptions, quality, relationships with others, monetary considerations, convenience and health and nutrition. Each food choice situation sees these values interacting and shaping a hierarchy of importance.

In terms of food shopping, monetary considerations were sometimes traded-off with quality and taste values. People’s perceptions of price and value for money were important, with one older respondent stating that “people have to be very careful of what they buy and get the most for their money” (Furst et al, 1996), illustrating the conflict with the values of taste and quality. The value of convenience is related to food shopping as the store environment appeared important in food choice to one older respondent who stated:

*I think what’ll turn people off...[is]...when you go in the store and they’ve moved it...moved the whole thing somewhere else...[and] you’ve gotta run all over the store... p.258*

These continually-changing negotiations then affect the behaviour of the individual in terms of food choice. Patterns and habits of food choice then emerge over time, varying according to food contexts. It is these Strategies which form the third component of this model of the food choice process.

Aspects of food shopping are, therefore, an integral part of the food choice process, with a number of factors, such as availability, price, brand and retail store being identified as important.
2.7 Summary

The study of food choice is complex and multidisciplinary. A variety of factors related to the individual, the food and the environment influence consumption. The food shopping environment is a key component of food choice research. Herne (1995) states that the factors influencing food choice of elderly people need further investigation and Marshall (1995b) observes that research has focused on the individual and the food rather than the environment. The factors influencing food choice appear complex, as factors interact both within themed categories and across categories. To date, it appears that food shopping influences have been largely omitted from food choice models, with the result that there is a limited framework for studying this major component, particularly in the context of the specialised needs of older people. This thesis addresses this by investigating the factors that influence their experience of food shopping.
CHAPTER THREE  THE OLDER CONSUMER

3.0 Introduction

Having reviewed the conceptual framework for studying food shopping as a dimension within the field of food choice, this chapter sets the study in the context of the older consumer. There are three main strands to the chapter, which progressively develops the understanding of the older consumer. First, the older consumer is defined and described in relation to demographic and consumer characteristics. Secondly, this description is developed in terms of the potential disadvantage they experience as consumers. Finally, the food shopping needs and preferences of older consumers are examined.

3.1 Defining the Older Market

The growing volume of research into older consumers can be divided into two distinct groups based on the age of the sample within the study. First, marketers have focused on the emerging 50+ market as this represents both a growing and an increasingly wealthy segment. Early retirement and the benefits of occupational and private pensions have contributed to the preoccupation with this group (Gunter, 1998). Research into the 50+ market has concluded that older people are more wealthy, have more leisure time and exhibit consumer characteristics not traditionally associated with older people (Scherman and Schiffman, 1991). Terms such as, the "grey market" (Gunter, 1998), "WOOPLES" (Well Off Older People) (Lewison, 1994),
the ‘Third Age’ (Wallis, 1994; Barr, 1994) and ‘New Age Elderly’ (Scherman and Schiffman, 1991) have all been used to label types of consumers in this market.

The second group of research relates to those more traditionally associated with an elderly market, those aged 65+1. Retailers have seen older consumers as an unattractive market due to the perception that they had limited spending power and the stereotypical image of old people being frail (Gelb, 1982; Tynan and Drayton, 1988; Carrigan, 1998). However, perceptions appear to be changing. Discussion by Moschis et al (1997) on the impact of the growing elderly market recommends that their increasing numbers and greater purchasing power must be investigated and that companies should segment and target this group carefully. Research has tried to identify the different types of consumer within the older market (Oates et al, 1996; Lumpkin et al, 1985), finding similarities in consumer characteristics with other age groups, but also differences, both with those groups and within sub-groups of the 65+ market (Moschis, 1993). New opportunities to target older people within retail and service organisations have also been discovered (Mathur et al, 1998).

Marketers have sought to study the 50-64 and 60/65+ age groups of consumers separately, justified on the grounds that 60/65+ is the age of state pension eligibility and a number of life changes take place due to retirement. Increasingly, however, those aged 50 years upwards have the option of early retirement and may be supported by their private and occupational pension schemes into their more elderly years. Such a group has more discretionary income than previous generations and,

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1 The literature refers to those aged 65+ as ‘elderly’ and ‘older’. This thesis will primarily refer to them as ‘older’ consumers but may, at times, use the terms interchangeably.
hence, more purchasing power (Oates et al., 1996). As a result, the focus of research has tended to be on this 'younger' elderly group. However, the prevalence of private pension plans must be kept in context. For many in years to come, the state pension will be the only source, or at least the primary source, of income. Gunter (1998) states that a polarisation of wealth exists within the older segment, which may be accentuated in the future by changing pension provision.

To justify studying the 65+ age group, it is important to note that it is not just financial aspects that differentiate these two groups. Gunter (1998) observes that health, lifestyle and psychographic characteristics varied with age and Lambert (1979) and Moschis (1993) recognises that studying one age group can be useful in identifying buying behaviour, desires and needs. Studies, such as those by Gelb (1982) Lumpkin and Greenberg (1982) Lambert (1979) and Mason and Bearden (1979) have shown specific marketplace needs.

As discussed in Chapter One, this study is specifically concerned with those aged 65+ for various reasons: they are an increasing segment of the population; their nutritional health is of concern (Department of Health, 1992b); they represent a growing market segment for food retailers (Gunter, 1998); their food shopping experiences and economic circumstances have changed over their lifetime (Hockey and James, 1993); and they are deemed to be disadvantaged consumers (Bromley and Thomas, 1995).

To understand more about the 65+ market segment, the demographic trends within the group need to be considered.
3.2 Describing The Older Consumer

According to Tinker (1994), a number of factors should be considered when studying the elderly. Her list includes gender, income, health and housing tenure. By looking at such characteristics, a more accurate picture of the trends and issues facing older consumers can be identified than would be obtained simply by looking at the overall trend of growing numbers of older consumers referred to in Chapter One. These characteristics will be examined, along with a number of additional characteristics that influence food choice and food shopping. Where possible Scottish figures are used, although some data refer to the UK.

3.2.1 Age, Gender and Household Size

As reported, there is an increasing number and proportion of older people, aged 65+, within the UK population, a trend which looks likely to continue for some years to come. Within that broad trend, there is particular growth in the 75+ age group which is the group that is more likely to experience health problems and so difficulties in shopping.

As people age, there is a change in the structure of gender in the population. By the age of 89, there are approximately three women to every man (Office for National Statistics, 2000a: 23,83), as life expectancy for men is shorter than for women. The following data for Scotland demonstrates this, where the proportion of men in the population falls from around 45% at ages 65 – 74 to just over 25% at ages 85+.
This change in population structure has a consequential effect on the size of households, with a marked trend towards single person households as age increases (Office for National Statistics, 2000a:34). However there is also a trend to growing numbers of single person households in younger age groups due to a decline in marriage, increased average age of marriage and an increase in divorce and separation (Office for National Statistics, 2000a:24).

This has consequences for the food shopping factors influencing food choice as older consumers will be buying less and will want smaller quantities. Living alone may mean that consumers will prefer convenience or frozen meals as they may not want to cook for only themselves, as considered in Chapter Two. These needs may also be evident in younger age groups given the similar trends, but as Herne (1995) highlights, the specific food needs of older consumers are different.
3.2.2 Income

As referred to earlier, levels of income are changing due to an increase in private and occupational pensions. Sources of income by household type show that private pensions are more prevalent (albeit slightly) in two person households, but that the primary source across both types is still the state pension (and other social security benefits).

Table 3.1 Sources of Gross Household Income: by Household Type, 1997-98 GB

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>One adult above pensionable age, no children</th>
<th>Two adults above pensionable age, no children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages &amp; salaries</td>
<td>3%</td>
<td>18%</td>
</tr>
<tr>
<td>Self-employed income</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Investment income</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>63%</td>
<td>38%</td>
</tr>
<tr>
<td>Private pension</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Other income</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Gross Household Income</td>
<td>£150 per week</td>
<td>£310 per week</td>
</tr>
</tbody>
</table>


Those dependent on state pension are more likely to fall within the lowest quintile groups (in terms of disposable income) of the population, with 60% being in the bottom two fifths (Office for National Statistics, 2000a:90), indicating the poverty of many in this group. The Henley Centre (cited in Fry, 1997) propose that a polarisation of wealth may occur within older generations in the future, between those who benefit from private investment and those who do not. The present
political impetus is to encourage younger people to make provision for retirement, but it will be some time before the effectiveness of this can be assessed.

3.2.3 Expenditure

For those households in the bottom two quintile groups (in terms of income), food is the largest expenditure category, accounting for 23% of expenditure for the bottom fifth and 20% for the next fifth (Office for National Statistics, 1999: 107).

There also appears to be a difference in expenditure with age, as shown in the table below, which presents expenditure data for UK households, highlighting the proportion spent on food.

**Table 3.2 Household Expenditure on food by age of head of household 1998-99**

<table>
<thead>
<tr>
<th></th>
<th>65-74</th>
<th>75+</th>
<th>All ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weekly household expenditure on food (£)</td>
<td>£44.40</td>
<td>£32.10</td>
<td>£58.90</td>
</tr>
<tr>
<td>Percentage of total expenditure</td>
<td>18%</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Average weekly household expenditure in total (£)</td>
<td>£239.80</td>
<td>£151.60</td>
<td>£352.20</td>
</tr>
</tbody>
</table>


This indicates that as people get older, so the proportion they spend on food increases, despite the amount spent on food decreasing. The latter is partly due to change in household size, as the following table demonstrates. However, it is likely that there are additional factors at work, such as less income due to the death of a spouse or partner.
Table 3.3  Expenditure on food by age of head of household 1998-99

<table>
<thead>
<tr>
<th></th>
<th>65-74</th>
<th>75+</th>
<th>All ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weekly household</td>
<td>£44.40</td>
<td>£32.10</td>
<td>£58.90</td>
</tr>
<tr>
<td>expenditure on food (£)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average size of household</td>
<td>1.70</td>
<td>1.44</td>
<td>2.37</td>
</tr>
<tr>
<td>(persons)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average weekly expenditure</td>
<td>£26.12</td>
<td>£22.30</td>
<td>£24.85</td>
</tr>
<tr>
<td>on food per person (£)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


3.2.4 Health

There is a higher incidence of diet-related diseases, such as obesity, some cancers and heart disease, in those aged 65+ and this makes the study of food choice particularly relevant to this age group (Office for National Statistics, 2000a:123; Scottish Office, 1993a). However, more than just food consumption needs to be considered if the relationship between health and diet is to be fully understood, particularly for those aged 65+.

There are a number of health problems which can act as barriers to accessing and consuming a healthy diet, specifically those which affect the ability to perform activities of daily living (for example, the ability to shop and prepare food), identified by Read and Schlenker (1993) and discussed in Chapter Two. The significance of such issues can be seen from Table 3.4 (over) which shows that those aged 65+ experience higher incidences of pain, mobility problems and difficulties performing usual activities than the population in general.
Table 3.4  Percentage self-reporting health problems: by gender and age, 1996-97

<table>
<thead>
<tr>
<th></th>
<th>65-74</th>
<th>75+</th>
<th>All aged 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males (%age)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain or discomfort</td>
<td>52</td>
<td>56</td>
<td>32</td>
</tr>
<tr>
<td>Mobility</td>
<td>36</td>
<td>50</td>
<td>18</td>
</tr>
<tr>
<td>Anxiety or depression</td>
<td>20</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Problems performing usual activities</td>
<td>21</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>Problems with self-care</td>
<td>8</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td><strong>Female (%age)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain or discomfort</td>
<td>51</td>
<td>65</td>
<td>34</td>
</tr>
<tr>
<td>Mobility</td>
<td>37</td>
<td>60</td>
<td>19</td>
</tr>
<tr>
<td>Anxiety or depression</td>
<td>25</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td>Problems performing usual activities</td>
<td>23</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Problems with self-care</td>
<td>9</td>
<td>21</td>
<td>6</td>
</tr>
</tbody>
</table>


Another factor which can be seen from the table is that there is a greater incidence of anxiety and depression amongst those aged 65+. This should be set in the context of the research described in Chapter Two (Section 2.4.3) which highlight the importance of psychological factors which influence the biological and physical state and lead to, for example, suppressed appetite and loss of interest in shopping.
3.2.5 Living Circumstances

In terms of tenure most people aged 65+ own their home outright, although in the 75+ age bracket more live in rented accommodation, particularly council-let property, as can be seen from the following table.

<table>
<thead>
<tr>
<th></th>
<th>65-74</th>
<th>75+</th>
<th>All ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Owner-occupied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned outright</td>
<td>65</td>
<td>57</td>
<td>28</td>
</tr>
<tr>
<td>Owned with mortgage</td>
<td>9</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Rented from social sector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council</td>
<td>18</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Housing Association</td>
<td>4</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Rented Privately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furnished</td>
<td>--</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>Unfurnished</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>All tenures</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>


Tenure, while important, is not the only relevant factor. Older people live in a variety of circumstances and with a range of support. For example, as the following table shows, the number of residential care home places in Scotland rose between 1980 and 1990. While this has been followed by a small decline during the 1990s, the number of public sector sheltered housing dwellings has continued to rise, reflecting the emphasis in the 1990s on community care.
<table>
<thead>
<tr>
<th>Table 3.6 Residential accommodation of older people in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residntial Care Homes</td>
</tr>
<tr>
<td>Residential places</td>
</tr>
<tr>
<td>Per 1,000 population 75+</td>
</tr>
<tr>
<td>Sheltered Housing (excluding private sector)</td>
</tr>
<tr>
<td>Dwellings</td>
</tr>
</tbody>
</table>


It is not just accommodation type which needs to be considered. The wide range of day care and other “in home” support services which are offered can help overcome some of the ADL-related difficulties mentioned above. As Table 3.7 (over) shows, the situation in this respect in Scotland is mixed, with increases in Home-helps and Meals-on-Wheels, but a decrease in the number of meals served in Lunch Clubs.
<table>
<thead>
<tr>
<th>Table 3.7</th>
<th>Day care of older people in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Care</strong></td>
<td></td>
</tr>
<tr>
<td>Day Centre Places$^{(1)}$</td>
<td>3,625</td>
</tr>
<tr>
<td>Per 1,000 population 65+</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Local Authority Provided Homecare+</strong></td>
<td></td>
</tr>
<tr>
<td>Home-helps (WTE)</td>
<td>9,685</td>
</tr>
<tr>
<td><strong>Lunch Clubs$^{(2)}$</strong></td>
<td></td>
</tr>
<tr>
<td>Meals served per reported club</td>
<td>4,327</td>
</tr>
<tr>
<td><strong>Meals-on-Wheels$^{(2)}$</strong></td>
<td></td>
</tr>
<tr>
<td>Meals served ('000s)</td>
<td>1,863</td>
</tr>
<tr>
<td>Per 1,000 population 65+</td>
<td>2,575</td>
</tr>
</tbody>
</table>

$^{(1)}$ Excludes day centres with 4 or less places  
$^{(2)}$ All clients receiving this service included on the assumption that the vast majority are older people


Therefore, the people in this segment are amongst the poorest in the population and have a potential for health problems that affect and limit food shopping. These characteristics reflect a broad picture, but have also emerged as themes within the growing literature on disadvantage. A review of this literature reveals the effect of some of the broad demographic characteristics on older people as consumers and their shopping activity.

### 3.3 Disadvantaged Consumers

The term 'disadvantaged' has been used in recent years to describe the impact of the problems experienced by some consumer groups when shopping. A number of
groups have been found to be disadvantaged in relation to food shopping, such as those on low income, the unemployed, women, single mothers and elderly consumers (Lang and Caraher, 1998; Bromley and Thomas, 1995; Westlake, 1993; Smith, 1991; Guy, 1985). Lambert (1979) proposes that retailers have failed to meet the needs of older consumers because of where they have located their stores and the range of merchandise they have stocked. However, Lang and Caraher (1998) suggest that some food retailers struggle to believe that they fail to meet all consumers’ needs. Before assessing the disadvantages experienced by older consumers, it is necessary to consider the trends that have taken place in food retailing, which have led to the numerous studies on ‘disadvantaged consumers’.

3.3.1 Retailing Issues

There have been dramatic changes in food retailing since the Second World War. There has been a significant decline in the numbers of small, usually independently owned, shops. These shops played an important role in community life, providing social contact, a focus for the community and personal service, such as counter service, delivery and credit (Kirby, 1974; Dawson and Watkin, 1976; Dawson and Kirby, 1979).

The abolition of the retail price maintenance (in 1964) opened up price competition and paved the way for the rise of the large multiple retailers. Food retailing is now dominated by large multiples. This can be seen in the percentage of shop numbers compared with the turnover they command shown in the following table.
Table 3.8  Shop Numbers and Turnover, 1999, GB

<table>
<thead>
<tr>
<th>Shop Type</th>
<th>Percentage of Total Shop Numbers</th>
<th>Percentage of Total Turnover (£67, 216m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Multiples</td>
<td>8.6</td>
<td>71.9</td>
</tr>
<tr>
<td>Other Multiples</td>
<td>9.7</td>
<td>15.4</td>
</tr>
<tr>
<td>Co-operatives</td>
<td>6.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Independents</td>
<td>75.2</td>
<td>6.0</td>
</tr>
</tbody>
</table>

"Top multiples refer to Asda, Iceland, Safeway, Sainsbury, Somerfield and Tesco.

The domination by the multiples of food retailing was based on a superstore strategy, with small town centre outlets being closed and new large (over 25,000 square feet) stores being opened out-of-town. Moore (1989:463) describes ‘superstore-based grocery retailing’ as being the result of the demands of ‘affluent’ consumers. He suggests that three forces have interacted to influence the food distribution system, namely “the suburban location of the consumer, the land requirements of superstores and the need for a car park....”. However, less than 10% of people aged 65+, living alone and dependent on state pension have a car (Office for National Statistics, 1996). Therefore, having food retailing shaped by a ‘car culture’ results in inequalities between social class, distinguishing between consumers on the basis of income, health and the ability to drive (Caraher et al, 1998).

These large out-of-town stores offered many consumers a wide range of facilities (described in Appendix Two), extensive product ranges and the opportunity for one-stop shopping where, previously, products had tended to be stocked by specialist independents, for example butchers and delicatessens. In addition, some large out-
of-town stores also offered other services such as post offices, dry cleaners and pharmacies under the one roof, as shown in Appendix Three.

In the midst of this strategy, market opportunities were left for other retailers to exploit (Sainsbury, 1994; Howard, 1995). A low price, town centre location, niche market emerged and discount retailers, such as the European discounters, Aldi and Netto, and UK retailers, Kwik-Save and Shoprite, increased market share. Whilst the discount sector has changed recently, with Somerfield buying Kwik-Save, their rise had two main effects. First, food retailers sought to try to return to key city/town sites resulting in small convenience stores such as Tesco Metro and Sainsbury Central emerging in the latter 1990s, whilst at the same time experiencing restrictions on planning which forced them to seek new sites, as discussed later.

Secondly, price competition intensified in the sector. Price competition is intense between the multiples due to the market share positions shown in Table 3.9 (over).
Table 3.9  Grocery Market Share, 1999, GB

<table>
<thead>
<tr>
<th>Retailer</th>
<th>Market Share %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesco</td>
<td>15.4</td>
</tr>
<tr>
<td>Sainsbury</td>
<td>12.1</td>
</tr>
<tr>
<td>Asda</td>
<td>8.8</td>
</tr>
<tr>
<td>Safeway</td>
<td>7.6</td>
</tr>
<tr>
<td>Somerfield (including Kwik-Save)</td>
<td>6.6</td>
</tr>
<tr>
<td>Marks and Spencer</td>
<td>2.8</td>
</tr>
<tr>
<td>Morrisons</td>
<td>2.8</td>
</tr>
<tr>
<td>Waitrose</td>
<td>1.9</td>
</tr>
<tr>
<td>Iceland</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Total market size £94.7bn

Even within the top multiples, four retailers accounted for almost 44% of market share in 1999, and this is expected to increase to over 50% in 2001 (Institute of Grocery Distribution, 2000). This dominance of a few multiples in the market resulted in the Competition Commission reviewing the fairness of the market and the practices of retailers. Their report (Competition Commission, 2000) cleared the multiples of unfair competition, but criticised them for ‘flexible pricing’ where prices varied between stores depending on levels of competition at a local level. Furthermore, consumers were identified as having limited choice in some areas, as some retail facias were under-represented.

Older consumers who are unable to access this main type of shopping provision, and so are restricted in their choice of foods, have been found to be ‘marginalised’ from retailing (Guy, 1985). The following sections will examine income, access,
independence and location as key areas emerging from the literature which cause disadvantage within food shopping aspects of food choice.

3.4 Income

Links have been proven between low income, poor diet and poor health (Low Income Project Team, 1996; Nazarko, 1993). Elderly people have been found to be particularly at risk from under nutrition and malnutrition (Maisey et al, 1995). Whilst Brech (1994) recognises that not all older people are malnourished, the risk appears to transcend types of living accommodation, as indicated in Herne’s (1995) research in Chapter Two, and so spans those in hospital (Richardson and Davidson, 1996), residential care (Herne, 1994) and sheltered housing (Caughey et al, 1994), as well as those supported in the community by the “Meals-on-Wheels” service (Tilston et al, 1993; 1994) or living independently in the community (Locher et al, 1997; Magilvy et al, 1994).

Older people are particularly vulnerable in their diet because of physical, psycho-social and economic change, as described by Read and Schlenker (1993). Physical changes have been described in Chapter Two as aspects of the ageing process, such as dental problems, side-effects of medication, mobility problems, declining sensory performance and digestive problems (Pender, 1994; Harvey, 1993). Psycho-social factors, such as bereavement, loneliness and isolation, and depression can also influence dietary health. Particularly relevant are the economic influences which result in some older consumers experiencing food poverty and, because of their low income, paying proportionately more for their food (Lang, 1994). Such issues have
been discussed in Chapter Two with many of these factors being incorporated in both the generic (Khan, 1981; Randall and Sanjur, 1981), and the more specialised, food choice models (Read and Schlenker, 1993). However, the consequences of these economic factors on older people are now explored in relation to food poverty and food shopping.

3.4.1 Income and Food Poverty

There is evidence to demonstrate that poverty exists in the UK (National Children’s Home, 1991). Poverty was vividly described at the start of the 20th Century by authors such as Booth (1902) and Rowntree (1941). From these writings it is evident that elderly people were amongst the worst affected by poverty, as Rowntree (1941) writes:

...poverty means something different to those who sink below the line in their old age. They know they will spend the rest of their days below it — pinching, scraping, often cold, often ailing — just waiting for the end; with hardly anything to spend on those luxuries which would ease their lot and which they would so much enjoy. The minimum standard allows very little beyond bare necessities and these old people are living far below it. They are, indeed, the poorest people in the city. Of course, they do get an occasional ounce of tobacco, or a glass of beer, but only by suffering a little more from cold or under-nourishment. A poor, drab ending to life! p.99

Whilst some writers would challenge this image of older people as an out-of-date stereotype (Laslett, 1978), Stitt and Grant (1993) in their book ‘Revisiting Rowntree’ conclude that such poverty still exists, that the poor are still severely effected and that food is central to illustrating the consequences of poverty.
In respect of this, recent writers have identified a new age of food poverty. In contrast to the turn of the 20th Century, where malnutrition and under-nutrition were symptoms of poor diet, despite their continued prevalence amongst older people, today's society also has the problems of obesity and heart disease to deal with. This new form of food poverty has stemmed from an abundance of food supply and the consuming of too much of the wrong foods (Lang, 1997). However, the problems of low income are still evident. Lang (1995) argues that the poor must stop being blamed for their poor diet and that more emphasis must be put on the circumstances that lead to a poor diet, such as low income, access and availability of healthy foods, rather than on trying to blame the individual. Such a notion supports Leather (1992) who concludes that the poor satisfy their nutritional needs by consuming sweets and biscuits which provide higher calories per cost. This is deemed by Leather to be a reasonable response to their circumstances and budgetary constraints.

During the 1980s and early 1990s there were a number of studies suggesting that food poverty was a significant problem (Lang et al, 1984; National Children's Home, 1991; Cole-Hamilton, 1988; Mooney, 1987) all of which raised issues related to food shopping.

3.4.2 Income and Food Shopping

Low income consumers experience food poverty, or poor access to a nutritional diet, because they pay more for their food than other segments of the population, both in terms of the proportion of income they spend on food and the actual price of food.
As identified in Section 3.2, food shopping is the highest expenditure category for the elderly. By spending a larger proportion of their income and budget on it, the elderly could be said to be ‘paying more’ for their food than other groups in the population. This shows the relevance of the ‘cost’ factor, identified in Chapter Two, in both Randall and Sanjur’s (1981) and Khan’s (1981) models.

The cost of buying healthy food itself is also greater. Studies to measure this are normally based on comparisons of the price of baskets of goods and have the disadvantage that they can be manipulated to appear very cheap or expensive. Leather (1992) identifies a number of criteria to consider when approaching the study of measuring food costs. Her criteria for evaluating these studies are: first, to consider how realistic the goods are in reflecting eating habits; second, whether the diet from the foods is acceptable to a wide range of consumers; third, the extent to which consumers have the resources and facilities to prepare the food; and, finally, the opportunities consumers have to access the goods at the costed price.

Leather’s (1992) criteria are mainly the result of her analysis of government-initiated studies of the cost of a healthy diet, such as the MAFF (1992) proposals that a nutritionally adequate diet could be obtained for £10 per person, per week. Attempts to put the recommendations and guidelines into practice proved them to be unworkable. Such a tension between low income and the affordability of a healthy diet is highlighted by Cole-Hamilton and Lang (1986) who concluded that social security benefits were inadequate to ensure a healthy diet.
Low income consumers are also disadvantaged because variations in the price of food exist across regions in the UK. This is particularly noticeable when comparing the price of ‘healthy food baskets’. The National Children’s Home (1991) survey of 354 families found that two thirds of children and over half their parents had a poor diet. The cost of healthy food available to these families varied, with those living in rural areas and in Scotland paying the most. This is an example of the Regional Factors included in Khan’s (1981) model in Chapter Two. Not only do variations occur between regions, but the poor also experience different levels of extra costs depending on whether they stay within an affluent area or a deprived area. Mooney (1987) compared healthy baskets with unhealthy baskets, for example semi-skimmed milk and full fat milk and wholemeal bread and white bread, and found that costs were 20% more for the poor in deprived areas than the poor in affluent areas. Raven and Lang (1995) argue that this constitutes evidence of food poverty.

Also, from Mooney’s study, came the finding that not only did healthy food cost more for the poor, but the availability of healthy food was limited and the cost of traveling to access healthy food greater. As Leather (1992) states, even if the poor can afford healthy food, they have to be able to access it.

3.5 Access

A number of issues arise in relation to accessibility for low income and elderly consumers, such as the ability to access stores, both physically and financially, and the availability of food at the stores which consumers are able to access. As stated in Chapter Two, older consumers have less access to a car than other segments of the
population, particularly those who are solely dependent upon state pension. The changes in food retailing structure, with supermarkets locating out-of-town and the decline of small shops, means that accessing stores and healthy, affordable food can be difficult, as discussed in Section 3.3.1. Three key issues are addressed in this section: first, the potential costs incurred in travelling to stores; second, the availability of food and the price of that food at various store types; and, finally, the increasing debate over the consequences of the decline of local retailing, looked at in the context of food and shopping deserts.

3.5.1 Cost of Travel

Developing further the discussion of the cost of food shopping, Henson (1992) highlights that low income consumers suffer the costs of travel in their food shopping as well as the cost of the food itself. Norman (1977) identifies that transport can create barriers to food shopping for the elderly through high costs and inconsistencies of concessions and design, taking as an example cases where it was actually physically difficult to get on and off the bus.

Beaumont et al (1995) undertook a series of case studies on food availability and found that, in a deprived area of Birmingham, residents had no shops within a one mile diameter and to access the nearest superstore, two miles away, would have cost them £3 for the return journey.

There is undoubtedly a divide between affluent and low income consumers in this respect, with those who can afford a car being able to access out-of-town superstores for their shopping. The facilities on offer at superstores appears to suit the lifestyle
of the affluent, such as opportunities for bulk-buying and other customer facilities, identified in Section 3.3.1 (Welsh Consumer Council, 1990). Such superstore shopping is convenient and economical for those who can afford it. However, Milburn et al (1987) conclude that it results in a lack of choices being available at a local level for others, such as older people.

3.5.2 Availability

Having discussed the impact of income on the ability to shop, this section considers the ability of consumers to access healthy foods through the stores that they use and consequently the availability of food. Availability is identified as important by Forsyth et al (1994), particularly in terms of the ‘Regional’ factors identified by Khan (1981), mentioned in Chapter Two. A number of studies have concluded that older consumers are disadvantaged because they cannot access the types of stores which offer good quality and more competitive prices. In 1985, Guy found in his study that retired people were less likely to use supermarkets and Co-operatives, which would offer them the advantages described. In a series of papers Bromley and Thomas (1993;1995) conclude that it is the elderly who are disadvantaged in the stores they can access, resulting in them relying on small local stores. As a result, they express dissatisfaction with their food shopping. Moore (1989) also argues that a divide exists between those who are superstore consumers and those who are dependent upon local stores and that the elderly are one group whose preferences need to be investigated further within the context of their shopping patterns.

Being dependent upon local stores brings further disadvantages for the consumer. Barratt (1997) found that consumers dependent on local stores and convenience
stores pay more and have limited choice. Such findings confirm the basket surveys reported from the Welsh Consumer Council (1990), Mooney (1987), National Children’s Home (1991) and Consumer Affairs (1994) highlighted in Section 3.4.

The elderly consumer is amongst such a disadvantaged group, with Stitt et al (1995) finding that the low income elderly were limited in the foods available to them, such as less fresh produce being available at small stores. However, this study did highlight an important point, that high income elderly were using superstores.

A similar picture emerges in US studies, where Smith (1991) found that older people were more likely to shop near their home, with those living ‘downtown’ being more disadvantaged due to difficulties travelling.

There is, therefore, a tension between the availability of food for older consumers dependent upon local shopping facilities and those consumers able to use the large superstores for food shopping. By examining the reasons why people used small local independent shops, Cole-Hamilton (1988) found that they were doing so mostly out of convenience rather than for the quality of food available to them. Similarly, Hibbert et al (2000) found that disadvantaged groups would compromise on price by having to use local shops for convenience. Therefore, it appears that some consumers are forced to be dependent upon local shops and that these shops can have poorer quality of produce, supporting work of Barratt (1997), Consumer Affairs (1994) and National Children’s Home (1991).
However, older consumers also appear to use supermarkets for food shopping. Ellaway and Macintyre (2000) found that most respondents in their study shopped in supermarkets, although the disadvantaged used local shops more for basic food items, such as bread and milk, whilst Leighton et al (1996) found most elderly respondents used supermarkets for their main food shop. Guy (1985) also found that older people shopped at supermarkets and were likely to enjoy their food shopping, conflicting with the findings of Bromley and Thomas (1993; 1995).

Lang and Caraheer (1998) reveal a more detailed picture from their survey where 96.8% of respondents were using supermarkets, with 60.5% using local supermarkets and 30.3% using non-local supermarkets, with the low income predominantly using local supermarkets. From this they suggest that it is difficult for those with limited mobility to search for the best prices between food stores because they are confined to a local supply base.

However, being able to access supermarkets may not be the best solution for older consumers. Nazarko (1993) argues that supermarkets are not ideal for older shoppers. They are less likely to have freezers to store large quantities or microwaves to cook convenience meals. In addition, portion sizes offered are too large and even the store itself can be difficult to shop around, supporting Lambert (1979) in Section 3.3. Also, linking back to the issues of income, Donkin et al (1999) state that just because older consumers can access healthy food, this does not mean to say they can afford it.
The evidence, therefore, highlights that older consumers, and particularly those on low income, are more likely to be dependent on local stores, where food is more expensive, there is limited choice and poorer quality due to the slower turnover of produce. However there is some support for the assumption that older consumers are using some form of supermarket, probably local. This is confirmed in studies by Leighton and Seaman (1997a) and Leighton et al (1996) where it was found that the majority of respondents were using supermarkets and were benefiting from support from family and friends in their food shopping.

There are two issues that arise from the literature. First, that consumer access to stores and, consequently, the access to and availability of food, is more complex than studies into food shopping patterns suggest. This is developed further in Section 3.6 through discussing the role that food shopping plays in maintaining a sense of independence in the lives of older people and the support that they receive. The other issue that arises from the discussion is that of the impact of retail structure and location upon the wider shopping facilities.

3.5.3 Food/Shopping Deserts

Sections 3.5.1 and 3.5.2 have highlighted the negative impact that low income, limited access and poor availability can have on food provision and food choice. Such situations have recently been referred to as ‘food deserts’. Food deserts were first discussed by Beaumont et al (1995), the same study referred to in Section 3.5.1, to describe the declining shopping facilities and food provision at a local level for disadvantaged groups. This was confirmed in the final report of the Low Income Project Team (1996) who concluded that there was evidence of a lack of choice of
store formats and a range of shops. The findings of this study strongly supported the existence of food deserts.

Caraher and Lang (1998:202) use the term food deserts to describe “populated areas with little or no food retail provision”. While the retail sector is crucial to food choice, there is limited research into the supply side of food choice at a local level. An exception to this is work by Cummins and Macintyre (1999) who surveyed 79 multiple food outlets and approximately 27 non-multiple stores in a range of social areas in Glasgow. They concluded that food deserts did not exist as food stores were available in the majority of areas studied, including deprived areas, although rural and semi-rural areas occasionally did not. It was also found that multiple stores seen as having price and choice advantages, were available throughout, although with some inconsistencies again in more rural areas and in some middle-class areas. There were some differences between the concentration of stores in areas, with deprived areas having more non-multiples and discounter than affluent areas and also a greater density of multiples.

Another study, specifically looking at these issues for elderly people, found that the situation is more complex. Donkin et al (1998) reported that food stores, defined only as any outlet selling food, were located within reasonable walking distance of elderly residents being studied in Nottinghamshire, although, as pointed out in Section 3.5.2, these stores were found to be up to 50% more expensive than others for healthy foods. This contrasts with Cummins and Macintyre (1999) who found multiple retailers, associated with price benefits, located mostly in low income areas in Glasgow.
Donkin et al (1999) conducted another similar study in London, again using a measure of an approximately 10 minute walk, taking account of men and women’s walking speeds when carrying shopping. This study had similar findings, that generally stores could be accessed, but highlighted that, whilst there may be provision, there were potential hindrance factors, such as faulty lifts, facilitating factors, such as bus routes, and that the ethnic make-up of the community needed to be explored more.

These findings suggest that the factors resulting in a food desert are not yet fully known, with some evidence to suggest that they may not exist (Cummins and Macintyre, 1999) contrary to Beaumont’s et al (1995) and Caraher and Lang’s (1998) views and recent evidence from Northern Ireland (Furey et al, 2000). Any evidence supporting the existence of food deserts suggests that they are ‘localised’ and so it appears that any study of retail provision will benefit from the case study approach taken by these two studies and that of Beaumont et al (1995). Furthermore, such an area of study must continually be monitored as market changes mean that it is difficult to have truly up-to-date data, as experienced by Cummins and Macintyre (1999).

Despite the limited evidence of food deserts, the situation has been recognised at a political level. The Independent Inquiry into Inequalities in Health (Acheson, 1998) made two recommendations to do with food provision within the retail sector:
We recommend policies which will increase the availability and accessibility of foodstuffs to supply an adequate and affordable diet.

and

We recommend the further development of policies which will ensure adequate retail provision of foods to those who are disadvantaged.

These recommendations have arisen from government policy which has prioritised Development Plans and set out policies for local areas. This is particularly the case with the introduction of the ‘Town and Country Planning Act’ (1990) which required that planning permission could only be given if it suited the development plan (Howard, 1995). As multiple retailers located themselves out of town, planning control through the PPG 6 guidelines, ‘Shopping Centres and their Development’ (Department of Environment, 1988), the revised PPG6 in 1993 and 1996 (Department of Environment, 1993; 1996) and PPG 13 on Transport (Department of the Environment and Department of Transport, 1994) set out controls which should be exercised by local planning authorities. They were to have as their main objective the ‘vibrancy’ and ‘viability’ of town centres and ensure that a wide range of shopping opportunities were available for everyone. Out-of-town sites were not to be built upon unless the existing sites within towns were full. While this reflected a shift in focus in favour of regenerating local shopping areas, it was deemed by some to have been implemented too late (Raven and Lang, 1995; Wrigley, 1998b). These regulations coincided with the beginning of multiples returning to town centres, but Wrigley (1998b) states that opinion is divided on whether the regulations initiated the return, or whether it was the price and location competition from discounters that spurred the new strategies.
Such an impetus is currently reflected in policy, with the discussion paper on the National Strategy on Neighbourhood Renewal (Department of Health, 2000) stating as one of their goals:

To support the provision of accessible retail opportunities which:
- Respond to locally identified needs in an integrated way;
- Provide a range of quality goods at affordable prices;
- Offer facilities which are vibrant, viable and sustainable.

Such a goal recognises the importance of retailing in food choice, particularly highlighted in Our Healthier Nation white paper (Department of Health, 1998) and acknowledges that there are also effects upon the wider shopping community. The dearth of retail activity at a local level has often been referred to as 'shopping deserts’. Lang (1994) believes that supermarkets, through their aggressive growth strategies, have eroded local shopping, with other authors presenting similar views (Dawson, 1995; Henson, 1992; Wrigley, 1998a).

As illustrated in Chapter Two and in Sections 3.3-3.5, independent retailers have suffered the cost of multiple supermarket domination, leaving a dearth of retail activity at local level (Lang, 1994; 1995). The consequences of this on the older consumer have also been described above while Gardner and Shepherd (1989) discuss the impact on the wider community. The local food economy is central to providing local businesses with trade and local residents with employment, and both have suffered as a result of the shift in location of retailing. As local retailers sold their businesses because the majority of consumers were shopping at supermarkets, so other businesses lost trade. High streets were left empty and boarded up, unable to
attract new investment. This can lead to a spiral of decline, where community facilities become fewer and safety also becomes an issue (Wrigley, 1998b). The quality of the shopping experience at a local level is therefore damaged, especially for some groups of older people forced to be dependent upon the remaining local shops (Barratt, 1987; Bromley and Thomas, 1993; 1995). There appears to be a similar picture in the US, as recorded by Rudelius et al (1972), with local retail structures and employment declining within communities.

Guy (1996) would argue that multiple retailers cannot be solely blamed for the demise of the small shop, but that market and population factors have also contributed. There are undoubtedly difficulties for local shops. For example, a small study carried out on 31 stores in the Glasgow area showed that independent retailers were at risk financially from stocking new products (Tighe et al, 1991).

The ‘National Strategy on Neighbourhood Renewal’ discussion paper (Department of Health, 2000) referred to earlier, contains evidence that multiple retailers have been trying to co-operate with local retailers and small independents. One example was of Sainsbury trialling their S.A.V.E. Scheme (Sainsbury’s Assisting Village Enterprises), supplying local independents with a range of their products, including their own-brand goods, and offering incentives for retailers to source their stock from them. Supporting local businesses is a key issue for the Department of Health’s report and indicates that policy is seeking to encourage such co-operative practice between businesses.
3.6 Independence

Sections 3.4 and 3.5 established that low income affects levels of access to stores and access to food. These related issues of access are also linked to the independence that older people perceive they have in their food shopping. This section examines the role of independence in food choice, drawing upon the theories of ageing to explain how people are perceived and influenced by society and the importance of support. The levels of support they receive in their diet and in food shopping are then considered.

3.6.1 Background to Ageing

There have been many attempts to explain the ageing process through sociological and gerontological perspectives. The changes that take place for older people have been described in a number of theories. Gunter (1998) provides a comprehensive review of these theories in relation to the older consumer. From this, three relevant points can be drawn: that the way society and hence marketers/retailers perceive older people affects the exchange relationship; that social contact is important to older people, although it can be lost in ageing years; and that dependence can be forced upon consumers.

In terms of the exchange relationship between consumers and retailers, traditionally the elderly have been seen as an unattractive market because they had weak purchasing power and were perceived to be frail (Tynan and Drayton, 1988). Such stereotypes are recognised in Labelling Theory which describes how people can be labelled as 'old' and stereotyped negatively (Hendricks and Hendricks, 1977; Bond et
al, 1993) thereby creating an impression of a market which is unattractive to retailers. Laslett (1978) challenges the notion of older people being stereotyped as weak and frail and states:

The old are not so drastically bereft of prestige and respect as the stereotypes imply; they have recognised functions, especially in relation to their children and grandchildren; they are supported, emotionally and otherwise, by their offspring, sometimes their siblings, and even by more distant kin. They manage to live quite often in association with the families of their children, so combining what they most want to combine, interchange and independence. p.7

Such a change in perceptions may come as new market segments are identified, such as the ‘WOOPIES’ and ‘New Age Elderly’ described in Section 3.1. However, the tradition has been that older people, and hence older consumers, have been stereotyped negatively.

There has been limited research into the older consumer market. This has resulted in retailers having perceptions about the needs and preferences of older people which are different to what older people actually want. Johnson-Hillery et al (1997) found that sales personnel were misinterpreting the desires of their older customers. Such disparity between perceptions have also been found in other studies. Hendricks and Hendricks (1978) cite a survey by Harris and Associates (1975) in America, where what the public perceived to be the serious problems experienced by the elderly were different to those expressed by the elderly people themselves. This is reinforced by a European Commission survey in 1987 which found that younger people perceive the biggest problem faced by the elderly to be financial whereas older people stated it was actually loneliness (Flatters, 1994), thereby supporting Parsons (1942).
The quote from Laslett (1978) earlier also highlights the importance of both social interaction and independence. A number of theories of ageing attempt to describe the social changes that take place for older people. Disengagement Theory (Cummings and Henry, 1961) proposes that successful ageing comes when older people withdraw from previously-held social roles. This is thought to be beneficial to society as younger people are given opportunities of employment and the pressures of employment are lifted from older people. However, this may result in the individual losing relationships and society losing experienced workers. It has been such a theory that has been thought to contribute to the misconceptions of age within marketing (Carrigan, 1998).

In contrast, Havinghurst (1963) proposes, in Activity Theory, that successful ageing comes through preserving attributes of middle-age. Other theories which support engagement in elderly years are Role Theory and Development Theory. Originally proposed by Talcott Parsons (1942), Role Theory proposes that, as roles such as employee are lost, so new opportunities for roles should be sought. This is similar to Development Theory which suggests that individuals must adapt at each phase of their lives with past experiences being used to shape responses to new life stages. Fennell et al (1988) suggests that Erikson’s (1950) Stages of Life is an example of Development Theory but is dependent on getting the previous life stages ‘right’, if successful progression can be made (Biggs, 1993). Such opportunities are being recognised by marketers as they are now targeting services such as leisure and travel to this segment (Mathur et al, 1998).
Exchange Theory develops the notion of social networks further, by suggesting that relationships become more focused and selective. No longer employees with a work-based social network, older people are more likely to experience bereavement of partners and peers. This can lead to the loneliness and isolation discussed in Chapter Two. Exchange Theory links social aspects further to the balance of power that exists within all relationships, where one derives more benefit than another and so s/he loses power within that relationship. Marshall (1995) suggests that there is the potential for reduced interaction between the older and younger generations because the former have fewer resources to contribute to the exchange relationship. This can be related to dependence as an older person becomes more dependent upon someone, and so the balance of power becomes focused with the supporter.

Cooper (1987) examines the link between life satisfaction and marketing and exchange relationships in older people and identifies Neugarten et al’s (1961) five dimensions for life satisfaction. Amongst these is ‘taking pleasure in everyday activities’, of which food shopping is one. Traditional small local shops are recognised as having a social role to play in Chapter Three, offering a place to meet friends and to interact with staff (Dawson and Kirby, 1979; Guy, 1980). More recently, Rook and Pietromonaco (1987) found that older people seek social interaction when shopping, by asking for assistance.

Social isolation has a negative effect on diet (Harvey, 1993; Brech, 1994) which goes largely unmentioned in the generic food choice models, for example Randall and Sanjur (1981) and the models incorporating more food shopping dimensions (Piacentini et al, 1995), but is recognised to some extent in the food choice models
applied to the elderly (Herne, 1995; Read and Schlenker, 1993) discussed in Chapter Two.

Independence has been described by Burnett (1996) as comprising psychological independence, the feelings of competence and helplessness, physical independence, such as mobility and illness, and behavioural independence which is the degree to which help is needed in everyday activities from personal care to shopping. Food shopping is particularly important in this respect as Manandhar (1995) states that the ability to undertake everyday tasks unsupported is crucial to independence and quality of life. A good diet improves health, quality of life and independence, as identified by Arney and Tiddy (1992) and recognised within the Personal Factors of Khan’s model (Chapter Two). Such independence in food shopping is not experienced by a number of elderly people, with 30% of respondents in Mason and Bearden’s study (1979) reporting difficulties with food shopping and more than 50% of respondents within Leighton et al’s (1996) study.

Looking at dependence at a wider level, Structural Dependency Theory defined by Townsend (1981), proposes that power within society is based on ‘economic’ power. The nature and levels of pensions, combined with compulsory retirement, force many people into a ‘loss’ situation and, in extreme circumstances, poverty. This may be challenged as the proportion who are taking early retirement increases and the spending power of the 50+ market grows. However, such weaker economic power has been one explanation discussed earlier as a reason why the older market has been neglected, but in the future there may be a shift.
Maintaining independence in core daily activities is, therefore, crucial for older people. A variety of support facilities, both formal and informal, exist to help older people in the key areas of meal consumption and food shopping.

3.6.2 Support in Meals

A number of older people receive support in their diet from Social Services, such as Meals-on-Wheels, identified within Intrinsic Factors in Khan’s model in Chapter Two. Bury and Holme (1991) refer to this as ‘formal support’. Renwick (1996) describes formal support from Social Services as essential to ensuring that the policy of ‘Care in the Community’ is successful. Social Services provide two types of Meals-on-Wheels, either a hot meal that is delivered or precooked frozen meals that need to be heated. Where clients have no freezer, one will be given on loan. However, a number of issues have been raised in relation to the effectiveness of this support.

First, the provision of Meals-on-Wheels by Social Services is not mandatory although widely adopted, and this results in the level of service offered to clients varying between different areas (Johnson, 1978).

The success of Meals-on-Wheels has been a topic of debate in recent years, with their nutritional value of the meals being questioned. Tilston et al (1994) investigated satisfaction and food preference amongst receivers of Meals-on-Wheels in Nottinghamshire. The authors found that some meals, such as rice pudding, rated poorly and concluded that one of the potential effects of this was that residents did not actually eat the meals. Kenny and Pierson (1996) and Gregorie et al (1993)
suggest that frozen meals appear more successful, allowing for flexible eating times and food preferences to be exercised more easily.

Despite these criticisms, most studies into Meals-on-Wheels conclude that there are social benefits of seeing someone whilst having a meal delivered. It is recognised that the social context of eating is important, particularly for those who can be lonely and eat by themselves, identified in Chapter Two (Harvey, 1993; Herne, 1995). Locher et al (1997) proposes that such social interaction could be developed, for example through local residents sharing meals on the days that Meals-on-Wheels are delivered, or that those who deliver the meals could occasionally sit with clients to eat a meal with them.

Other social contexts of eating have also been investigated, such as lunch clubs and shared meal times in sheltered housing and found to be good for maintaining social contact (Caughey and Seaman, 1992). However, Mahajan and Schafer (1993) found that those who participated in such a programme had no better nutrition than those who did not. The reasons for this were that such meal times were essentially viewed as a social function and that participants ate badly at other times, relying on the one meal to ensure adequate nutritional intake. Lobstein (1996) sees it as only one aspect of support in diet.

As well as support in meal provision, formal support is also experienced by older people in their food shopping.
3.6.3 Support in Food Shopping

The health of older people varies from those who have no mobility or health problems at all to those who are chronically sick and confined to their homes, with the rest falling somewhere between these extremes (Wells, 1992). An indication of the types of illnesses and the prevalence of mobility problems was given in Section 3.1, with the elderly more likely to have a disability and to be living in their own homes (Pushpanadan and Burns, 1996). While there is a consensus of opinion within the literature that this group is heterogeneous with respect to health, there is also a large body of evidence indicating that there are common problems which older people experience in food shopping.

Poor food intake and nutrition in older people has been explained partly by problems with shopping (Brech, 1994; Harvey, 1993; Wells, 1992). As already mentioned in Section 3.6.1, a number of older people are dependent on others for everyday activities such as food shopping (Moane, 1993) and such reliance is crucial for feelings of independence (Manandhar, 1995). Caughey et al (1994) found in a survey of residents in Sheltered Housing that 47% reported that they could not carry shopping home. There did, however, appear to be some support from schemes to help residents within the Sheltered Housing complex who experienced great difficulty in shopping. McKie et al (2000) found support networks in the 75+ age group in rural areas, where issues of access were more complex.

Other forms of support are available, in a less formal capacity, for those who have home helps provided by Social Services, but, again, this is not a standardised service (Renwick, 1996).
The main support for the difficulties experienced in food shopping appears to come from an informal network of support (Bury and Holme, 1991). Age Concern (1985) identified that, in terms of shopping, a range of support was being provided by spouses, family, home-helps and friends. Preliminary work to this PhD study, looking specifically at food shopping, published in Leighton et al (1996) and Leighton and Seaman (1997a), found that the range of support came from family, friends or neighbours, home-helps and also special services such as dial-a-bus. Help was needed primarily in terms of transport (including being driven), but also, once at the shop, with reaching shelves, packing and unpacking goods and in some cases, with physically moving round the store. However, 57% of respondents (n = 63) stated that they shopped with someone primarily for the company and social contact. For those who shopped with someone, there was some evidence to suggest that this was limiting their choice of where to shop, whilst Wolfe et al (1998) found that being dependent upon others to take them for their food shopping made them anxious.

Thus, accessibility is a problem for older people and even though they are shopping at supermarkets, this does not necessarily mean that they are not experiencing difficulties. As the discussion in Section 3.6.1 on the theories of ageing highlighted, there are negative associations with losing independence in food shopping. This may be outwith the individual’s control and be a function of the locational strategies of retailers, discussed in Section 3.3.1.
3.7 Location

Disadvantage has been discussed in relation to low income, poor access, limited availability and independence, with differences of disadvantage being drawn out in relation to social areas (Mooney, 1987; Cummins and Macintyre, 1999) and high and low income elderly groups (Stitt et al, 1995). Such disadvantage has also been found in terms of urban (Low Income Project Team, 1996) and rural (Welsh Consumer Council, 1990) geographical locations, except that, for rural consumers, the disadvantage is deemed to be compounded (Clark et al, 1995). This section examines the disadvantages already discussed in the context of these two geographical locations.

3.7.1 Urban Disadvantage

In the UK there have been many studies into the nutritional risks of those living in urban locations (Mooney, 1987), particularly in Scotland, where the diet-related health risks are very high (Scottish Office, 1993a). Compared with America, similar problems appear to exist, with older people living in inner city areas being found to be at great nutritional risk and food shopping playing an important role in overcoming some of these risks (Miller et al, 1996).

As seen in the discussion in Sections 3.3-3.6, a number of disadvantages exist for older consumers living in urban locations. Low income consumers, including the elderly, experience difficulties in food costs (National Children’s Home, 1991), with those living in deprived areas of cities particularly feeling the impact (Cole-Hamilton, 1988; 1989; Mooney, 1990).
In terms of access, initial evidence shows that older people can access food stores within a reasonable walking distance, but that income is a major determinant in accessing healthy foods (Donkin et al, 1999). In Scotland, Ellaway and Macintyre (2000) found that the 60 year olds within their sample were able to access supermarkets although the disadvantaged were more likely to use the local and more expensive shops for basic items.

A more detailed examination of access reveals that there are difficulties with access to stores in urban areas. Beaumont et al (1995) established that there were differences in access within urban areas, highlighting difficulties of transport provision, costs of travel and a poor range of shop types being available. Forsyth et al (1994) also found in Glasgow that there were differences in nutritional intake and that one possible explanation for this was the limited provision of store outlets in local areas. This supports the findings of disparity in food supply in urban areas identified by Leather (1992).

Furthermore, when looking at independence, Leighton et al (1996) found those in urban areas to be supported in their main food shop, including being driven to supermarkets.

3.7.2 Rural Disadvantage

As identified in Chapter Two, Holcomb (1995) found those living in rural areas to be at no greater nutritional risk than those in urban areas. However, the problems of rural life have been increasingly recognised and investigated, with the Rural Forum in Scotland undertaking a number of research projects into the advantages and
disadvantages of rural life. One paper specifically looked at older people in rural areas in Scotland (Henderson and Carlin, 1997). It identified that rural locations were diverse with the dispersion and density of the older population varying between islands, farming areas and commuter, tourist and remote locations. In relation to food shopping in these areas, it was found that low income levels for older people and transport issues were fundamental problems. Infrequent services, poor timetabling, connecting services, long journeys and even the design of the buses used were among the transport issues identified. Such findings support the work of Norman (1977) highlighted in Section 3.5.1 where transport was identified as causing problems for elderly people. Positive elements of rural life included local Post Offices and shops as they were seen as central to the social life of the community. This highlights issues of income, access, independence and availability of food.

Taking income, Black et al (1994) examined the impact of low income on shopping and showed that it affects the shop type used, illustrated in the following example

Mr and Mrs Cameron are pensioners on Harris. Their weekly income from their state pension is £91. They have a croft...[which] makes a big difference to their income, and it enables them to keep a car on the road. Having a car is very important to them because they live in the south of Harris and getting to shops would otherwise be very difficult. Mrs Cameron occasionally takes the bus to go to Stornoway (about 60 miles away), but because of her health and age, they could not manage to do their main food shopping if they went by bus. Although they do use the mobile shops for some goods, this is very costly and they could not afford to do all their shopping in this way. p.5

The importance of having a car is highlighted in this case study, although it would be impossible if they did not have a supplementary income in addition to their pension. Without such an income, their food shopping would either be difficult, through
having to travel long distances by public transport, or expensive, through having to use costly mobile shops.

Within this same study (Black et al, 1994) the problems for those who could not afford a car were described,

Mary and her husband are both pensioners. They live in a community where there is no local shop, and so they need to travel to the nearby town to get their shopping. They can no longer afford to drive, and nor are they able because of a disability, so they have sold their car. Mary feels isolated because of her lack of private transport. There is a bus service several days a week, but because there is only one return bus, Mary would have to spend all day in the local town...Beth, a member of her family that lives close by, usually gives her a lift so that she can do her shopping. Beth is happy to do this for Mary, but Mary feels uncomfortable about it because she is dependent on Beth and has no means of recompensing her for her trouble. p.11

This case study raises a number of issues. First, the lack of local shopping provision is highlighted as well as the lack of a social focus to the community which Carlin and Henderson (1997) found to be important. This may be evidence that food and shopping deserts exist in rural areas, as well as in urban areas (Beaumont et al, 1995). Secondly, income and health can increase the likelihood of not having access to a car, which poses problems for accessing stores. Third, public transport is unsuitable for the needs of elderly people, partly because of poor time-tabling, again identified by Carlin and Henderson (1997). Finally, problems are often overcome through support from family, in terms of driving older relatives to the shops. However, this case study highlights the negative feelings of dependence that such support can bring. These findings are similar to Leighton et al (1996) who found support in cities, towns
and villages and Magilvy et al (1994) who believe that the need for support in rural areas is particularly important.

Another study carried out in rural locations, and funded by the Scottish Office, looked at food availability and food choice in remote and rural areas in Scotland (Clark et al, 1995). So far as the Southern Isles of Scotland were concerned, various disadvantages were experienced, described by one recent migrant to the islands:

People feel trapped on the island, and that their food choice is therefore very limited. With basic needs – there's an underlying feeling that they're not able to access things. People here feel that they have no power to change things. They feel that they are being marginalised. p.14

Such a feeling of not being able to access foods led to a 'siege mentality' where new deliveries of stock were bought up and stored by residents, resulting in shops having poor stock until the next delivery. As described in the case study, the food supply and stock of shops was difficult to influence. This powerlessness was further reflected by a temporary resident on the islands,

A 'star-buy' and they are out-of-date products. I think that's disgusting. They are trying to rip every last penny out of you. I can't stand it here. I hate it. I really do. p.15

There was obviously a mistrust of retailers by residents and a feeling that the shopping experience was poor in terms of promotions. Such mistrust was found to be due to the inflexibility of shopkeepers, poor stock ordering and a perception that the retailers were seeking profit rather than meeting the needs of the customer (McKie et al, 1998). Leventhal (1997) sees this as a feature of the older market that
retailers must consider, namely that the older consumer is discerning and skeptical and needs to be able to trust a company. Leventhal, therefore, encourages retailers to develop the appropriate relationships. Lumpkin and Hunt (1989) also found evidence that retailers do not understand these needs and place too much emphasis on profit-related factors.

The difficulties of food shopping are developed by McKie (1999) and McKie et al (2000) following investigations into the perceptions of food and locational and financial restrictions among older people aged 75+ in urban and rural locations. It was found that food shopping in urban areas was more flexible and that respondents shopped daily. Those in rural locations faced various restrictions because of distance and transport and were particularly vulnerable to the disadvantages of either increased cost to travel to supermarkets or increased costs of food at local shops.

Once accessed, the cost of healthy foods and the range available are important, but the availability has been found to be limited in some areas (McKie et al, 1998). When it is available, it costs more (National Children’s Home, 1991; Consumer Affairs, 1994; Welsh Consumer Council, 1990).

Also emerging from McKie’s (1999) study was the issue of independence, discussed in Section 3.6. Independence was seen to be achieved through physical independence, that is keeping moving despite decreased mobility, psychological independence, such as keeping mentally engaged, and social independence, which could be maintained through contact with peers, going to shops every day to see people or eating at lunch clubs. Social aspects of shopping are seen as important for
the disadvantaged, with going to the shops providing a purpose for each day (Hibbert et al, 2000). This supports the findings of McKie (1999) that older people enjoyed the routines that came with eating and shopping. Guy (1980) found, when looking at attitudes to shopping, that older people were not just influenced by the merchandise but with the satisfaction provided by the activity of shopping.

Shopping experiences were investigated by Skerratt (1999) who found that shopping in rural areas was felt by residents to be generally poor in terms of quality and quantities available, but also in terms of displays within shops. Evidence of a poor shopping experience in these rural locations contrasts with the evidence of Guy (1985) who found in urban areas that the retired respondents in his study enjoyed their food shopping activity, despite them not particularly using the price competitive multiples.

3.8 Food Shopping Needs

Sections 3.1 and 3.2 defined the older consumer and described the demographic characteristics of older people that influence food shopping in terms of purchasing patterns, for example buying for single person households, and shopping behaviour, such as limited mobility making food shopping difficult. This was developed further, in Sections 3.3-3.7, by discussing the potential disadvantages of older consumers in terms of income, access, availability and geographical location. The third main section of this chapter develops the understanding of the older consumer further by providing a more detailed picture of experiences and identifies their needs and preferences in the shopping environment.
It, first, discusses the relevance of satisfaction as a measure for the food shopping experience within the context of this thesis. The importance of satisfaction as a measure of the shopping experience is explained and then developed further by a discussion of its value in food choice research. Secondly, the older consumers’ shopping patterns and needs are examined through outlining the purposes of food shopping for older consumers and identifying the shopping characteristics of older consumers. Finally, older consumers’ perceptions of the positive and negative aspects of the food shopping experience are discussed.

3.8.1 Relevance of Satisfaction Theory to the Study

This study uses satisfaction theory as a tool for investigating the food shopping experience. Rather than develop satisfaction theory, the focus of this study is on the factors that are perceived as satisfying or dissatisfying and the consequences for the development of the conceptual framework of shopping influences within the food choice model context. Comprehensive descriptions and evaluations of the theories of satisfaction can be found in numerous texts and articles (for example see Engel et al, 1990; Oliver, 1981). This section sets out the definition of satisfaction and highlights the importance of satisfaction in meeting consumers needs.

3.8.2 Background to Satisfaction

Satisfaction is the factor that drives the success of private organisations (Peterson and Wilson, 1992; Goodman and Ward, 1993). It has been shown to be linked with improving the loyalty of customers by encouraging repeat purchase or usage of a service and is deemed to be essential for attaining competitive advantage (Bitner et al, 1990; Cronin and Taylor, 1992). The costs of dissatisfaction amongst consumers
have also been identified with negative word of mouth marketing and lost sales. Achieving satisfaction is especially important in the context of the fiercely competitive food retailing sector, identified in Section 3.3.1.

Satisfaction Theory derives from a disconfirmation paradigm, where consumers have expectations about a service or product and then compare the performance of the organisation or product with these expectations. These expectations can be positively disconfirmed, that is exceeded and so satisfaction occurs, confirmed, where expectations are met and so satisfaction occurs, or negatively disconfirmed, in which case expectations are not met and so dissatisfaction occurs. This disconfirmation paradigm is also known as the ‘Gap Model’ which proposes four main areas within organisations where a ‘gap’ in expectations and performance could occur which would result in customer dissatisfaction, known in the model as “gap 5” (Engel et al, 1990).

However, the use of the construct of expectations as a measure against performance has been widely debated. Westbrook and Reilly (1983) used values as a measure. Whilst they found it to produce reliable results, it was a difficult construct to define and appeared not to be superior to expectations. Others have developed the construct of values further to include desires and feel that this is a more accurate measure (Clemons and Woodruff, 1992; Spreng et al, 1996). In terms of the construct of performance, developments on its definition have been undertaken, finding that satisfaction with individual attributes and overall performance are conceptually different but highly correlated (Bitner and Hubbert, 1994; Spreng et al, 1996; Mittal et al, 1998). Such a finding indicates that consumers can express ‘mixed feelings’
about a service or product, which allows for greater control over the performance of individual attributes, products and services. It was also found by Mittal et al (1998) that positive disconfirmation had to be of greater strength to produce satisfaction than negative disconfirmation to produce dissatisfaction. However, the wealth of research using expectations as the construct is significant and is felt to be crucial to measuring satisfaction (for a full review of the empirical research to support disconfirmation theory see Yi, 1990).

Satisfaction has been defined by Oliver (1981) as a

Summary psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with the consumer’s prior feelings about the consumption experience. p.27

What this definition brings out is that satisfaction is an emotional state and reflects the individual’s perceptions of their experience. Some authors propose that this emotional state occurs at the time of transaction, however, as time passes and more experiences are gained, satisfaction becomes a general attitude (Oliver, 1980).

Related to satisfaction is the concept of service quality, and there has been much research and debate into the relationship between the two concepts. Contention exists over whether satisfaction leads to service quality or vice versa, but although service quality is also seen as an overall attitude to the performance of an organisation or product, it relates to the superiority of the service. Qualitative work carried out by Parasuraman et al (1985) illustrates the relatedness and distinctiveness of the
concepts, as the researchers found respondents could recall times of satisfaction but expressed a feeling that there was not high service quality. In later work, Parasurman et al (1988:16) state that “incidents over time result in perceptions of service quality”. Therefore, identifying and controlling these incidents is crucial in improving perceptions of quality.

Theories of satisfaction implicitly assume that consumers can signal their satisfaction and preferences within the market-place, that is, the consumer is sovereign. However, Mulhern (1992) proposes that satisfying wants may have two problems.

First, an individual’s want may not be for the general good of consumers’ welfare. The author argues that societal marketing, where decisions in marketing are taken with the collective welfare of consumers in mind, may result in the protection of vulnerable groups without the need for external/specific policy intervention. This is relevant to the food sector, where influencing the dietary health of consumers has been recognised as a multi-disciplinary function, with food retailers having a crucial role to play in the provision of food at affordable prices. The Scottish Office (1996) report, ‘Scotland’s Health: A Challenge to us All. Eating for Health’, referred to in Chapter One observes:

The success of supermarkets has in the main been due to their ability to anticipate the needs and expectations of consumers, and to deliver to them a wide range of products of high quality and freshness at competitive prices. p.49
Richardson and Brady (1997) also propose that the supermarkets have been successful. However, the discussion in Sections 3.3-3.7 showed that decisions made by retailers can impact negatively on some consumer groups and may only be successful for some consumers. Lang (1994) states that supermarkets are responsible for the decline of local communities through their locational practices and power, despite one of the large multiples, Tesco plc (1995), stating that it is concerned with the well-being of communities. Looking after the welfare of the community goes beyond the current response to healthy eating initiatives such as product development, food labelling and in-store promotions advocated by some retailers (Cooperative Wholesale Society, 1995; Darrall, 1992; Richardson and Brady, 1997).

This leads to the second point that Mulhern (1992) raises in relation to satisfaction being the signal in the market-place for consumer wants. The author states:

If consumers are unable or unwilling to guide managerial decision making by revealing their preferences, the marketing concept becomes a doubtful practice.

p.409

Thus, the extent to which consumers' satisfaction levels can influence the shopping environment depends on the ability of consumers to signal their preferences. As shown in Section 3.3.1, the retail sector is powerfully driven by the needs of wealthier and mobile consumers, thereby leaving the needs of other consumers, such as the elderly, disadvantaged and, as stated in Section 3.1, older consumers have traditionally been neglected in retailing. These disadvantages were outlined in
Sections 3.3-3.7 and show that supermarkets have only been successful for some consumers.

Nevertheless, within Bell et al’s (1997) study of service quality in the food retailing sector, the authors used satisfaction as a measure of the quality of the shopping experience of consumers. It is, therefore, a useful tool in capturing the experiences of consumers and, where dissatisfaction occurs, will tend to indicate the extent to which consumers are unable to express their needs and preferences. Indeed, Peterson and Wilson (1992) state that companies should measure their own performance in terms of having satisfied customers. If there are areas of dissatisfaction then this will show the areas where and how retailers must change to maximise potential. Such data will also contribute to the development of food choice research, with Mann et al (1998) suggesting that measuring customer satisfaction will contribute to developing ‘best practice’ for the industry.

3.8.3 Satisfaction in Food Choice Research

As referred to in Chapter Two, a significant proportion of food choice research has been based on the measurement of attitudes (Conner, 1994; Shepherd, 1990; Shepherd and Sparks, 1994). This has the difficulty that measuring the components of attitudes, whilst potentially identifying intended behaviour accurately, does not necessarily reflect the actual behaviour demonstrated. There are two points to consider in explaining this discrepancy. First, there are many circumstances outwith the individual’s control that stops them carrying through their intended behaviour. The discussion in Chapter Two and this chapter has shown that both food retailing strategies and personal resources, such as income, impact upon the access and
availability of food. For example, people may have a positive attitude to eating fruit and vegetables, but may not be able to afford them or indeed access them. Second, there are many marketing influences on the consumer within the store environment, such as special promotions, which could lead to impulse purchasing rather than intended behaviour.

A measure of satisfaction can form a bridge between the retailer and the consumer. It provides the retailer with information on what satisfies and dissatisfies the consumer and it allows the consumer to express his/her feelings about the performance of the retailer and whether or not it meets their needs (Peterson and Wilson, 1992). Such an approach is of value to the food choice research field as it allows for a performance measure of peoples’ food shopping experiences to be taken, allowing for the diversity of each individual’s shopping patterns and circumstances to be considered. In addition, such an approach can be broadened to the entire shopping trip and not just applied to the store environment. This will provide in-depth understanding of the factors influencing food shopping and provide examples of good and bad practice as a framework for general food choice models and specific consumer food choice models.

Satisfaction with the food shopping experience must be broader than simply the food itself or in-store characteristics as shown by the access, income and locational aspects discussed in Sections 3.3-3.3.7. It is important also to consider the needs and preferences of consumers, both to enhance retailers’ understanding and to develop the framework for studying food choice, from which policy recommendations can be made.
3.9 Consumer Needs and Preferences

Consumers' needs and preferences can be established by looking at three main areas as what follows demonstrates. First, from a broader perspective, the role that food shopping plays in the life of older people is outlined. Secondly, the shopping characteristics of consumers in terms of frequency of shop, transport to shops and the type of shops used is examined. Thirdly, the factors influencing the satisfaction of consumers specifically in terms of merchandise, store environment and staff and service are considered and through this, their needs and preferences established. Finally, the implications for food choice research are discussed.

3.9.1 Role of Food Shopping

Shopping for food is not a simple exercise. The activity is felt to require more involvement by the consumer than previously recognised (Beharrell and Denison, 1995). Bowlby (1997) examined the food shopping experience and made a distinction between food shopping and other shopping activities. The difference lay in the notion that 'going' shopping implies a recreational dimension whereas food shopping is seen as 'doing' shopping and something which is more of a chore or necessary activity. This latter view also emerged in a Mintel (1986) survey on shopping.

However, Guy (1980) states that it is more than the utility of the merchandise that is important, but also the shopping activity itself. As identified earlier, Cooper (1987) states that activities of daily living, such as shopping, contribute to the well-being and life satisfaction of older people. However, for older consumers, food shopping
appears to mean more (Abrams, 1988). It first provides a form of exercise which
allows them to keep mobile by walking to/from shops and around shops (Whittle,
1994). Linked to this is the symbol that it represents of independence. This was
covered in Section 3.6, where being able to shop for food, a fundamental activity of
everyday life, was essential for perceptions of independence. Even those who receive
some support feel a sense of independence in being able to go shopping with people.
However, some authors have reported feelings of restriction and poorer choice when
shopping with others (Leighton et al, 1996; Sturges, 1990). Third, food shopping is
an opportunity for social interaction and provides a sense of ‘doing’ for consumers
who have time to shop (Hibbert et al, 2000; Lumpkin et al, 1985).

This shows that the implications of satisfaction in food shopping go beyond simply
the food. The activity of shopping contributes to the well-being of consumers and so
needs to be considered within the food choice model concept as Read and Schlenker
(1993) identify in their Activities of Daily Living. The role of food shopping can be
seen to some extent in the characteristics of older peoples’ shopping habits.

3.9.2 Shopping Characteristics

Frequency of shopping illustrates the importance that food shopping plays in the
daily activities of older people. Sturges (1990) found that half of respondents
shopped weekly for their grocery shopping and a quarter shopped daily. The majority
of those aged 70+ shopped daily by walking or taking the bus. For older consumers,
however, shopping frequency varies between rural and urban locations. As reported
in Section 3.7.2, McKie (1999) found that, due to transport problems, those in urban
areas shopped more frequently than those in rural areas.
Related to the frequency of shop is the number of items and transaction value for each shopping trip. If shopping frequently, then consumers are less likely to buy large quantities. This is particularly true for older consumers. Neilsen (1995) research has shown that the average number of items per visit is six for those aged 65+ and the transaction value is approximately £5.23.

Not only does access determine the frequency of shop and the amount of shopping, but also the type of transport used effects how much and what is purchased. Older consumers who walk or use the bus will experience more problems carrying a large quantity of shopping and will have to purchase heavy items in stages.

The importance of shopping in the lives of older consumers is also indicated by the frequency of shopping. It is therefore important that the shopping environment is one that they enjoy. The shopping changes that have taken place in recent years, described earlier in Section 3.3.1, show that not only has the structure of food retailing changed, but also that the supermarket stores have changed in their form of service (self-service) and products (Bowlby, 1997). It was suggested, in Section 3.5.1, that older consumers have restricted access to supermarkets where price advantages and choice are available. However, Nielsen’s (2000) research, presented in Table 3.10 below, shows that a large proportion of older consumers are represented across all major multiple stores.
Table 3.10  Retailers Used by Main Shopper Aged 65+ in GB

<table>
<thead>
<tr>
<th>Retailer Facias</th>
<th>All Households = 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operative</td>
<td>162</td>
</tr>
<tr>
<td>Marks and Spencer</td>
<td>132</td>
</tr>
<tr>
<td>Somerfield</td>
<td>106</td>
</tr>
<tr>
<td>Netto</td>
<td>105</td>
</tr>
<tr>
<td>Safeway</td>
<td>105</td>
</tr>
<tr>
<td>Aldi</td>
<td>101</td>
</tr>
<tr>
<td>Waitrose(^2)</td>
<td>101</td>
</tr>
<tr>
<td>Sainsbury</td>
<td>99</td>
</tr>
<tr>
<td>Kwik-Save(^1)</td>
<td>98</td>
</tr>
<tr>
<td>Morrisons(^2)</td>
<td>93</td>
</tr>
<tr>
<td>Tesco</td>
<td>83</td>
</tr>
<tr>
<td>Asda</td>
<td>75</td>
</tr>
</tbody>
</table>

\(^1\)Kwik-Save facias still available  
\(^2\)Waitrose & Morrison stores available in England


As can be seen, Co-operative stores appear most popular with older customers. This may be due to the prominence of Co-operative stores and the loyalty stamp schemes a number of years ago. Marks and Spencer stores were also popular, in contrast to other findings of the above-average use of discounters by low income groups (Institute of Grocery Distribution, 2000). The fact that a range of stores is used reflects the variety of income levels within the older population. The main supermarket stores appear to have a mixed use by older consumers, with Safeway and Somerfield being the most popular.

The factors that are important to older consumers when choosing a store have been found to be different for couples than singles (Neilsen, 2000:129). Ease of parking is important for couples, whereas, convenient location is more important for singles. Good value for money was important to both types, supporting the inclusion of value
for money as a concept within the decision-making aspects of food choice in Furst et al’s model.

Such market research, however, does not provide any indication of the complexities of that shopping trip. For example, Section 3.6.3 identified that older people are often supported in their food shopping. This study will address the concept of accessibility in more detail than simply overall patterns and trends, by investigating older peoples’ individual shopping experiences.

How consumers shop and where they shop is, therefore, important as well as the satisfaction they have with that experience. These aspects will now be considered in the factors influencing satisfaction.

3.9.3 Factors Influencing Satisfaction

There is mixed evidence on whether or not older consumers enjoy shopping. Guy (1984; 1985) found that the majority of older people enjoyed food shopping, and Lumpkin and Greenberg (1982) found similar results within a clothes shopping context. However, detailed qualitative work by McKie et al (1998) and Skerratt (1999), reported in Section 3.7.2, showed poor shopping experiences for older people in rural and remote areas of Scotland were due mainly to poor access and choice, but also because of poor store environments and stock systems. Problems have also been reported in urban areas (Donkin et al, 1999). Despite the difference in findings in terms of enjoyment, there is considerable research to indicate that problems in food shopping are experienced and these go wider than just the disadvantages of access,
availability and location described earlier (Mason and Bearden, 1979; Welsh Consumer Council, 1990).

The needs and preferences of older UK consumers appear to be similar to those of their counterparts in the US (Mason and Bearden, 1979) and some aspects are similar to those found in other age segments (Bell et al, 1997; McGoldrick, 1990). The causes of dis/satisfaction indicate consumer needs and preferences and these can be grouped into the following aspects of the food shopping trip.

3.9.3.1 Store Environment

Within the store environment, problems have been reported with the use of some facilities, such as trying to use large trolleys or carry baskets (Mason and Bearden, 1979). Also within the store environment, being able to read price displays and labels (Lambert, 1979; Oates et al, 1996) was found to be important to satisfaction. Leighton et al (1996) found further difficulties reaching high and low shelves, including those above deep freezers, stretching to fill and empty trolleys and use deep freezers, with older consumers stating that it was limiting their food shopping. By this, respondents meant that they either did not purchase the item or had to try and find staff to help.

To improve the experience of using stores, Mason and Bearden (1979) identified that older consumers would like seats to be provided, toilets available and good lightening within the store.
In terms of using the store, ease of finding products has been found to be important (Oates et al, 1996; Lambert, 1979; Lumpkin et al, 1985). Respondents reported that retailers often moved around displays of merchandise. Such a practice has been criticised by younger consumers (McGoldrick, 1990) as well as older consumers (Johnson-Hillery, 1997).

One particular area of dissatisfaction identified in numerous studies has been the service given at checkouts. Long queues at checkouts have consistently featured as an aspect of store usage that causes dissatisfaction (Goodwin and McElwee, 1999; Mason and Bearden, 1979; Johnson-Hillery et al, 1997). Dealing with dissatisfaction is seen to be key and there is now much emphasis on complaints-handling. Retailers which have a complaints-handling policy, documented procedures and appropriately-trained staff are seen to be effective in this regard (Mitchell and Critchlow, 1993; Adamson, 1993; Vanderleest and Borna, 1998).

Supermarkets have been targeted by Age Concern through a managerial training scheme sponsored by Tetra Pak and the Institute of Grocery Distribution, called 'Through Other Eyes'. Managers were invited to participate in experiencing what the store environment was like for people with disabilities, such as mobility problems, and visual and hearing impairments. Through this scheme, Age Concern sought to increase the awareness of such issues in the designing of the store environment, the layout of merchandise and the design of product packaging (Angeli, 1995). Such design issues have been recognised as important when marketing to older consumers (Barr, 1994; Wallis, 1994). Westlake (1993) draws parallels between some disabled people and the elderly, stating that they share similar difficulties with mobility.
Therefore, legislation, such as the Disability Discrimination Act, 1995, will also go some way to ensuring that organisations improve the design of their environments (Clements, 1998).

3.9.3.2 Merchandise

The older consumer segment is heterogeneous, exhibiting different consumption patterns (Abdel-Ghany and Sharpe, 1997). However, in terms of the merchandise, price is recognised as being important to older people, particularly for those on low incomes (Ellaway and Macintyre, 2000). It has been found that older people feel that prices should be 'fair' (Johnson-Hillery et al, 1997) although not necessarily cheap. This can be likened to the concept of 'value for money' which has been found to be important (Greco, 1986; Goodwin and McElwee, 1999) reflecting a balance between quality and price (Schmidt et al, 1994). Price has been linked to the quality of the merchandise, as well as the store's reputation (Lumpkin et al, 1985).

Quality is also important to older consumers (Guy, 1985). Perceptions of quality have been found to be linked to brand image. Schmidt et al (1994) found in their comparison of the shopping behaviour of three groups, students, teachers and Old Aged Pensioners (OAP’s), that OAP’s were more likely to purchase branded goods to obtain quality than students who would purchase own-brand for the cheapest price. Whilst this is the preference of older people, Hibbert et al (2000) found that people on low incomes were forced to compromise quality for price.

Two further points are raised from Schmidt et al’s (1994) study which show the link between merchandise aspects of price, quality and choice and the type of store used
for shopping. First, OAP’s did not want to use discount stores as they preferred to shop in a pleasant environment, confirming work of Lambert (1979). It was also evident from the work of McKie et al (1998) and Skerratt (1999) that a pleasant shopping environment was important, as well as the food choice available.

Secondly, there were similarities and differences between the consumer groups. All groups liked to have choice, variety and quality of merchandise, but OAP’s particularly wanted service and did not want to undertake one-stop shopping. Instead they would rather spread their shopping over different stores. The demise of small local retailing and the dominance of the large supermarket/superstore suggests that consumers’ preferences may not be being met.

There was also one area of dissatisfaction which was consistently found amongst studies in relation to merchandise, just as queues were a key dissatisfaction of store environment, as mentioned in Section 3.9.1. The quantities of food, normally packaged or tinned, were reported as being too large (Westbrook, 1981) and Mason and Bearden (1979) found this to be particularly the case with meat. Such a problem has been highlighted as an influence on diet and nutrition, with supermarket quantities found to be too large for older people with smaller appetites, particularly when buying for one (Nazarko, 1993).

Also related to merchandise is promotions. Research into aspects of food shopping has revealed that in-store promotions are the focus, although there is considerable research into targeting older consumers through advertising, such as their media
habits (Burnett, 1991) and advert content (Gorn et al, 1991; Johnson and Cobb-Walgren, 1994).

In-store promotions by retailers have become an important marketing tool. Peattie (1998) identifies two types of promotions, 'value increasing', such as discounts and coupons or multibuys, and 'value adding' such as offering something extra like a loyalty scheme or trial packs. Promotions need to be sensitively targeted, as younger-older consumers do not like to be targeted by their age (Tepper, 1994; Mason and Bearden, 1979), and well chosen since, for example, it has been found that older consumers want discounts (Goodwin and McElwee, 1999; Lambert, 1979). Promotions have been highlighted particularly as useful in terms of promoting fruit consumption, both in terms of point-of-purchase promotions and fostering a 'brand' image (Hughes, 1996; Clarke and Moran, 1995)

3.9.3.3 Staff and Service

As has been identified in Section 3.9.1, staff and service are important in ensuring satisfaction amongst older consumers. This is particularly relevant in the social interaction at checkouts (Johnson-Hillery et al, 1997) and in there being staff available to help with locating products (Goodwin and McElwee, 1999). Just as staff can bring satisfaction, it has been found that staff can also cause dissatisfaction by being unfriendly and unhelpful (Braus, 1990; Gill, 1988).

Retailers can also offer additional services to improve the shopping experience for this segment. Delivery services are often regarded as a way of overcoming some of the problems of access and carrying heavy shopping. Some retailers, such as Iceland
and Marks and Spencer, deliver shopping for a charge. Such a service has been identified as being viewed positively by older consumers (IGD, 2000).

Another method of shopping which has been suggested as a means of overcoming certain problems for the elderly is the new internet shopping ventures being offered by supermarkets. The emphasis of this has been put on the convenience of home shopping. Rowley (1998) highlights, however, that the internet shopping experience is very different from traditional shopping, losing the interaction with staff and the sensory aspects of shopping. Given that service and staff are of importance to the elderly in their shopping and that the role of shopping is important (Guy, 1985), this may not prove successful. Consumers appear to be mixed in their acceptance of internet shopping. Somerfield have announced they are stopping their internet venture, whilst Tesco are reporting a positive response (IGD, 2000). Perhaps more importantly, however, the technological barriers and resources of older consumers, often on low income, make it seem unlikely that the internet will be successful for this age group, although Johnson-Hillery et al (1997) states that technological acceptance may come in future generations.

Differences exist between retailing sectors in the factors which influence satisfaction for older consumers. Moschis (1997) found convenience, that is closeness to home, to be important for food shopping, as were brands and speed at checkout, whereas, for clothes shopping, consumers wanted more personnel assistance and ease of return.
Westbrook (1981) investigated satisfaction with retail experiences of department stores in America and found, through factor analysis, eight factors which accounted for 67% variance. The factors in order of variance were: sales staff; store environment; service, retailer related factors; other customers; value; and store sales. High levels of satisfaction were found with a mean of 11.82, and a range of 2-15, where 15 was the highest satisfaction score available. However, satisfaction varied over the factors.

Whilst differences exist within the older age segment and between sectors, they do share some similarities with younger generations. Factors such as hygiene, range, familiarity of layout, value, parking, quality and low price have featured in studies by Euromonitor cited in McGoldrick (1990) looking at a cross-section of ages.

Attempts have been made to identify the key areas of satisfaction and service quality in food retailing. Bell et al (1997) carried out a study into the service quality of food retailing using Critical Incident Technique (CIT) and had a cross-section of ages in the sample. There was no breakdown of results by age. However, the sample did contain 15% above the age of 65+ and formed categories where satisfaction and dissatisfaction occurred. The main areas were interpersonal, related to the interaction with staff, and process, which referred to the ‘systems’ which helped the consumer to shop, for example checkouts and stock provision. Interpersonal aspects and process factors were the largest two categories, accounting for 44% and 32% respectively, of the 792 incidents. Interpersonal factors were predominantly satisfying and process factors predominantly dissatisfying. Other aspects of shopping that were identified were physical aspects of shopping, such as ease of use of the store and location,
merchandise-related such as range and quality, non-core services, such as complaints handling and in-store services, and price including promotions and value. Non-core services were found to be mostly satisfying, although two thirds of the physical aspects were dissatisfying, with merchandise and price being fairly evenly split.

3.9.3.4 Implications for Food Choice

Underpinning all these factors of satisfaction and dissatisfaction is the relationship that the consumer has with the retailer. Leventhal (1997) states that there is a strong need for older consumers to trust retailers. A Consumers’ Association survey (Davies and Todd, 1996) found that consumers in the UK did not trust organisations responsible for their food supply and particularly did not trust retailers. This mistrust was identified by Lumpkin and Hunt (1989) who found evidence that retailers did not understand the needs of older consumers and placed too much emphasis on profit-related factors, such as fast checkouts, variety of products and not providing chairs (Gunter, 1998). This was similar to Mason and Bearden’s (1979) finding that there was an element of dissatisfaction over a feeling of being overcharged. Secondly, a number of groups influence dietary health, such as the media, manufacturers, politicians, scientists/academics, health professionals and consumer advocacy groups (McMahon, 1995). However, members of the food supply chain and the government are not trusted, as identified from the study by Goode et al (1995) discussed in Chapter Two.

The need to build relationships and trust is important for retailers who seek to develop this market (Fletcher, 1999) and play out their role as a member of the multidisciplinary team on health and diet (Scottish Office, 1996). Indeed, many of
the marketing and design needs identified in this discussion have been recognised in the trade press and by consultants (for example, Wallis, 1994; Pryke, 1993; Fry, 1997; Lodge, 1994). The importance of having a suitable shopping environment for older consumers has been recognised by Barr (1992) who states that this is part of the role of retailers in health and nutrition promotion.

These structural issues of access and availability, discussed under disadvantaged consumers, suggest that these issues should be addressed within the context of food choice and health promotion rather than the traditional psycho-social models which dominate food choice research (Caraher et al, 1998).

Attempts have been made by those responsible for policy to include retailers in the pursuit of better food choice. The Scottish Office (1996) ‘Scotland’s Health: A Challenge for us All. Eating for Health’ report proposed the following recommendations for the retail sector, mapping out their role in the multidisciplinary team:

- **Product development** – new products should be introduced that are suitable to the needs of elderly people and existing ones developed (although, the report did recognise this would be difficult to achieve because of the centralisation of food retailing in the UK);
- **Campaigns** – promotional material, pricing policies and in-store promotions should be used to improve the up-take of healthier foods;
• **Presentation and location of products** – prime locations should be given to healthier foods and trained staff should be available to help sell healthier foods (e.g. a focus on selling fish by providing fish counters in stores);

• **Information** – information on food labels and in-store information on storage and cooking should be provided;

• **Low income** – free transport provision should be offered and location strategies should be considered (particularly in the light of NPPG, referred to in Section 3.5.3 above);

• **Facilities** – such as mother and baby rooms should be provided (or, as identified in the discussion in Section 3.9.3., seats for elderly consumers); and

• **Exchange of information** – EPOS data should be shared with health professionals to provide them with a greater understanding of peoples’ purchasing patterns.

Whilst older people are considered to some extent in these guidelines, there is research, as indicated in Chapters One and Three, to show that the role of food retailers in health promotion could be greater in terms of co-ordinating efforts across interested sectors (Childs and Poryzees, 1998). Attempts to address this have been made in other countries, such as Australia (Hawe and Stickey, 1997) and Finland (Närhinem et al, 1999). However, more insight is needed into how retailers are performing and how they can meet the needs and preferences of older consumers more effectively. This will also help to define the role of retailers within the multidisciplinary policy team.
3.10 Summary

Older consumers display a broad range of consumer characteristics which influence both appetite and the ability to shop for food. A range of literature shows there to be disadvantaged elderly consumers. These disadvantages come in the form of low income, limited access, poor availability and geographical location. In terms of low income, the elderly have been identified as vulnerable to poverty and food poverty, the latter where the poor have worse diets, pay more for their food and prices vary across shops. For those who have lower incomes, the costs of travelling to stores, like supermarkets, where price advantages, better quality and choice can be found, are more significant and this limit on access can often lead to dependence on local shops. These issues are being considered in current research under the term food deserts or shopping deserts. These studies are in their infancy in identifying the factors that constitute a food and shopping desert and more needs to be researched in terms of older consumers.

It is not only low income that affects access, but health. A number of older people are dependent on others for their food shopping and this loss of independence has been shown to be negative for them. Support and levels of independence are important for retailers targeting older consumers and for understanding the way they shop.

In terms of food choice models described in Chapter Two, those in Piacentini et al (1995) and the ‘The Scottish Diet Report’ (Scottish Office, 1993) reflect ‘barriers’ and issues of availability and so provide a framework for examining disadvantage.
However, the complexities of these issues, when borne out within a consumer segment, are evident from the discussion in Sections 3.4 and 3.5. Factors such as independence and support and the impact of food retailers' strategies upon the wider shopping environment are not considered. The focus of food choice models, therefore, appears too limited.

Not only do the frameworks for studying food shopping for older consumers need to be developed, but the role of food retailers in meeting the needs of older consumers needs to be re-assessed. Current policy recommendations do not take account of specific needs of older consumers and their wider shopping experience.
CHAPTER FOUR

METHODOLOGY

4.0 Introduction

This chapter describes the research approach taken to support the objectives of the study and the methodology used to achieve these objectives. First, the research approach is considered in terms of philosophical perspectives encompassing inductive and deductive research. This is then developed by discussing the research design and the multi-method approach taken. There were two stages to the research using two different sample groups. However, both stages employed the same sampling method and used the same sampling frame and so sampling is discussed before describing the two stages. The chapter continues by presenting the two stages of research in turn. Finally, the limitations of the study are highlighted.

4.1 Research Approach

The aim of this study was to develop the shopping dimension of food choice research and provide a greater understanding of the factors that influence the shopping experience of older consumers.
The specific objectives of the study, described in Chapter One, were:

1. To identify and evaluate the factors that influence the food shopping experience of older consumers:
   (a) To identify the patterns of the food shopping activity of older consumers;
   (b) To identify the factors that influence the food shopping experience of older consumers;
   (c) To provide a quantitative measure of the relative importance of these factors;
   (d) To provide a measure of satisfaction of these factors.

2. To develop further the conceptual models of food choice in relation to food shopping of older consumers

3. To evaluate the understanding of disadvantaged older consumers

4. To identify the role of the retail sector in providing for the needs of older consumers.

Objective one specifically guided the primary research although objectives two - four influenced the type of research approach taken.

In planning a research approach, Crotty (1998) suggests that the kind of knowledge being sought and the assumptions underlying the findings of research must be considered. In order to address these issues, the theoretical perspective behind the methodology should be identified. There is much confusion over the terminology within the theoretical perspectives (Crotty, 1998), however, the many paradigms that
exist can generally be grouped into two distinctive categories, positivist and interpretivist (Goulding, 1999).

The positivist perspective believes that Social Science should use the same methods as the natural sciences. This is based on the assumption that the social world exists externally and should be measured through explanation. The knowledge being sought by a positivist approach is to make general statements or laws to explain and predict the relationship between events in the natural world. Knowledge is objective and factual (Henwood and Pidgeon, 1993) and the fundamental question being addressed is “What exists in the world and how does it behave?” (Belk, 1998). Thus positivism limits its conception of valid knowledge to that which can be attained through testing of theory against observation (Kolakowski, 1993).

In the context of this study, a positivist approach would entail the development of a theory concerning the elements of food shopping that are critical to a satisfactory shopping experience and then testing this theory against the delivery of a quality shopping experience in practice. This would not be appropriate because of one of the main underlying assumptions of a positivist approach, that Social Science can be reduced to general laws. Social structures do not operate independently of the systems which they govern, nor do they exist independently of individuals’ conception of what they are doing. Often the same event or experience can be perceived differently by different people, especially in the subjective assessment of satisfaction and quality, as researchers and respondents influence and interpret what is seen and experienced (Spinelli, 1989; Clarke et al, 2000).
A non-positivist or interpretivist approach counters some of these assumptions. This approach recognises that reality is seen as socially constructed and is given meaning by people. The role of the researcher is to understand constructions and meanings that people put on their experiences (Wright, 1993). All knowledge, therefore, in this type of research is from particular points of view (Burrell and Morgan, 1979; Schwandt, 1998; Henwood and Pidgeon, 1993). Shankar and Goulding (2001) identifies that such an approach offers an interpretation rather than the interpretation. An interpretivist approach was, therefore, appropriate for this study, as experiences of older people were sought and Belk et al (1989) stresses the importance of studying the consumers’ experiences in this way.

These two perspectives, with their many sub-theories, influence research design and methods. A positivist approach is closely aligned to a deductive design as it tests theory, while an interpretivist approach is closely aligned with inductive research, with the starting point being observations and experience, rather than theory (Glaser and Strauss, 1967).

4.1.1 Inductive and Deductive Research

These two approaches to learning, inductive and deductive, influence research design. An inductive approach is associated with building theory as a result of empirical observations. Glaser and Strauss (1967) support this view in their grounded theory approach which argues that the explanations of social phenomena are worthless unless they are ‘grounded’ in observation and experience. The complexities and subjectivity of understanding a social phenomena must be recognised in theory development (Hammersley and Atkinson, 1983) and
consequently an inductive approach is associated with qualitative and more unstructured methods.

The strengths of an inductive approach are mainly associated with the qualitative methods. As pointed out, the findings are grounded in the data, but also the approach leaves the researcher an open mind to the possibilities of the data (Strauss and Corbin, 1994). Stake (1994) emphasises this further, stating that it allows for even one case to extend the understanding or explain the phenomena.

The main criticism of an inductive approach is that its reliance on qualitative methods means that research is difficult to replicate. This leads to a further criticism of unreliability, that it is difficult to make the same observations on a different occasion (Easterby-Smith et al, 1991).

A deductive approach is the opposite of an inductive approach. It involves theory being developed and then tested by observations. Popper (1967) states that the source of the theory is insignificant, but what matters is the logic of deduction and the operationalisation process, that is the testing of theory by confronting it with the real world. As a result it is mainly associated with quantitative methods and has the strengths of measuring frequency of occurrence, statistical exploration and replicability.

It has been argued, however, that there has been an over-emphasis in fields such as marketing on a deductive approach, as there is an over-reliance on quantitative methods. Wells (1993) describes the consequences of this as being a lack of rich
data, a lack of theory testing in real life situations, an assumption that one investigation explains or confirms the theory and the use of correlation methods to imply causality when there could be many other explanations.

Learning through inductive and deductive approaches can be illustrated through Kolb et al’s Experimental Learning Cycle (Kolb et al, 1979).

**Figure 4.1 Kolb et al’s Experimental Learning Cycle**

![Diagram of Kolb's Experimental Learning Cycle]


The right hand side of the cycle shows learning can occur through reflecting upon particular past experiences and through the formulation of abstract concepts, theories and generalizations, which can help explain past and predict future experiences. This would reflect an inductive approach. Alternatively, a deductive approach would see theory being tested as learning begins with the abstract conceptualization and then moves to testing through the application of theory so as to create new experiences and observations.
To overcome some of the weaknesses of both approaches some authors support a pluralist approach to research, where researchers combine inductive and deductive approaches within a study (Sieber, 1973; Whyte, 1976; Webb et al, 1969). This approach does not present a series of competing methodologies but rather a multi-method approach, seen by Denzin (1970) as more valid than using single methods.

Supporting such a notion is Hyde (2000) who argues that research should not be thought of in terms of ‘qualitative’ or ‘quantitative’ stages, but rather inductive and deductive approaches. Gill and Johnson (1997) propose that survey research can use both approaches as explanations and insights can be gained inductively from open-ended questions and then tested or used to describe with a more structured questionnaire. The two approaches can feed into one another. Such a multiple-method approach is valuable in food choice research as it reveals the complexities of the subject (Murcott 1998).

According to Brewer and Hunter (1989), a multi-method approach compensates for the weaknesses of single method approaches and protects against the bias that can be introduced by using only one method. It allows for the opportunity for a triangulated measure and so the testing of hypotheses. Cross-method comparisons can be made as multiple data-sets are generated about the same research problem and the validity of the triangulation can be investigated through checking the data sets for agreement. To support inferences, data collection methods must be different but tightly focused on the research problem. If not, convergence may be indicated by a shared methodological bias and divergence by an irrelevant or poorly focused comparison. Independence is important for validity. One method can affect the same samples’
response. In order to protect against this, multiple samples can be used, effectively a multi-stage approach.

Exploratory multiple-method studies need not be so constrained by the independence of triangulation. Rather than striving for independence in methods for cross-validation, exploratory studies can deliberately look for interdependence and interaction. By linking data together, theory can be constructed, problems needing empirical investigation identified, and ideas and techniques refined. This helps 'make sense' of the data when verification is not the immediate issue, and puts the focus on contrasts within the diversity of the data rather than on strict comparisons.

4.1.2 Research Design

The objectives of this research indicated that a multi-method, multi-stage approach was most appropriate. Objective one, guiding the primary research, required that explanations and understanding be generated from the data, in order to develop the existing theory and understanding. Objectives two-five, although not primarily about testing, would then take a deductive approach and test the data in order to gain insight into the same research problem from different methods. The adaptation of Kolb et al's learning cycle in Figure 4.2 (over) gives a pictorial representation of this research design.
This shows that an inductive method is being used by collecting data on customer experiences, developing factors that are then measured through a quantitative survey to provide a deductive approach that will allow for these factors to be tested and experiences contrasted with the interview data. This can be illustrated further in the following table showing the design of the research.
<table>
<thead>
<tr>
<th>Table 4.1</th>
<th>Summary of Research Design</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAGE ONE</strong></td>
<td></td>
</tr>
<tr>
<td>Inductive</td>
<td></td>
</tr>
<tr>
<td>Qualitative Research</td>
<td>Semi-structured face-to-face interviews</td>
</tr>
<tr>
<td>A. Themes - Shopping Activity</td>
<td>B. Critical Incident Technique</td>
</tr>
<tr>
<td>- Shopping patterns</td>
<td>- Critical incidents experienced in food shopping</td>
</tr>
<tr>
<td>- Barriers in food shopping</td>
<td>- Changes experienced in food shopping</td>
</tr>
<tr>
<td><strong>STAGE TWO</strong></td>
<td></td>
</tr>
<tr>
<td>Deductive</td>
<td></td>
</tr>
<tr>
<td>Quantitative Research</td>
<td>Structured Questionnaire administered in face-to-face interviews</td>
</tr>
<tr>
<td>A. Themes - Shopping Activity</td>
<td>B. Satisfaction Survey</td>
</tr>
<tr>
<td>- Shopping patterns</td>
<td>- Measure of importance and satisfaction of factors identified in CIT</td>
</tr>
<tr>
<td>- Barriers in food shopping</td>
<td></td>
</tr>
</tbody>
</table>

These methods were used to provide insight into the adequacies and shortcomings of food choice models. Stage one of the research was the inductive stage where explanations generated from the sample were used to understand the food shopping...
dimension. This saw a qualitative method, a semi-structured interview schedule, being used. A qualitative method was chosen for a number of reasons.

First, an exploratory approach to the area of study was needed. Chapter Two showed that there was limited research within a food choice context on the food shopping activity. Previous conceptual models have only identified aspects such as income, price, access and availability (Khan, 1981; Shepherd, 1985; Conner, 1994). In light of the many difficulties and disadvantages experienced by older consumers (see McKie et al, 1998; 2000; McKie, 1999), discussed in Chapter Three, the understanding of the older consumer and their food shopping is limited. Much of the research has been discursive (Herne, 1995; Read and Schlenker, 1993) or focused on one particular aspect, such as location or access (Bromley and Thomas, 1993;1995; Smith, 1991).

Secondly, a qualitative method allowed for the study to be examined from the consumers’ perspective, rather than imposing pre-determined categories which can influence consumers’ responses (Patton, 1991). This has been recognised as a feature of food choice research (Gregory 1995). Whilst the food choice discipline has only a few studies on the older consumer in detail, marketing literature appears repetitive, mostly quantitative and store focused (see for example, Mason and Bearden, 1979; Westbrook, 1981). Those who have used a more qualitative approach, such as Bell et al (1997) using Critical Incident Technique to look at service quality in food shopping, have revealed the complexities of the problems being studied. Also, where food choice studies have used qualitative approaches with the elderly, such as focus groups used by Schmidt et al (1994) and Clarke et al (1995) and interviews (McKie,
1999; McKie et al, 2000), the inter-relationships and problems experienced from the consumers’ viewpoint again reveal that any changes to be recommended must come from such a detailed understanding.

Thirdly, the inherent advantages of using a qualitative method have been well documented. Such a method has been used by other authors because it provides depth, is concerned with particulars and can draw conclusions on every case in contrast to a quantitative approach which is concerned with generalisations (Hyde, 2000).

Complementing the detail of the qualitative data was the quantitative method in stage two. As expressed in Section 4.1, a multi-method approach allows for strengths and weaknesses in the study to be seen more clearly and adds weight to the findings of the study. A quantitative approach was used in this study to collect a broader representation of findings than in stage one. Taking a different sample would allow for peoples’ experiences to be compared and contrasted. The qualitative data was also prepared into a format that would allow other groups to be tested and the study to be replicated, a strength highlighted by Jick (1979).

The quantitative stage also allowed for statistical tests to be run on the data, firstly, to test the coding and relationships established in the first stage and, secondly, to explore the inter-relationships in the data. Such a quantitative approach, being grounded in the consumers’ perspective from the qualitative stage, minimised preconceptions on the part of the researcher and is valuable when considering implications of the findings.
As stated in the introduction, whilst two different samples were used, the same sampling approach was taken for each of the stages. This will now be discussed, before moving on to the two stages of research.

4.2 Sampling

As the study aim was to investigate the food shopping experiences of older consumers, those who actively participated in their food shopping, by undertaking their food shopping themselves or going with someone to do their food shopping, were targeted. This influenced the sampling frame used to identify such recruits, which then influenced the sampling method used to select recruits.

4.2.1 Sampling Frame

A sample such as the elderly must be approached sensitively. Many older people live alone and so ‘cold calling’, stopping them in the street and telephoning may intimidate them. Also, a number of health problems, such as hearing difficulties and frailty in having to stand to answer questions in the street meant that research had to be conducted in people’s homes or social environment and that they had to be contacted beforehand. There were, therefore, two main routes available to accessing older consumers.

First, General Practitioners (GP’s) have been used on some occasions such as in McKie et al’s (2000) study ‘A nutritional anthropology of elderly people residing in the community’ which was funded by the Chief Scientists Office (Scottish Office).
Such a source has the strength of allowing for a representative sample through quota sampling, stratified sampling or random sampling if the sample is large enough (Coolican, 1994). As a range of locations were desired, GP registers were deemed impractical as numerous Health Boards would have to have given ethical approval. Initial exploration of this route found that communication with GP’s was difficult and reliance on their participation and resources would have been needed to access respondents who stayed some distance away.

The alternative which was deemed to be more appropriate was that of developing a range of organisations that could be contacted. Bury and Holme (1991) undertaking approximately 200 interviews with people over the age of 90 years, discuss their experiences of establishing a sampling frame and conclude that GP’s and DHSS records are difficult in terms of approval, co-operation and accuracy of data/records. Instead, the authors used a variety of voluntary and private agencies in order to give as wide a range of people as possible. These are listed in Table 4.2.

Table 4.2  Range of organisations available to develop sampling frame

<table>
<thead>
<tr>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Press</td>
</tr>
<tr>
<td>Local Radio</td>
</tr>
<tr>
<td>Residential and Nursing Homes</td>
</tr>
<tr>
<td>Housing Departments</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>Community Health</td>
</tr>
</tbody>
</table>
Such an approach has been used by others to access the elderly. For example, Wylie et al (1999) used Sheltered Housing, own-homes and day centres.

This study used a number of these sources to identify a sampling frame. These are listed in Table 4.3 and indicate what organisations were used for each stage and where the interviews took place.

Table 4.3   List of sources/organisations used for sampling frame

<table>
<thead>
<tr>
<th>Source</th>
<th>Organisation(s)</th>
<th>Place of Interview</th>
<th>Stage One</th>
<th>Stage Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Community and Business Directories</td>
<td>Community Centres</td>
<td>• Private room in Community Centre</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Borders Regional Council</td>
<td>Day Centres</td>
<td>• Private room in Day Care Centres</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Housing Associations: Biel Housing Association</td>
<td>Sheltered Housing Schemes</td>
<td>• Individual’s homes • Private area in communal living area</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hanover Housing Association</td>
<td>Individual Churches</td>
<td>• Individual’s homes</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Church of Scotland</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Sheltered housing complexes were deemed to be appropriate because information was available from the head offices to show the schemes who were most independent and those who had more frail and dependent older people (termed very sheltered housing). Senior executives within the housing associations helped by providing comprehensive lists of their wardens, schemes and contact numbers. Letters were
firstly sent out to wardens by these senior executives, verifying the research and encouraging them to take part. The wardens were then contacted by letter by the researcher and then followed up with a telephone call a few days later.

A positive response was obtained from all sheltered housing wardens. All were willing to co-operate, although some wardens found that none of their residents were willing to participate. This, however, was the minority.

One of the advantages of using such a variety of organisations was that generally there was a contact person, either the leader of a group or the warden of a sheltered housing scheme. This avoided contacting older people directly and so minimised problems of trying to recruit volunteers individually with no-one verifying the legitimacy of the research and researcher. Also, in having such a contact person, guidance was given on who would be unsuitable to approach, for example those who were housebound. Whilst introducing some influence over the sample, it was felt that the benefits of having an intermediary far outweighed the disadvantages. Many older people live alone and permission would have had to be sought to enter sheltered housing schemes anyway.

Although no formal quotas were set for the sample, such an approach allowed for a range of locations, living circumstances and a range of incomes to be represented. It also meant that the research could cover a wide geographical area, which would have been inaccessible had clusters of interviews not been organised for one location (Collins, 1986).
Other advantages relate to the environment in which the interviews for both stages took place. Where possible, a separate room was used to interview those in a group setting, but for those in a communal area, efforts were made to ensure the interview was private with minimal distractions.

4.2.2 Sampling Method

A convenience sampling method was used, where volunteers who met the requirements were recruited so long as they were willing. Such an approach of using groups as a sampling frame and then using a convenience sampling method to recruit volunteers has been used by Polegato and Zaichkowsky (1994) in studying older people.

A convenience sampling approach allowed for this as it suited the needs of the older person. Relying on volunteers and contacting people via their warden, minister or group leader meant that any security problems were minimised. This increased their willingness to participate, as they were reassured about the authenticity of the research. Also, to encourage people to take part, a small food parcel was given out to volunteers as a token of appreciation.

The limitations of such a sampling method are recognised as giving rise to a sample which is potentially unrepresentative of the wider older adult population and so generalisations cannot be made. The variety of organisations used in the sampling frame maximised the types of people recruited and gained a cross-section of income, housing types and geographical locations. While no controls or quotas were used, data, such as details of health and income, was collected in order to clearly describe
the characteristics of the sample. As discussed in Chapters Two and Three, such factors can disadvantage older people.

As income details were sensitive for older people to talk about, questioning in this connection was restricted to whether they were solely dependent on state pension for disposable income or whether they had additional sources for their food shopping budget. This gave an indication of those on a minimal income and those who had supplementary sources.

Consideration was given to the geographical location of consumers. From the discussion in Chapter Two, research shows a mixed picture of rural and urban differences. Whilst the disadvantages discussed appear to be compounded in a rural area (McKie et al, 1998; Clarke et al, 1995), other evidence suggests that people living in urban areas experience poverty (Lang, 1995), retail deserts (Carahe et al, 1998; Lang and Carahe, 1998), support and help (Magilvy et al, 1994), differences in supply of small stores (Tighe et al, 1991) and have accessibility problems (Bromley and Thomas, 1993; 1995). It was beyond the scope of this study to undertake a rural and urban comparison and so the fundamental factors which make up the shopping experience of older people represent a cross-section of locations.

Although, not of direct consequence to this study, it was found that identifying location types, such as rural and urban, was difficult. There appears to be no clear working definition of urban and rural. Data obtained from Scottish Hones and the Scottish Office Central Research Unit and General Registrar for Scotland, whilst using census data at a postcode level, all contained weaknesses.
First, definitions varied from being based on density of population per kilometre to density per hectare. Secondly, anomalies existed in the postcode data of the Scottish Office, which, because it was based on population density, resulted in office areas within cities being termed rural. Thirdly, for this study, rural was often defined too strictly as part of the postcode was termed rural whilst the other part would be urban.

Once the sampling frame and method of sampling had been established, the size of the sample had to be considered. No sample size was set for the qualitative stage of interviews. CIT states that sample size is not pre-determined but rather adequate coverage of incidents indicate when the sample size is reached. Adequate coverage of incidents was deemed at 248, which reflected a sample size of 93 respondents.

Using the same sampling frame and sampling method, a new sample was recruited for gathering the questionnaire data. A target of 200 respondents was set to ensure that data was representative of a significant population, that statistical tests could be carried out on the quantitative data and that this was an achievable target given that data was being personally collected from a wide geographical area.

A total of 220 questionnaires were administered, resulting in 168 quality interviews. It was evident that patterns were emerging in the data and that sufficient numbers had been collected. The characteristics of the sample are discussed in Chapter Five.
4.3 Stage One – Interview Design

The aim of the study was to build a profile of the older consumer within the context of today’s shopping environment and to assess the influence of the retail environment upon food and store choice. A face-to-face semi-structured interview was conducted with older people.

A semi-structured interview falls between the open-ended ethnographic type structure and the highly structured pre-determined response categories with a few open-ended questions (Fontana and Frey, 1998). Such an instrument has been used by Wylie et al (1999) to gather opinions and establish personal influences of health and social factors influencing food choice in the elderly. Following such a qualitative method had advantages over using focus groups as it gave accounts of personal experiences.

Its strengths are that a lot of data can be collected quickly and that the data is of quality because it can be collected from a broad range of people and full data sets can be secured (Marshall and Rossman, 1999). The quality of the data is also reflected in its depth as it provides insights into the meaning people place on their everyday activities (Denzin, 1970; Yin, 1984).

According to Marshall and Rossman (1999) weaknesses of interviews relate mostly to the skills of the interviewer. A good interviewer should have good listening skills, good interaction skills and be able to communicate questions well. Weaknesses in these areas result in poorer quality data. For this study, the researcher drew on
experience of previous research work with the elderly involving interviews (Leighton et al, 1996; Leighton and Seaman, 1997).

The interview schedule was developed from the literature and previous pilot work (Leighton et al, 1996), covering the following main themes. As Chapter Three developed an understanding of the older consumer by describing their characteristics, looking further at issues of disadvantage and influences on satisfaction, the interview schedule picked up on these themes. Each interview lasted from between 10 – 30 minutes and covered two main areas. First, the shopping activity was taken as a theme and the shopping patterns, barriers in food shopping and changes in food shopping were explored through a series of structured and further prompt questions. Secondly, Critical Incident Technique was used as part of the interview to elicit particular food shopping stories.

4.3.1 Section A: Shopping Activity

This section was structured with specific questions in order to gather factual information, but there was some degree of personal insight granted by allowing for further questions to be asked. A copy of the interview schedule can be seen in Appendix Four.

- **Shopping Patterns** - This theme sought to provide a description of the shopping activity. Shopping patterns were identified through question one by asking about: the frequency of shop; the shops used; the transport methods used and level of support received.
• **Barriers to Food Shopping** – The availability of food within stores was identified through question two by looking at the foods not available and any food preferences the respondents had. The reasons for not being able to buy preferred foods were investigated to identify the barriers. Questions were left open-ended to allow respondents flexibility, but previous studies suggest that income and access are likely barriers. In terms of barriers to store choice, question three mirrored that of question two. It has been recognised that food preferences can be affected by availability of stores as identified in Chapter Two in connection with food choice models (Piacentini et al., 1995) and so respondents were asked about store preferences and, if unable to exercise the preference, the reasons for this. Again, questions were left open-ended although previous studies have identified access and cost of travel as barriers to store choice (Beaumont et al., 1995).

• **Shopping changes** – This theme was explored through question four to identify what had changed in food shopping for respondents and what their perceptions of these changes were. This was to help identify how they felt about food shopping.

• **Demographic data** – This was collected through questions six to nine which described the samples' characteristics. Information on age, gender, health, household size and location was sought as Tinker (1994) highlights these as important when researching older people. The background to these factors was described in Chapter Three and how they were taken into account in obtaining the samples developed in Section 4.2.
In terms of analysing this section of the interview, similar techniques as those employed for analysing CIT were employed. These are discussed in detail in Section 4.4.2. Many responses were factual and short, although more depth was given for the shopping changes theme. A content analysis was undertaken. The data was read thoroughly, collated under headings and categories formed, which could then be used in stage two. This was a similar approach to the food choice study of Povey et al (1998) who used a first stage to feed into a follow-up questionnaire. To ensure appropriate categories were formed, they were checked with previous pilot work carried out in the area by Leighton et al (1996). However, the names of the categories were kept to the terms used by respondents.

4.3.2 Section B: Critical Incident Technique

As described at the start of this chapter, section B of the interview used CIT. It has become a popular methodological tool and Bitner et al (1990) and Cormack (1991) describe it as a good exploratory inductive technique. It has been used in a variety of disciplines since the 1980s and has been used to measure the consumer’s perspective in the service sector (Bitner et al, 1990; 1994; Keaveney, 1995; Edvardsson, 1992; Nyquist et al, 1985), health care (Grant and Hryck, 1987; Gabbott and Hogg, 1996), the retail sector (Kelley et al, 1993; Bell et al, 1997) and nursing (Norman et al, 1992; Cormack, 1983; 1991). It has also been used to measure from an internal business perspective (Lockshin and McDougall, 1998).

It was first formally described by Flanagan (1954) as a result of developmental work that had originated with Sir Francis Galton 70 years previous. Flanagan’s work was developed through studies by the United States Army Air Forces and Flanagan
(1954) describes comprehensively the developmental studies and cites much literature to support the development of the technique in applied settings.

This study followed the original framework of the technique as set out by Flanagan (1954) and draws upon the description of the method by Walker and Truly (1992), Bell et al (1997); Bitner et al (1990; 1994), Nyquist et al (1985) and Cormack (1991). However, CIT was designed to be a flexible research tool and appropriate modifications, as guided by subsequent authors such as Bitner et al (1994) and Norman et al (1992), were made to meet the needs of this study. These will be referred to as the five stages of the technique and are described below.

(i) **Define General Aim**

Flanagan (1954) believed the preparation of CIT to be important for focusing the study. The general aim should be simple and clear and arise from the needs of the research (Walker and Truly, 1992). The general aim can be broad to encompass as many incidents as possible (Keaveney, 1995). The general aim for this study was to investigate all aspects that consumers perceived to be related to the food shopping experience.

(ii) **Plans and Specifications**

This stage defines behaviour that is crucial in describing the activity and will determine critical incidents. This can take the form of extreme behaviour, for example outstandingly effective or ineffective in relation to the general aim. Four aspects guide the formation of these plans and specifications.
First, the situation must be defined and include the people who are the focus of the research, the place and situation that is being analysed as well as the conditions which must be applied. Second, the relevance of the behaviour to the goals must be established, that is the effect behaviour has on goals. Thirdly, there must be a clear indication of what ‘critical’ actually means in the context of the study and so guidelines need to be set to indicate at which point an incident is deemed critical. Finally, the training of observers, or interviewers, must be considered. This latter consideration resulted from Flanagan (1954) who collected the data as an observer.

In order for an incident to be critical it must meet certain criteria, which can be adapted to suit the particular study. Similar criteria to those in Gremler and Bitner (1992) were used with the result that an incident had to be, where possible, a discrete episode, provide sufficient information for the interviewer to visualise the incident and be positive or negative from the respondent’s point of view.

The precise criteria used to determine what a critical incident would be in relation to the general aim of this thesis were:

any consumer, retailing or general factor or behaviour related to the food shopping activity of consumers aged 60/65 years plus and living in Scotland and actively participating in their food shopping, that was expressed as good or bad from the respondent’s perspective.

The elements of place, person, conditions and activities were included as recommended by Flanagan (1954). Whilst the aim was to gather details of discrete
episodes, general stories were also collected, as in the study by Keaveny (1995). By setting such a broad aim/specification and not putting any ‘behaviour element’, such as stopping shopping at a particular store if dissatisfied, general stories and a wide range of aspects of the shopping experience were obtained.

(iii) Data Collection and Interview Schedule

Critical incidents can be collected through direct observations or recalled by respondents. There are two main methods of data collection, as illustrated in Figure 4.3.

![Figure 4.3 Data collection methods of CIT](image)

Flanagan (1954) discusses these methods and states that the recall method can be satisfactory if executed efficiently. There are also a number of ways of collecting the information, such as by questionnaire, interview or group interviews. He advocates individual interviews although they are more time consuming.

Easterby-Smith et al (1991) highlights that CIT is criticised for its reliance on memory and that when people are asked to recall incidents, they may rationalise
them. They propose that CIT be used within the context of a in-depth interview. However, it is clear from Flanagan (1954) that the technique was meant to be used as a tool for gaining qualitative data, in its own right, and subsequent studies have used CIT on its own.

The actual interview schedule should be made up of a series of questions, deliberately chosen in order to allow respondents to identify as many factors as possible (Keaveney, 1995). Outlines of schedules are given by Bitner et al (1994), Easterby-Smith et al (1991) and Cormack (1991).

The basic principle behind the development of the questions is to ensure that they elicit what was good and why, what was bad and why, and why and how it could have been better. Of course, some studies focus only on negative elements (Kelley et al, 1993 or Keaveney, 1995) but other try to gain both positive and negative (Bell et al, 1997). Such a framework will also help elicit a balance of incidents and so counter the criticism sometimes levelled against CIT that it produces a bias towards negative incidents.

Respondents were asked in question five to recall something particularly good or bad in their food shopping and were then prompted by further questions to give full details of what happened and if negative why it was so and what should have been done. Identifying dissatisfaction provides the opportunity for elements to be changed to ensure satisfaction. Bitner et al (1990) probes what has made them feel dissatisfied although Keaveny (1995) warns that it is not the role of the respondent to analyse the situation but rather the researcher who should make the inferences. In
this study, the experience of shopping was taken to be the individual's shopping trip and so included experiences of a variety of retail outlets and locations. In many instances, there were persistent problems such as a lack of public transport, which meant there were occasionally no 'discrete' episodes but rather a general story. The type of data generated in this study was similar to the observation of Norman et al (1992) who found that a respondent could give an expression of good or bad, but with only a general example.

Embracing such a broad picture had to be reflected in the content of the interview questions. Some studies have sought to avoid the less extreme incidents (Gremler and Bitner, 1992; Nyquist et al, 1985) which has been reflected in the wording of the interview questions, with Norman et al (1992) suggesting the avoidance of terms such as satisfied and dissatisfied.

(iv) **Data Analysis**

The unit of analysis varies according to the aims of the research and can, for example, be behavioural factors, environmental factors or general comments (Walker and Truly, 1992). CIT has been used to collect data on switching behaviours (Keaveney, 1995); service quality factors (Bitner et al, 1990; 1994; Nyquist et al, 1985) and dis/satisfiers (Bell et al, 1997).

The aim is to summarize and present the data, keeping its validity, comprehensiveness and specificity. There are three aspects associated with data analysis. First, the frame of reference must be determined in relation to ease of use of the data, its accuracy, relevance to previous classifications, and intended
interpretation and reporting. Secondly, category formation is a subjective process, although this can be reduced slightly through peer review which will be discussed under reliability and validity. Thirdly, a decision must be made on how general or specific the data should be. In order to address these points, consideration should be given to ensure that headings are logical and reflect factors of similar importance or magnitude, and labels are meaningful yet neutral.

Flanagan (1954) sets out guidelines for categorising and coding the data collected. These basically follow guidelines for analysing unstructured data, such as those for content analysis. Content analysis allows for an inductive approach to data analysis (Cormack, 1991; Bitner et al, 1990) and can be used on a range of material, including interview data (Flick, 1998). The strengths of such an approach are that it rearranges the data into meaningful categories (Maxwell, 1996) and provides a classification of data that maximises the reliability and validity of the coding system (Henwood and Pidgeon, 1993), however, Weber (1985:69) cautions against “mindless content analysis”.

Content analysis was, therefore, used to analyse the data, as in Bitner’s et al (1990) study, and standard categorising methods for qualitative data were followed as given by Boulton and Hammersley (1996), Mason (1996) and Dey (1993). The incidents were read thoroughly and notes taken on themes and categories emerging from the data. Cross-links within segments of the data were also noted. Segments of the data were then gathered together. Ten categories from the data were then identified. These related to key elements within the shopping experience and ranged from internal store factors and staff issues to external factors, such as social aspects and
local facilities in the community. The headings of the categories were related to the key issues emerging in the data rather than the feelings or behaviours of respondents. This made it more focused on retail issues. From the 10 primary categories, the data was read further and refined to 8 primary categories. A further 22 sub-categories were developed. This defined more clearly the elements causing dis/satisfaction. The reasons for negative incidents and expectations were developed from the sub-categories.

All these categories were then defined and a description of the issues relating to each developed (see Appendix Five). The development of categories and coding of incidents was an on-going process as data was collected, as this ensured that adequate coverage of incidents had been gained. There was deemed to be content validity when the last 100 incidents coded did not result in any more than two new sub-categories and it was felt that adequate examples had been collected, as described in Flanagan (1954).

One of the main criticisms of CIT has been the potential bias and misinterpretation during the data analysis stage. Such criticisms are true of all inductive and content analysis studies. However, a number of authors have established that CIT is both a reliable and valid research tool (Andersson and Nilsson, 1964; Ronan and Lathan, 1974; White and Lock, 1981). Flanagan (1954) himself cited as many as 60 studies documenting the use of CIT.

Ronan and Lathan (1974) have provided a comprehensive review of the three reliability tests, that is ‘interjudge’, ‘intraobserver’ and ‘interobserver’ reliability tests
and the four validity tests, these being ‘content’, ‘relevance’, ‘construct’ and ‘concurrent’. These tests encompass the actual coding method itself as well as the adequacy of sample size and all were found to be satisfactory and support CIT.

Building on this work, many authors have used two of the tests identified by Ronan and Lathan (1974) to ensure reliability and validity within their studies. These two tests, interjudge reliability and content validity, are most commonly applied (Kelley et al, 1993; Bitner et al, 1990; Nyquist and Bitner, 1987).

The guidelines for these two tests are given by Ronan and Lathan (1974). First, interjudge reliability can be tested by taking the intersection of all incidents coded between judges and divided by the union of incidents. If there is 80% agreement, this is deemed to be satisfactory.

Secondly, content validity can be tested in two ways. Once all incidents are collected, the last 10% of incidents can be held back until all coding has been completed. These are then coded and if no more than two new sub-categories are formed then a sufficient coverage of incidents is deemed to have been collected. Alternatively, whilst incidents are being coded, once 90% of categories have appeared, 75% of incidents should have been classified.

Once categories had been defined, the incidents were coded by the researcher into these categories and then verified by two independent judges who each coded a sample of 100 incidents. The judges were active researchers unconnected with the study. Any disagreements were discussed until resolved and synonyms coded as one,
for example ‘pleasant and helpful’ was coded as ‘pleasant’. Cronbach Alpha’s reliability test gave 0.92 reliability. Such a process is common in other studies (Bitner et al, 1994).

Once the data was coded the categorised data was presented in matrix form (Miles and Huberman, 1984). Descriptive statistical data was developed from the coding of data into categories to provide frequencies and comparisons. To explore the data the following questions were used, similar to the studies by Bitner et al (1990) and Mittal et al (1998):

1. What factors contribute to a satisfactory shopping experience?
2. What factors contribute to a dissatisfactory shopping experience?
3. Are these factors similar i.e. opposites?

A summary of the data was then entered into an Excel spreadsheet. A function available within Excel is PivotTables. This is a cross-tabulating function which allows for many categories to be cross-tabulated at one time. For instance, a primary category, its sub-categories and the value of the incident, i.e. positive or negative, could be cross-tabulated. This would normally provide a frequency value. However, in this study, it was used to establish links between categories rather than simply the frequency numbers emerging.

In presenting the analysis in Chapter Six, tables, graphs and quoted text are used to give an overview of the findings as well as a flavour of the detailed experiences.
(v) Interpreting and Reporting

This stage should see the limitations of the study being explained, but emphasis should also be given to the value of the results.

Much discussion has focused on the benefits of CIT. Among them and of relevance to this study, are that: it provides a detailed account of people’s perceived experiences (Edvardsson, 1992); it allows for exploration in under-researched areas (Bell et al, 1997); it is a flexible tool and can generate broad or specific details (Keaveney, 1995); and it allows for content analysis and its benefits (Bitner et al, 1990).

A further strength of this methodology, as applied in this study, was that it allowed consumers to determine important factors rather than using pre-described categories in a model such as SERVQUAL (Parasuraman et al, 1988). It also allowed older people to talk freely and recall their own experiences rather than trying to formalise answers and evaluate their experiences themselves.

Although content analysis is one of its strengths, the main criticism levied at the technique is that the data analysis can be misinterpreted or influenced by the researcher. Such a potential weakness is minimised by the proven validity and reliability of the technique and through the tests, described above, applied to this study’s analysis.
4.4.3 Piloti

The interview schedule was piloted on four groups and a total of 20 respondents before conducting the research. This pilot raised a number of issues in relation to the administration of the interview, the structure and the content.

In terms of administration, tape recording was found to be impracticable due to noise levels in open social settings, softly spoken respondents and a reluctance by respondents to wear a microphone. Notes, therefore, had to be taken. Because answers were short, exact wording could be recorded in shorthand form and hence respondents’ dialects kept, as can be seen from the transcript quotes presented in Chapter Six.

In terms of structure, CIT was placed after the factual information at the start as this proved to allow time to build rapport and focus the respondents’ mind on the food shopping activity before moving into more exploratory questions. Personal details were kept to the end to allow for respondents to become comfortable.

Finally, in relation to the content, CIT needed refining. A range of words, such as satisfying and dissatisfying and positive and negative were used to elicit incidents. However, the words good and bad provided a wider range of incidents and respondents appeared to understand more clearly what was being asked. This confirms earlier discussions that extreme wording should be avoided (Norman et al, 1992) and that less extreme incidents can be elicited with ‘softer’ wording (Bitner et al, 1994).
4.4 Stage Two – Satisfaction Survey

As explained in Section 4.2, in this study, a deductive approach was followed after the inductive approach in order to gather new perspectives on the food shopping experiences of older consumers and to compare the factors identified in stage one. Deductive approaches are commonly associated with quantitative research methods. This stage of the research used a structured questionnaire administered through face-to-face interviews as in stage one, with each interview lasting from between 20 – 45 minutes. The questionnaire was administered in an interview situation as it was felt to be too complex for elderly to self-complete. As identified earlier, interview situations can result in problems of bias (Boyd and Westfall, 1970). However, this can be minimised with a highly structured questionnaire design. Furthermore, the difficulty of low response rates from postal surveys are well documented (Scott, 1961) and it was felt that this would be the case with an older sample, particularly if the questionnaire was complex.

4.4.1 Questionnaire Design

In designing a questionnaire, Gill and Johnson (1997) identify four key areas to consider. First, the questionnaire must be focused on the research problem, addressing the tension of having the questionnaire short enough that consumers will respond and capturing enough data to be meaningful. This was particularly important in the case of the elderly, as stage one had identified that respondents did lose concentration.
Secondly, the phraseology must be accessible to respondents and so piloting the questionnaire is a valuable exercise. As with stage one of the research, the questionnaire was piloted to ensure that the format and the wording was appropriate.

Thirdly, the right format of question is needed to allow for the appropriate analysis to be performed to answer the research questions. As will be discussed in more detail later, the questionnaire sought to identify feelings of importance and perceptions of satisfaction and so ranking and scaling questions were included. This influenced the types of analysis that could then be performed when exploring the data.

Finally, the sequencing and presentation of the questionnaire should be such that respondents are led through the questions from a general to a more detailed level. Starting the questionnaire with factual questions allows the respondent to relax and start thinking about the subject. The questionnaire should then move on to eliciting personal opinions or feelings. As will be seen, the design of the questionnaire for this study started with factual information regarding their shopping activity and then progressively moved into more detailed questions of importance and satisfaction.

The questionnaire was developed from the results of the interviews in stage one and followed the same two sections, shopping activity and shopping experiences, as seen in Appendix Six. Whereas in the interview, respondents could use any food shopping trips as their frame of reference in answering questions, the questionnaire asked respondents to focus on the main shopping trip that they do, unless asked otherwise.
Section A: Shopping Activity

This section followed up the aspects of the shopping activity identified in the interview through questions one to seven.

- **Shopping Patterns** – Shopping patterns were the focus of questions one to five. Whereas in the interview, methods of transport and frequency of shop were asked, they were not explored further due mainly to trying to keep the questionnaire length to a minimum. The key issues were felt to be establishing where respondents shopped and distinguishing between the main and supplementary shopping trips. The support available in the main shopping trip was also explored, covering who it was who helped and whether they helped with transport.

- **Barriers to Food Shopping** – Questions six and seven sought to quantify the barriers to food and store choice, with categories for response being given from the interview findings. In question six, the defined categories differentiated between various difficulties of accessing available stores and there being no store available.

- **Respondent Information** – As with the interview schedule, respondent information was put at the end of the questionnaire (questions 11 – 16) and covered gender, age, household size, sources of income and postcode data. Issues of mobility and sight impairment were covered by asking about limitation of health on food shopping. Such a type of question was used within the General Household Survey and was felt to be more embracing (than the corresponding
questions in stage one) of the health issues and the perceived impact they had on shopping activity.

The changes that consumers experienced were not explored further in the questionnaire as it was felt that they could not be readily quantified, and that the richness of the data from the interview could stand alone.

Section B: The Food Shopping Experience

This section drew upon the results of CIT and explored two aspects. First, the importance of the factors identified as influencing the food shopping experience was investigated. The eight primary categories formed the basis of this question (question eight). Some explanation was given as to the meaning of the headings and two specific sub-categories were drawn out. The price of the food was taken as a main factor, even although it was only a sub-factor in stage one, as price has featured so prominently in food choice studies (Mooney, 1990). Also, the budgeting for food was taken as a main factor as the category of Personal Factors was so diverse and so would have proved difficult to explain the meaning of. Budgeting has been seen by Leather (1992) as crucial to food choice and is linked to the price issue. Similarly, because it was the largest sub-category within the External Shopping Environment category, 'other shops' was also selected for inclusion in this question.

Respondents were asked to rank the factors in terms of most important, second most important and least important. In order to establish the importance of the factors identified as influencing satisfaction with the food shopping experience, the main
factors (categories) developed through CIT were used, but with the amendments described above. The following table (4.4) indicates these amendments.

Table 4.4  Amendments made to primary categories, for ranking question seven

<table>
<thead>
<tr>
<th>Primary Category</th>
<th>Amended phrasing for questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandise Related</td>
<td>Aspects of the food</td>
</tr>
<tr>
<td></td>
<td>Price</td>
</tr>
<tr>
<td>Retail Practices</td>
<td>Running / management of the store</td>
</tr>
<tr>
<td>Staff Issues</td>
<td>Staff Issues</td>
</tr>
<tr>
<td>Internal Store Environment</td>
<td>Design</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Meeting people</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Getting to / from the shops</td>
</tr>
<tr>
<td>Personal</td>
<td>Budgeting</td>
</tr>
</tbody>
</table>

The amendments related to the explanation and wording of categories in order to give respondents a clear understanding of what the categories referred to and to allow for price and budgeting to be two separate categories.

Marton-Williams (1986) suggests that in such questions, cards can be used to help prompt the respondent and so Card A (see Appendix Six) was given to respondents to help them focus on the factors they had to rank.

To measure the food shopping experience further, the 22 sub-categories were formed into 22 statements that respondents had to rate for satisfaction. A five point scale was used, ranging from 1 = very dissatisfied to 5 = very satisfied, in question nine. Respondents were given a card (Card B – see Appendix Six) to help them select their rating. They were also asked to indicate if any of the factors were not relevant to
them in their food shopping as it was obvious from stage one that some respondents had not, for example, complained to staff and so could not rate staff on the way they dealt with it (see question 9, part m).

Using scales to measure satisfaction is a common method with the elderly (McCartan-Quinn et al, 1996; Mason and Bearden, 1979) as it allows for a grading of opinion to be given. A measure of overall satisfaction was taken in question ten using a five point scale where they rated their main food shopping trip for overall satisfaction.

4.4.2 Piloting

As identified earlier, a pilot stage is valuable for a questionnaire (Gill and Johnson, 1997). As with the interview schedule in stage one, the questionnaire was piloted on four groups of respondents. The main refinements concerned the length of the questionnaire and the approach taken in question eight on importance.

In terms of the length of the questionnaire, section A had to be kept to a minimum as respondents got tired and lost concentration by the time question nine was being asked. Concentration was particularly needed for this question given its repetitiveness. It was important, therefore, that the key issues discussed in Section 4.4.1 were taken into account.

In terms of the approach in question eight, it was originally designed that a scale measure of importance would be used. However, respondents confused the subsequent question on satisfaction with importance and the time the questionnaire
took increased. Therefore, a simple ranking question was needed. It proved that ranking 10 items was too complicated and so respondents were just asked to rank the most, second most and least important factors.

In terms of the satisfaction question, various scales were tested. Previous studies have used 5, 7 and 10 point scales. The questionnaire originally had 7 points as this would define more precisely levels of satisfaction. However, it proved to confuse respondents as they could not identify with such specificity. A 5 point scale was then introduced and respondents were found to use the full scope of the scale.

4.4.3 Analysis

All data from the questionnaire was coded into SPSS for Windows (Version 9) by assigning values to structured questions and coding the open-ended questions into categories. The analysis covered the two sections of shopping activity and the shopping experience.

In terms of the shopping activity, the data collected was categorical and so the analysis was limited to that based on contingency tables. A descriptive analysis of the data was obtained by generating frequencies for questions one to seven. This provided new perspectives on the shopping activity as it related both specifically to the main shopping trip and to the range of shopping trips represented in stage one.

In order to explore the quantitative data and investigate relationships, age, health and income from respondent information (questions 12, 14 &15) were cross-tabulated with a number of shopping activity questions. The chi-square test was used to
determine whether or not these characteristics had any influence on the shopping activity.

Pearson chi-square test ($\chi^2$) compares the frequency of cases against the expected frequency of cases for one or more related samples which have two or more categories. The closer the expected number is to the observed number across all categories, the less likely it is that any difference is statistically significant. The significance of the chi-square is a ‘1-’ figure, that is >95% and significance is indicated by values <0.05. The chi-square calculation is

$$\chi^2 = \frac{\text{sum of (observed frequency} - \text{expected frequency})^2}{\text{expected frequency}}$$

The test cannot determine causal relationships but only those explained on the basis of the expected probability of cells (Cramer, 1998). It is a general rule that expected frequencies in each category should equal five or more and cells can be collapsed to ensure this happens. This was done for the variable of health, which was reduced from three categories (always limits food shopping, sometimes limits food shopping and never limits food shopping) to a dichotomous variable (some degree of limitation and no limitation). One question in Chapter Five was reduced (method of transport) to avoid there being an expected value of less than five.

For each contingency table, the $\chi^2$ value, significance value and the degrees of freedom are given. The degrees of freedom refer to the number of categories that need to be known before the remaining categories are fixed. For example, two
categories have one degree of freedom because if the total frequency and the 
frequency of one category is known then the frequency of the other category is fixed 

For 2x2 contingency tables, a correction factor is applied to the chi-square calculation 
for continuity and to reduce the probability of a type one error, that is accepting a 
relationship when in reality there is not one (Cramer, 1998). Yate’s correction 
reduces the absolute value of the difference between expected and observed 
frequencies by 0.5 before squaring. The purpose of this is to adjust the calculation to 
cope with a binomial distribution and improve accuracy of the chi-square (Cramer, 
1998). There was only one such case in Chapter Five to which this applied and the 
correction factor is incorporated into the SPSS $\chi^2$ function.

The second part of the analysis of the survey focused on the shopping experience, as 
recorded through questions six and seven on importance and satisfaction. In terms of 
the ranked importance of factors in the food shopping experience, a descriptive 
analysis was carried out. Frequencies showed the most common response to ranking 
factors. The descriptive analysis complemented the qualitative data on shopping 
experiences in Chapter Five.

The data was again explored using the characteristics of age, health and income. 
Contingency tables and chi-square values were generated for the ranked importance 
of factors.
In terms of analysing satisfaction data, a pictorial analysis was conducted to determine normality of distribution. The mean, standard deviation and histograms were produced and showed that the data were bimodal and positively skewed. Although it is normal for satisfaction surveys to be positively skewed (Peterson and Wilson, 1996), this meant that the median and range were more appropriate for measuring central tendency and spread to give an overview of the results (Clegg, 1990). The interquartile range gave a more detailed picture of the levels of satisfaction within the sample. The minimum and maximum values were also generated to identify whether the full range of scale had been used by respondents. However, in order to reflect the levels of satisfaction accurately, frequencies were used. This meant that the levels of satisfaction were not ‘hidden’ by positively skewed data.

The type of data and the distribution of responses influenced the method of exploratory analysis that could be undertaken. There is debate over whether such a satisfaction scale should be treated as ordinal or interval data. Most authors acknowledge that the data is strictly ordinal, however, it has become popular to treat it as interval data in order to carry out parametric tests on the data (Churchill, 1999). Parametric tests, such as comparing the means through independent t-tests, were inappropriate given that the data did not have a normal distribution. Therefore, two forms of non-parametric testing were carried out.

Contingency tables and chi-square tests were carried out first. However, this resulted in the majority of the cells having expected values of less than five which meant that chi-square was inappropriate. The scale was collapsed to a three point scale but cells
still did not meet requirements for the test to be valid, since there were particularly few responses in the neutral and very dissatisfied categories.

The Mann Whitney U test is a non-parametric test which compares the number of times a score from one of the samples is ranked higher than a score from the other sample (Bryman and Cramer, 1999). This test was appropriate, not only because it was non-parametric, but also because it can analyse data from groups of scores which are unequal in size, as was the case for this data (Clegg, 1990).

Finally, the factors that were rated for satisfaction were subjected to a factor analysis in order to explore the data, provide a different perspective on the data coded in CIT and see whether factors could be reduced further. Factor analysis was appropriate for the data set for a number of reasons: it did not require ‘normal’ data; it is a recognised exploratory technique; and there were sufficient correlations (Hair et al, 1995). As will be seen, the data met this criteria.

Kinnear and Taylor (1991) identify three steps in undertaking a factor analysis. First, a correlation matrix is developed. An R-factor analysis was appropriate for this study as the correlations are calculated between variables, as opposed to a Q-factor analysis which correlates cases. Hair et al (1995) suggests that the data can be ‘visually inspected’ to see if there are a number of correlations greater than .30, which this data had, indicating factor analysis is appropriate.

Secondly, an initial set of factors is extracted from the correlation matrix. This was done using Principal Components Analysis (PCA). This method is defined by its use
of variance. There are three types of 'total variance' identified by Hair et al (1995; 1998). Common variance is the variance shared with all other variables. Specific variance is the variance of a specific variable. Error variance is concerned with errors or unreliability in the data, such as the unreliability of data collection methods. For PCA, the total variance is considered and factors are derived that contain small proportions of unique variance (Bryman and Cramer, 1999).

PCA involves the identification of a series of components (or factors), where a particular set of variables form a linear combination that explains the correlation matrix more than any other set of variables. This process is repeated for the residual matrix until there is very little variance left to be explained. The most common method for deciding the number of factors to extract, is the latent root criterion. This refers to extracting factors that have latent roots (or eigenvalues) greater than one, as any one factor should account for the variance of at least a single variable if it is to be retained for interpretation (Hair et al., 1995). However, the initial factors can be difficult to interpret and so the initial solution is rotated which is the third step in the factor analysis.

There are two main types of rotation, orthogonal (or varimax), which keeps factors uncorrelated, and oblique rotation, which allows factors to be correlated. Essentially, rotation produces factors that each have some variables that correlate highly and some that correlate to a lesser extent. This avoids all variables having a range of correlations around a mid-point, making them easier to interpret. Factor loadings are the correlation of each variable and factor (Hair et al., 1995). A varimax rotation was appropriate for this study because factors would be uncorrelated and previous studies
similar to this one (such as Westbrook, 1981) have found this method to produce the most interpretable results.

Findings from both stages of the study are presented in Chapters Five to Seven and throughout the reporting of the results, the anonymity of the respondents is kept, although gender, age and household structure are given.

4.5 Limitations

There were several limitations within this study, that should be borne in mind when interpreting results. First, there were a number of limitations in relation to the execution of primary research. These included the convenience sampling method and the representativeness of the sampling frame. Whilst every attempt was made to minimise the bias within the sample and ensure that a range of consumers was accessed, the study cannot claim to have a representative sample. However, the results do reflect the views of older people living in a variety of locations and circumstances.

Secondly, limitations also resulted from working with a specialised group of respondents. Among the difficulties encountered when interviewing some older people were: they lacked concentration; they were distracted by the environment where interviews were being carried out; and they were reluctant to have interviews tape-recorded. This latter point meant that responses had to be written down by the interviewer, trying as far as possible to keep the dialect of consumers to ensure that the full impact of responses was collected. This was manageable as the responses in
the interviews of stage one were brief and a structured questionnaire was used for stage two.

Limitations can also be related to the quality of data from a sample of older respondents. Whilst the research into the quality of survey data of older people is limited, there is evidence to support the suggestion that the quality of data is poorer than from younger age groups (Andrew and Herzog, 1986). There are a number of problems associated with both accessing and working with an older sample, such as physical health, sensory functioning and cognitive functioning (Colsher and Wallace, 1989).

Any interview or questionnaire must be modified in relation to content, structure and format to suit the needs of the elderly sample. Those who believe there to be lower quality data from this age group have found it to be in relation to: the individual’s interpretation of the questions, which is often related to the format of the questions; motivation, associated with the relevance and interest of the subject; and memory and their ability to recall situations. The degree of data accuracy and minimisation of these problems can be affected by the survey’s terminology, complexity (of issues and format) and the individual’s accuracy of response, such as the reporting of what s/he can do as opposed to what s/he actually does (Taylor-Davis and Smiciklas-Wright, 1993).

One particular area of investigation has been the use of surveys involving scaling questions. Andrews and Herzog (1986) measured the quality of data using different response scales and found that construct validity, that is the correlation between the
observed measure and theoretical construct which the measure is intended to reflect, decreases with age. Observed measures from older people are thought to be less valid indicators of the concepts they intend to reflect and the relationships involving these measures are subject to two types of bias. There was found to be a response scale type influence, with the quality of the answer with unlabelled response scales of less quality than for example a ten point scale (Rodgers et al, 1988). Method effects, therefore, appear to increase with age, although Babakus and Boller (1992) state that there are ways to improve responses. Using a 5 point scale, rather than one with 7 points, was felt to reduce frustration, increase quality of data and, subsequently, increase response rates.

This is particularly important since older people have been found to be likely to: 'agree' with statements (Jones et al, 1987; Kogan, 1961); use scales in a stereotypical way by using extreme positions (Rodgers et al, 1988); show reluctance to use the mid-point (Jones et al, 1987); and respond in a positive way (Raphael and Mandeville, 1979).

Another difficulty experienced with surveying older people is that they tend to view their world in a more global and less differentiated way (Rodgers and Herzog, 1987). Such cognitive functioning has direct implications for scaling questions if discrete items are difficult to consider and can result in the motivational problem referred to earlier.
There are many studies with elderly samples and structured response scales, such as Likert attitude and perception scales ranging from three points to 10 points (Dennison et al, 1992; Elbon et al, 1996). However, these do not discuss the quality of the data.

It is felt that better quality data can be achieved through structured surveys carried out in the context of a personal interview rather than through a self-complete questionnaire (McCarten-Quinn et al, 1996) which confirms the approach used in this study.

Quality of data has also been considered in qualitative research. Dormarad and Buschman (1995) identify that much of the understanding has stemmed from nursing. Interviews must account for psychosocial and physical needs in that they may be frail or have poor cognitive functioning, hearing and sight. There is a need to reassure respondents that their opinions are important, thereby increasing their self-esteem. It is also important to try to increase the control respondents feel they have over the situation, for example, by conducting the interview in their own home (Zola, 1986), as was the case in this study.

Despite the potential difficulties of working with an older sample identified in relation to sampling frame, sampling method, data collection and quality of data, this chapter has discussed the various attempts to minimise the problems in each of these areas, both in the literature and in this study. However, it remains that the results should be interpreted in the light of these problems, remembering that they refer to a specific group of ‘active’ older consumers.
4.6 Conclusion

This chapter has outlined the methodological approach of the study. Underpinning the choice of methods was the exploratory nature of the research and the desire to collect diverse data on the research problem. By using an inductive approach to start with, it was felt that the 'issues' of importance to older consumers could be identified and then tested out on a larger sample. It was also expected that this would have the benefit of providing greater insight into consumers' levels of satisfaction.

There are three results chapters which present the findings of the research. Chapter Five relates to the shopping activity, Chapter Six to the qualitative results of the shopping experience, and Chapter Seven to the consumer survey on satisfaction.
CHAPTER FIVE    RESULTS: THE SHOPPING ACTIVITY OF OLDER CONSUMERS

5.0 Introduction

This chapter focuses on the food shopping activity of older consumers, as identified during the course of the research. As described in the methodology, results from stage one (semi-structured interview) and stage two (consumer survey) are integrated to capture both a broad and detailed picture of the overall themes. The results cover four main areas of shopping activity. First, travelling patterns are described, focusing particularly on methods of transport. This is developed further by identifying the levels of support and assistance received by respondents. Thirdly, the store choice of respondents and the frequency of their shop are identified. Within this section the reasons for store choice and store and food preferences are explored. The final section of this chapter explores respondents' perceptions of the changes in food retailing and how they have adapted to these changes.

5.1 Description of Respondents

As the results of this chapter report on both stages of data collection, descriptions of respondents for both stages are given in Tables 5.1 and 5.2 (over). The tables show that the majority of respondents were aged 75+, with more than two thirds female, and from predominantly single person households. These characteristics reflect similar trends to
the wider population, as described in Chapter Three, although there appears to be more females and single-person households than the average.

Table 5.1  Respondent characteristics for stage one of research

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% (n=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>60/65 – 74 years</td>
<td>40</td>
</tr>
<tr>
<td>75+ years</td>
<td>60</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>85</td>
</tr>
<tr>
<td>Male</td>
<td>15</td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Mobility Problems Yes</td>
<td>28</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
</tr>
<tr>
<td>Sight Problems Yes</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>76</td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Rural (including part-rural)</td>
<td>27</td>
</tr>
<tr>
<td>Urban (including part-urban)</td>
<td>73</td>
</tr>
<tr>
<td>Household Size</td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>82</td>
</tr>
<tr>
<td>Two person</td>
<td>17</td>
</tr>
<tr>
<td>Three people+</td>
<td>1</td>
</tr>
<tr>
<td>Expenditure (n=82)</td>
<td></td>
</tr>
<tr>
<td>£10&lt;</td>
<td>6</td>
</tr>
<tr>
<td>£11-£20</td>
<td>50</td>
</tr>
<tr>
<td>£21-£30</td>
<td>28</td>
</tr>
<tr>
<td>£31-£40</td>
<td>10</td>
</tr>
<tr>
<td>£41-£50</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 5.2  Respondent characteristics for stage two of research

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>60/65 – 74 years</td>
<td>41</td>
</tr>
<tr>
<td>75+ years</td>
<td>59</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87</td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Always limits my food shopping</td>
<td>41</td>
</tr>
<tr>
<td>Sometimes limits my food shopping</td>
<td>12</td>
</tr>
<tr>
<td>Never limits my food shopping</td>
<td>47</td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Rural (including part-rural)</td>
<td>13</td>
</tr>
<tr>
<td>Urban (including part-urban)</td>
<td>87</td>
</tr>
<tr>
<td>Household Size</td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>73</td>
</tr>
<tr>
<td>Two person</td>
<td>26</td>
</tr>
<tr>
<td>Three people+</td>
<td>1</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>State pension only</td>
<td>61</td>
</tr>
<tr>
<td>State pension and other sources</td>
<td>39</td>
</tr>
</tbody>
</table>
Comparing the two descriptions of respondents, the stage two sample was more representative of people living in urban areas, despite there being a broad range of locations sampled. In terms of characteristics of the samples, both contained respondents who experienced health problems, with 53% in stage two stating that their health limited them in their food shopping. In terms of expenditure, most respondents in stage one spent £11-20 per week on food, although some respondents did not respond as they could not provide a figure. The survey in stage two, therefore, followed up on income and found that nearly two thirds of respondents were solely dependent upon state pension for their disposable income.

5.2 Travelling Patterns

To identify travelling patterns, respondents were questioned about their method of transport for their main food shopping trip. To help explain and develop the understanding of the results, qualitative data is drawn from the interviews in stage one.

5.2.1 Transport Methods

The results in Table 5.3 (over) identify the methods of transport used by older consumers for their main food shopping trip.
Table 5.3  Method of transport used for main food shopping trip

<table>
<thead>
<tr>
<th>Method of Transport</th>
<th>Percentage (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>35</td>
</tr>
<tr>
<td>Car</td>
<td>33</td>
</tr>
<tr>
<td>Drive self</td>
<td>9</td>
</tr>
<tr>
<td>Bus</td>
<td>8</td>
</tr>
<tr>
<td>Multiple methods</td>
<td></td>
</tr>
<tr>
<td>Walk and bus</td>
<td>5</td>
</tr>
<tr>
<td>Walk and taxi</td>
<td>3</td>
</tr>
<tr>
<td>Bus and taxi</td>
<td>2</td>
</tr>
<tr>
<td>Taxi</td>
<td>3</td>
</tr>
<tr>
<td>Dial-a-bus</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

The results show that older consumers used a wide variety of transport methods. By discussing each of the methods in turn, the diversity of methods, as well as the links to types of shopping trips and support in travelling were established.

The majority of respondents (35%) *walked* for their main food shopping trip. This finding is important for two reasons. First, it shows that the car culture that shapes food shopping, described in Chapter Three, may not dominate the older consumer segment. Second, the prevalence of walking for food shopping helps explain the high frequency of shopping found amongst older consumers in the interview, where 23% shopped daily and 36% shopped several times a week. Overall, 96% of respondents were shopping at least once a week. Those who walked for their food shopping were limited by the amount they could transport home and therefore had to shop more frequently.

The second most common method of travelling was *being driven* (33%). This compared with 9% who actually drove themselves. Chapter Three identified that there are
restrictions on older people in accessing a car, due to poorer health and lower incomes. This research lends support to the suggestion in Chapter Three that the car culture for older consumers is different as they are not actually driving themselves.

Developing car issues further, the interview results indicated that a large proportion of respondents were supported by others in terms of accessing a store for their main and supplementary (or top-up) shopping trips. A number of respondents, in describing being driven, revealed both distinct shopping patterns and the need for support:

**Examples of Relations Between Shopping Pattern and Support**

"I walk locally and my daughter takes me by car to Clydebank...well I go myself locally but my daughter helps me at Clydebank."

*(DC3: Female, 75+, lived alone)*

"My daughter takes me...in her car. I go to Peebles to Sainsbury’s. I get my milk and bread at the village."

*(WL6: Female, 75+, lived alone)*

Taking respondent DC3, it can be seen that support was needed from a daughter for a main shop, but regular local shopping was undertaken alone. Similar patterns were described by respondent WL6.

A shopping pattern that uses more than one method of transport was also common. While the two respondents above were not necessarily dependent on others, there was still a distinct pattern of using one method of travelling for frequent top-up shops and another for the main shop as shown in the following examples:
Examples of Main and ‘Top-up’ Shopping Trips

“I walk to local shops but get the bus to Cameron Toll...Kwik-Save and Iceland locally an’ Sainsbury’s at Cameron Toll.”
(GN5: Female, 65-74, lived alone)

“I go for a bulk shop on a Friday, but use Kwik Save and Iceland in the village when I need extra.”
(GN2: Female, 75+, lived alone)

Linked to this dual pattern of transportation was the use of multiple methods of travelling, where 10% of respondents used different methods of transport within their main shopping trip. Examples of this were where consumers either walked or took a bus to the store and took a bus or taxi home. This then compensated for the difficulties in transporting shopping home, as shown by the following respondents:

Examples of Using Multiple Methods of Transport

“I shop with my husband. We get the bus there and my son picks us up.”
(GN9: Female, 65-74, lived with husband)

“I walk tae the shops...although I a’y come back in the bus, it depends what I’ve to carry.”
(DC5: Male, 75+, lived alone)

In terms of travelling by bus, 8% of respondents reported using the bus to travel to the shops. The interview data showed that the bus pass was an important concession with 98% (n=93) having one. Despite this, many stated that they could not use the bus due to difficulties in mobility. The following respondents described the difficulties of using the bus:
Examples of Difficulties Using Buses

“I used to use it but the bus stops are too high now.”
(SR3: Female, 75+, lived alone)

“I have a bus pass but I can’t get on and off [the bus]. I used it a lot when I was more able.”
(SR2: Male, 75+, lived alone)

Although they did not use it primarily for shopping, other felt it was important to have a pass as the bus allowed them to get about for other activities.

These findings help to reinforce the findings of research undertaken by of Guy (1985) Bromley and Thomas (1993;1995) and Smith (1991) that older people may be disadvantaged by both store location and transport provision. Furthermore, the work of McKie et al (1998) within rural communities found that poor public transport provision, and the inability to use a bus, hindered accessibility to stores.

The two other methods of transport reported were taxis and Dial-a-bus services. In terms of taxis, 3% of respondents used them for their main food shopping trip, although, for others, they appeared to play a supporting role. This ties in with the results on multiple transport methods, that taxis are used as an aid to transporting home main shopping purchases.

The smallest number of respondents (2%) used Dial-a-bus or Dial-a-ride which is a special bus service for people with mobility problems. The service provides private bus transport that can be booked in advance along with the offer of assistance with using the
bus and when actually shopping. The interview results show that this provided a level of support for those who most need assistance.

Transport methods, therefore, reveal both a diverse and a distinct pattern of shopping. It is diverse in that a variety of methods were being used and distinct in that consumers shopped locally, on their own, for small purchases, while the main shop was undertaken at a different location, with respondents relying upon third party assistance for that trip.

As explained in the methodology, chi-square tests were used to explore the data for the effects of health, age and source of income on a number of variables. The contingency tables were collapsed to account for a number of cells having expected values of less than five, but, even so, there were still some cells with less than a value of five. Therefore, no statistical conclusions could be drawn on the relationships between these factors.

The data provided in the above section lays the foundations for further building on the issues of support and store choice that shape the shopping patterns of older consumers. First, the results show that more than one third of respondents were dependent on someone driving them for their main shop and so issues of support and dependence needed to be investigated (reported in Section 5.2). Secondly, they indicate that the shop used for the main shopping trip was within walking distance for many respondents and so it was important to identify the type of shop and actual store used for this main shop (reported in Section 5.3).
5.3 Levels of Support and Dependence

It was evident from the results on travelling methods that a number of respondents were dependent upon others to help them with transport. The investigation into the levels of support and dependence showed that being driven is only one aspect of support. This section reports on the results relating to the frequency of support, the range of sources of support for consumers and the type of support that was given. The focus is on the main shopping trip (questionnaire results) but is also supported by the interview data.

5.3.1 Prevalence of Support

Respondents were asked whether they shopped with anyone for their main food shopping trip. The results are shown in Table 5.4.

<table>
<thead>
<tr>
<th>Shop With Someone</th>
<th>Percentage (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all the time</td>
<td>29</td>
</tr>
<tr>
<td>Yes, sometimes</td>
<td>27</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

This shows that 44% shopped alone and so were independent when undertaking their main food shopping. These results reflect those of the interview data, where 40% were shopping alone. Those who shopped alone were found to be more likely to walk (40%), or get the bus (39%). Of the other 56%, almost half had the support of an individual to
shop with them all the time, whilst the frequency of support varied for the other half of respondents. The majority of older shoppers in this study were, therefore, receiving support on either an occasional or regular basis.

When exploring the influences of health, age and income on shopping support, the effects of ‘income’ on ‘shopping with someone’ were not found to be significant, but there were significant results concerning health and age.

Health

The influences of health on shopping with someone are shown in Table 5.5.

Table 5.5  Contingency table ‘limitations of health’ and ‘shop with someone’

<table>
<thead>
<tr>
<th>Shop with someone</th>
<th>Degree of Limitation of Health (n=168)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some degree of limitation (always/sometimes limited) (n=89)</td>
<td>No limitations (n=79)</td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td>42</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Sometimes / Occasionally</td>
<td>26</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>32</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

[Stage two data] \( \chi^2 = 15.296 \)  \( df = 2 \)  Sign. = .000

It can be seen that the degree of limitation was extremely highly correlated with the variable ‘shop with someone’. Those who had limitations were more likely to shop with someone compared to those who had no limitations and were, therefore, more likely to shop alone.
Age

The following results were found in relation to age and shopping with someone,

Table 5.6 Contingency table ‘age’ and ‘shop with someone’

<table>
<thead>
<tr>
<th>Shop with someone</th>
<th>Age (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60/65 – 74 years (n=69)</td>
</tr>
<tr>
<td>All the time</td>
<td>19</td>
</tr>
<tr>
<td>Sometimes / Occasionally</td>
<td>32</td>
</tr>
<tr>
<td>Never</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

[Stage two data] \( \chi^2 = 6.061 \) \( df = 2 \) \( \text{sign.} = .048 \)

Those who were aged 75+ were more likely than those aged 60/65-74 years to shop with someone all the time, whereas those younger were more likely to shop alone. However, shopping with someone occasionally was more likely in younger age groups.

5.3.2 Reasons for and Types of Support

The interview data provided more insight into the reasons for support and the types of support being given. Table 5.7 shows that, of the 53 respondents who received support in their food shopping, help was the primary reason for that support.

Table 5.7 Reasons for support

<table>
<thead>
<tr>
<th>Reasons For Support</th>
<th>Percentage (n=53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>34</td>
</tr>
<tr>
<td>Help</td>
<td>57</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage one data]
This help varied from being driven, as previously discussed, to having help packing shopping, carrying bags and putting shopping away once home. This indicates that the help needed went beyond accessibility issues and help within the store.

The other major reason for shopping with someone was for company and social support. The following respondents gave the details of this aspect:

**Examples of Reasons for Shopping With Someone**

“A friend in the building comes with me for company. She doesn’t need to come but I don’t like going for a coffee on my own.”

(BBI Female, 65-74, lived alone)

“I go with friends for company. Four of us regularly go. It’s a nice run through Balerno and Currie. We’re away about two and a half hours and you meet people on the bus. It’s a free bus on a Thursday morning, run by Tesco.”

(RCI Female, 75+, lived alone)

It can be seen that the social element seems very strong in food shopping. The support of friends and the arranging of an actual social occasion seems to widen the role of food shopping within the lives of older people (RCI and CC4). In order to develop this theme further, the sources of support were investigated through the questionnaire.

5.3.3 Source of Support

Table 5.8 (over) shows the range of people and services supporting the 56% of older consumers who were receiving assistance in their main food shopping.
Table 5.8 Source of support for older shoppers

<table>
<thead>
<tr>
<th>People/Services Supporting</th>
<th>Percentage (n=95)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>55</td>
</tr>
<tr>
<td>Spouse</td>
<td>29</td>
</tr>
<tr>
<td>Friend(s)/Neighbour(s)</td>
<td>8</td>
</tr>
<tr>
<td>Special transport service (Dial-a-bus)</td>
<td>5</td>
</tr>
<tr>
<td>Home-help / WRVS</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

It can be seen that a wide range of people and services supported these older consumers with family support being the largest category. Family refers to those related to the consumer, for example sons or daughters, but not their spouse, since they are shown as a separate category in the table. Support came primarily from daughters, although sons were involved, but to a lesser extent.

The second largest category is the support of spouses. Given that 73% of respondents to the survey lived alone, this figure reflected a high level of involvement from spouses. This confirms Donkin et al (1998) who found in their study that there were differences in nutritional well-being for those who lived alone and those who still had their spouse with them, with the latter group being more likely to be mobile in their shopping activity.

Friend(s)/neighbours accounted for 8% of those offering support and confirms the earlier discussion on support, where friends were often involved in a social capacity (RC1 and BB1), as well as for assistance.
Support from external services did not appear prominently within the results, with 8% being split evenly between the WRVS / Home help services and the Dial-a-bus transport service. The emphasis was, therefore, upon informal support from family and friends, with formal services having a minimal supportive role in food shopping. Such a division of support networks has been discussed by Bury and Holme (1991) who noted that both formal and informal support played a crucial role in maintaining the independence of older people. However, on the basis of these results, which are consistent with findings by Leighton et al (1996; 1997a) and Moane (1993), it is informal support that seems to be most evident in the activity of food shopping.

As stated in the methodology, a large number of volunteers for this study were not included in the research because they did not do their own food shopping. Instead, for example, their home-help undertook that activity as part of the support service given. This is a key area of support for older people that will influence their food shopping and which needs further research.

From the discussion so far, it is evident that transport methods are inter-linked with the support of others. However, both these aspects of shopping patterns were seen, in the research, to influence another dimension, namely, the stores being used.
5.4 Store Choice

There are a number of aspects of store choice that are worthy of investigation in order to fully understand older consumers’ store choice patterns. The range of stores used for food shopping was identified from the questionnaire data in relation to both the main and the supplementary, or top-up, shopping trip. The reasons for store choice were explored and the problems with store and food preferences identified. Results were supported by examples from the interview data.

5.4.1 Stores Used for the Main Shopping Trip

Respondents used the following stores for their main shop:

<table>
<thead>
<tr>
<th>Store Facias Used</th>
<th>Percentage (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Grocery Multiple (Asda, Sainsbury, Tesco, Somerfield &amp; Safeway)</td>
<td>61</td>
</tr>
<tr>
<td>Co-operative (including Scotmid)</td>
<td>33</td>
</tr>
<tr>
<td>Discount chain (includes Kwik-Save)</td>
<td>5</td>
</tr>
<tr>
<td>Others (Marks &amp; Spencer, Spar)</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

It can be seen that the majority of respondents used a major grocery multiple for their food shopping, while a third used a Co-operative. This is a distinct pattern of store choice, with a limited range of store types, although a wide range of retailers, being used
for the main shopping trip. A cross-tabulation of ‘main store used for food shopping’ and the ‘type of transport used for food shopping’ was undertaken. It showed that those who used a supermarket were more likely to be in a car, albeit driven by another as discussed previously, whilst those who were using a co-operative were walking for their main shop. Chi-square was not valid due to expected values of less than five, even after the table was collapsed.

In exploring the influences of consumer characteristics in relation to the main shop, age was not significant. However, relationships were found with health and sources of income.

Health

The results of ‘limitations of health’ by ‘main shop’ are given in Table 5.10.

**Table 5.10 Contingency table ‘limitations of health’ and ‘main shop’**

<table>
<thead>
<tr>
<th>Shop with someone</th>
<th>Degree of Limitation of Health (n=168)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some degree of limitation</td>
<td>No limitation (n=79)</td>
</tr>
<tr>
<td></td>
<td>always/sometimes limited</td>
<td></td>
</tr>
<tr>
<td>Major Grocery Multiple</td>
<td>56</td>
<td>66</td>
</tr>
<tr>
<td>Co-operative</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td>Other (Discount, M&amp;S)</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data] \( \chi^2 = 8.541 \) \( \text{df} = 3 \) \( \text{sign.} = .036 \)
Those with no limitations were more likely to shop at a supermarket, whereas those with limitations were more likely to shop at a co-operative or discount store, in other words, more local stores, as identified in Chapter Three.

Income

The influence of income on the main shop was highly significant, with the respondents relying on state pension more likely to shop at Co-operative and discount stores, as shown in Table 5.11, confirming the market research profiles in Chapter Three.

<table>
<thead>
<tr>
<th>Main Shop</th>
<th>Source of Income (n=168)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Pension only (n=103)</td>
<td>State Pension and other sources (n=65)</td>
</tr>
<tr>
<td>Major Grocery Multiple</td>
<td>50</td>
<td>77</td>
</tr>
<tr>
<td>Co-operative</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Other (Discount, M&amp;S)</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data] \( \chi^2 = 11.905 \) \( df = 2 \) sign. = .003

5.4.2 Stores Used for the Supplementary Shopping Trip

In addition to looking at the main shopping trip, the questionnaire also asked about the supplementary (or top-up) shopping trip. Most respondents, 92%, stated that they used other stores to supplement their main shopping. Examples of respondents describing this supplementary trip in more detail can be drawn from the interview data of stage one.
Examples of Shopping Patterns in the Supplementary Shopping Trip

"I'm sometimes at Tesco's, Safeway's at the Gyle and Broxburn on a Saturday at Kwik-Save. I shop once a week on a Saturday and then as I need."
(RC2: Female, 75+, lived with husband and Aunt)

"On a Saturday I do my main shop at the Co-op but then on a Tuesday I get my meat from Johnsons the butcher and Presto's the grocers in Dunfermline."
(BB4: Female, 75+, lived with husband)

The patterns of shopping described by these respondents show, not only that a wide variety of store types were used for food shopping, but that there was a distinction between main and top-up shopping. Nevertheless, grocery multiples were being used for both types of shopping trip, with 82% of respondents stating that they were using them for their top-up shop.

Whilst no respondents stated that they use small local stores, such as butchers and delicatessens, for the main shopping trip, 39% used them for top-up shopping trips (questionnaire results). This is similar to the interview data on top-up shopping, where it was found that local shops supplemented the main stores and provided a valuable source of specialist products, as illustrated below:

Examples of Types of Foods Purchased on Different Shopping Trips

"At the Co-op I get bread, lemon curd, margarine, lemonade, soups. I get lamb chops at the butchers. I go tae the Co-op once a week for these main things an' use the butcher for ma meat."
(SR4: Male, 75+, lived alone)

"I go once a month and do a bulk buy at the supermarket but I get odds 'n' ends in the village, like my milk an' bread."
(WLS: Female, 75+, lived alone)
However, one respondent described some of the conflicts in store choice.

“What I don’t do is shop locally and I feel a bit guilty. What butcher meat I do buy, I buy locally. He’s good. My milk and papers are from the local shop, but I go to Somerfield and Kwik-Save on a Friday. I get a special bus. It’s free and so I get all that I need and a bit cheaper.”

(CB2: Female, 75+, lived alone)

In this case, there was a conflict for the respondent between supporting local retailers and yet seeking choice and price at one of the major multiples or discount stores. Whilst there was evidence of some support for local retailers, there was also guilt associated with doing the main shop outwith the local community. This illustrates a trade-off in decision-making similar to the type of trade-off seen between price and quality for respondents in the study by Hibbert et al (2000).

As well as local retailers, other store types were used. It appears that Marks and Spencer stores were used primarily for top-up shops, with 19.4% of respondents stating they used it as a secondary source for food shopping, compared with less than 1% of respondents using it for their main shop. The following respondent described why he used the store,

**Example of Respondent Using Marks and Spencer**

“I mainly use Marks an’ Spencer because I’m lazy on my own an’ I don’t like cookin’. You can get it all ready for you buyin’ their meals.”

(CB4: Male, 75+, lived alone)
This illustrates that for some older people living alone, ease of food preparation can be important, particularly for men living on their own, as suggested in Chapter Two. Marks and Spencer appears to be associated with a range of quality convenience meals that suit older consumers’ needs.

Whilst only a couple of respondents reported using frozen food stores and convenience stores for top up shopping, the fact that they did illustrates the diversity and range of stores being used for food shopping by older consumers.

The findings of the interview supported this by showing that, for those respondents using more than one store, a distinct shopping pattern emerged. This pattern was that a main shop was being undertaken at a particular store, often a large supermarket, and then more frequent shops at a variety of different retailers and store types, including smaller local shops. This type of shopping pattern was linked to both receiving help from others and the frequency of shop, as previously discussed.

5.4.3 Reasons for Store Choice

The interview in stage one explored store choice issues further by asking respondents why they shopped where they did. The results are shown in Table 5.12 (over).
Table 5.12 Reasons for main store choice  
(multiple response)

<table>
<thead>
<tr>
<th>Reasons For Main Store Choice</th>
<th>Percentage (n=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store Aspects</td>
<td>44</td>
</tr>
<tr>
<td>Food Aspects</td>
<td>42</td>
</tr>
<tr>
<td>No Alternative</td>
<td>40</td>
</tr>
<tr>
<td>Generally satisfied with store</td>
<td>5</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>4</td>
</tr>
</tbody>
</table>

[Stage one data]

The results showed that there were many reasons for store choice, with some respondents giving more than one reason. The three primary reasons which emerged were in relation to store aspects, food aspect of price and feeling that there is no alternative. Each of these factors is now discussed.

Store Aspects

Convenience was the most common reason for store choice. Convenience reflected a number of dimensions shown by the following respondents:

**Examples of Convenience of Shopping in Relation to Store Choice**

"I collect my pension on a Thursday and then use the small shops."
(BVI: Female, 65-74, lived alone)

"There are other shops and the hairdresser where I shop."
(BV4: Female, 75+, lived alone)
These respondents illustrated how convenience can be linked with undertaking other shopping or activities. BV1 felt it convenient to collect her pension and shop locally, whilst respondent BV4 enjoyed the variety of other shops and could easily include other activities whilst shopping.

The results also revealed that convenience had a dimension related to accessibility, highlighted by the following examples.

**Examples of Convenience of Accessibility in Relation to Store Choice**

"Because it's the nearest place for me home. I can get a bus, it's handy."

*(DC6: Male, 75+, lived alone)*

"Suppose because we get the bus from door to door."

*(RC1: Female, 75+, lived alone)*

Terms such as 'near-hand' and 'handy' were used to describe convenience and accessibility. Both respondents indicated that the bus service was an important influence on store choice. Where there was a convenient bus service to a particular store, this means that the store itself was a convenient one to use.

Other store features that influenced the choice of store were choice and the opportunity to one-stop shop. Stores facilitate the latter by having specialist counters, such as butcher meat, fish and delicatessen, as well as wider facilities such as a Post Office, café and dry cleaners. Related to these facilities were other reasons given for store choice, namely: pleasantness of staff; good parking facilities; and a clean store. These findings
show that features of superstore retailing, described in Chapter Three and illustrated in Appendices Two and Three, are valued by older people, as well as the 'affluent-young'.

Food Aspects

Store choice was also influenced by the food available in the store. The most common reason for store choice in relation to this was price. A number of themes of price emerged from the interview data. First, a positive aspect of price was when it was perceived to be 'reasonable' and 'good', without necessarily combined with poor quality. Secondly, price was also associated with the brands on offer and particularly own brands. One respondent spoke of the 'no frills' brand of Kwik Save and what good quality and reasonable price it offered. This acceptable trade-off between price and quality is recognised in Furst et al's (1996) model, discussed in Chapter Two.

Other aspects of food which were reported as influencing store choice were range of food and promotions of food. In terms of range, differences in the perception of choice within the same village were evident, as shown by the following respondents:

**Examples of Range of Food in Relation to Store Choice**

"They're very good in the village shop. They've got all you need."

(WL3: Female, 75+, lived alone)

"Well you get a good selection and good choice at the supermarket, further away"

(WLA: Female, 60/65-74, lived alone)

Respondent WL3 felt the village shop was adequate whilst respondent WLA from the same village felt more satisfied with choice at a supermarket outwith the village.
Seeking choice outwith the local community was also found to be the case in more urban areas, as shown by respondent GN5.

"Sainsbury's has bigger variety, things a wee bit different."
(GN5: Female, 60/65-74, lived alone)

This respondent felt that she would rather use Sainsbury's, which is located further away and more difficult to access, than the local shops which had limited choice.

In terms of promotions, reasons for store choice were based upon a variety of different types of promotions, as shown by the following respondents:

**Examples of Promotions in Relation to Store Choice**

"You get good offers. We wait until a certain time of the day when it's reduced."
(PCI (Female, 60/65-74, lived alone)

"You can go in and going' round you can get buy one get the second one free. That's why I shop at Asda."
(BB7 (female, 75+, lived alone)

These two respondents referred to discounted prices and special offers, such as buy one get one free. These appeared attractive to a small number of respondents, indicating that both types of promotion identified by Peattie (1998) are taken advantage of by older consumers and supports Goodwin and McElwee (1999) and Lambert (1979) that older consumers prefer price promotions rather than quantity based ones.
No Alternative

This category covered a broad range of reasons for store choice, reflecting a number of respondents who felt that their store choice was due to there being no alternative. It, therefore, related to the actual and perceived restrictions on store choice. In relation to actual restrictions, common themes emerging from the interview data were informal support, lack of choice of shops and respondents creating their own barriers. First, the informal support was described by the following respondents as being restrictive,

*Examples of Informal Support Influencing Reasons for Store Choice*

“*That’s where they take me.*”

*(RC8: Female, 60/65-74, lived alone)*

“*Because ma daughter’s goin’ there. You’ve jist to fall in, what suits them.*”

*(CB3: Female, 60/65-74, lived alone)*

This shows that the informal network of support, described under travelling patterns, did not always allow older consumer to choose which store they would have liked to use. Instead, their store choice was based on where the ‘supporter’ choose to shop. Although this does not necessarily indicate dissatisfaction with the choice of store, it does represent an important factor when considering accessibility issues for older consumers.

Other restrictions upon store choice included there being a lack of choice of shops both in rural (Jedburgh) and urban (Drumchapel, Glasgow) postcode areas, as expressed by these two respondents,
Examples of Lack of Choice of Shops in Relation to Store Choice

"There's nothing in the town now."

(JB2: Female, 75+, lived with husband)

"Cause all the shops come doon in Drumchapel except fir, that is, Somerfield."

(DC1: Female, 75+, lived with son)

In some instances, shops were available locally. However, respondents perceived that there was no alternative but to use another store for the following reasons:

Examples of Respondents Who Perceived There To Be No Alternative in Relation to Store Choice

"It's very pricey in the village."

(CB1: Female, 75+, lived alone)

"Cornflakes in the village are twenty pence dearer, so it's really expensive."

(RC2: Female, 75+, lived with husband and Aunt)

"The Paki's are too dear."

(CC4: Male, 65+, lived alone)

"Paki's are all around us an' I don't believe in givin' them my money."

(BV8: Male, 65+, lived alone)

Whilst in one sense these consumers did have an alternative, the primary reason they gave for shopping at the store they used, showed that they perceived there to be no alternative. The main reason for this perceived lack of choice was in relation to price. Local shops were seen to be too expensive and so respondents felt that they had no alternative but to use another store. Thus, they were not choosing to use the store for positive reasons, but rather to avoid paying higher prices at local stores.
The second reason for avoiding local stores was in relation to the ethnic origin of the owners of these stores. One respondent in particular, BV8, did not want to patronize such a store and felt he had no alternative but to shop elsewhere. It is perceptions such as these that reveal a more complex system of food supply than has previously been understood. Researchers, such as Cummins and McIntyre (1999), concluded that there was adequate food supply in the Strathclyde region, based on the number of stores supplying communities. However, these findings suggest that, from the consumer's perspective, limited choice and negative associations with local retailers, as well as the physical ability to access stores, need to be considered.

Other Reasons for Barriers to Store Preference

A small number of respondents (5%) stated that they were generally satisfied with the store they used and this was why they continued to use it. They did not specify the aspects that particularly caused satisfaction but generally expressed it as an overall feeling, such as BV3:

**Example of Being Satisfied With Store Choice**

"I'm happy where I shop really."

*(BV3: Female, 60/65-74, lived alone)*

The social dimension of shopping was also apparent in the reasons for store choice. The following respondents illustrated the meaning of social dimensions.
Examples of Social Reasons in Relation to Store Choice

"I use Fine Fare\(^1\) 'cause I go with my friend an' we take it turn around for buyin' the coffee there."

(CC4: Male, 65-74, lived alone)

"It's the only place left for a blether."

(DC3: Female, 75+, lived alone)

Respondents stated that using a particular shop meant that they had a meeting place, where they were most likely to meet their friends, as with respondent DC3. A more organised form of social contact also centred on a particular store, with respondents explaining that meeting a friend and being able to have a cup of tea with them in the store was a reason for choosing that store.

Having identified positive and negative reasons for store choice, the research focused on areas for potential disadvantage, namely store and food preferences.

5.4.4 Store Preferences

When asked if they were using the store they would like to use in their main shopping, 36.3% of respondents in the questionnaire stated that they were not. Table 5.13 shows the most preferred stores of respondents.

\(^1\) This respondent referred to 'Fine Fare', despite it no longer being a retail facia.
Table 5.13  Percentage of respondents stating their preferred store

<table>
<thead>
<tr>
<th>Preferred Store</th>
<th>Percentage (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Grocery Multiple - Tesco, Asda, Sainsbury &amp; Safeway</td>
<td>50</td>
</tr>
<tr>
<td>Marks and Spencer</td>
<td>25</td>
</tr>
<tr>
<td>Small local independent stores</td>
<td>20</td>
</tr>
<tr>
<td>Others - Co-op, Presto &amp; Iceland</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

There was a clear preference by respondents for using one of the major grocery multiples. Tesco was the store cited most often before the data was collapsed into these categories. This indicated that for some, even though they were using a supermarket for their main shop, they were not able to use the one they would have liked to use. Marks and Spencer was also a preferred store and some respondents expressed the value of convenience meals that were available, reinforcing findings reported earlier. In terms of local shops, 20% of respondents stated a preference for using local shops, but felt the price and lack of choice meant they could not do this, again reinforcing results previously discussed.

Every respondent not using their preferred store was asked for the main reason why this was the case. The results are presented in Table 5.14.
Table 5.14 Primary reason for not using preferred store

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Percentage (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with access</td>
<td>85</td>
</tr>
<tr>
<td>Price</td>
<td>8</td>
</tr>
<tr>
<td>Being dependent on others</td>
<td>5</td>
</tr>
<tr>
<td>Age</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

The most common reason for not using the preferred store in the main shopping trip was inaccessibility. This had several dimensions, as shown by the interview data.

Inaccessibility referred to the restrictions of the consumer’s physical mobility, with respondent BV2 unable to access Marks and Spencer because of difficulties walking, despite having support from her husband.

**Examples of Accessibility and Physical Mobility**

“I'd like to be able to shop at Marks and Spencer but I have arthritis and can’t walk that far. It would be too much for me.”

(BV2: female, 75+, lived with husband)

Other themes related to difficulties accessing the store, as shown by SR1 and CH3.

**Examples of Accessibility and Transport Problems**

“I'd like to go to the supermarket. I've no transport and they're too far away. People who have a car can go.”

(SR1: female, 75+, lived alone)
“I’d like to go to the supermarket at Clydebank shopping centre. It’s too far away. I’ll only go on a Saturday on the bus, if it’s a nice day.”
(CH3: female, 65-74, lived alone)

These respondents lived alone and felt they could not access the stores they would have liked to because of transport problems. It is evident from the interview data that it was those who had no support in their travelling who had the most difficulties accessing a preferred store. It was not only physical disability, however, that hindered access to preferred stores. As respondent SR3 highlighted, there were costs involved in travelling which stopped her using her preferred store. Such difficulties of access appear not to be related to the age of respondents, as both younger and older respondents expressed the same problems, as in the following example where one younger respondent was restricted by cost of travel:

Example of Respondent Restricted by Cost of Transport

“I’m restricted. I can’t get to Peebles so I just have to use the Co-op nearby. I would have to pay for a taxi there which would be one pound thirty and back one pound thirty.”
SR3 (female, 65-74, lived alone)

These findings support the work within disadvantaged areas by Bromley and Thomas (1993; 1995), Smith (1991) and Guy (1985), discussed in Chapter Three. However, research to date does not appear to take account of this context of the older consumers shopping activity.
Another reason for not using the preferred store was the price of the food sold within that store. Predominantly, this was in relation to Marks and Spencer, although occasionally it concerned other stores, such as Farmfoods. A few respondents felt that being dependent on others for transport for their food shopping meant they could not use the store they would choose on price grounds, as indicated previously. One respondent stated:

**Example of Support Being A Barrier To Store Preference**

"My daughter takes me to Safeway in the car. I think Asda is better, it's cheaper, but that's where my daughter goes."

*(RC8: female, 65-74, lived alone)*

This would appear to show that even for the younger segment of older consumers, being dependent on others brings about restrictions.

### 5.4.5 Food Preferences

As with store preferences, categories and themes generated from the interview were followed up in the questionnaire and so both sets of data contributed to the understanding of food preferences.

There was a division amongst respondents in relation to whether or not they could buy the foods they wanted, with 77% of respondents stating they were able to buy the foods that they would like. This is illustrated by the following respondents.
Examples of Respondents Able to Buy Preferred Foods

“I buy what I want. I often use frozen foods and put them in my microwave. I don’t like to prepare food.”
(SR1: female, 75+, lived alone)

“I buy everything. I’m very lazy at cooking these days. I get a few ready-made meals.”
(BB1: female, 60-74, lived alone)

“No too bad at buyin’ stuff. I had meals-on-wheels after I’d been in the hospital. I didn’t like them and it cost me twelve pounds a week. They were burnt. I’m making a saving of seven pound a week by buying frozen foods.”
(BB6: female, 75+, lived alone)

There was a clear emphasis, amongst those expressing that they are able to buy what they want, on convenience meals, with respondents SR1 and BB6 using frozen foods and the microwave to avoid cooking. This could overcome some of the potential barriers to food choice recognised by Herne (1995) and Read and Schlenker (1993) that bereavement and loneliness can result in older people not wanting to prepare and cook for themselves.

Respondent BB6 also used frozen meals, but as an alternative to receiving Meals-on-Wheels. It was actually cheaper for this respondent to do this rather than pay for Meals-on-Wheels that were of unsatisfactory quality. These findings appear to confirm issues raised in Chapter Two, that some users did not like the meals and so were not actually eating them, leading to concern over their nutritional value to users (Tilston et al, 1993; 1994; Herne, 1993). Whilst the social dimensions of the Meals-on-Wheels service is widely recognised (Lobstein, 1996), the development of frozen foods within the service has also been investigated (Kenny and Pierson, 1996).
For the remaining 23% of respondents who expressed difficulties in buying the foods they wanted, the main food types where problems were encountered are given in Table 5.15.

Table 5.15  Percentage of the main type of foods respondents found difficult to buy

<table>
<thead>
<tr>
<th>Main Food Type</th>
<th>Percentage (n= 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat e.g. mince, pork chops and chicken breasts</td>
<td>31</td>
</tr>
<tr>
<td>Fruit and vegetables</td>
<td>28</td>
</tr>
<tr>
<td>Luxuries e.g. chocolates and continental foods</td>
<td>15</td>
</tr>
<tr>
<td>Dairy e.g. cheese</td>
<td>13</td>
</tr>
<tr>
<td>Convenience meals</td>
<td>8</td>
</tr>
<tr>
<td>Special Dietary foods e.g. diabetic foods</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]

Barriers to buying these foods are given in Table 5.16.

Table 5.16  Percentage of Respondents stating Reasons for not buying foods

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Percentage (n=38 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>34</td>
</tr>
<tr>
<td>Cannot get food at all</td>
<td>34</td>
</tr>
<tr>
<td>Cannot get food in appropriate small quantities</td>
<td>21</td>
</tr>
<tr>
<td>Personal e.g. age and health</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data]
Contingency tables with chi-square tests did not identify any relationship between barriers and type of food that was difficult to buy, as responses were too low. Links, however, did emerge in the interview data.

The most frequently cited type of food that was difficult to buy was meat. With the exception of a few respondents who would have liked to buy salmon, a variety of meat products such as mince, pork chops and chicken breasts were difficult to buy. Price was the most common reason given for not being able to purchase meat and shows that, for some older consumers, basic meat products, such as mince, can be difficult to afford. Other reasons, related to price, given by respondents as to why meat was difficult to buy, concerned meat being pre-packaged in too large quantities.

Fruit and vegetables were the second most frequently cited types of food that was difficult to buy. Respondents expressed difficulties in obtaining fruit and vegetables in small local shops due to the shops’ poor stock levels and because it was difficult to carry these foods if they were walking or getting public transport [respondent CB1].

Luxury food was the term given to a variety of foods that were expressed as ‘extras’ for respondents, such as continental foods and chocolates as gifts. They were felt to be difficult to obtain, again because of shop supply and the price of these extras.

Buying dairy products also posed problems for some respondents. Being able to carry milk was problematic and particular brands of cheese, such as ‘Orkney’ cheese, were not
available in the store used by the respondent. This appears to indicate that older consumers have brand preferences but cannot satisfy them because of restrictions in food shopping, such as access to stores selling these brands. Problems of availability were also evident from the 8% of respondents who expressed difficulties in obtaining convenience meals.

A small proportion of respondents (5%) were unable to buy the types of food that they needed for their special diet, as shown by the following respondent who was a diabetic living in a small village.

“Well I’m diabetic so it’s difficult to get things that’s sugar-free. I have to make do with what I can get.”

EL4 (female, 75+, lived alone)

It was recognised by respondents that ‘special foods’, such as products for diabetics, were more expensive than normal foods, although this was not cited primarily as a barrier to buying them. The fundamental problem lay in actually accessing a store that stocked them, reinforcing the need to consider access and availability in relation to older consumers’ needs, as with convenience meals.

From the interview data it appears that price, availability and access are reasons for not being able to buy some foods. Such results are supported by the questionnaire results that were shown in Table 5.16.
A theme emerging more clearly in the questionnaire results than from the stage one interview data was that of the significance of personal factors, such as having medical conditions that restrict what can actually be bought and respondents’ ability to carry foods because of declining mobility.

As mentioned previously, the specific barriers to food preferences could not be satisfactorily cross-tabulated. However, the more general question of whether or not respondents were able to buy the food they preferred was cross-tabulated with health, income and age. No significant results were found for income or age, but associations were found for health.

Health

Table 5.17 shows the results of ‘able to buy foods you would like to buy’ by ‘limitations of health’.

<table>
<thead>
<tr>
<th>“Able to Buy Foods You Would Like to Buy”</th>
<th>Limitations of Health (n=168)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some degree of limitation (n=39)</td>
<td>No limitations (n=79)</td>
</tr>
<tr>
<td>Yes</td>
<td>69</td>
<td>85</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

[Stage two data] \( \chi^2 = 5.387 \) \( df = 1 \) sign. = .020

These results show that those experiencing barriers in their food preferences were more likely to be limited by health. This indicates that those with health problems are a
vulnerable sub-group of older people confirming previous studies discussed in Chapters Two and Three.

The shopping patterns of older people and the reasons behind these patterns have now been described. In order to set current food shopping activity in context, perceptions on the changes that they have experienced in food shopping were investigated.

5.5 Perceived Changes in Shopping

The following results identify how older consumers’ experiences of food shopping have changed and investigates their current perceptions of food shopping. These results report on the interview data of stage one.

5.5.1 Aspects of Food Shopping Perceived to have Changed

In relation to the changes that have been experienced in food shopping, the main themes drawn from the research were related to market structure, price and service method. First, many of the changes mentioned by respondents were in relation to the way retailing had changed in terms of market structure. Such changes were identified in Chapter Three as being a decline in small shops and the growth of the superstore format. This led to consumers changing the way they shopped and the way they were served, in particular, a move from personal counter-service to self-service. Respondents SR3, CH2 and DC2 described the effects of the demise of the small shop.
Examples of Market Structure Changes

“There are big supermarkets now. We never had those, it was all small shops. It was friendly with the little shops. You would lift things and go to the desk and talk. Now they’re not talkative.”

(SR3: female, 75+, lived alone)

“Big changes. You didn’t used to have supermarkets. We’re employees now, we get things off the shelf and we used to be served. In Safeway, you scan and weigh your own food. Everything is under one roof, where you used to go from shop to shop. There’s less personal service. Change just happens, it’s to make money. I think they call it planned obsolescence. People just want to make their own print on life.”

(CH2: female, 60-74; lived alone)

“Everythin’. It used tae be plenty of shops in the shoppin’ centre up there. I’ve been here forty-two years an’ they’ve all come down.”

(DC2: female, 75+, lived alone)

The research appears to suggest that the traditional method of food shopping provided a social dimension for many older consumers. Small local shopping was associated with the opportunity to interact with other shoppers and personal service was valued, as shown by respondent SR3. Pleasantness and familiarity of staff were features of personal service that were seen as positive aspects of shopping.

Price was also a theme of change and felt, by most respondents, to have increased and this was especially felt in latter years as they tried to buy smaller quantities and found them more expensive to buy.

Example of Price Changes

“The prices have changed. Everything is more expensive now. It’s all to make a profit now.”

(PC7: female, 60-74, lived alone)
The third theme of change was in relation to the service method. These older consumers had had to adapt to self-service methods, although some respondents suggested that counter service was a preferable form of shopping (respondent PC4). Some respondents, however, preferred the self-service approach, appreciating the opportunity it gave them to take time over shopping (respondent BB9), as well as greater control over their choice of food items, particularly fresh produce.

**Examples of Changes In Service Method**

“When I was younger I could ask for a quarter of tea or two pounds of sugar and everything was weighed up for you. Now it’s all in packets. You can’t buy small quantities for yourself, you have to buy a lot.”
(SR1: female, 75+, lived alone)

“There’s no-one to talk to over the counter. It’s nice to be served. You met other people in small shops. Now you have to wait at the checkouts.”
(PC4: female, 60-74, lived with husband)

“The old shops you knew the assistants. If anything was scarce they kept it for you. You’re just a customer now. At the Co-op you used to place an order and have a bill and pay for three months.”
(BV6: female, 75+, lived alone)

“Well we have the supermarkets now and I have to say I miss the personal touch of grocers and such like.”
(WLI: female, 75+, lived alone)

“Just the change of shopping. The supermarkets and that, so you’re not getting the personal service. These days it’s no come back.”
(BB8: female, 60-74, lived alone)

“Certain changes. There’s plenty of girls, they’re nice, they help you. Years ago you’d wait your turn, now you can go round with plenty of time.”
(BB9: male, 75+, lived alone)
A recurring issue within this change in service method was that of the queues people had to stand in as a result of supermarkets being busier and people buying in bulk quantities. Indeed one respondent, CH2, felt that the level of customer service had fallen too far. This was illustrated by her comments, above, that consumers had almost become employees, doing most of the shopping tasks themselves, like getting products off the shelf.

Themes emerged from the data, not only in relation to market and service changes, but also concerning changes in personal circumstances due to lifestage, as can be seen from the following example:

**Example of Changes in Personal Circumstances**

“When I went to the shops it seemed different because I had to stand in queues. The prices have gone up, like bread. When you went for half a loaf, it was the size of a full loaf now. I still buy a lot because I had five kids and my husband’s a big eater. We used to buy the big sacks of potatoes then they went up in price. I’m on my own now so I buy convenience foods and put them in the microwave because I can’t be bothered preparing food. I suppose it’s progress.”

(GN8: female, 60-74, lived alone)

This illustrates how changes in the composition of the family can require older consumers to adapt to purchasing different foods and different quantities.

Also related to family changes were the changes that some of the male respondents had to face who, following the death of their partner, were undertaking food shopping activities for the first time in their lives. This illustrates that the influence of
bereavement, included within the food choice models for the elderly (Read and Schlenker, 1993), can extend to food shopping.

Other changes that some respondents expressed were in relation to physical changes. As respondents aged, they had less of an appetite and so ate smaller quantities. As already identified, it could be difficult for them to get smaller quantities, thereby causing them problems in food shopping.

5.5.2 Perceptions of Respondents to the Shopping Changes

There were differing perceptions as to the consequences of these retailing and lifestage changes, with the range of feelings being captured by the following respondents.

**Examples of perception that changes were for the better**

“There get things from the continent, variety, you want to try things so it’s not so dull.”
(GN9: female, 60-74, lived alone)

“Oh I would say it was better, there’s more variety nowadays.”
(PP2: male, 75+, lived alone)

“It’s good, everything is under one roof, but the choice gives you a sense of shame when people are starving. It’s greedy.”
(CH2: female, 60-74, lived alone)

“The modern shops are alright. Well they’ve eventually crowded out the small personal shops by coming in and reducing prices and what not... I suppose looking at it broadly it’s better. There’s a high degree of competition which is helpful.”
(WL1: female, 75+, lived alone)

Those who perceived the shopping changes to have been for the better felt that it was mainly due to the general breadth and choice of products now available, with foods from
abroad being noted as particularly good. The variety of goods now available, however, did make respondent CH2 express a level of guilt at having so much when others in the world had far less. The other reason for shopping being viewed as having improved was in relation to market structure. Whilst WL1 recognised that superstore formats had led to the demise of the small local shop, she felt that it had resulted in more competition and had improved shopping generally.

In contrast to these positive feelings, some felt that changes had been for the worse.

**Examples of perception that changes were for the worse**

"Worse, oh aye, definitely worse. Well you’ve tae pick your own messages an’ then stand in a big queue."

(DC2:female, 75+, lived alone)

"It’s the shops. I think the heavy rates in thae shops have stopped them an’ shut up. There’s no competition so now it’s just what we’ve got."

(DC3:female, 75+, lived alone)

"It’s worse, there’s no variety of shops and food here."

(EL1:female, 75+, lived alone)

"I think they’re satisfying us far too much now."

(WL3:female, 75+, lived alone)

Negative effects were seen in relation to the self-service method and long queues. However, for other respondents, their experience of poor local competition and lack of choice and variety as a result of small stores closing, contradicted the experience and perceptions of others (respondents CH2 and WL1). This shows that there are mixed experiences amongst older consumers, depending on the number and type of retail stores that can be accessed. For those who do not feel they have adequate choice at the store
they use, having access to adequate choice may then depend on the ability to access other stores.

For a smaller number of respondents, the shopping changes were perceived as having mixed benefits.

*Examples of perception that changes were of mixed benefit*

“Well it’s mixed, I think it’s because there’s so many working mothers, the hours suit them.”
(WL4: female, 60-74, lived alone)

“Things are a lot handier, although if you don’t have a car, it’s much harder.
(CC3: female, 75+, lived alone)

“Well for young folk it’s good because they’re working and can go by car and fill up. For older people it’s more difficult.”
(CB5: male, 75+, lived alone)

As seen from respondents WL4 – CB5, some see the changes to have benefited younger and more mobile consumers, that is those who have access to a car, while buying in bulk and travelling has made shopping more difficult for some older consumers.

5.6 Summary

This chapter has suggested that shopping patterns of the elderly are *diverse*, although there are some distinct characteristics that can be drawn from the results. The main method of transport in shopping was by bus or by walking, but a more complex pattern was evident. For those who went by car, most were driven by someone and so were
supported consumers. Support was also evident in terms of actual assistance when shopping in the store and in terms of formal support, such as special bus services and bus passes. However, the predominant source of help was ‘informal’.

The method of transport and type of support also had a bearing upon the shops used and the frequency of shop. From the qualitative data, particularly, it could be seen that often people were driven for a main shop, mostly to a supermarket, while they shopped locally most other days, at a variety of other shop types. A range of shop types were being used to supplement the main shop, again showing the use of a diverse range of shops.

The reasons for store choice within the main shopping trip were both positive and negative. Convenience and price were the most common reasons for store choice. However, some felt they had no alternative but to shop where they did. This indicated that they were to some extent restricted consumers.

Following this through further, some respondents were found to have a preferred store from the one they were using, but felt that poor accessibility, price and a dependence on others resulted in them using their current store. Similar issues were also found in food preferences. Whilst there were many factors influencing food consumption and purchasing, in a number of instances this was related to the store used. With some respondents experiencing difficulties using the stores they would like and buying the foods they would like, the conclusion was reinforced that some older consumers were restricted.

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These results describe food shopping patterns, but also provide insight into some of the underlying issues shaping the actual everyday shopping patterns. The changes that have taken place in food shopping were perceived to be related to market structure, price, service method and personal factors, with a predominant feeling that the changes had been for the better. This indicates that some older people have adapted to the shopping changes. However, experiences appeared mixed and depended on accessibility.

This account of shopping patterns builds a detailed picture of what constitutes everyday food shopping activity. The following chapter reports on what influences satisfaction with the shopping experience.
CHAPTER SIX  
RESULTS: THE SHOPPING EXPERIENCE:
CRITICAL INCIDENTS

6.0 Introduction

This chapter identifies and describes the factors that were perceived by older consumers to influence their food shopping experience, reporting on the data collected using Critical Incident Technique (CIT). First, it provides an overview of the main factors and sub-factors that were identified by respondents as influencing their food shopping experience. A detailed description of the experiences, perceived dissatisfaction and expectations of respondents is given in relation to each of the sub-factors identified. Taking this detailed account of results, the broader picture is then discussed, identifying the patterns emerging in experiences, perceived dissatisfaction and expectations.

6.1 Overview of the Factors Influencing the Food Shopping Experience

As described in the methodology, the ‘Critical Incidents’ collected were analysed using content analysis. Through this process, the main factors influencing the shopping experience were identified. These were mostly ‘retail’ related factors. However, as CIT was an inclusive method, where respondents were given scope to talk about any incident they perceived to influence the quality of their shopping experience, wider factors, seemingly unrelated to food retailers, emerged. These included External Shopping Environment and Personal Factors. However, these factors differed in the number of critical incidents relating to each of them.
An overview of the factors\(^1\) that influenced the food shopping experience is given in this section, identifying the main and sub-factor headings, as well as providing an overview of the proportion of incidents, both positive and negative, relating to each factor.

6.1.1 Main Factors

Figure 6.1 shows that there were three major categories, namely, Merchandise-Related, accounting for 35% of all incidents, Retail Practices, accounting for 22% and Staff Issues, accounting for 19% incidents.

![Figure 6.1 Percentage of Incidents In Primary Categories](image)

Fewer numbers of incidents fell within the next three categories, Internal Store Environment, Social Aspects and Accessibility. Accessibility was a relatively small category given the emphasis on problems with accessibility in the literature (Guy, 1985; Bromley and Thomas, 1993; 1995; Smith, 1991). However, the results show that incidents related to accessibility did not specifically relate to store location,

\(^1\)The terms 'factor' and 'category' are used interchangeably.
which had been the focus of those studies, but rather to issues of support and transport provision. This supported the findings, in Chapter Five, on travelling methods.

Very few incidents fell within External Shopping Environment and Personal Factors. However, as already explained, it was important they be included at this stage of analysis. It is from this type of qualitative research that the rich detail of individual incidents can be explored.

Figure 6.1 identified that all the main categories contained positive and negative incidents, except for Social Aspects. However, the proportion of these positive and negatives incidents varied. Figure 6.2 illustrates that, whilst the three largest categories had a significant number of incidents, Staff Issues were predominantly positive and Retail Practices, mainly negative.
Figure 6.2  Frequency of Positive and Negative Incidents for Main Categories

The Internal Store Environment and Accessibility had more negative incidents than positive. Negative incidents were also prevalent in the smaller sub-categories of External Shopping Environment and Personal Factors. Identifying areas where negatives occur, allows not only for the problem areas to be identified, but provides insight into the areas of good practice which can be built upon to maximise satisfaction.

6.1.2 Sub-Factors

Table 6.1 (over) shows, in more detail, the main factors and sub-factors which influenced the food shopping experience.
Table 6.1  Sub-Factors Identified as Influencing the Food Shopping Experience

<table>
<thead>
<tr>
<th>Primary</th>
<th>Sub-Category</th>
<th>positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandise-Related</td>
<td>Choice</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Price</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Quantities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Promotions</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Retail Practices</td>
<td>Service Method</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Complaints Handling</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Display Management</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Hygiene</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Stock Management</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Staff Issues</td>
<td>Assistance</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Skills</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Internal Store Environment</td>
<td>Store Facilities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Design</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Social Interaction</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Accessibility</td>
<td>Support</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Transport Provision</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>External Shopping Environment</td>
<td>External Facilities</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Variety of Shops</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Personal Factors</td>
<td>Budgeting</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Customer Interactions</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

The existence of positives and negatives within these sub-factors can be seen, with most containing both positive and negative experiences, except for external facilities, customer interactions and the two social sub-factors, which contained only positive incidents. Categories which had only negative incidents, were variety of shops, budgeting and stock management.
Looking at the proportion of positive and negative incidents within the sub-categories in more depth, Table 6.2 shows the spread over the main factors and sub-factors. The table also shows the percentage of positive and negative incidents relating to each main factor as a proportion of the total number of positive and negative incidents.

Table 6.2 Percentage of Incidents Within Main and Sub-Categories and Proportion Of Positives and Negatives

<table>
<thead>
<tr>
<th>Primary Category Main Shopping Factors</th>
<th>Percentage of Incidents (n=248)</th>
<th>Sub-Category of main shopping factors</th>
<th>Positive Incidents (%)</th>
<th>Negative Incidents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandise-Related</td>
<td>34%</td>
<td>Choice</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Price</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promotions</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quantities</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Retail Practices</td>
<td>22%</td>
<td>Service Method</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complaints</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Display Management</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hygiene</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stock Management</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Staff Issues</td>
<td>19%</td>
<td>Assistance</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interpersonal Skills</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Internal Store Environment</td>
<td>9%</td>
<td>Store Facilities</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Design</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Role</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Interaction</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>7%</td>
<td>Support</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transport Provision</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accessibility</td>
<td>6%</td>
<td>External Facilities</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>External Shopping Environment</td>
<td>2%</td>
<td>Variety of Shops</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Budgeting</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Customer Interactions</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Personal Factors</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2Whole percentages may not add up to 100 due to rounding.
The negative incidents were concentrated in the sub-categories of quantities and quality within Merchandise-Related, the service method of Retail Practices, the interpersonal skills of Staff and the design of the Internal Store Environment. Equal numbers of incidents were found within Accessibility, whilst the variety of shops in the External Shopping Environment and budgeting within Personal Factors had more negative incidents.

Factors that were predominantly positive were choice and, despite having a large proportion of negatives, quantities of food. Service method was similar to that of quantities of food, in terms of there being a large proportion of positives and negatives. Assistance of staff, however, was predominantly positive.

Each of these main factors is now discussed in turn, focusing on the experiences of respondents in relation to the sub-factors.

6.2 The Shopping Experience

As explained, each main factor and sub-factor is described in this section. An overview of the main factor is given first, followed by a detailed account of the themes emerging in the sub-factors. This focuses on the description of positive and negative experiences and, where negative, the respondents' perceived reasons for the negative incidents and the expectations of how it could be improved.
6.3 Merchandise-Related

This primary category accounted for 34% of all incidents, the largest of all categories. It encompassed any aspect of the food itself, which could be nutritional, sensory or marketing aspects, such as price. Five sub-categories were generated which were marketing-focused, except for quality, which related to some extent to sensory aspects. Figure 6.3 shows the sub-factors of this category and the percentage of positive and negative incidents. The categories are discussed in an order that illustrates the interaction between the factors. However, in subsequent sections, factors will be discussed in descending order of percentage of incidents.

![Figure 6.3 Percentage of Positive and Negative Incidents in Merchandise-Related Sub-categories](image)

Choice was a predominantly positive category, with the rest having a substantial proportion of negative incidents. The quality of the food, price and quantities of food available all gave rise to more negative than positive incidents.
6.3.1 Choice

Choice referred to incidents relating to the variety and range of food available to consumers. Fifteen respondents recalled positive experiences of choice in relation to convenience meals and dairy products.

*Examples Of Positive Incidents On Choice*

**Choice Of Convenience Meals**

"There's more choice now. I can eat ready-made meals because I can't stand and prepare meals. I put it in the oven and eat out of the pot."
SR3 (2+) [Female, 75+, lived alone]

"I like some frozen meals. They're handy when ye can shove them in the microwave."
BB1(5+) [Female, 65-74, lived alone]

**Choice Of Dairy Products**

"Variety... the choice of cheeses now is good. I like cheese so I have choice. Also, butters and fats, there's a lot to choose from."
GNI(3+) [Female, 65-74, lived alone]

The main theme that emerged was breadth of choice, particularly in relation to convenience meals that could be frozen and cooked in the microwave. Such convenience meals suited the needs of older consumers as they overcame any physical health problems that stopped them cooking, as in the case of respondent SR3(2+). This issue has already been identified when discussing barriers to food preferences (Chapter Five, Section 5.3.5). Frozen meals were found to meet the needs of those who could not, or did not want to, prepare food. Other product categories were also felt to have good choice, with respondent GNI(3+) expressing the variety of cheese, butters and fats as a positive aspect of food shopping.

The negative incidents focused upon the lack of choice of foods and the stock management practices of retailers.
Examples Of Negative Incidents Of Choice

Lack of Choice Of Foods

“There’s no variety compared to the big shops at Gala. There’s no choice, it’s the same things you get here...Well they can’t keep everything...Some new things would be good.”

EL2(3--) [Female, 75+, lived alone]

“I like Tuti-fruti but you can’t get it locally. Some shops just don’t have what you want. I go across to Kwik-Save but they’ve never anything new. I eat Kellogg’s Crunches but I would like to get Tuti-Fruti for a change. They’ve got limited stock. I want variety. They should have more variety. They should change their stock more.”

GN4(1--) [Female, 75+, lived alone]

“There’s a lack of choice of new things. You don’t get to try new things because the wee shop won’t get them in...In case they don’t sell...They should have trials, new things to try an’ then if they don’t sell they can stop them. Just do it for so long, ken, till they see how it goes.”

WL3(2--) [Female, 75+, lived alone]

Respondent GN4 felt that the stock kept by Kwik-Save was predictable and that the limited variety meant that some foods that she would have liked were not available. These respondents show that the choice of food available is related to the shop(s) they can access and, where there is limited competition, the stock of these shops is felt to be poor. These two dimensions reinforced the findings reported in Section 5.3.5, where 23.2% felt they could not access some of the foods they wanted.

The perceived reasons associated with these negative aspects of choice were that there was poor availability as a result of there being little competition at a local level, and that retailers were profit-driven, and so would not stock new lines in case they did not sell. Respondent EL2 recognised this as a limitation upon small shops.
Respondents felt that the lack of choice of food could be overcome in two ways, namely, through stock management and different market structure. Respondent GN4 suggested that there should be more variety of stock, which could be achieved by retailers changing their stock management practices. Given the difficulties small shops face, respondent EL2 suggested that trials should be introduced, and by following such a practice, new lines could regularly be brought in. The best-selling ones could then be incorporated into main stock.

It was also suggested that there should be a different market structure (respondent EL1), whereby specialist shops, such as newsagents, should be protected within small communities, in this case the village of Earlston, by not allowing other shops to sell the same merchandise. By doing this, it was felt that the local retail community would be preserved and there would be more shops for consumers to actually shop around and so improve the general shopping experience.

6.3.2 Quality

Quality referred to the sensory aspects of the food, such as taste, where the quality of the product being consumed was perceived to be good or bad. There were only two incidents, out of the 15 coded in this sub-category, that were positive, indicating that the quality of food is an area of dissatisfaction for older consumers.

The two positive incidents related to the 'nice' taste of the food, giving rise to positive perceptions of the quality of the product, as described by the following respondent:
Example of Positive Incidents of Quality

Good Taste

“You get lovely ham in Asda’s. It’s just nice tasting. I think it’s the quality.”

BB1(7+) [Female, 65-74, lived alone]

The 13 negative experiences of quality covered a range of perceptions on freshness.

Examples Of Negative Incidents Of Quality

Food Not Fresh

“Square loaves are getting worse. Being myself I can’t get through them. It takes a week for me to eat it. It’s hard to keep it fresh when you’re on your own. They need to give you smaller loaves for single people.”

BV8(3-) [Male, 65-74, lived alone]

“Sometimes the food is not good quality. I bought a tin of stew and I couldn’t finish it. I left it for the next day although I wanted something else. It was mouldy and I had to throw it away. I wouldn’t buy it again. I just have toast or something now. I don’t know why it wasn’t good. It’s not good quality. I just won’t buy it now.”

SR3(5-)[Female, 75+, lived alone]

“Things aren’t fresh. Their [Asda’s] bread, it comes in frozen and we buy for the week and freeze it. That’s why it’s all crusty. It was someone in Asda, who works there, that told me, or see I wiidenae have known. They don’t make things fresh. They should make things fresh on the premises.”

DF3(4-) [Female, 65-74, lived with husband]

“The cheese has clingfilm on it, but it makes it go mouldy. It makes the cheese sweat. I don’t know why it’s like that. They should keep it fresher.”

WL3(3-) [Female, 64-74, lived alone]

“Just last week I had to take back a tub of fresh cream. The date was a week on, but whenever I took the silver foil off it was sour so my husband took it back right away. Sometimes I think they change the dates on their foods. It should be fresh.”

DF3(3-) [Female, 65-74, lived with husband]
Lack of Freshness Due To Old Stock

"Stuff in our shops is usually lyin' a week or more. You're not allowed to handle it. So like, if you're buyin' fruit it might have gone off, but because you're no allowed to handle it you can't tell. You don't know what you're getting. You should get fresher things."

DC6(1-) [Male, 75+, lived alone]

From these examples of incidents, two particular dimensions to freshness can be seen. The first relates to the ability of the consumer to keep the food fresh, such as the bread discussed by respondent BV8. Respondent SR3 had similar experiences. The quantities she had to purchase meant the food had to be kept but she found that it did not keep fresh. Freezing food, as respondent DF3 found, could mean that the product lost its quality.

The second aspect of freshness was related to the packaging. Respondent WL8 felt that the ‘clingfilm’ packaging of cheese did not keep it fresh. As a result, manufacturers and retailers were perceived to be responsible for the poor freshness.

Food that had, perhaps, been lying in shops for some time concerned some respondents, with respondent DC6 feeling that he had no control over the quality of the fruit he was buying as he shopped at a small grocers that served customers. It has been identified that small local shops stock less fresh produce, due to a slower turnover (National Children’s Home, 1991; Consumer Affairs, 1994; Stitt et al, 1995). However, compounding this, in this case, was the inability to choose the best fruit on sale. As discussed earlier, fruit consumption is on the decline in Scotland and yet is essential to a healthy diet. This study has found there to be dissatisfaction amongst some older consumers in the quality of fruit available to them.
The perceived reasons for these negative aspects of quality were partly seen to be in relation to living alone (respondent BV8) as it was difficult to keep food fresh for the length of time necessary to consume it. Food that had not been made freshly before the consumer purchased it, was seen as another reason for consumers finding it difficult to keep it fresh (respondent DF3). One respondent felt that a lack of freshness was due to the retailer changing dates on the food, indicating a level of mistrust between the consumer and the retailer (respondent DF3).

Respondents felt that these negative elements of quality could be improved upon by retailers by making some food, for example bread, fresh on the premises and improving the packaging they used. Availability of smaller quantities was felt to be another way in which some of the negative elements of quality could be overcome, as this would avoid consumers having to store food for any length of time. Dissatisfaction with quality actually saw one consumer (respondent SR3) no longer buying tinned stew, which showed the importance of quality to this consumer.

6.3.3 Price

This sub-factor related to incidents involving the price of the food, as opposed to costs involved during other aspects of the food shopping trip, such as travel. There were six respondents who recalled positive aspects of price. The factors that appeared to produce positive experiences of price were the perception that a price was ‘good’ and feeling of value for money and where special promotions were available. Also, buying own-brands and in bulk were seen as ways of saving money.
Examples Of Positive Aspects Of Price

Higher prices, but value for money

"I like to shop at Marks and Spencer. I like their packs of fish because I can put it in the freezer. Prices are a bit higher, but worth it."
GN9(2+) [Female, 65-74, lived with husband]

"Value for money. Aye bread an' milk, potatoes an' frozen foods. Ye buy a bit dearer an' ye get good. Inferior stuff upsets ye, ye know the difference."
DC5(1+) [Male, 75+, lived alone]

Price promotions

"There's a good butchers. They were sellin' brisket last week for one pound twenty-six an' their rump steak was down. That's quite a good reasonable price."
DN4(3+) [Female, 75+, lived alone]

Own-brands cheaper

"I use own-brands and they're that copper or two cheaper. The only difference is in the beans. Heinz are still the best. I'll take what's cheaper."
RC9(1+) [Female, 75+, lived alone]

Buy in bulk

"I often try to buy big because it pays better."
GN9(5+) [Female, 65-74, lived with husband]

These respondents described value for money as being a feeling that a product had quality, such as the example of fish (respondent GN9) for which she was willing to pay a higher price. Higher prices were, therefore, not seen negatively when they reflected good quality. In contrast to this, for some respondents, the cheapest price was sought (respondent RC9). Own-brands were purchased because they were cheaper, with the exception of Heinz baked beans, as they were felt to be of better quality and so again, this respondent was willing to pay more.

Price promotions were also seen positively, such as by respondent DN4, who had bought butcher meat at a reduced price. The price of meat was found to be a major barrier to purchase for some consumers in Section 5.3.5 and so these findings suggest
that by offering price promotions on meat, the barriers could be minimised. One respondent felt that buying larger quantities saved money (respondent GN9). However, as identified in Chapter Five, this would depend on the ability to pay for larger quantities, transport the shopping and store it appropriately, for example by preserving it in the fridge or freezer.

Seven respondents expressed negative experiences of price. These included experiences where prices varied between stores and that prices were simply too high.

**Examples Of Negative Aspects Of Price**

**Variations In Price Between Store**

“There’s very few shops and prices vary a lot in the village. You’ve to keep checking them all over the place.”

EL5(4-) [Female, 65-74, lived alone]

“Sometimes their prices are a wee bit dear in Somerfields. Last week they were reducing their chicken legs in Somerfield to forty-nine pence. I said he wudnae sell them because the butcher down the road was selling them at thirty-nine pence. “Ye see there’s no competition. If it was too expensive I’d just go somewhere else.”

CC3(1-) [Female, 75+, lived alone]

“The prices. The Co-op was sellin’ two pound of sugar for seventy-five pence and in Safeway’s with my daughter it was fifty-five pence. That’s difference of twenty-three pence on one item. Another example would be marzipan. It was one pound forty-five in one of the shops and in the other it was ninety-nine pence...You can’t blame people for getting out, going to the new shops. I know the Duns shops will be more expensive, but you can’t blame folk for going out. They’re needin’ to lower their prices.”

DN5(1-) [Female, 75+, lived alone]

“The price...sugar’s some price. You can get certain biscuits cheaper in a different place. I think it was Ginger Nuts. It’s all about profit. Instead of having points on cards, they should just bring the prices down.”

BB9(3-) [Male, 75+, lived alone]
Prices Too High (Food Not Affordable)

"The price of foods is too high. Sometimes I can't afford some meals. Food should be affordable."

BV3(1-) [Female, 65-74, lived alone]

A strong theme emerging from the data was the variation in prices between shops. Those using local village shops, located in rural postcode sectors (respondents EL5 and DN5), and those using local shops within urban postcode areas (respondents CC3 and BB9) described such an experience. In some instances, such as respondent DN5, large differences in price were seen between the local shop, in this case the Co-op, and the supermarket, Safeway, which was located a distance away from the respondent’s home. However, price variations also occurred between retailers located in the same location (respondents EL5 and CC3).

Such awareness of variations of price showed that these older consumers were price conscious and would seek to get the best price by travelling. With price variations occurring within and between locations, it was difficult for consumers who could not travel, or who had poor physical mobility, to access cheaper stores (respondent DN5). This expands further the results presented in Section 5.3.5, which showed that various problems with access were major reasons for not using a preferred store or buying a preferred food. These barriers to accessibility can also result in additional disadvantages being experienced, such as difficulties in comparing prices. This supports the findings of Beaumont et al (1995) and Lang and Caraher (1998).
One respondent, BV3, describing the impact of prices that were too high, stated that he could not afford some meals. His perception of the cause of this problem was that prices were too high, rather than seeing it as a problem with his income or budgeting.

One of the perceived reasons for there being high prices and variations in price was that competition was poor and so prices were not being kept down. It was recognised, by respondent DN5, that the village shops would have to be more expensive because of their location, and also that younger people shopping elsewhere using their cars meant less demand and so higher prices locally. Prices were also perceived to be high because retailers were seeking profit (respondent BB9) rather than concentrating on providing affordable foods.

In terms of expectations, respondents felt that retailers should reduce their prices. Increased competition, again, was felt to be one of the ways to achieve this. It is, however, questionable whether the limited demand for local retail provision, such as that described by respondent DN5, could sustain the number of stores needed for price competition to be effective.

There was also a feeling that smaller quantities could make shopping cheaper. However, there was a realization that smaller packs tended to be more expensive. This difficulty has been recognised as a problem for a number of years (Mason and Bearden, 1979) and it appears that it is still being experienced by older consumers.
6.3.4 Quantities

Quantities referred to the quantities of foods for sale. This was the largest of all the Merchandise-Related sub-categories, with 26 responses. Ten of these responses related to positive experiences. However, the majority of them were negative.

Amongst the positive experiences, it was recognised that portion sizes (or packets) were generally too big for one person to eat, particularly the elderly. However, positive aspects were described in relation to the ability to overcome this problem. Frozen foods, such as ready-made meals, were bought by some respondents, so the portion size was suitable, whilst for others, having a freezer allowed them to use only what they needed,

*Examples of Positive Aspects of Quantities*

**Overcome Large Quantities With Frozen Foods**

“Frozen foods. Frozen vegetables are fresher. I buy a bag and take out as much as I need. When you’re on your own, you need a fridge and freezer to overcome the quantities. I compensate for the large quantities with my freezer.”

CH2(3+) [Female, 65-74, lived alone]

**Availability Of Small Quantities**

“Safeway are good for individual portions. I don’t eat everything, but the Birdseye individual portion of lamb or pork is good.”

PC3(1+) [Female, 65-74, lived alone]

“You do get small portions at Safeway, if you ask at their counter.”

PC3(2+) [Female, 65-74, lived alone]

"The butchers down here you can ask for a few sausages. I only ask for what I need. I need two slices of cornbeef in the store and you get counter served.”

JB2(1+) [Female, 75+, lived with husband]

Whilst it was recognised that large quantities were a problem, some respondents overcame this problem by using frozen foods. As can be seen from respondent CH2,
Frozen vegetables were used as they were felt to be fresher. This may be an opportunity for health promoters, trying to increase vegetable consumption, and retailers, to work together to promote the benefits of frozen vegetables.

The other aspect of quantities that was positive was in relation to the opportunity to ask staff for the appropriate quantities, either at a counter in a supermarket or at a specialised shop, such as a butchers. Counters within supermarkets, therefore, appear valuable in helping consumers obtain what they want.

In terms of negative experiences, 16 respondents stated that quantities were a problem. The negative elements related to quantity sizes being too large for older people, who often lived alone. One respondent stated that she did not want to eat the same food for days whilst others felt that there was wastage of food because it was not eaten quickly enough. Specific examples were in relation to packets of food, such as rolls and sugar, tins of peas, cereals and salad.

**Examples of Negative Aspects of Quantities**

**Too Large Quantities In Packs / Tins of Food**

“There’s too much in a packet. Rolls have six or eight in a pack which is too much.”

SR3(6-) [Female, 75+, lived alone]

“They don’t cater for the Senior Citizens, there are no smaller tins. I went to buy peas and there were no small tins of peas or small bags of sugar. One time I went to buy rolls and it was packs of twelve and I had to throw them out to the birds because I couldn’t eat them all.”

GN1(2-) [Female, 65-74, lived alone]

“When you shop for one it’s very difficult to get enough for one day. I’m no very good at eating tomorrow what I had today.”

RC1(5-) [Female, 75+, lived alone]
"You can’t get one sausage or a rasher of bacon. The counters can get it but the manufacturers have big packs. It’s the manufacturers, one of these charges. It’s cost, it’s no wise to produce in smaller packs it costs more. It’s more expensive for us... They should try to produce small packs."

JB1(2-)[Female, 75+, lived alone]

The problem of quantities being too large spread across a variety of foods, including meat products, such as sausages and bacon. These findings support those identified in Chapter Five, where a number of respondents stated that access to appropriate quantities stopped them from buying certain foods, mostly meat products.

It was evident that people living alone particularly suffered in relation to quantities, with the feeling that the needs of older people were not being met and they were having to eat the same packet of food for several days to avoid wastage.

As indicated, one of the reasons for this was that the respondents were living alone and buying for one. It was felt in many instances that shops, and the grocery multiples in particular, were seeking profit to the detriment of the needs of these consumers (respondent JB1). However, one respondent shed light on another difficulty that affected her purchasing,

"Everything’s in bulk and pensioners can’t buy things in bulk. People get monthly wages but we’re on a weekly pension. There should be good prices for those buying little quantities.”

PC4(1-)[Female, 75+, lived with husband]
With price savings focused on bulk purchasing, and smaller quantities of food, for example tins and packets, costing more than larger ones, this respondent did not have the income for the bulk purchases that would have brought her savings.

In terms of expectations in relation to quantities, respondents felt that smaller quantities should be available and that they should cost less than larger quantities. Two respondents had specific suggestions for improvement in relation to obtaining meat in appropriate quantities,

“The quantities of foods are too much. If it’s something like porridge oats it doesn’t matter; you’ll use them an’ they keep but other things don’t keep. They’re just all in large quantities. Smaller packs are needed for those living alone, particularly perishables. Chicken pieces need to be packed in two’s rather than fours or eights.”
WL1(2-) [Female, 75+, lived alone]

“The butcher meat should be made up into little parcels for pensioners on a weekly basis. There should be things like half a pound of stew, mince and things and it should be priced for the week. This would give us variety and we would know the price of our meat for the week. It would be in small quantities. I’ve suggested it to the local butchers, but he just said he would tell his boss. It’s never happened.”
PC7(4-) [Female, 65-74, lived alone]

Respondents felt that smaller quantities of meat should be available, with respondent PC7 suggesting that a variety of meat should be made up into a pack that could then be purchased for a set price. Despite having made this suggestion, it was not taken on board by her local butcher. However, it offers an innovative way for retailers to target the needs of this consumer group and so minimise dissatisfaction with choice, price and quantities.
The inter-relation seen between these three sub-categories also extended to promotions, as can be seen below.

6.3.5 Promotions

This sub-category referred to incidents that related to food on special promotion or any general promotion available within the store. There were seven respondents with positive experiences of promotions. Promotional activity covered a range of practices, as seen from the following respondents:

**Examples of Positive Aspects of Promotions**

**Reduced Prices**

“Special offers at Iceland. I often buy turkey steak dinners at a reduced price.”

GN6(1+) [Male, 75+, lived with wife]

**Buy One Get One Free**

“Aye, Asda ye buy wan get wan free, that’s gid. I git tea bags an’ salmon an that eh...aw...whit’s it, vegetable spread thing.”

DC1(2+) [Female, 75+, lived with son]

**Vouchers / Coupons**

“Vouchers are gid in the Asda, ken, for pickles an’ cleanin’ materials an’ shampoo. Aye, I’ve bought pickles an’ ye get yir voucher fir money off next time. It’s aw incentives tae buy. I think they’ve copied Boots for that.”

DC3(1+) [Female, 75+, lived alone]

**Loyalty Card**

“Tesco’s card is good. You get so much you know, three or four pound back to buy stuff in.”

CB5(1+) [Male, 75+, lived alone]

Reduced prices encouraged the purchase of some products, such as turkey. This, again, is one way in which retailers could target the older consumer and so minimise the difficulties many experience in purchasing meat products. Another method is to
offer 'buy one, get one free' on meat, as in the case of respondent DC1, who purchased salmon in this way. Vouchers also encouraged consumers to buy particular foods. This could be used by health promoters and retailers to integrate their strategies and target healthy foods. Finally, the loyalty card at supermarkets was seen to be of benefit, with respondents feeling that they were saving money in the long run.

There were six negative experiences, mostly linked with the issue of quantity, where, for example, the best buys could only be obtained by purchasing large quantities. Other negative experiences arose from perceptions of some older consumers that the various promotions were not appropriate for them.

**Examples of Negative Aspects of Promotions**

**Three For Two**

"Promotions are bad. They're all three for two, which is too much for me. They need to give promotions on smaller amounts."

BV4(3-) [Female, 75+, lived with husband]

**No Promotions Available**

"There's no promotions along in the Co-op. There's no competition. They're needin' competition but we have to go there so they can do what they like. We can't have it any other way."

DN3(1-) [Female, 65-74, lived alone]

**Price Reductions - Quality of Food in the Promotions**

"Somerfield, to get a bargain, you have to buy sell-by stuff. You've got to eat it that night. They want rid of it. They should give you more choice in the savings...give you time to eat it."

DC3(4-) [Female, 75+, lived alone]

"Stuff's in the shops for weeks. They put it half price reduced, a cake I bought in the Co-op. It was rotten. It's no a bargain then. They do it tae get rid of stuff. They've bought too much in. They should give you proper bargains."

BB4(2-) [Female, 75+, lived with husband]
Not Able To Use Loyalty Cards Effectively

"The cards with a packet of tea bags, you get a free points card, but you have to put the points onto another card because your card' in the box. It's bad planning. You don't spend enough to fill them. They're needing to focus on their prices rather than cards."

BB9(4-7) [Male, 75+, lived alone]

The range of promotions causing dissatisfaction was similar to those causing satisfaction. Promotions related to the quantity issue, such as 'three for two' offers which were felt to be too large for someone living alone. In contrast, the 'buy one get one free' offer was not seen to be an excessive quantity (respondent DC1).

While price reductions were felt by respondent GN6 to be positive, respondents DC3 and BB4 felt that the food being sold at a reduced price was old stock, which needed to be sold off. Once bought, it could not be kept for any length of time and so the quality of the food was poor.

Whilst loyalty cards were seen positively by some, it was felt by respondent BB9 that the loyalty card was inappropriate for someone living on their own and buying small quantities. It was difficult to collect enough points to allow for 'rewards' and in one instance, the loyalty cards were being promoted within boxes of teabags. The card could not actually be used on that occasion because it was being given in the box of teabags.

The other aspect of dissatisfaction related to there not being any promotions at all for the consumer to take advantage of. This tended to be store-specific, with the Co-op,
within the incident reported by respondent DN3, being used because she had to although she was dissatisfied with the lack of promotional activity being offered.

The perceived reasons for these negative aspects were, first, that the promotions had not been thought through properly in relation to customer needs, such as the small quantities required by those living alone (respondent BB9). However, in relation to price reductions, it was felt to be due to poor ordering of stock and management of stock that meant retailers were trying to sell off old stock.

Those respondents who had no access to promotions felt that it was because the shop had a captive market and so considered there to be no need for it to compete for custom. In this instance, respondent DN3 felt that there was no alternative to the way things were and that she was powerless to change where she shopped because she could not access anywhere else.

Other expectations in relation to promotions were that they should be genuine (respondent BB4), with fresher stock being promoted. The quantity focus of promotions was largely felt to be unsuitable for older people, particularly the 'three for two' and the loyalty card. Instead, it was felt that promotions should be price focused and, indeed, it was felt by some that lowering prices would be preferable to promotions.

Table 6.3 presents a summary of the factors influencing the quality of the shopping experience in relation to merchandise factors, together with the perceived reasons for dissatisfaction and expectations.
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<th>Perceived Reasons For Negative Aspects</th>
<th>Expectations</th>
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<td>Choice of convenience meals</td>
<td>Poor availability because of little competition</td>
<td>More shops</td>
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<td></td>
<td>+</td>
<td>Choice of dairy products</td>
<td>Profit driven and so do not stock new lines</td>
<td>More competition</td>
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<td>-</td>
<td>Lack of choice of foods</td>
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<td>Quality</td>
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<td>Difficult to keep food fresh</td>
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<td>-</td>
<td>Food not fresh</td>
<td>Packaging</td>
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<td>Price</td>
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<td></td>
<td>+</td>
<td>Price promotions</td>
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<td>Own-brands cheaper</td>
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<td>Promotions</td>
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<td>Buy One Get One Free</td>
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<td>Vouchers / Coupons</td>
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<td>+</td>
<td>Loyalty Card</td>
<td>Poor competition</td>
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<td>Three For Two</td>
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<td>Price reductions – quality of food</td>
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<td>Loyalty Card</td>
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6.4 Retail Practices

This category represented 22% of all incidents. Retail Practices were those aspects related to the running of the store and management of staff. Within this category, five sub-categories were generated. These were: service method (36%); complaints handling (25%); display management (15%); hygiene (13%); and stock management (11%). Within these categories, positive and negative incidents were as follows,

**Figure 6.4 Percentage of Positive and Negative Incidents in Retail Practices Sub-categories**

![Bar chart showing the percentage of positive and negative incidents in retail practices sub-categories.]

Extreme experiences emerged, with a high percentage of positive incidents in relation to hygiene. However, all incidents in relation to stock management were negative.
6.4.1 Service Method

Incidents in this sub-category included the way in which a store served customers, such as self-service or counter service. This was the sub-category of Retail Practices with the largest proportion of incidents. It was equally split between positive and negative aspects with the following positive themes emerging.

**Examples of Positive Aspects of Service Method**

*Control Over Food Selection*

"I can pick my own fruit and vegetables. Before someone used to pack it for you at the counter and you would often get bad ones. It's good that I can pick my own."

SR1(3+) [Female, 75+, lived alone]

*Freedom To Look Round The Store*

"I'm only up the town once a week an' I enjoy wanderin' about lookin' for new stuff like biscuits an' ideas."

BB4(4+) [Female, 75+, lived with husband]

*Long Opening Hours*

"Their hours are better. You've got longer shoppin' time. There's mair choice when ye go in at quiet times."

BB8(1+) [Female, 65-74, lived alone]

*Scanning Technology At Checkouts*

"Pay methods are good. The electronic way is more accurate. There used to be a lot of mistakes just using the old tills."

CH2(2+) [Female, 65-74, lived alone]

There were four positive dimensions to service method. Self-service allowed respondents to exercise control over the food being selected, particularly when buying fruit and vegetables. This can be linked with comments on the control over quality in Section 6.3.2. Secondly, self-service also allowed control over browsing, as with respondent BB4, who liked to take her time and select new products. Thirdly, longer opening hours allowed respondents to shop at quieter times and
respondent BB8 felt there was more choice available at these quieter times. The final positive aspect of service method was in relation to the scanning checkouts, with respondent CH2 feeling they were more accurate than the traditional checkouts.

Two strong themes emerged from the negative aspects of service method, illustrated below:

**Examples of Negative Aspects of Service Method**

**Length of Queues At Checkouts**

"Queues at checkouts. In Kwik-Save I go in often and there are six tills, but only three working. It's not for the comfort of the customer, it's to save money for them. They should have checkouts for pensioners and people with only a few messages."

GN1(1-)[Female, 65-74, lived alone]

"Iceland is inclined to have one checkout on at a time, especially lunch-time. I went in once about twelve o'clock and one checkout was on. There was a big queue. I don't know why they do that. It makes you wonder what people are doing. Maybe their lunch hours overlap and there's not enough staff. They should have at least two checkouts on."

GN2(2-)[Female, 75+, lived alone]

"Maybe at checkouts, you know, there's such big queues with people buyin' a lot of stuff. There's usually just the one checkout for baskets. It means you've to stand for ages in a queue. It's a long time to stand."

CB3(4-)[Female, 65-74, lived alone]

**Rushed When Being Served At The Checkout**

"They're all too quick with the machines going, you don't even have time to count change. It's quick, you're in and out. It's all labelled and that, it's just too quick. I suppose its inducement makes you wonder what to get. The younger generation are brought up different to us. There's far too much now. They all just need to slow down a bit at the checkouts."

WL6(1-)[Female, 75+, lived alone]
"You don’t have time at the checkout to check your receipt, especially with offers. They’re so busy you don’t get time. They want to get on to the next one. You need time to check things."

GN9(8-) [Female, 65-74, lived with husband]

The length of queues at checkouts were a major source of dissatisfaction. There was frustration that, often, not all the checkouts that could be open were not being used. For older people there was more than simply frustration, but rather a practical implication. Respondent CB3 found it a long time to stand and that it was tiring. This compounded the feelings of tiredness from travelling and shopping in a large store, that will be identified later in this chapter.

Related to this, was the speed by which people were actually served at the checkout. Consumers did not want to stand in a queue while people were being served. However, they did not like to be hurried whilst actually being served.

Respondents perceived the reasons for these negative aspects to be mostly poor planning of staff resources. There appeared to be not enough staff at peak times, with the result that checkouts were not being used. This was seen to be the case because retailers wanted to save money. It was also felt that staff had to serve customers as quickly as possible to keep queues to a minimum and so save people waiting.

In terms of expectations, it was felt that there should be more checkouts open, but also that there should be more than one checkout for people with baskets (respondent CB3). Taking this further, respondents suggested special checkouts for pensioners. The experience at checkouts could also be improved by staff taking time to serve the
customer and allowing them time to pack their bags and check their shopping and money.

6.4.2 Complaints Handling

The sub-category of complaints handling referred to experiences with a complaint situation. Six respondents recalled positive experiences of complaints handling. The aspects that led to satisfaction were the existence and implementation of procedures and the manner of staff, as seen from the following examples.

**Examples Of Positive Aspects Of Complaints Handling**

**Complaints Handling Policy Followed**

"Their returns are good. If you buy something, they'll change it for you. We bought a gateau and the cream was not right. They changed it instantly when we took it back."

GN6(3+) [Male, 75+, lived with wife]

"I was treated well yesterday. I picked up a cake that was reduced, Mr Kiplings, a bought for my son cause he's coming up. It was one pound nine pence, reduced to eighty-five pence. When I was checking the prices off my receipt, they had charged one pound nine pence. I was goin' back and I knocked on the manager's door but there was no answer. I went to the girl of the cigarette counter and she found me the manager. I showed the bill and the cake and he wrote something on it, but I got one pound and nine back and he said it was 'our principle'. It was their policy."

JB1(1+) [Female, 75+, lived alone]

**Staff Deal With Complaint Well**

"The staff listen to you. I've taken fish back to Tesco's that smelt a bit off. I said to them and took the strip back, you know, of the packet. They were very pleasant an' gave me a big fish and my money for compensation. It was the trainee manager that spoke to me. I think they were trying to get better business."

CB5(4+) [Male, 75+, lived alone]
The results showed that having a policy on dealing with complaints, and following that policy, was a key determinant in satisfaction for all of the above respondents. Having such a policy meant that staff knew how to deal with the complaint. In addition, informing the customer of the policy built confidence in buying at that store, as in the case of respondent GN6. Some incidents described in detail the way that staff dealt with their complaint. Staff who were 'pleasant' and 'listened' to the respondent contributed to the complaint being handled successfully. These findings for older consumers support the conclusions that a formal policy, combined with effective staff-customer interactions, helps to deal with complaints successfully (Mitchell and Critchlow, 1993; Adamson, 1993; Vanderleest and Born, 1988).

In contrast to this, eight respondents recalled negative incidents in relation to complaints handling. The following aspects were generated from the data:

**Examples Of Negative Aspects of Complaints Handling**

**Complaint Situation**

"I was overcharged in Asda. I was charged six pounds for tomatoes that were only sixty pence. I had to tell them and they gave me a full refund. I got the tomatoes for nothing."

BV6(2-) [Female, 75+, lived alone]

"One time we bought a jar of something that wasn't right and took it back to the customer service desk. They asked if we wanted a refund or want it changed. I wanted it changed. It was good that they changed it."

GN9(7-) [Female, 65-74, lived with husband]

**Staff Did Not Resolve Complaint**

"I went tae this fish shop an' bought a piece of fish an' when it was cooked it broke up. I phoned and went to the manager but they didnae help. I never went back."

BB4(3-) [Female, 75+, lived with husband]
"Ken how you get a third off a chocolate biscuit, it's a promotion they do every now
and again. They tried to sell me the wrong ones an' they argued with me. I won't go
back now, I've never been back."

JB2(2) [Female, 75+, lived with husband]

The complaint situation itself caused dissatisfaction and, despite there being attempts
to resolve the complaint, (something which tends to be perceived positively) it was
the complaint situation itself that remained negative in the customer's mind.

Some complaint situations arose from, or were made worse by, staff. Compared with
the positive incidents, this showed that staff could influence the satisfaction of
complaints handling in both a positive and negative way. The aspects causing
negative experiences concerned staff behaviour, in that they argued with the
customer (respondent JB2), or there appearing to be no policy for dealing with
complaints (respondent BB4). This was the opposite of the positive aspects, with
good staff interactions and procedures causing satisfaction. Where these elements
were not in place, some respondents stopped using the store. This suggests that in
some areas of retailing, good practice in complaints handling is not being
implemented and having a negative effect on customer loyalty.

In terms of the perceived reasons for the negative incidents, it was clear that these
related to poor service from staff and no complaints handling procedure being in
place. Six out of the eight respondents experiencing a poor complaint situation
expected there to be efficient complaints handling procedures. In some instances,
because there had not been, the retailer had lost the customer to another store.
6.4.3 Display Management

Incidents in this sub-category related to the management aspects of displays, such as planning and layout. This factor was predominantly negative, with only two respondents giving a positive incident. Both of these respondents referred to the presentation of the food as appealing, for example respondent JB1(5+):

**Example Of The Positive Aspect Of Display Management**

*Attractive Presentation Of Food*

“Davie’s a very good butcher. He presents the food nice. Yesterday there was a rib of beef and it looked lovely. It’s the way it’s displayed well.”

*JB1(5+) [Female, 75+, lived alone]*

There were six respondents who recalled a negative experience of display management. The aspects of display management were as follows:

**Examples of Negative Aspects of Display Management**

*Changed Displays Too Often*

“Supermarkets change their displays too often. I have to ask the staff to help me find things. They need to keep their displays at the same place.”

*BV1(2-) [Female, 65-74, lived alone]*

“They move things around which means you’re trailing up and down, you get tired. I ask for help if I can find an assistant, but I don’t always find one. It’s a crazy idea. It helps sales. It’s all about greed and sales and they try to make you buy on impulse. You do see things. It’d help if things were very well marked every time they move things and if there were assistants about.”

*CH2(4-) [Female, 75+, lived alone]*

*Did Not Change Displays At All*

“They never move anything in Costcutters. You could go in blind-folded and know your way around. It’s boring. Duns is just staid. They need to bring more variety in and change things round. Bring in new things. They’re needin’ to change what’s in their freezers, there’s no variety.”

*DN1(3-) [Female, 75+, lived alone]*
The frequency with which displays of merchandise were moved in the store resulted in difficulties for consumers finding the food they were looking for. Some respondents asked the staff where items were. However, as respondent CH2 highlighted, staff could not always be found. Whilst this has been a problem identified for other customer segments, it appears that, for older people, an additional consequence of merchandise being moved around the store is that it tires them. This supports the findings of Mason and Bearden (1979) and adds to the negative consequences of queues at checkouts discussed in Section 6.4.1.

In contrast to this, however, one respondent felt that more change was needed, with her perception of the store being 'staid'. Such feelings were also related to the type of stock kept and that new foods were also needed to break the monotony of food shopping.

Most respondents perceived the reasons for moving displays to be to maximise the retailers’ sales by prompting impulse buying (respondent CH2) rather than to meet the needs of the consumer.

All respondents expressed the desire for the layout to be kept the same (respondents BV1 and GN9), except for one (respondent DN1) who wanted it to be changed more often. The difficulties and inconvenience for consumers caused by moving displays was thought by one respondent to be minimised if appropriate signage was used to indicate where merchandise was and staff were provided to help direct the customer.
6.4.4 Hygiene

The sub-category of hygiene referred to experiences related to cleanliness and hygienic practices within the store. Amongst the positive incidents of hygiene, there were two distinct themes in the data.

**Examples of Positive Aspects of Hygiene**

**Staff Wear Gloves To Handle Food**

“I appreciate the high degree of hygiene in shops. I don’t like going into shops who handle money and unwrapped goods. Our local shop wears gloves.”

WL1(1+) [Female, 75+, lived alone]

“Hygiene is better now. It’s improved. The staff wear gloves. I think the beef scare frightened people and so things have improved.”

GN5(3+) [Female, 65-74, lived alone]

**Clean Store**

“I think it’s aw quite clean. It’s always gettin’ washed oot [the shop]. The coonsters where ye buy the meats gid an’ aw. Aw clean. A think they’ve jist learned tae,ken, it’s fir their gid.”

DC1(3+) [Female, 75+, lived with son]

Respondents identified that staff wore gloves to handle foods rather than handling money or raw meat and then other food with their bare hands. This was perceived as good practice. Hygiene also referred to the store environment and respondent DC1 noted that the meat counters were kept particularly clean. Both respondents GN5 and DC1 related this good practice to retailers having learned lessons from the recent foods scares, such as BSE and Ecoli.

Similar themes around meat and store cleanliness were found in the negative incidents.
Examples of Negative Aspects of Hygiene

Retailers Selling Raw and Cooked Meats

"I don’t approve of butchers selling cold meats. It should be only uncooked meats. Cooked food shouldn’t be next to raw meat. It never used to be like that. It’s all for profit and building up business. I think they’re beginning to recognise their mistakes. They should have delicatessens along with the butchers, but well away from the family butchers."

PC2(5-)[Female, 65-74, lived alone]

Shop Unclean

"I tell ye, often the chewing gum that’s stuck to the trolley, it’s just no clean. There’s a lot of them no clean. The shops could be a lot cleaner."

BB4(5-)[Female, 75+, lived with husband]

It was of concern to respondents that cooked and raw meat was being sold in the same shop, in this example a butchers (respondent PC2), which was felt to be unsafe. Food safety was of concern to these older consumers who had clear ideas on good handling practices, for example wearing gloves, having separate raw and cooked meat counters and washing counters regularly.

As with positive incidents, store cleanliness was an issue. Respondent BB4 described how chewing gum was often stuck to trolleys and that the store(s) was not clean.

Respondents perceived these negative aspects to be caused by retailers that were trying to maximise profits and avoid the costs of maintaining standards. Respondents felt that good food handling practices should be implemented, such as those already described, and that stores should be kept clean. Such expectations of hygiene support the findings of Westbrook (1981) who identified that, for adult females, hygiene was an important influence on satisfaction with retail outlets. It is
evident that, for some respondents in this study, it also has an influence on dis/satisfaction levels.

6.4.5 Stock Management

This category contained incidents related to the management of the range, variety and supply levels of stock. There were six negative experiences in relation to stock management, with no positive experiences being described. Amongst the negative incidents there was one clear theme, that of poor availability of food.

*Examples of Negative Aspects of Stock Management*

**Poor Availability**

"Sometimes things are limited. You can’t get them. I once went to the fridges in the shop and they were empty. I couldn’t even get an egg and I like to have scrambled egg. I have it with toast for my tea quite a lot. Now I’m scared I don’t get what I need. They should have their stock in.”

SR3(4-) [Female, 75+, lived alone]

"The local shops often run out of things. I once went to get a packet of cornflour and they said it would be three weeks before they got it in. It was five weeks in total. It’s up to the manageress to order and it’s just no ordered. Nowadays there’s no family shops, we’re just a number. If anyone asks for anything, they should try and get it. They don’t just stock up. There’s no effort to get it for you.”

EL2(4-) [Female, 75+, lived alone]

"At Asda, they’re not filling their shelves properly an’ they’ve got these computers to do it. They know what’s going out. They’re not doing it right. They should be filling their shelves.”

DF4(1-) [Female, 65-74, lived alone]

"The Co-op ran out of sugar an’ I went to the Paki’s and it cost me eighty-seven pence for the sugar. That cost me more. They hadn’t ordered right. They should nae run out.”

BB4(4-) [Female, 75+, lived with husband]
These respondents specifically identified eggs, cornflour and sugar as products they had been unable to get in a shopping trip. This resulted in a fear that there would be shortages of food (respondent SR3) and, in one instance, meant that the consumer had to pay more for the product at another store (respondent BB4).

Respondents perceived these negative aspects to be a result of poor stock ordering and management and felt that this should be improved. It was also expected that special orders should be made for customers. Such an expectation reinforces the desire for personal service that was evident from the service method results where respondents wanted time to be taken when serving customers at checkouts. It further shows that the feelings that personal service had been lost, identified in Chapter Five (5.4.1), were having an influence on the quality of the food shopping experience. It appears that these aspects of shopping, perceived to be positive in retailing years ago, still form part of their expectations of shopping today.

A summary of experiences of Retail Practices is given in Table 6.4 (over).
Table 6.4 CIT: Summary of Retail Practices

<table>
<thead>
<tr>
<th>Retail Practices</th>
<th>Experience</th>
<th>Perceived Reasons For Negative Aspects</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Method</td>
<td>+ Control over food selection + Freedom to look round the store + Long opening hours + Scanning technology at checkouts</td>
<td>Poor planning of staff resources Staff pressurised to serve quickly</td>
<td>More checkouts open Special checkouts Staff take time to serve</td>
</tr>
<tr>
<td></td>
<td>- Length of queues at checkouts - Rushed when being served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td>+ CH policy followed + Staff dealt with complaint well - Complaint situation - Staff did not resolve complaint</td>
<td>Poor staff No CH procedure</td>
<td>Efficient CH procedure</td>
</tr>
<tr>
<td>Handling (CH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display</td>
<td>+ Attractive presentation of food - Changed displays too often - Did not change displays often</td>
<td>Maximise sales</td>
<td>Keep layout Change layout Signage Staff</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td>+ Staff wear gloves to handle food + Clean store</td>
<td>Maximise profits</td>
<td>Good food handling procedures Stores kept clean</td>
</tr>
<tr>
<td></td>
<td>- Selling raw and cooked meat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td>- Shop unclean - Poor availability</td>
<td>Poor stock ordering</td>
<td>Improve ordering Make special orders</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.5 Staff Issues

Staff issues referred to incidents related to the behaviour and interaction of staff. This was distinct from the management of staff as a resource for running the store featured in Retail Practices. This category accounted for 19% of all incidents, with
two sub-categories emerging. These were interpersonal skills (72%) and assistance (28%). The percentage of positive and negative incidents were as follows,

**Figure 6.5  Percentage of Positive and Negative Incidents in Staff Issues Sub-categories**

![Percentage of Positive and Negative Incidents in Staff Issues Sub-categories](image)

6.5.1 Assistance

Assistance referred to incidents related to the helpfulness of staff. Twenty-six positive incidents fell into this category. Staff were found to provide assistance in three areas,

**Examples of Positive Aspects of Staff Assistance**

*Help To Find Products*

"Staff are helpful. I ask for things because I'm blind and they get them for me."

*BV7 (1+) [Female, 75+, lived alone]*
Pack Shopping

"People are polite behind the checkouts. They’re helpful. They put things in the bag for you."
GN6(2+) [Male, 75+, lived with husband]

Give Advice

"The advice, ye get good advice from employees you ask. I ask a lot about dates and prices and if there’s a difference between one week and another and I get an explanation."
BB5(1+) [Female, 65-74, lived alone]

Staff could provide good service in three areas. It was viewed positively when staff gave practical assistance by helping customers to find products. This also linked with those who felt that displays were moved around too often and needed help to locate products (Section 6.4.3). Staff could also help by packing shopping at the checkout, again giving the customer more time to deal with money and not be so rushed, as was a problem with service method. Staff were also viewed positively when giving advice to customers on the dates and prices of foods. It may be possible to capitalize on this aspect to minimise the suspicions some consumers had about retailers possibly changing dates on foods (see earlier results in Section 6.3.2).

Whilst there were considerably fewer negative incidents reported, they related to two aspects which also had positive aspects.

Examples of Negative Aspects of Staff Assistance

Staff Do Not Help To Find Products

"There’s a couple of times when it was less than perfect. I asked for somethin’ a couldn’ae find an’ the assistant says ‘oacht over there’ jist wavin’ her airm. But ye see, in Safeway’s ye say ye canna find somethin’ an’ it’s ‘oh I’ll get it for you’. This was in Somerfield. I think it’s a different type of supervisors and trainin’"
DC3(2-) [Female, 75+, lived alone]
Staff Are Careless When Packing Shopping

"They just shove all your stuff in one bag when they’re packing. Your grapes get flattened. They’re in a hurry. It would be better if they had someone else just standing helping you to pack."

CB1(1-) [Female, 75+, lived alone]

Some respondents found staff who were willing to help them find food. Respondent DC3 reported differences between two of the large grocery multiples, Somerfield and Safeway, in this respect. For respondent CB1, staff had been careless when packing shopping. This suggests that it is important to ensure that the assistance being given is carried out properly.

Poor staff assistance was described in terms of staff being hurried and not caring about the customer, with the perceived reasons being poor staff management with managers not monitoring or training staff.

The expectations were that customers should be given more general assistance and help, for example in packing of bags. More of an interest could have been taken in the customer, which would then have reflected in the quality of assistance given.

6.5.2 Interpersonal Skills

Incidents within this sub-category related to the communication and interaction of staff. There were eight positive responses, all focusing on the pleasantness of staff.

Examples of Positive Aspects of Staff’s Interpersonal Skills

Staff Are Pleasant

"Staff are good, they’re nice. They’re pleasant to you when they serve you."

SR2(1+) [Male, 75+, lived alone]
"They're courteous to you. They're just pleasant and speak nicely to you. They seem to be happy in their work."

(DF2+) [Female, 65-74, lived alone]

Staff who were pleasant and polite were instrumental in producing positive incidents. Where such interaction was missing, a feeling that there was a lack of personal service was produced, and hence negative experiences.

**Examples of Negative Aspects of Staff's Interpersonal Skills**

**No Personal Service**

"There's no contact in the supermarkets, no time an' eh nothing to beat a cornershop. They were all sociable, asking after one another and their customers. It's just always struck me as that. There was more human understanding then, the human touch is lost in supermarkets. It depends on who the person is themselves. They rush to get you through. It's not the people, it's the system. We've copied America too much. The girls should be not so much in a hurry that they can't say hello, how are you today and so before you'd go out with a smile on your face. It only takes a word."

PP1 (3-) [Female, 75+, lived with son]

"You don't get personal service, particularly supermarkets. I think the staff are too busy and they're short of staff than smaller shops. Staff should have time for you."

GN5 (4-) [Female, 65-74, lived alone]

"The staff look at you as if you're just old. They're no interested. Staff couldn't care less, it's their attitude. They're needing more and better training."

EL4 (2-) [Female, 75+, lived alone]

A lack of personal service was felt at both multiple retailers (respondents PP1 and GN5) and small shops (respondent EL4), but it was particularly with the multiples that it was felt that the social interaction had gone. This reinforces the descriptions and feelings of shopping changes discussed in Section 5.4.1.
The reasons given for these negative experiences related to both staff performance and management, as in the findings on ‘assistance’, Section 6.5.1. This specifically referred to staff who portrayed a bad attitude to service, and staff who were under pressure and trying to serve too quickly. The lack of resources and training in this service matter were seen as a management issue. Respondents expected that staff should take an interest in them and that staff training should be provided on how to deal with customers.

Table 6.5 provides a summary of the experiences of Staff Issues.

<table>
<thead>
<tr>
<th>Staff Issues</th>
<th>Experience</th>
<th>Perceived Reasons For Dissatisfaction</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance</td>
<td>+</td>
<td>Help to find products</td>
<td>Poor staff performance</td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Pack shopping</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Give advice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>No help to find products</td>
<td>Poor staff management</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Careless when packing shopping</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>+</td>
<td>Staff are pleasant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>No personal service</td>
<td></td>
</tr>
</tbody>
</table>

6.6 Internal Store Environment

The Internal Store Environment related to incidents involving physical aspects of the store. It accounted for 9% of all incidents and, within it, two sub-categories emerged, store facilities and design. The number of positive and negative incidents within these categories were as follows:
6.6.1 Store Facilities

The sub-category of store facilities related to the facilities and services offered, such as a Post Office and disabled facilities. There were five positive incidents within this sub-category. The key aspects that were positive about store facilities were:

**Examples of Positive Aspects of Store Facilities**

**Café Facilities**

"I go to Safeway and use the cafe and I have their doughnuts. They’re nice. It just makes it nice to have a coffee an’ that."

DN5(3+) [Female, 75+, lived alone]

**Post Office Facilities**

"I prefer the bigger shops. Thirs a Post Office inside the big shop. Yir collecting yir money an’ messages in one."

DC4(2+) [Female, 65-74, lived alone]
Trolley's Available

"You can get your trolley for nothing at Farmfoods. You have to pay a pound at Asda. You get it back at the end, but I can't always spare a pound. I need it for my shopping."

BV2(2+) [Female, 75+, lived with husband]

Disabled Facilities

"There's wheelchairs available in the shop with a trolley attached and so my son takes me."

BB7(3+) [Female, 75+, lived alone]

Cafés featured as positive because of the social dimension they brought to shopping, adding some extra purpose to the shopping trip. It was also convenient for older consumers to use the café in the store. These social aspects are features of superstore retailing and appear to be important for retailers in overcoming some of the social dimensions perceived to have been lost with the retail changes (Section 5.4.1).

Also, facilities, such as a Post Office, within a store increased the convenience for older people in that they could collect their pension and then buy their food shopping.

Another facility that was positive was the free provision of trolleys as compared to the deposit system which some retailers used making trolley use difficult for low income elderly. Related to the positive aspects of trolleys were the disabled facilities within some stores, with respondent BB7 being able to shop for food in her wheelchair because of the special baskets available.

There were only two negative incidents in respect of store facilities, relating to the following aspects:
Examples of Negative Aspects of Store Facilities

Carrying Baskets
“Carrying small baskets is difficult because they're heavy. It's a pound for your trolley so you have to use a basket. They want you to buy a lot. Smaller baskets but have them on wheels and special trolleys for pensioners.”
PC7(5-) [Female, 65-74, lived alone]

Lack of Seats
“The Co-op has quite a few aisles to get up and down. There's no seats. They want you to keep buying. They're needin' seats.”
JB3(2-) [Female, 75+, lived alone]

Carrying baskets of shopping was difficult for respondent PC7, because of the weight, but she felt she had no alternative because of the one pound deposit system of retailers. This was similar to respondent BV2 who viewed no charge on trolleys as being positive.

As highlighted previously within ‘service method’, older consumers get tired more quickly than younger consumers and so a lack of seats within stores was viewed negatively. This has been highlighted by Westbrooke (1981), Mason and Bearden (1979) and Bell et al (1997) as an influence on satisfaction for both older and younger consumers.

Respondents attributed both these instances to retailers wanting to encouraging buying, rather than putting customer needs first. Smaller trolleys and adequate numbers of seats were needed to satisfy these consumers.
6.6.2 Design

The sub-category of design related to the physical store environment and its appropriateness for consumers. There were three positive incidents within the category. As with store facilities, design that was appropriate for disabled users was seen positively, particularly wheelchair access.

**Examples of Positive Aspects of Design**

*Wheelchair Access*

"The Bakers Oven lets ye take wheelchairs in. Sometimes my daughter takes me round the town in a wheelchair an’ often ye cannae take the chair in."

*BB1(3+) [Female, 65-74, lived alone]*

*Layout and Signage*

"How it’s planned out. You can’t get lost and you know which aisle you’re going to."

*BB5(2+) [Female, 65-74, lived alone]*

*Store Not Too Large*

"It’s just the right size. Safeway’s is too long for me, at Asda’s there’s enough to take in. It’s a better size."

*RC1(3+) [Female, 75+, lived alone]*

Design and layout were also seen positively, particularly when there was adequate signage to help orientate the customer. This can be related to the problems of displays being moved too often (identified previously in display management). The store design also related to the size of the store. The theme of physical ability and potential tiredness emerged in Respondent RC1, who decided where to shop on his ability to physically cope with the store.

There were ten negative incidents reported in relation to design, with the following aspects causing dissatisfaction,
Examples of Negative Aspects of Design

Price Displays Not Clear

"Prices are not clear with the electronic system. It’s carelessness not letting the customer see, carelessness not putting the prices on the shelves. It should be clearly priced on the shelves and constantly monitored. It should be part of good business."
CH2(5-) [Female, 65-74, lived alone]

"Price tags on the foods are not printed clear. Often if I can’t read it I just put it back. I look for another brand or something similar I can read. I wouldn’t ask anyone to help me. The stamps they use aren’t very clear, it should be clearer."
GN8(4-) [Female, 65-74, lived alone]

Poor Access For Wheelchairs

"The shops don’t cater for wheelchairs. The aisles are too cramped, there’s not enough room. They want to pack as much in as they can. They should have wider aisles to let people shop for themselves."
PC6(3-) [Female, 65-74, lived with husband]

Position of Shelves

"Bending down to the shelves an’ reach things is hard. The bread an’ things is hard to get. They’ve got to have it somewhere. They should have things where you can reach."
BH2(4-) [Female, 65-74, lived alone]

Dull Interior

"Some of the shops are drab. Asda and Tesco are bright but I can’t shop there. They’re trying to sell things cheaper. It should be a bit brighter and a bit more cheerful."
GN8(6-) [Female, 65-74, lived alone]

Some respondents found price tags difficult to see which, in one instance (respondent GN8) determined whether or not the food or brand was actually purchased. This could be an important problem for retailers and manufacturers to take on board, as it would seem that some consumers, if they cannot see the price of the food, will not buy it.
As with positive incidents, wheelchair access appeared important. Whilst access could be made through some shop entrances, once in the store, the design of aisles made it difficult to get around. The position of shelves also made access for older people difficult in the store, with reaching the lowest shelves being particularly difficult. This confirms the work of Leighton and Seaman (1997a), that these design issues are a problem for older consumers.

The interior of the store also featured as negative, as one respondent felt the shops she used were dull. She was aware that some of the supermarket retailers had brighter stores, but she could not access these stores. This shows that in some instances, consumers are dissatisfied with the shop they use for food shopping, but are unable to exercise a preference, as identified in Chapter Five.

These areas of dissatisfaction were felt to be due to poor practices by the retailer. It was seen as ‘careless’ to not have price tickets displayed as respondents felt that prices should be displayed. Those experiencing problems with wheelchair access felt that retailers were trying to sell too much and, while it was recognised that the stock needed to be displayed, it was felt that it should not be left obstructing the shop floor. In terms of the interior of the store, poor interior décor was seen to be as a result of retailers trying to keep costs down for the customer. However, respondent GN8 would have preferred it to be brighter.

The experiences of the Internal Store Environment are summarised in Table 6.6.
### Table 6.6  CIT: Summary of Internal Store Environment

<table>
<thead>
<tr>
<th>Internal Store Environment</th>
<th>+</th>
<th>Experience</th>
<th>Perceived Reasons for Dissatisfaction</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store Facilities</td>
<td>+</td>
<td>Café</td>
<td>Encourage buying</td>
<td>More seats</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Trolleys available</td>
<td></td>
<td>Smaller trolleys</td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Disabled facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Carrying baskets</td>
<td></td>
<td>No alternative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of seats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>+</td>
<td>Wheelchair access</td>
<td>Poor retail practices</td>
<td>Clearer signage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Layout and signage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Store not too large</td>
<td>Trying to sell too much stock</td>
<td>Merchandise should be accessible</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Price labels not clear</td>
<td>Minimise costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor access for wheelchair users</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Position of shelves</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Dull interior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6.7 Social Aspects

This category referred to the social dimensions of shopping and accounted for 6% of all incidents. Two sub-categories were developed: social interaction (44%) and role (56%). There were no negative incidents within this primary category.

#### 6.7.1 Social Interaction

Social interaction referred to the interaction of respondents with other customers, friends or staff during the food shopping trip. There were seven experiences in this category. Meeting people was central to a positive social experience in food shopping, as shown from the following respondents:
Examples of Positive Aspects of Social Interaction

Generally Meet People

"Shopping's good. It gets you out the house and meeting people."

EL5(1+) [Female, 65-74, lived alone]

Opportunity To Meet Friends

"It's a social trip. I go to the community centre for a cup of tea and then on for my shopping."

PC2(2+) [Female, 65-74, lived alone]

"I get out with my friend. We take it turn about for buying the coffee. When it's his turn he always tries to get out of it, but I don't let him away with it."

CC4(1+) [Male, 65-74, lived alone]

Social interaction could be 'general', with no specific arrangements to meet friends (respondent EL5), but rather the interaction with staff and other customers. Generally 'meeting people' was important. Such social interaction picks up the social dimension of shopping identified in Chapter Five where it was felt, in some instances, that the focus of this type of interaction, local shops, had been lost. There were, however, no negative incidents in relation to social aspects.

Social interaction could also be 'specific' in relation to meeting people. For example respondent PC2 met friends at the community centre on the way to do food shopping. Another example is the case of respondent CC4 who actually went shopping with a friend. Including these activities, such as those described by CC4, links with the in-store facilities previously discussed. Retailers appear to be able to provide opportunities for social interaction, which may be one way of minimising the negative effects of social aspects, highlighted in Chapter Five.
6.7.2 Role

This sub-category contained incidents related to the role that food shopping played in the life of respondents. There were 10 experiences described in this category. Food shopping was seen as an activity that contributed to the independence of respondents and also provided a purpose for getting out of the house.

*Examples Of Positive Aspects of The Role Food Shopping*

**Maintain Independence**

"The shopping keeps you independent. If I didn't do my own food shopping I'd be dependent."

RC6(2+) [Female, 65-74, lived alone]

**Opportunity To Get Out Of The House**

"Getting out really. You see all the flats we stay in are tiny, so it's good to get out. You have a bit walk round."

DN1(1+) [Female, 75+, lived alone]

"Well gettin' out for ma shoppin' breaks the monotony of the week."

BB6(4+) [Female, 75+, lived alone]

These respondents illustrated the importance of food shopping to maintaining independence, confirming the work of Bury and Holme (1991) and Moane (1993). An analysis of the critical incidents indicates that independence was a function of both the respondent's physical ability to shop and the retail provision available to them. Chapter Five highlighted the existence of informal support networks and it may be that, without such help, accessible retail facilities in themselves would not be enough to give older consumers the benefits which the above respondents were clearly getting from their shopping trips.
The experiences of respondents in relation to social aspects are summarised in Table 6.7.

### Table 6.7  CIT: Summary of Social Aspects

<table>
<thead>
<tr>
<th>Social Aspects</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Interaction</td>
<td>+ Generally meet people</td>
</tr>
<tr>
<td></td>
<td>+ Opportunity to meet friends</td>
</tr>
<tr>
<td>Role</td>
<td>+ Maintain independence</td>
</tr>
<tr>
<td></td>
<td>+ Opportunity to get out of the house</td>
</tr>
</tbody>
</table>

#### 6.8 Accessibility

This category contained incidents related to travelling and accessing stores. It accounted for 6% of all incidents. Within this category, two areas had the potential for contributing to a positive or negative experience. These were support and transport provision, which accounted for 47% and 53% of incidents, respectively.

### Figure 6.7  Percentage of Positive and Negative Incidents in Accessibility Sub-categories

![Graph showing percentage of positive and negative incidents in accessibility sub-categories](image)
6.8.1 Support

Incidents in relation to support focused on the levels of assistance received when travelling, either from other people or through specialist services. There were three positive incidents on support.

*Examples of Positive Aspects of Support*

*Bus Steps Low*

“The buses are too high tae get up, but there is a wee bus on a Tuesday an’ a Thursday, which is easier.”

*CBI(2) [Female, 75+, lived alone]*

*Assistance With Shopping*

“The WRVS woman is very kind. She’ll reach the high shelves and she takes me from door to door. She carries my messages into the kitchen and all I have to do is put them away.”

*SR1(1) [Female, 75+, lived alone]*

*Shop Delivers*

“The village shop’s very good. They deliver for you. They’re open to ten at night. They’re very nice.”

*WLA(1) [Female, 65-74, lived alone]*

The positive experiences of support included people assisting respondents in their shopping, shops providing delivery services and some buses being more accessible than others. These aspects illustrate previous findings on the shopping activity in Chapter Five.

There were four negative incidents, which concerned the same aspects as the positive experiences.
Examples of Negative Aspects of Support

Bus Steps Too High

"The bus steps are too high. It means I can't get out that far. I've just to make do, trying to get on the bus with all your bags, the step's too high. They're old buses and we get a lot of private buses that aren't as good. I think I heard on the television that they were going to do something, lower the steps on the buses. That's what they need to do."

BH2(2-)[Female, 65-74, lived alone]

Delivery Service Inappropriate

"It's hard to carry things. The Co-op charges to deliver and they only deliver on certain days. They don't account for our needs. They should deliver locally to suit the customer."

SR4(1-)[Male, 75+, lived alone]

There were two negative dimensions related to support. First, the high steps on buses posed difficulties for some respondents, particularly buses that were old. Secondly, delivery services, whilst appreciated by some, were felt to be unsuitable as they were expensive, often requiring a minimum spend as well as an additional charge, and inflexible, as deliveries were only made on certain days.

Respondents felt that shops did not plan their service for the needs of the older consumers. For example, flexibility in days for delivery or a more frequent delivery service would have suited them. The design of buses was a more difficult problem for consumers to overcome, although respondent BH2 was aware of some new designs being planned for buses.

Given these difficulties with support aspects of shopping, it was felt that the design of the buses should be more appropriate. Also, there should be better local shopping provisions to overcome some of the difficulties of transport and there should be delivery services to suit the needs of customers.
6.8.2 Transport Provision

The sub-category of transport provision referred to the actual methods of transport and the service provided. There were four negative and four positive incidents in this category. Positive aspects of transport provision focused on the ability of respondents to use the buses and taxis because of subsidised prices.

**Examples of Positive Aspects of Transport Provision**

**Bus Pass**

"My bus pass is very important. I couldn't go places I wanted to without it."

PCI(5+) [Female, 65-74, lived alone]

**Travel Subsidies**

"I couldn't go to the town without a bus pass, the fare's almost ninety pence for a mile and a half. We pay twenty-three pence. The wee bus is cheaper."

CBI(1+) [Female, 75+, lived alone]

"Our taxi's are good. They give you a pound fare, they subsidise it. It means you can buy your heavy stuff."

JBI(4+) [Female, 75+, lived alone]

Chapter Five identified the prevalence and importance of the bus pass. For respondent PCI it meant that she was able to travel when otherwise she would not have been able to afford to. Even for the basic food shopping trip, respondent CBI felt it was essential in order to access stores. Taxi subsidies were also viewed positively, enabling heavy shopping, identified as a problem in Chapter Five, to be transported home more easily.

The negative experiences of transport provision were different from the positive ones. These focused on service and actual transport availability.
Examples of Negative Aspects of Transport Provision

Staff of Dial-a-bus service

"I use Dial-a-bus. I have to use Dial-a-bus because I'm getting more disabled. It's run on a first come first served basis. The time-table is set up to suit them. One time I went and they said I was late, but I wasn't. They weren't pleasant. They're just no pleasant. Staff should be nice and help you."

BV4(1-) [Female, 75+, lived alone]

Provision of Buses

"The bus service. There used to be a private bus took us straight to Asda, but not now. Because it's private, they just start and stop as they want. They should keep the bus service."

GN9(1-) [Female, 65-74, lived alone]

"Well the buses, you see, you only get a bus once an hour. It's quite hard to plan when you've to go out. Well we're just a wee village. It would be good to have more buses."

CB3(3-) [Female, 65-74, lived alone]

The special bus service, Dial-a-bus, was criticised for its inflexibility but particularly for the service of its staff. This is a specialised service, although it is one older consumers can use to help them with access and support during shopping (Chapter Five). However, for this to be effective support, respondents felt that staff needed to be more pleasant in dealing with customers.

The actual provision of public transport was felt to be poor by respondent GN9 because it had been privatised. This had resulted in an inconsistent service. For those living in villages, such as respondent CB3, the frequency of buses meant that they were restricted in terms of when they could travel. It was recognised by these respondents that this was a problem when living in a small village. However, it was still felt that there should be more buses.
A summary of accessibility issues is given in Table 6.8.

Table 6.8 CIT: Summary of Accessibility

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Experience</th>
<th>Reasons for Dissatisfaction</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>+ Bus steps low</td>
<td>Not planned for consumers needs</td>
<td>Bus designs more appropriate</td>
</tr>
<tr>
<td></td>
<td>+ Assistance with shopping</td>
<td></td>
<td>Better local shopping provisions</td>
</tr>
<tr>
<td></td>
<td>+ Shop delivers</td>
<td></td>
<td>Delivery services</td>
</tr>
<tr>
<td></td>
<td>- Bus steps too high</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Delivery service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>+ Bus Pass</td>
<td>Service inflexible</td>
<td>More helpful staff</td>
</tr>
<tr>
<td>Provision</td>
<td>+ Travel subsidies</td>
<td>Privatised transport</td>
<td>Consistent bus service</td>
</tr>
<tr>
<td></td>
<td>- Staff of Dial-a-bus service</td>
<td>Live in a village</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Provision of buses</td>
<td></td>
<td>More buses</td>
</tr>
</tbody>
</table>

6.9 External Shopping Environment

Incidents in this category related to the community and the retail environment outwith the store. It accounted for 3% of all incidents and was the smallest category. Within this category there were two sub-categories, external facilities and variety of shops. The distribution of positive and negative incidents were as follows,
6.9.1 External Facilities

The External Facilities sub-category referred to facilities within the community or wider shopping environment. There were two positive experiences related to the shopping environment. Both came from the same respondent and focused on the facilities in the general shopping environment,

**Examples of Positive Aspects of External Facilities**

**Benefits of Shopping Centres**

"During the Winter it’s good because the shopping centre is under cover. They provide comfortable seats and the pensioners can go an’ save on their heating."

PC2(1+) [Female, 65-74, lived alone]

"There’s entertainment in the Forge centre at Christmas and Easter. During the holidays there are things for the children. It keeps the grandchildren entertained."

PC2(4+) [Female, 65-74, lived alone]
For this respondent, the external facilities of the shopping centre provided a warm place to sit and, at times, entertainment. This was associated with the food shopping trip and so identifies that the surrounding community environment influences the perceptions of the food shopping experience. This was reinforced by the ‘variety of shops’ results.

6.9.2 Variety Of Shops

Variety of shops referred to the choice of both food and non-food shops. There were only three incidents, all negative, with there being a feeling amongst respondents that there was a lack of choice of shop types.

**Examples of Negative Aspects of Variety of Shops**

**Lack of Food Shops**

“There’s one shop here, you go to Clydebank an’ it’s like a different world. There’s more shops an’ bigger shops. You cannae shop around tae keep an eye on price. It’s just all run down. More shops, even one more”

DC3(3-) [Female, 75+, lived alone]

**Lack of Non-food Shops**

“You can’t get a shoe shop, or a drapers an’ there used to be dress shops. There used to be so many of these shops. Well the people who owned the shops retired an’ there was no-one to take them over. We need more types of shops to help us get everything. How many would go to them now though? Who’s to blame them? It would still be cheaper to go somewhere else.”

DN2(2-) [Female, 75+, lived alone]

A lack of food shops was felt to have resulted from mobile consumers choosing to shop outwith the village because of the price differences that existed between small independents and the large multiples who could sell more cheaply. Respondent DC3 felt unable to get the best price because she was dependent on the one local
shop. This shows that older people, who would benefit most from cost savings, cannot always access the cheaper stores, confirming findings in Chapter Five.

Non-food shops, such as dress shops, were also identified as difficult to access, because of the decline in independent stores situated within local communities. As with the results in Chapter Five, it was felt that such a change in shopping had occurred. The consequence, according to respondent DN2, was that local family shops no longer existed. Respondents living in both urban and rural postcode locations fell within this category, indicating similar experiences across locations.

Respondents felt that there needed to be more shops. However, DN2 still believed it would be cheaper to shop outwith the local area and saw that there may not be the demand and support for local shops. In terms of food, as previously identified, it was felt that there should be more than one food shop in an area to allow for price comparisons.

A summary of the dimensions of the External Shopping Environment and the experiences of consumers is given in Table 6.9.

<table>
<thead>
<tr>
<th>External Shopping Environment</th>
<th>Experience</th>
<th>Reasons For Dissatisfaction</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Facilities</td>
<td>+</td>
<td>Benefits of shopping centres</td>
<td>Multiples cheaper</td>
</tr>
<tr>
<td>Variety of Shops</td>
<td>-</td>
<td>Lack of food shops</td>
<td>Family shops no longer exist</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Lack of non-food shops</td>
<td></td>
</tr>
</tbody>
</table>
6.10 Personal Factors

This category referred to any aspect perceived by respondents to be related to their individual circumstances. This was the smallest category, accounting for 1% of incidents. There was only one respondent who had a positive experience and this related to the pleasantness of other consumers.

**Example of a Positive Aspect of Personal Factors**

*Other Customers Pleasant*

"I bought messages an' at the checkout I didn't have enough for my messages. I wanted to take something out and the person behind me gave the assistant the money. She said she hoped someone would do it for her granny. I've never seen the girl again to give her anything."

RC1(4+) [Female, 75+, lived alone]

The negative aspects of personal factors referred to budgeting issues. One respondent felt that it was difficult to manage money because, some weeks, household items were needed in addition to food. This respondent felt, however, that there was no alternative to the budgeting problems and that it would be better to be able to pay a regular bill for groceries. This, again, shows the shopping changes that have occurred, as described in Chapter Five. Whilst many respondents appeared to have adapted to these changes, it was clear that a few felt that some older methods of shopping were preferable in their circumstances.

A summary of the personal influences on the food shopping experience are given in Table 6.10 (over).
Table 6.10  CIT: Summary of Personal Factors

<table>
<thead>
<tr>
<th>Personal Factors</th>
<th>+</th>
<th>Experience</th>
<th>Reasons For Dissatisfaction</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td>Pay groceries in installments</td>
</tr>
<tr>
<td></td>
<td>+</td>
<td>Other customers pleasant</td>
<td>No alternative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>Difficult to budget</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.11  Patterns Within The Data

The factors influencing the shopping experience have now been described in detail, showing the personal experiences of individual consumers. This final section of the chapter develops this, examining the similarities and contrasts across the data in terms of factors influencing the consumers' shopping experience as well as their perceptions and expectations.

6.11.1 Patterns within the Factors Influencing the Shopping Experience

The experiences of food shopping of older consumers have shown that the factors influencing dis/satisfaction are, in some instances, related. Table 6.11 demonstrates that a number of factors can be ‘matched’, featuring in both positive and negative incidents. The negative aspect occurs, usually, where the factor that was positive has either been missing or of poor quality. For example, access to a breadth of choice of food compared with a lack of choice of food.

The results show that the factors that ‘matched’ related mostly to those under the control of the retailer, for example, Merchandise-Related, Retail Practices, Internal Store Environment and Staff Issues. This indicates that retailers have the opportunity to reduce dissatisfaction and promote satisfaction through examples of good practice.
### Table 6.11 Matched And Unmatched Factors Causing Dis/satisfaction

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MATCHED FACTORS</strong></td>
<td></td>
</tr>
<tr>
<td>Breadth of choice e.g. wide range of goods</td>
<td>Lack of choice e.g. no new products / limited variety</td>
</tr>
<tr>
<td>Appropriate quantities available e.g. individual portion sizes / available at a counter</td>
<td>Quantities available are too large</td>
</tr>
<tr>
<td>Good promotions e.g. focused on price</td>
<td>Poor promotions e.g. focused on quantities and poor quality food</td>
</tr>
<tr>
<td>Clean store</td>
<td>Unclean store</td>
</tr>
<tr>
<td>Hygienic practices e.g. handling fresh food properly</td>
<td>Unhygienic practices e.g. not wearing gloves when dealing with food</td>
</tr>
<tr>
<td>Good checkout practices e.g. minimal waiting time / not rushed through</td>
<td>Poor checkout practices e.g. long queues/ rushed when being served</td>
</tr>
<tr>
<td>Staff deal with complaints well e.g. listen to the customer / good procedures</td>
<td>Staff deal with complaints badly e.g. do not listen to the customer / unresolved</td>
</tr>
<tr>
<td>Pleasant staff e.g. friendliness / personal touch</td>
<td>Unpleasant staff e.g. staff do not smile or speak</td>
</tr>
<tr>
<td>Assistance given when needed</td>
<td>Assistance not given or poor quality of assistance</td>
</tr>
<tr>
<td>Good design of store e.g. disabled facilities, size and layout of store appropriate</td>
<td>Poor design e.g. layout and signage</td>
</tr>
<tr>
<td>Good facilities within the store e.g. Post Office, Café, Trolleys</td>
<td>Poor facilities within the store e.g. baskets, lack of seats</td>
</tr>
<tr>
<td>Accessibility e.g. free to choose various stores</td>
<td>Restricted e.g. dependent on others</td>
</tr>
<tr>
<td>Delivery services available</td>
<td>Poor delivery services e.g. cost / inconvenient times / no service available</td>
</tr>
<tr>
<td>Taste of food</td>
<td>Food not fresh</td>
</tr>
</tbody>
</table>

| UNMATCHED FACTORS | |
|-------------------||
| **POSITIVE** | **NEGATIVE** |
| Value for money | Varied prices |
| Own-brands associated with good price | Prices too high |
| Self service | Displays / merchandise moved |
| Longer opening hours | Staid environment |
| Display presentation | Availability of food in store |
| Meeting people | Store interior dull |
| Social occasion | Position of shelves |
| Routine / role | Poor special bus service |
| Independence | Lack of transport provision |
| Assistance / help given when travelling | Lack of shops |
| Bus pass | Difficult to budget |
| Taxi subsidy | Feel unsafe when shopping |
6.11.2 Themes of Dissatisfaction and Expectations

The opportunities for retailers to influence the satisfaction of the shopping experience emerged again when looking at the perceived reasons for dissatisfaction and expectations across categories.

Sections 6.3 to 6.10 identified many reasons for dissatisfaction. However, several themes emerged across all the categories. First, the findings suggested a fundamental problem existed with the relationship between the consumer and the retailer. This was evident in relation to both Merchandise-Related and Retail Practices. The fundamental problem was that retailers were perceived to be profit-driven. For example, in terms of choice, local shops did not want to take risks stocking new lines which older consumers wanted.

The second theme that emerged was in relation to retailers needing to change some of their practices. Particularly prominent in this respect was checkout service. It was felt by those who were dissatisfied that management were at fault as staff were pressurised by management to get customers through the checkouts quickly. Retailers were also seen to be taking advantage of a lack of competition at a local level. Prices were felt to be higher in areas where there was a lack of choice of shops.

However, it was also evident that it was not only retailers who appeared to need to change. Transport companies and those responsible for promoting better local shopping provision along with good facilities were also included.
Finally, the feelings by respondents that they had 'no alternative' featured across categories. Some respondents felt that they were powerless to rectify their dissatisfaction, particularly in relation to Internal Store Environment and Personal Circumstances, which reinforced the findings of restrictions on consumers in Chapter Five.

Expectations arising from the dissatisfaction also focused around the 'retailer' and the factors 'external' to the retailer or store. Tables 6.12 and 6.13 (over) pull together some of the similar expectations of consumers which could address the dissatisfaction. Positive suggestions were provided, although are complex because they relate to many aspects of the community, transport, farming and retailing. Again, those who could who perceived that there was no alternative, could not provide 'expectations'.
Table 6.12  ‘Retailer’ Related Expectations

**Merchandise-Related**

- *price and promotional strategy, e.g.*
  - *smaller quantities* - for single/two person households and for people with smaller appetites
  - *appropriate promotions* - for single/two person households
  - *lower prices* - affordable prices and lower prices rather than promotions
  - *more variety* - of foods in general, of new products and of store types
  - *improved quality* - fresher food, traditional farming methods, good stock control and food handling practices

**Retail Practices**

- *stock availability* - ordering stock to the demands of consumers and ordering specific requests
- *displays kept the same* - keep merchandise in the same location
- *better hygiene practices* - clean stores, food safety measures in handling food and keeping raw and cooked meats apart
- *better methods of service* - more checkouts, shorter queues and time taken with the customer at the checkout
- *good complaints handling* - efficient complaints handling procedure, staff listen to the customer and management should treat staff well and provide training

**Staff Issues**

- *more general assistance* - available on the shop floor, show customers where products are and help pack bags
- *more of an interest in the customer* - staff should be pleasant and show interest in the customer

**Internal Store Environment**

- *better design* - accessible shelves, wide aisles, brighter interior and closed displays to stop people touching fresh produce.
- *improved store facilities* - smaller baskets and trolleys for older people, larger labels and seats provided.
- *no alternative* - no expectations given because consumers felt there was no alternative
Table 6.13  ‘External’ Related Factors

<table>
<thead>
<tr>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>better support</strong> – bus design improved to make it easier to get on/off the bus, improved local shopping provisions and delivery services.</td>
</tr>
<tr>
<td>- <strong>better transport provision</strong> - more bus services and staff on special bus services need to be pleasant and helpful.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>no alternative</strong> – budgeting for food was accepted as being difficult, with no alternative solutions given. However, during discussions of the problems encountered, better credit facilities and the opportunity to compare prices would help.</td>
</tr>
<tr>
<td>- <strong>safe environment</strong> – needs to be a feeling of safety when shopping.</td>
</tr>
<tr>
<td>- <strong>no alternative</strong> – no expectations were given as consumers felt there was no alternative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Shopping Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>more shops</strong> - these were needed at a local level</td>
</tr>
<tr>
<td>- <strong>more shop types</strong> - a variety of shop types were needed e.g. clothes shops</td>
</tr>
<tr>
<td>- <strong>family-run businesses</strong> - to provide loyalty to a community</td>
</tr>
</tbody>
</table>

6.12 Summary

The results reported in this chapter show that a wide range of factors influence the food shopping experience of older consumers. These factors relate both directly to retailers and to broader shopping issues, in which retailers can also play a part. The examples of the factors relating to retailers, that is merchandise, practices, staff and the store environment, can be used to form recommendations on promoting good practice and overcoming problem areas. Those factors relating to wider shopping issues, that is social factors, access, personal factors and the wider shopping environment, raise the awareness of the need for retailers to work with other sectors in meeting the needs of older consumers.
The results further show that, as with the inter-relatedness of factors within established food choice models discussed in Chapter Two, the factors within this one area of food choice, food shopping, also appear to be inter-linked. Similarities can be drawn within, but also across, categories as demonstrated by issues of dissatisfaction.

Key areas of satisfaction were in relation to staff and social aspects, but dissatisfaction permeated across factors and was particularly pronounced within the sub-categories of quality, quantities and price of merchandise, management of displays and stock, store facilities, support in terms of access and the variety of other shops available. Where dissatisfaction occurs, retailers appear to be perceived as the major player in addressing these problems, but not the only player. There are fundamental problems that are shared across sectors, such as accessibility, thereby involving transport companies, specialist support services and informal networks of support, as well as retailers who need to think about access issues when planning store location.

This chapter has described the intricacies of the shopping experience. The following chapter reports on the consumer satisfaction survey that sought to take a more general survey of satisfaction across a larger sample of older consumers.
CHAPTER SEVEN

RESULTS: THE SHOPPING EXPERIENCE: SATISFACTION SURVEY

7.0 Introduction

This chapter reports on the quantitative analysis of the consumer survey undertaken in stage two of the data collection. Results, therefore, relate to the main food shopping trip. As proposed in the methodology, this provides a broader picture of the experiences of older consumers and identifies where key areas of dis/satisfaction are occurring. It also allows for the experiences identified in the qualitative stage to be compared with a larger sample. As described in the methodology chapter, there were 168 quality responses to the questionnaire survey, with respondents having similar demographic profiles to those of the sample in the first stage of data collection.

There are three main sections to this chapter. First, the relative importance of the main (or primary) factors within the food shopping experience are reported. Secondly, the levels of satisfaction with the sub-factors are then discussed. As in Chapter Six, these results are presented under the primary category headings. Finally, the satisfaction with the factors influencing the food shopping experience are explored using factor analysis and compared with the findings of CIT reported in Chapter Seven.
7.1 The Importance of Main Shopping Factors

In order to determine the importance of the main factors influencing the shopping experience, identified through CIT and amended as described in the methodology (Table 4.4), respondents were asked to rank them in order of most important, second most important and least important. Taking each ranking category separately, the percentage of respondents for each of the shopping factors are given in Table 7.1.

<table>
<thead>
<tr>
<th>Shopping Factor</th>
<th>Most Important</th>
<th>Second Most Important</th>
<th>Least Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>35.3</td>
<td>16.7</td>
<td>5.6</td>
</tr>
<tr>
<td>Food</td>
<td>24.6</td>
<td>28.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Accessibility</td>
<td>15.0</td>
<td>14.7</td>
<td>8.0</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>10.2</td>
<td>10.7</td>
<td>16.0</td>
</tr>
<tr>
<td>Retail Practices</td>
<td>5.4</td>
<td>4.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Staff</td>
<td>5.4</td>
<td>9.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Design</td>
<td>2.4</td>
<td>5.4</td>
<td>38.3</td>
</tr>
<tr>
<td>Budgeting</td>
<td>1.8</td>
<td>7.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Other shops</td>
<td>0</td>
<td>3.0</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100% (n = 167)</strong></td>
<td><strong>100% (n = 168)</strong></td>
<td><strong>100% (n = 162)</strong></td>
</tr>
</tbody>
</table>

For factors ranked as second most important and least important, the descending order of percentage of responses is indicated. This can be seen more clearly in the summary of the factors in Table 7.2 (over).
Table 7.2  Summary of factors ranked in order of importance in descending order of frequency of response

<table>
<thead>
<tr>
<th>Highest</th>
<th>Most Important</th>
<th>Second Most Important</th>
<th>Least Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>Price</td>
<td>Food</td>
<td>Design</td>
</tr>
<tr>
<td></td>
<td>Food</td>
<td>Price</td>
<td>Social Aspects</td>
</tr>
<tr>
<td></td>
<td>Accessibility</td>
<td>Accessibility</td>
<td>Other Shops</td>
</tr>
<tr>
<td></td>
<td>Social Aspects</td>
<td>Social Aspects</td>
<td>Accessibility</td>
</tr>
<tr>
<td></td>
<td>Retail Practices</td>
<td>Staff</td>
<td>Budgeting</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>Budgeting</td>
<td>Retail Practices</td>
</tr>
<tr>
<td></td>
<td>Design</td>
<td>Design</td>
<td>Price</td>
</tr>
<tr>
<td></td>
<td>Budgeting</td>
<td>Retail Practices</td>
<td>Staff</td>
</tr>
<tr>
<td>Lowest</td>
<td>(Other shops)*</td>
<td>Other shops</td>
<td>Food</td>
</tr>
</tbody>
</table>

*This factor was not ranked as most important by any respondents.

The ranking of most important factors appears consistent with the proportion of incidents given for these factors in CIT, as reported in Chapter Six. The factors ranked in order of most importance saw price and the food itself being ranked by the most respondents. This confirms the results of CIT in Chapter Six, where Merchandise-Related was the largest category for incidents, showing it to be of importance to the older consumers’ shopping experience. At 15.0%, Accessibility featured third in the most important ranking, with Social Aspects being ranked next, at 10.2% of respondents. These two categories had similar proportions of incidents within CIT. However, Retail Practices and Staff Issues were significantly larger in CIT and yet were ranked as most important by fewer respondents than Accessibility and Social Aspects. Design (within the Internal Store Environment category) was also one of the larger categories in CIT, but only 2.4% ranked it as most important in stage two. Other Shops were not ranked as most important by any respondents, consistent with it being the second smallest category in CIT.
The order of ranking for the second most important factor showed that Food, Price, Accessibility and Social Aspects were still the highest ranked, as in the most important ranking. However, Food was more important, at 28.6%, than Price, at 16.7%. Staff and Budgeting increased in the number of respondents ranking it second most important, although Retail Practices received only 4.8% of responses. Other Shops still featured less as second most important, with 3.0% of respondents.

The factors ranked as least important showed that Design was the most common factor, at 38.3%. Social Aspects were ranked next, with 16%. Thus, Social Aspects were ranked both most and least important by a relatively significant proportion of respondents. This was a similar scenario to Accessibility, showing that respondents were polarised in how they ranked these factors. Another factor that was ranked least important by a reasonably large number of respondents was Other Shops which received 14.8% of responses. The other factors of Budgeting, Retail Practices, Price, Staff and Food each received less than 7% of responses and so either fell as most/second most important, as in the case of Price and Food, or were possibly rated by respondents between second most important and least important. However, this is not conclusive as respondents had only to rank three factors. It cannot be assumed that factors that were not ranked fell between second most important and least important since it is possible that some respondents could have considered some factors to be irrelevant and therefore not on the importance scale at all. It would be more appropriate to interpret these results as showing a group of factors that featured highly, that is Price, Food, Accessibility and Social Aspects and a second group of factors, that is Design, Other Shops and Budgeting, although not necessarily unimportant, but important to a lesser degree.
To establish if any patterns existed in the ranking of factors, cross-tabulations were carried out with age, health and income. The chi-square test for significance, as described in the methodology, was used to establish the significance of any relationship. In terms of age, no significant results were found. However, significant results were found in relation to health and income.

Health

Health was found to be significant with the ranked importance of Social Aspects at the 5% level.

| Table 7.3 Contingency table ‘limitations of health’ and ‘ranked order of social aspects’ |
|-----------------------------------|-----------------------------------|-----------------------------------|
| **Ranking of Social Aspects**     | **Health (n=61)**                  |
|                                   | Limitations (n=35) | No Limitations (n= 26) |
| Most/ second most important       | 69                    | 42                    |
| Least important                   | 31                    | 58                    |
| Total                             | 100%                  | 100%                  |

\[ \chi^2 = 4.208 \quad \text{df}=1 \quad \text{Sign. } 0.040 \]

Of those who ranked Social Aspects, those who experienced limitations in their shopping on account of their health were more likely to rank the factor most, or second most, important. This appears to suggest that those who experience limitations in shopping may also be limited in other aspects of life and so seek social contact through shopping. Furthermore, it was this ‘limited’ group who were identified as having more informal support in Chapter Five and so have some level of social contact within their shopping trips.
Income

There were two significant results in relation to income. Table 7.4 shows that ranking of Social Aspects was influenced by source of income.

<table>
<thead>
<tr>
<th>Ranking of Social Aspects</th>
<th>Source of Income (n=61)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Pension only (n=37)</td>
</tr>
<tr>
<td>Most /second most important</td>
<td>73</td>
</tr>
<tr>
<td>Least important</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 9.353 \quad df = 1 \quad Sign. = .002 \]

There was an association, significant at the 5% level, between sources of income and ranked importance of Social Aspects. Those solely dependent upon state pension for their disposable income who ranked Social Aspects, ranked the factor more important than those who had additional sources of income. This may indicate that those with more income are not dependent upon social contact through shopping as much as those who have less.

Source of income was also significant with ranking of Access at the 5% level, as shown in Table 7.5.
Table 7.5  Contingency table ‘source of income’ and ‘ranked order of access’

<table>
<thead>
<tr>
<th>Ranking of Access</th>
<th>Sources of Income (n=61)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Pension only</td>
<td>State Pension and other sources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(n=32)</td>
<td>(n=29)</td>
<td></td>
</tr>
<tr>
<td>Most/ second most</td>
<td>69</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Least important</td>
<td>31</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

$\chi^2 = 3.965 \quad df=1 \quad Sign. = 0.046$

In this case, all those respondents, irrespective of income levels, who ranked Accessibility were more likely to rank it as most, or second most, important rather than least important. Differences with income levels can be seen, however, in the extent to which this tendency was the case, with nearly one third of those on only the state pension ranking Accessibility as least important. This is over three times the proportion for those with additional sources of income. This may be related to the costs of travel, highlighted in Chapter Five in relation to the lower income group, with some of those who cannot afford to travel for their shopping, and so using predominantly local shops, not seeing access to stores further away to be an issue.

The figures in the above tables give more detail on the polarisation in the ranking of Accessibility and Social Aspects. In almost all cases, the proportion of respondents taking the opposite view to the majority was around one third or more.

7.2 Satisfaction with Factors Influencing the Shopping Experience

This section of the chapter reports on the results of question seven in the questionnaire, where 21 sub-factors identified through CIT were measured on a five
point scale of satisfaction. An overview of the data was taken by looking at the median and inter-quartile range of the responses to the satisfaction scales in Table 7.6, where 1 = very dissatisfied and 5 = ‘very satisfied’. Point 3 of the scale was Neutral, that is neither satisfied or dissatisfied, but respondents were given the option of not rating factors, as described in the methodology.

<table>
<thead>
<tr>
<th>Main Factor</th>
<th>Sub-Factor</th>
<th>Median</th>
<th>Inter-quartile Range</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandise-Related</td>
<td>Choice</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Price</td>
<td>4</td>
<td>2 4 4</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Quantities</td>
<td>4</td>
<td>2 4 4</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Promotions</td>
<td>4</td>
<td>2 4 4</td>
<td>1-5</td>
</tr>
<tr>
<td>Retail Practices</td>
<td>Service method</td>
<td>5</td>
<td>4 5 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Complaints handling</td>
<td>5</td>
<td>4 5 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Display management</td>
<td>4</td>
<td>2 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Hygiene</td>
<td>5</td>
<td>4 5 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Stock management</td>
<td>4</td>
<td>4 5 5</td>
<td>1-5</td>
</tr>
<tr>
<td>Staff Issues</td>
<td>Assistance</td>
<td>5</td>
<td>4 5 5</td>
<td>2-5</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Skills</td>
<td>5</td>
<td>4 5 5</td>
<td>2-5</td>
</tr>
<tr>
<td>Internal Store</td>
<td>Store facilities</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td>Environment</td>
<td>Design</td>
<td>4</td>
<td>4 4 4</td>
<td>1-5</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Social interaction</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Role of shopping</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Support</td>
<td>4</td>
<td>4 4 5</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Transport provision</td>
<td>5</td>
<td>4 5 5</td>
<td>1-5</td>
</tr>
<tr>
<td>External Shopping</td>
<td>External facilities</td>
<td>4</td>
<td>2 4 4</td>
<td>1-5</td>
</tr>
<tr>
<td>Environment</td>
<td>Variety of shops</td>
<td>3</td>
<td>2 3 4</td>
<td>1-5</td>
</tr>
<tr>
<td>Personal Factors</td>
<td>Budgeting</td>
<td>4</td>
<td>3 4 4</td>
<td>1-5</td>
</tr>
</tbody>
</table>
As can be seen, while the results were spread across the spectrum of ratings, they predominantly fell within ratings 4 or 5, indicating a degree of satisfaction. However, the table also shows that, for all of the questions, the full range of scale responses were used, except for Staff Issues where the minimum and maximum were 2 and 5 respectively. This shows that older consumers understood the scale, used the full range of it and so dissatisfaction was expressed, despite there being a predominance indicating satisfaction, as seen in the inter-quartile range.

The frequency of responses proved to be the best approach for reflecting the true results of the data. Appendix Seven gives details of the frequencies for each factor and it can be seen that there are some aspects, such as price, quantities and promotions, display management and external facilities, that gave rise to dissatisfaction for more than a quarter of respondents. This was predominantly ‘quite dissatisfied’ rather than ‘very dissatisfied’, with the exception of variety of shops where almost 20% were ‘very dissatisfied’.

The results in relation to satisfaction for each factor are reported in more detail. First, overall satisfaction is considered. Then, as in Chapter Six, each of the individual factors is presented under the main factor headings. The patterns emerging from the data in relation to the demographics are then discussed.

7.2.1 Overall Satisfaction

Results on overall satisfaction can be seen in the following Figure 7.1 (over).
The data shows that 93% of respondents expressed overall satisfaction in their food shopping trip, although the majority of them, 54.8% of the whole sample, were 'quite satisfied' rather than 'very satisfied'. Only 3% of respondents expressed dissatisfaction overall and none were very dissatisfied. This response is positively skewed, confirming the general trend of satisfaction surveys (Peterson and Wilson, 1992). This indicates that older consumers generally have a good shopping experience. However, as discussed in Chapter Two, older consumers have been found to lower their expectations and so may be easier to satisfy.

As discussed in Chapter Four, analysis of survey data from older people has found that they are better thinking about overall pictures, rather than discrete episodes or individual factors and may use extreme positions in scales and tend to respond positively to rating scales (Andrew and Herzog, 1986; Raphael et al, 1979; Jones et al, 1987). As stated, a wide range of points were used on the scales and dissatisfaction was expressed for each discrete factor, although overall satisfaction did show a tendency for positive responses. Therefore, when analysing the shopping
experience of older consumers, researchers need to look at more detail than simply the overall levels of satisfaction. Looking at the frequencies of each individual factor paints a more revealing picture of shopping experiences.

7.2.2 Merchandise-Related

Merchandise-Related was the largest category for incidents in Chapter Six, accounting for 34% of all incidents. As identified in Section 7.1, price and aspects of the food were ranked, by the majority of respondents, as the most and second most important factors in their food shopping experience. The ratings on satisfaction (Appendix Seven) show that most respondents, although slightly fewer than for promotions, chose to rate the various sub-factors for satisfaction, reinforcing the importance of this main factor.

In terms of the actual satisfaction ratings given in respect of Merchandise-Related sub-factors, Figure 7.2 shows that, across all categories, respondents were predominantly 'quite satisfied', although for quality and choice, 40.1% and 36.9% respectively, were 'very satisfied'. More than 10% were 'quite/very dissatisfied' with choice, however.
Dissatisfaction was also evident with promotions, quantities and price, with more than a quarter of respondents being dissatisfied with each factor. This confirms the findings from CIT, recorded in Section 6.2.1, which showed that there were links between these categories. Larger quantities tended to cost less than smaller quantities, such as small packets or tins, which was a negative experience for those who lived alone and were buying for one. Smaller quantities were also more difficult to obtain, particularly in packaged food. Promotions were often only available when buying larger quantities, again reinforcing the disadvantage of those living alone.

Of the 164 respondents who ranked price for satisfaction, 12.8% felt that it was neither satisfying nor dissatisfying. Drawing upon CIT data, one possible reason for this is that people might feel unable to change this factor and so just accept it.

Whilst some degree of satisfaction was predominantly the case within all these categories, the majority were ‘quite satisfied’ rather than ‘very satisfied’, indicating
that some improvements, even with respect to those already satisfied, could still be made.

These results showed that there was a mixture of experiences, with choice and quality being mostly positive, but particular dissatisfaction occurring with promotions, quantities and price.

7.2.3 Retail Practices

Results on levels of satisfaction with Retail Practices are given in Figure 7.3. They show a high prevalence of satisfaction across all categories. Retail Practices was the second largest category in CIT with 22% of incidents. However, it did not appear to be ranked either the most important or least important, as discussed earlier.

Figure 7.3 Levels of satisfaction with Retail Practices

![Bar chart showing levels of satisfaction with Retail Practices]
There were three sub-factors that gave rise to particular satisfaction amongst respondents. Service method, which accounted for 17% of all incidents in CIT and had almost half of respondents expressing dissatisfaction, saw almost 97% of respondents to the questionnaire expressing satisfaction. Almost 57% of those, were ‘very satisfied’. In terms of hygiene factors, similar patterns were found, but this was consistent with the results in CIT where hygiene incidents were mostly satisfying. Complaints handling saw slightly fewer expressing satisfaction at 83%. However, this is contrary to CIT where most expressed dissatisfaction. There were more respondents taking a neutral stance on this at 16%, than with other factors. From CIT, one suggestion could be that people have not really had a complaint experience, but rather were expressing satisfaction with the existence of a complaints handling procedure.

Stock management and display management had more respondents who were ‘quite satisfied’ than ‘very satisfied’, but also had more expressing dissatisfaction than the other sub-factors in this group. This is similar to results in CIT, which suggests that these were key areas where dissatisfaction was occurring.

The results of Retail Practices show that there are high levels of satisfaction with service method and hygiene, but areas of dissatisfaction with stock management and display management. Comparing results with CIT, there appears to be greater satisfaction in complaints handling than found in CIT, but service method had more dissatisfaction than in CIT.
7.2.4 Staff Issues

This was the third largest category emerging from CIT (Section 6.2.3). However, like Retail Practices, it did not feature predominantly in the importance rankings, either as most/second most or least. The results of satisfaction in Figure 7.4 show that the sub-factors were predominantly positive, with most respondents stating that they were ‘very satisfied’ for both sub-factors.

![Figure 7.4  Levels of satisfaction with Staff Issues](image)

In terms of assistance, the levels of satisfaction confirm the findings of CIT, but there was more dissatisfaction expressed in CIT for interpersonal skills, in contrast to the 96% being satisfied in the quantitative survey.

7.2.5 Internal Store Environment

This category was ranked as least important by the largest proportion of respondents despite it being the fourth largest category in CIT. In terms of satisfaction, both sub-factors, of store facilities and design, had similar levels of satisfaction, as shown in Figure 7.5.
There were fewer respondents expressing extreme levels of dis/satisfaction than with other categories. Respondents were predominantly satisfied, although mostly ‘quite’ satisfied. There were, however, 16-17% of respondents expressing dissatisfaction for each factor, with almost all being ‘quite dissatisfied’. The results reflect the dissatisfaction expressed with design factors in CIT, although there appears to be greater dissatisfaction with store facilities than indicated in CIT.

7.2.6 Social Aspects

This category accounted for 7% of incidents in CIT, all of which were positive. In terms of the importance of this category, there appeared to be polarised views, as discussed in Section 7.1. This was also reflected in the number of respondents not selecting it for rating (Appendix Seven) in terms of the main shop. Figure 7.6 shows that most respondents were satisfied, although there were some differences in the levels of satisfaction.
In terms of social interaction, 90% of respondents were satisfied with the opportunities they had to meet people whilst doing their shopping. This broadly reflects CIT results. Concerning the role food shopping played in their lives, 87% were satisfied, with 47% of these respondents being ‘very satisfied’. As with social interaction, some were neutral (7%) and only 5% were dissatisfied with the role that food shopping played in their lives.

7.2.7 Accessibility

Access, like Social Aspects, were polarised in the ranking of importance, with indications that levels of income explained this. Figure 7.7 shows that levels of satisfaction were predominantly positive, although there was slightly more dissatisfaction with transport provision.
Within the results from CIT, there was a mixture of positive and negative incidents. The above results confirm some dissatisfaction with Access.

7.2.8 External Shopping Environment

External Shopping factors fell within the group of factors that appeared to be of secondary importance in food shopping, as discussed earlier. It accounted for 6% of incidents in CIT and so was one of the smaller categories. Figure 7.8 shows how mixed respondents’ experiences of the external shopping environment were.
A number of respondents did not select these sub-factors for rating satisfaction (Appendix Seven). Of those who selected external facilities, almost a third expressed dissatisfaction, with 24.3% being 'quite dissatisfied'. In contrast to this, almost half of respondents expressed dissatisfaction on the variety of shops they had available to use, with 20% of them being 'very dissatisfied'.

7.2.9 Personal Factors

This was the smallest category of incidents in CIT, and tended to be ranked lower for importance than other categories of food, access and social aspects. In terms of satisfaction, the fewest number (135) of respondents rated it, indicating that it was either of secondary importance or not relevant to them. Figure 7.9 shows the results on satisfaction.
As can be seen, the majority of respondents were 'quite satisfied'. Nevertheless, 17% were neutral, reinforcing the lack of importance placed on budgeting. Some levels of dissatisfaction were identified (11.9%) indicating that, for a small number of respondents, budgeting is a problem.

7.3.10 Influence of Demographics on Satisfaction

The survey data was tested for any differences in satisfaction across the demographic factors of health, income and age. Mann-Whitney U tests were carried out on the data, as described in the methodology. Significant results were found on all three factors.

Health

In terms of health, there were two factors that were of significance, as Table7.7 shows.
Table 7.7  Significance of ‘limitations of health’ and ‘ratings of satisfaction’

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean Rank</th>
<th>Significance of Mann-Whitney U Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some degree of limitation</td>
<td>No limitation due to health</td>
</tr>
<tr>
<td>Shop facilities</td>
<td>27.46</td>
<td>36.85</td>
</tr>
<tr>
<td>Getting to/from</td>
<td>26.95</td>
<td>37.70</td>
</tr>
<tr>
<td>shops</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant at the 0.05 level

Those who experienced some degree of limitation in their food shopping due to health problems were more likely to be less satisfied with shop facilities than those whose health did not limit them. This would seem reasonable, as those with health problems are more likely to need specialist facilities, such as disabled toilets and seats to rest.

Accessibility was more likely to be rated as satisfying by those with no limitations due to health problems, rather than those with limitations. The limitations experienced by the latter group had consequences for their choice of shops and the availability of food. This develops the findings of Chapter Five, where those with health problems were more likely to shop with someone, be driven for their food shopping and more likely to express they were not able to buy the foods they would have liked.

Thus, it appears that those who are limited by health have a more dissatisfying shopping experience, fundamentally due to problems of accessibility. This then has an effect not only on choice of food and stores, but also on variety of shops and external facilities which can be used.
Income

When the median scores of those on state pension were compared with those of the respondents who had additional sources of income, a number of factors were found to be significant.

Table 7.8  Significance of ‘source of income’ and ‘ratings of satisfaction’

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean Rank</th>
<th>Significance of Mann-Whitney U Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Pension</td>
<td>State Pension &amp; Other Sources</td>
</tr>
<tr>
<td>Stock Management</td>
<td>33.91</td>
<td>22.81</td>
</tr>
<tr>
<td>Getting to/from shops</td>
<td>27.04</td>
<td>42.13</td>
</tr>
</tbody>
</table>

**Significant at the 0.05 level

From Table 7.8, it can be seen that those on lower incomes were more likely to be satisfied with stock management. In terms of stock management, Chapter Five reported that those on lower incomes were less likely to shop at grocery multiples for their main shop, but rather use a Co-operative or discount store. This indicates that these stores are offering the stock that consumers are seeking whereas the grocery multiples appear to have more problems meeting the needs of older consumers. Another explanation could be that those on higher incomes may have been seeking more choice because they have the money to buy ‘luxuries’, as identified in Chapter Five.

For those who had only the basic state pension as a source of income, the shopping experience again appeared more dissatisfying than those with higher incomes, with the former more likely to express dissatisfaction with accessibility. The range of
transport methods described in Chapter Five showed that those on state pension were more likely to walk, whereas those on higher incomes were more likely to drive. These results suggest that those with access to a car have a more satisfying shopping experience.

Age

Comparing the mean ranks of younger and older consumers showed that there was one factor that was significant, as can be seen in Table 7.9.

<table>
<thead>
<tr>
<th>Table 7.9</th>
<th>Significance of ‘age’ and ‘ratings of satisfaction’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor</td>
<td>Mean Rank</td>
</tr>
<tr>
<td></td>
<td>65-74 years</td>
</tr>
<tr>
<td>Quality of food</td>
<td>25.96</td>
</tr>
</tbody>
</table>

* Significant at the 0.05 level

Older consumers were more likely to be satisfied with quality of food, explaining some of the differences, highlighted earlier, between those ‘very’ and ‘quite satisfied’. One possible suggestion for this could be that older people may become less interested in food quality because of the negative social factors on food choice, as identified in Chapter Two.
7.3 Factor Analysis of Satisfaction

As described in the methodology, factor analysis was carried out in order to test the categories developed in CIT, reduce the range of factors, and help explain the structure by which consumers evaluate their shopping experience. Factor analysis has been used to achieve similar aims in a number of studies (Westbrook, 1981; Hackett and Foxall, 1994).

Factoring was based upon Principal Components Analysis with a varimax rotation as in the study by Westbrook (1981). Seven factors were extracted, accounting for 60% of variance. Variance is a measure of explanatory power of a factor and Malhoutra (1993) suggests that variance explained should not fall below 60% variance. The variance explained in this study was, therefore, satisfactory. Factors with a loading of .30 are suggested to be significant and those with a .50 loading or more are deemed highly significant (Hair et al, 1995) and this study took a mid-point of .40 for significance. Eigenvalues of greater than one were kept. Full details of the factor analysis are given in Appendix Eight and show the factors that were above and below an eigenvalue of one and factors loaded less than .40.

Whilst the data was only marginally reduced from eight to seven factors, the groupings produced were very similar to the categories developed in CIT, as shown in Table 7.10 (over).
### Table 7.10  Factor Analysis Summary

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene / cleanliness of store</td>
<td>4.513</td>
<td>21.5%</td>
</tr>
<tr>
<td>Choice of food</td>
<td>0.766</td>
<td></td>
</tr>
<tr>
<td>Quality of food</td>
<td>0.652</td>
<td></td>
</tr>
<tr>
<td>Price of food</td>
<td>0.595</td>
<td></td>
</tr>
<tr>
<td>Factor 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role of food shopping</td>
<td>1.891</td>
<td>9.0%</td>
</tr>
<tr>
<td>Opportunity to meet people</td>
<td>0.730</td>
<td></td>
</tr>
<tr>
<td>Levels of assistance</td>
<td>0.726</td>
<td></td>
</tr>
<tr>
<td>Budgeting</td>
<td>0.667</td>
<td></td>
</tr>
<tr>
<td>Promotions / special offers</td>
<td>0.498</td>
<td></td>
</tr>
<tr>
<td>Factor 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantities of food</td>
<td>1.521</td>
<td>7.3%</td>
</tr>
<tr>
<td>Staff pleasant / friendly</td>
<td>0.607</td>
<td></td>
</tr>
<tr>
<td>Stock management</td>
<td>0.573</td>
<td></td>
</tr>
<tr>
<td>Factor 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design and layout</td>
<td>1.282</td>
<td>6.1%</td>
</tr>
<tr>
<td>Display layout</td>
<td>0.743</td>
<td></td>
</tr>
<tr>
<td>Shop facilities</td>
<td>0.573</td>
<td></td>
</tr>
<tr>
<td>Factor 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport provision</td>
<td>1.203</td>
<td>5.7%</td>
</tr>
<tr>
<td>Factor 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of other shops</td>
<td>1.109</td>
<td>5.3%</td>
</tr>
<tr>
<td>Wider shopping facilities</td>
<td>0.697</td>
<td></td>
</tr>
<tr>
<td>Factor 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints handling</td>
<td>1.046</td>
<td>5.0%</td>
</tr>
<tr>
<td>Helpfulness of staff</td>
<td>0.795</td>
<td></td>
</tr>
</tbody>
</table>

Factor one focused mainly on Merchandise-Related factors as in CIT. The choice, quality and price of food loaded significantly on this factor. Hygiene and cleanliness of the store, grouped as a Retail Practices' factor in CIT, related partly to the way food was handled within the store and partly to the cleanliness of the store, both of which were perceived as reflecting quality (Tables 6.12 and 6.13, Chapter Six). Thus, it has some association with the merchandise itself. The fact that it explained 21.5% of variance also showed that merchandise was the most significant factor, confirming the CIT results.
Factor two brought together social and personal factors identified in CIT. There was a clear grouping of Social Aspects, with the role of food shopping and opportunity to meet people combined with the interpersonal aspects of service. Budgeting and promotions of food were also grouped with these personal and merchandising factors. The presence of budgeting in this factor is consistent with discussions, in Chapter Six, of the difficulties resulting from promotions being quantity based rather than price based.

Factor three explained 7.3% of variance and brought together factors of staff, retail practices and merchandise from CIT into a service focused category. Quantities of food and stock management had been linked in CIT as respondents stated that poor stock management meant that they could not obtain appropriate quantities of packaged foods. The interpersonal skills of staff were also included and could indicate that stock management could be improved by a personal service, as illustrated by a respondent GN5 in Chapter Six, Section 6.2.3.

Factor four accounted for 6.1% of variance and reflected aspects of the store environment. The design and layout and shop facilities were grouped as the internal store environment in CIT, although display management from retail practices was also grouped in this analysis. Display management referred to the management of displays and there is evidence to confirm the appropriateness of this variable in the grouped factors.

Factor five had only one dimension loaded on it, accounting for 5.7% of variance. Transport provision, grouped under the Accessibility category of CIT, was highly
significant in its loading of 0.806. Accessibility was one of the smaller categories in CIT and saw a polarised response in its importance. It appears through this factor analysis, that it could be singled out as a factor in its own right.

Factor six grouped the external shopping facilities together as in CIT and explained 5.3% of variance. This was a much smaller category in CIT Table 7.1.2, and ranked as less important than other factors. In terms of satisfaction, however, consumers were very dissatisfied with aspects of the environment.

Factor seven related to aspects of the service given by staff, with complaints handling and the helpfulness of staff being loaded. These two factors are related as identified in respondent BB4 in Section 6.2.2 who felt dissatisfied that staff had not been helpful in resolving a complaint. Therefore there is evidence to support this grouping.

The factor analysis appears to have produced similar results to CIT, by grouping and loading factors similarly. Merchandise-Related factors, Internal Store Environment, Accessibility and the External Shopping Environment were very similar in grouping. Differences did occur, however. For example, Social Aspects and Personal Factors came together in factor two and there was a distinction between staff and service features. However, as illustrated by reference to CIT, these factors could be related and it was recognised in CIT that many of the categories were inter-related.
7.3 Summary

The results of the satisfaction survey reveal that income and health, rather than age, were significant in ranking the importance of factors influencing food shopping. Therefore, sub-segments of older consumers appear to have similarities with other segments of the population, such as the disabled or other low income groups. Also in terms of importance, there appear to be two groups of factors emerging, those that were of most importance and those that were of secondary importance, with two factors, Social Aspects and Accessibility being polarised. Again, the income and health of respondents helped to explain such results.

In relation to satisfaction, the rating scale appeared to be used well by respondents, with the median showing that respondents were predominantly satisfied. However, the inter-quartile range and frequencies revealed levels of dissatisfaction. Such dissatisfaction was evident in all categories, but was greatest within some Merchandise-Related aspects, Retail Practices, the Internal Store Environment (all of which emerged as important within CIT) and, particularly, in the External Shopping Environment. There are, therefore, key areas that need to be addressed to improve satisfaction, particularly for those who are older, on low incomes and experience problems with shopping due to their health.

Results from the factor analysis suggested that the coding and categorising in CIT (stage one) was reflective of structures within the data when tested on another sample. Any variations in groupings could be explained by drawing upon the qualitative data from stage one.
CHAPTER EIGHT

DISCUSSION

8.0 Introduction

This chapter draws together the results reported in Chapters Five to Seven and consolidates the research with the literature framework set out in Chapters Two and Three. As the research design was a multi-method approach, the discussion focuses on the themes emerging across the results and integrates the findings of the interview, including CIT with those of the consumer survey.

The chapter begins with a summary of the findings of Chapters Five to Seven, followed by a critique of the methods used. From there it has three main sections, drawing on the themes set out in the literature review. First, the heterogeneity of the older consumer is discussed, looking specifically at the consumer characteristics within the older age segment. Secondly, the literature on disadvantaged consumers is developed in terms of access, consumer preferences, support and the changing retail environment. Disadvantages associated with income and geographical location emerge throughout the discussion. Finally, the multiple factors that influence the quality of the food shopping experience are examined. Contrasts between the qualitative and quantitative findings of the study are drawn out in respect of levels of satisfaction with the food shopping experience. The themes emerging from the research in terms of reasons for dissatisfaction and expectations are then discussed to identify how dissatisfaction can be addressed.
8.1 Summary of Findings

The findings of this study have been reported around two themes, the shopping activity and the shopping experience. The following is a summary of the key findings on both these areas:

- In terms of the shopping activity, older consumers were diverse. However, some distinct patterns did emerge from the data. Many respondents were supported, particularly by family and friends, who drove them for their main shopping trip. This support enabled respondents to shop at one of the major grocery multiples for their food shopping. However, in contrast to this was the prevalence of supplementary shopping trips undertaken almost daily at small local independent stores.

- Despite the existence of support for respondents, a number experienced restrictions upon their choice of store and food selection, both in the main shopping trip and supplementary trips. In terms of store choice, the main barriers to exercising preferences included problems with access, price, and the support from others which, in some instances, meant that respondents shopped where they were taken rather than where they would have liked to shop. In relation to food choice, meat products and fresh produce were cited most often as being difficult to buy due to price and availability, including the availability of appropriately sized quantities. Those experiencing these barriers were more likely to be those respondents who were limited by their health.
- The food shopping activity has changed for the current ‘older’ generation. However, most respondents appeared to have adapted to the changes due to support systems. Respondents felt that some of the changes in retailing, such as increased choice, were for the better, but that some features of traditional small shop retailing, such as ‘personal service’ should be kept.

- In relation to the experience of food shopping, findings from both stages of the research revealed that the diversity found in the shopping activity was reflected in the range of experiences and perceptions of food shopping uncovered. The interconnection of factors was a feature of this complexity of the shopping experience. This could be seen from the Merchandise-Related category in the relationships between quantity, price and promotion.

- Within the complexity, a number of key areas of satisfaction and dissatisfaction were found, albeit with areas of contrast between stage one and stage two of data collection. In terms of satisfaction, staff assistance, design, aspects of accessibility and external shopping facilities were prominent, but were not ranked as amongst the most important factors in the main shopping trip. Social aspects and accessibility were of mixed importance for different respondents. In terms of dissatisfaction, those areas ranked most important, such as Merchandise-Related and Retail Practices, gave rise to considerable dissatisfaction across both stages of the research, despite there being overwhelming satisfaction for ‘overall satisfaction’.

- Some respondents appeared more vulnerable to dissatisfaction in the main shopping trip. Those limited by health were less satisfied with shop facilities and
access while those dependent solely upon state pension were less satisfied with stock management and access.

- The underlying feelings about dissatisfaction saw respondents having a lack of trust towards retailers, considering them to be profit-driven, as well as, for some, there being the perception that there was no alternative to the dissatisfaction. A range of expectations did emerge in relation to areas of dissatisfaction which could be grouped into two categories, those within the retailers direct control and those that retailers could contribute to, along with other sectors, in order to help improve the shopping environment.

Before discussing the findings, they must be set within the context of the strengths and limitations of the methodological approach.

8.2 Critique of Methodological Approach

The multi-method approach provided both qualitative and quantitative data which proved to be valuable. The detail of the shopping experience was identified through the personal interviews with respondents, providing an understanding of the shopping patterns of older consumers.

The use of CIT provided a detailed set of factors that influenced the shopping experience along with details of the effects they were having on older consumers. First, such information provided the opportunity to make recommendations to improve the quality
of the experience in the future, as has been done using CIT in other service areas for older people, such as health care (Norman et al., 1992). Secondly, CIT was valuable in overcoming the difficulties of older people seeing their world globally (Herzog and Andrew, 1986) by guiding them into recalling specific experiences of shopping. However, when interpreting the results, it is important to understand that the assumption within the CIT method is that what people talk about is important. Therefore, this may not necessarily reflect many consumers’ views, as was evident from the small numbers of incidents within some categories.

The quantitative data provided the opportunity to test the findings from the qualitative data on a larger sample. This allowed for a more comprehensive set of results, as a measurement of retail practice could then be taken (Peterson and Wilson, 1996). As discussed in Chapter Three, satisfaction is the basis of companies’ competitive advantage strategies, with retailers seeking to meet consumers’ needs and expectations. This aspect of retail performance has real implications for the field of food choice and the lack of research spanning these two dimensions reiterated the need for an inductive, then deductive, approach to the research. This thesis addresses this gap by providing appropriate data for a group of active older consumers.

In terms of measuring satisfaction, the assumption that consumers can express their needs and preferences in the market-place does appear to be a problem. This study showed that a number of consumers had no alternative, or at least a perception that they had no alternative, to their cause of dissatisfaction. Indeed the existence of some
problems, such as quantity size, shows that there are failures in the market system, as such problems have been reported in studies as far back as the 1970s (see Mason and Bearden, 1979). Contradictions in results between the CIT and quantitative satisfaction survey suggest that qualitative data is more accurate in identifying relationships between factors influencing food shopping and understanding the importance of factors. However, respondents used the range of the labelled five point scale and did not appear to use only the extremes of the scale as suggested by Rodgers et al (1988). Respondents did, however, use the scale predominantly positively, as identified by Raphael et al (1979).

8.3 A Heterogeneous Consumer Group

The literature review in Chapter Three set out a definition of older consumers and differentiated between those in the new 50+ market (Scherman and Schiffman, 1991) and those traditionally seen as the elderly market, aged 65+ (Gunter, 1998). Elderly consumers have in the past been neglected by retailers because they were seen as being old, frail and lacking purchasing power (Tynan and Drayton, 1988; Gelb, 1982; Carrigen, 1998). However, the increasing power of elderly consumers (Moschis et al, 1997) and the new market opportunities they represent (Mathur et al, 1998) are beginning to change retailer perceptions. Despite the blurring of age definitions and terminology when discussing the elderly consumer, consensus exists that older people are not an homogeneous group, but are heterogeneous in a number of respects. The
findings of this study both confirm and develop this in respect of their demographic profile and characteristics as consumers.

8.3.1 Diverse Consumer Characteristics

Tinker (1994) proposes that a number of demographic factors should be examined when studying the elderly, some of which were included in this study. The characteristics of respondents were described in Chapter Five and showed that the samples in stage one and two of the research mostly reflected the wider elderly population.

Within the context of generic food choice models, basic demographic factors are cited as important influences on food choice (Randall and Sanjur’s, 1981; Khan, 1981). The application and critique of Khan’s model in relation to older consumers showed that there are a number of areas where the needs of the older consumer are complex. Read and Schlenker’s model (1993) includes age, sex and income as three of the factors in their food choice model, but the complexity of the factors can be seen in this research when applied in the shopping context.

One of the underpinning factors that caused this complexity was the diversity of older consumers. This diversity was illustrated in the findings, first, by the inter-related factors of age, household structure and gender. As the samples in this study consisted of both younger and older elderly, were predominantly female and most were living alone, they faced some of the shopping issues raised in Chapter Two. As most respondents in both samples lived alone, there was the potential for them to be at nutritional risk, as it
has been found that those living alone or suffering from bereavement, can lack the motivation to prepare meals, have a suppressed appetite and experience difficulties shopping. In turn this affects the nutritional status of the individual (Herne, 1995; Brech, 1994; Harvey, 1993). One suggestion for overcoming these problems has been to encourage the use of convenience meals and the findings of this study support Coquhoun et al (1995) who suggest that appropriate portion sizes are needed within convenience meals for those with smaller appetites and who live alone.

Secondly, income was also diverse amongst respondents. It was suggested in Chapter Three, that changes are taking place in relation to the income of older people. While this research identified some respondents in stage two as having additional sources of income, the majority were solely dependent upon the state pension. Consequently this group are vulnerable to the disadvantages in food choice discussed in Chapter Three, as they are more likely to be in the lower, and particularly the bottom two quintile groups (Office for National Statistics, 2000). Income is, therefore, a changing factor, but there is evidence to suggest that low income is still an important influence on food shopping for older consumers.

This can be seen further when considering the third aspect of the findings that illustrate diversity. Expenditure on food has been linked to income and is described as the ‘cost’ factor, cited by Randall and Sanjur (1981). As older people represent one of the poorest segments of the population, the relative proportion they spend on food is high. This is similar to other low income groups (Leather, 1992), although food is the highest
expenditure category for older people (Office for National Statistics, 1999). Data on expenditure was collected in stage one of the research. As with income, there was diversity in levels of expenditure, ranging from less than £10.00 a week to £50.00 plus a week, but with the majority spending £11.00-£20.00 per week. Therefore, defining the market with traditional stereotypes, as has been done in the past (Tynan and Drayton, 1988), would be to miss the full range of consumers.

In describing the older market, this study has shown that characteristics are broader than demographic data. Health has been identified as important by a number of food choice models (Randall and Sanjur, 1981; Khan, 1981) and Read and Schlenker (1993) identify the links between health and ability to carry out every day activities, such as shopping. In stage one of the research, problems with sight and mobility were identified, and this was developed in stage two into a self-reported response on the limitations of health on food shopping. It was found that 53% stated that they experienced problems with food shopping (either always or sometimes) due to poor health. This confirms findings by Mason and Bearden (1979), Moane (1993) and Leighton et al (1996) who observed similar difficulties being experienced.

The findings suggest that health is a factor that needs to be considered at the individual level, as some younger-elderly respondents expressed limitations, whilst other older-elderly had no limitations. Chapter Three described the high incidence of health problems within the 75+ age group, such as being in pain, mobility problems and problems with usual activities of life, which almost doubled for women as they aged.
However, age is not always an indicator of health, as this study found, and so findings need to be set in the context of there being a continuum with older people who have severe health problems and those who are very old and yet experience no problems (Wells, 1992). One reason identified in this research for the differences in functional ability amongst respondents, was the level of support available.

The range of formal support services available to older people living in Scotland, described in Chapter Three, was reflected in the sample of the study, with respondents living in sheltered housing, attending day centres, receiving Meals-on-Wheels and assistance from home-helps. As suggested in Chapter Three, this support may help respondents overcome problems relating to nutrition, social support and the shopping activity. This confirms that activities of daily living should be incorporated within food choice models, such as in Read and Schlenker's (1993) food choice model. However, these findings suggest that more detailed descriptions are needed. The older consumer appears to be a diverse segment of the population, with a variety of complex consumer characteristics interacting to shape each consumer’s circumstances and needs.

8.4 An Expansion Of Disadvantages

A description of older consumers was developed in Chapter Three, by looking at the disadvantages related to income, access, independence and geographical location. The results of this study develop a number of key new themes in relation to access, support,
preferences and a changing shopping environment. Income and geographical location emerge as factors common to these areas.

8.4.1 A Broader Concept of Accessibility

The discussion in Chapter Three of the literature on accessibility outlined the three themes of cost of travel, availability of food and food/shopping deserts. While a number of issues arose in these areas, the findings of this study show that, for older consumers, accessibility is more complex than previous research has indicated.

8.4.1(a) Difficulties of Accessibility

Chapter Three identified that poorer people pay proportionately more for their food shopping, partly as a result of travel costs (National Children's Home, 1991; Henson, 1992; Beaumont et al, 1995; Lang, 1995). The importance of such costs on food choice behaviour is recognised by some of the generic food choice models discussed in Chapter Two (Randall and Sanjur, 1981; Scottish Office, 1993b). Taking a more detailed approach, Read and Schlenker (1993) in their model for elderly people, identify the importance of distance to the store and transportation as key influences on food choice. The findings on methods of transport are, therefore, important in understanding the food shopping activity.

The results reported in Chapter Five showed that there was a range of transport methods used in accessing stores. Walking, using a car, bus, taxi or dial-a-bus service, as well as combinations of these methods, were consistent over the two stages of the research.
Costs of travelling were recognised as an issue, particularly by respondents travelling by bus, taxi and special bus, although fewer respondents used these. Concessions in travel, such as a bus pass, were seen as valuable, as respondents stated that it allowed for greater choice of where to shop. Fears of inconsistency of concessions was not evident, as suggested by Norman (1977), as the vast majority had a bus pass, although only 8.3% actually used the bus as their sole method of transport for their main shop. However, respondents placed more emphasis on the physical difficulties of using the bus, confirming Norman (1977), who outlined this as a problem of transport, and consistent with findings by McKie et al (1998) and Henderson and Carlin (1997) amongst elderly people living in rural areas of Scotland. Given that the samples in this study represented a cross-section of locations, it appears that difficulties travelling by bus are experienced by many older people across urban and rural locations and so is a generic problem.

Costs were also involved for the frailer respondents in the research. Taxis and special buses, such as dial-a-bus, were only used by a small number of respondents (5.4%) and were a crucial help to those who would otherwise not be able to shop. Only one respondent received a concession with taxi fares. Therefore, for the minority who experienced severe limitations in their food shopping, the costs of travelling were greater, and the inconsistencies of concessions more evident, than for those travelling by bus.

There was qualitative evidence to suggest that, for some respondents solely dependent upon state pension for income, travel costs were being avoided by walking for their main
food shop. Whilst for this lower income group, financial costs of transport may be being avoided, the potential for other disadvantages is greater as they are more likely to be dependent on local stores and so have poorer prices and less choice (Barratt, 1997; Welsh Consumer Council, 1990).

However, the interview results, from stage one, revealed that respondents were not only walking for their main shop in order to save money, but were shopping frequently for top-up shops by walking to local stores. Such a travelling pattern helps explain the consumer characteristics described in Chapter Three, where small numbers of items and transaction values were reported (Nielsen, 1995), as only small quantities could be carried home and hence respondents were shopping frequently.

A coping measure that emerged from the research, in response to difficulties in travel, was the use of multiple methods of transport, as reported in Section 5.2. Different methods were being used for different shopping trips or a combination of methods within the same shopping trip. The purpose of the shopping trip, whether main or supplementary, influenced the type of transport. The most common example of multiple methods being used on different shopping trips was where respondents were driven to a larger supermarket for their main shop and walked to local shops for a top up shop.

Drawing further upon this example, a main theme that came out of looking at transport and travelling patterns, other than cost, was support. The research highlighted the existence of informal networks of support for older people, confirming that support in
daily activities does occur (Moane, 1993). However, the findings shed new light on the type of support in food shopping. The majority of respondents who were using a car, were being driven by a friend or family member. For those stating that they used multiple methods for their main shop, a number of respondents made their own way to the store, but their family would support them by collecting them by car once they had done their shopping. Therefore, there appears to be a support network compensating for the difficulties experienced by some consumers in accessing stores, both in the main and supplementary shopping trips. This seems to suggest that the ‘car’ culture described in Chapter Three is different for older consumers, as they are adapting to it through support networks.

Therefore, difficulties with access are not solely concerned with the location of the store, as assumed by some authors investigating disadvantage (Bromley and Thomas, 1993; 1995; Moore, 1989; Smith, 1991) or the cost of travel, as proposed by food choice models (Randall and Sanjur, 1981; Scottish Office, 1993b). Rather, the accessibility of the transport service available, the concessions of the specialist service required by the frail elderly, the support networks available to them and the type of shopping trip, all interact to shape accessibility for the individual. Accessibility, however, cannot be looked at in isolation, as it has consequences for the choice and price of food available.

8.4.1(b) Availability: A Disguised Problem

Availability was the second theme discussed under accessibility in Section 3.5. Availability features within Piacentini et al’s (1995) food choice model which refers to
the variety of food available, the quality of the food and the retail outlet available. Such a view is also reflected in Furst et al’s (1996) decision-making model, where the retail environment is seen as crucial to the food available to consumers. Findings of this study apply this in the context of the older consumer.

Initial findings showed that, for the main shopping trip, all respondents were using one of the major grocery multiples, a co-operative or a discount store. This would suggest that the disadvantages associated with poor access and availability (Barratt, 1997; Welsh Consumer Council, 1990; Mooney, 1987; National Children’s Home, 1991; Consumer Affairs, 1994) may not be so widespread amongst the elderly as suggested by some authors (Bromley and Thomas, 1993;1995; Smith, 1991).

No respondents were using a small independent for their main food shop in the consumer survey. This is consistent with previous findings that older consumers are using supermarkets (Leighton et al, 1996; Guy, 1985), but challenges the view that they are mostly dependent on local independent shops (Bromley and Thomas, 1993;1995). However, it appears to be a mixed picture, as qualitative data, from stage one, showed that a number of respondents were using small independents for their main shop. Problem areas associated with using small independents, such as availability of healthy foods, price and quality, have been found within both urban (Miller et al, 1996; Beaumont et al, 1995; Forsyth et al, 1994) and rural areas (McKie et al, 1998; Clarke et al, 1995). However, a number of difficulties have been identified for those using supermarkets and these initial findings must be interpreted with care.
For example Lang and Caraher (1998) found in their study that the majority of respondents were using local supermarkets but suggest that it is difficult for the elderly to compare prices. This has also been recognised recently with the Competition Commission (2000) report finding that prices varied across stores. Therefore, the availability of a grocery multiple locally need not necessarily mean that price disadvantages are avoided.

Another consideration in the light of the initial findings is that the research identified that low income consumers, and those experiencing limitations due to health, appear to be more vulnerable to problems of shopping locally. They were more likely to be using a discount store or a co-operative for their main shop, traditionally a smaller store as described in Chapter Three, and so could potentially suffer from the difficulties of comparing prices identified by Lang and Caraher (1998).

Although the major grocery multiples appeared to dominate the main shopping trip, qualitative data from stage one suggested that choosing to use local shops can pose a dilemma for older consumers. For example, respondent CB2 in Section 5.4.2, described the importance of the local shops and the feelings of guilt at not using them. It was recognised by the respondent that there may come a time when the local community becomes her main source of shopping and so the shops need to be supported to ensure they survive and are there for her to use when she needs them. However, the price and choice disadvantages, suggested by Lang and Caraher (1998), were acknowledged by the
respondent and were sufficient to result in her shopping at a larger non-local supermarket.

However, the main shopping trip should not be the sole focus when considering access and availability. The results from the interview, which identified supplementary shopping trips, showed that a wide range of shop types were used, such as specialised local shops, Marks and Spencer and convenience stores. Therefore, research into availability should account for a wide variety of stores and the suitability of the food available for the needs of the elderly. For example, the availability of convenience meals from Marks and Spencer was identified as important for one respondent living alone who expressed a lack of motivation in preparing meals, reinforcing findings discussed previously. Also, a number of respondents stated that only basic items were purchased locally and so the emphasis on price, choice and quality at small independents may not be so important as previous studies have assumed.

Therefore, the availability of food to the older consumer has a number of complex factors, such as the type of store available locally, the type of shopping trip being undertaken, the needs of the older consumer and the vulnerability of low income consumers. Studies measuring only one aspect of availability could result in the full extent of the problems for the elderly being disguised. As referred to earlier, Piacentini et al’s (1995) model provided greater insight into availability than other food choice models. However, when applying it to elderly consumers, their distinctive shopping patterns and specialist needs also have to be considered. Emerging from the discussion
on accessibility and availability is the theme that a wide variety of shop types are being used, but local availability may still be disadvantaging some consumers. These issues of access and availability have emerged more recently within research into shopping deserts.

8.4.1(c)  

Food / Shopping Deserts: More Than Store Location

As discussed in Section 3.5.3, concern has arisen in recent years over the existence of food and shopping deserts (Beaumont et al, 1995). The focus of food desert studies has been on access and availability at a local level, for example food retail outlets within reasonable waking distance of consumers' homes (Donkin et al, 1998). Findings from stage one, on reasons for store choice, brought to light new aspects to consider regarding deserts. The most common reason for store choice in this research was convenience, albeit incorporating a number of different meanings.

First, convenience was seen by respondents to be related to the geographical location of the store and being able to access it from home. Results, reported previously, showed that diverse transport methods were used and so this need not necessarily mean that the measure of a food desert should be 'walking distance'. For example, findings suggested that if a bus could be easily accessed near a respondent's home, then the store would be deemed to be convenient.

Secondly, evidence of generic issues of convenience emerged, for example the problems with bus design discussed earlier. Although no urban and rural comparison was made in
this study, respondents were from a cross section of locations. Had such a comparison been undertaken, the importance of convenience may have differed according to geographical location. McKie et al (1998) found rural residents in Scotland had increased costs of travel combined with high costs and low availability of food in stores. Consumers were restricted in where and when they could shop. In urban areas, on the other hand, shopping appears more flexible, with consumers shopping daily (McKie, 1999).

Thirdly, convenience referred to respondents being able to get all the food shopping items needed, and wanted, in one shopping trip, for example fish, meat, bakery products and delicatessen items. This provision within the store has been found to be important, as indicated within the earlier discussion on availability and suitability to the consumers needs. Donkin et al (1998) and Cummins and Macintyre (1999) looked at availability in terms of healthy foods and price. However, the needs and preferences of the consumer must also be considered. This suggests that the definition of a food desert must be grounded in consumer need, rather than simply the provision of a food outlet.

Fourthly, convenience was seen in relation to being able to do other activities, and use the wider shopping environment, when food shopping. Respondents talked of collecting their pension, going to the hairdressers and using a variety of small shops, which was not considered in the food desert studies. Investigating the retail environment is, therefore, important because food shopping is set in a wider shopping context.
The shopping activity is recognised as an important part in the ‘daily schedule’ and ‘ADLs’ of older people, as identified by Read and Schlenker (1993) in their food choice model. It provides an opportunity to gain social contact, exercise and routine to the day (McKie, 1999; Hibbert et al, 2000; Guy, 1980). However, such dimensions do not fully emerge within previous studies (Donkin et al, 1998; 1999; Cummins and Macintyre, 1999). The impact of food retailers’ aggressive growth strategies, described in Chapter Three, have been discussed by Lang (1994; 1995; 1997), who found a dearth of retail activity to be the result of food retailers locating out-of-town, appears to have consequences on the food shopping trip. Thus, food shopping is not a discrete activity, but rather an integral part of the activities of life and the wider shopping environment.

Other reasons for store choice related to: the food itself; perceptions of there being no alternative; price; ethnic owned stores; and social aspects. In terms of the food itself, this related to aspects such as price, product and brand choice. Respondents sought prices that were attractive and gave value for money. Value for money was associated with own-brands as they were seen as cheaper. Promotions on food and particular brands were also associated with value for money, as savings were being made. Therefore, if own-brands and promotions are the means of achieving good prices, then the findings suggest that the shops used in food shopping need to reflect this. The S.A.V.E. scheme, whereby Sainsbury’s supply local independents with their own-brand, may be a positive move (Department of Health, 1999) as it increases the choice available to consumers within local independents.
A strong theme emerging from the research was that some respondents felt they had no alternative about the choice of their store. This was deemed to be because they were dependent on others taking them to a store and so they had no option but to shop where the person who was taking them was shopping.

Also, the prices of food available at stores, namely small independent shops, were felt to be too expensive. This was the case in both rural areas, such as Jedburgh, and urban areas, such as Drumchapel, Glasgow. These findings support McKie (1999) and McKie et al (2000) who found consumers to be restricted in rural areas, but also shows that similar problems can exist in urban areas. Respondents avoided the local store because the prices were too high, confirming the existence of trade-off relationships between price and convenience (Hibbert et al, 2000; Cole-Hamilton, 1988). The findings also support the food desert studies in their taking into account the price of foods available at stores (Cummins and Macintyre, 1999; Donkin et al, 1998).

Respondents reported avoiding stores with ethnic owners. This was due to feelings that such ethnic stores should not be supported and so in a sense, respondents created their own barriers to store choice. Such a dimension suggests that the type of retailing provision within a local areas must also be considered when investigating access and availability.

Social aspects were also a reason for store choice. Respondents shopped where they were likely to meet people they knew, either the staff in the store or other customers.
This social interaction is a key dimension of food shopping and so the needs of consumers extend beyond basic food supply and availability, to the general shopping environment and their wider needs.

Therefore, findings confirm Cummins and Macintyre (1999) and Donkin et al (1998) in their looking at food deserts at a local level, while issues of price, choice and health emerge as factors to consider. However, the findings also show that store choice is largely based on convenience and this need not necessarily mean the local store, but rather convenience from the perspective of bus routes, special bus provisions and drivers. In terms of availability, the specific needs and preferences of older consumers need to be considered in relation to food, but also in relation to social dimensions and personal barriers. Such issues will also have to be transferred into policy recommendations, such as those in ‘The Independent Inquiry into Inequalities in Health’ report (Acheson, 1998), concerning the shaping of retail facilities.

8.4.2 Restrictions on Consumer Preferences

The discussion in Section 3.8.2 found that for some older consumers, signalling their needs and preferences to retailers in the market-place, may be difficult (Mulhem, 1992). Developing further the discussion on disadvantage, the impact of difficulties in accessibility and availability are now considered in relation to store and food preferences.
8.4.2(a) **Barriers to Store Preferences**

The findings on consumer preferences, both in the interview stage and questionnaire stage, found there to be barriers to store preference. In terms of the main shop, more than a third of respondents stated that they preferred to use a store other than the one they actually did. Half of the respondents expressed a preference for one of the big five food retailers, particularly Tesco. From the interview data, it was evident that this included those who already used a major supermarket chain. Therefore, consumers hold preferences on the retailer used and not just the type of store available. This supports the findings of the Competition Commission (2000) that there was ‘unsatisfactory demand’ for some facias within local areas.

Restrictions on exercising store preference were similar to those emerging in reasons for store choice. Access was the major barrier to consumers exercising their preference for a particular retail store. As discussed in Section 8.4.1(a) this partly reflected the costs of travelling and physically accessing stores because they had no support. However, although even when support was available, some stores like Marks and Spencer were still difficult to shop in because of the in-store environment. For others, the price of the food on sale within that store was a barrier. For example, Marks and Spencer was felt to be too expensive, despite there being evidence that the store provided a good range of convenience meals for older people.

A further influence upon store preference was the dependence of older consumers upon other people. For example, one respondent used Safeway because her daughter took her
there by car, whereas she would have preferred to use Asda as she perceived it to be cheaper. Whilst Hibbert et al (2000) suggests low income consumers trade quality for price, these findings show that choices on price are restricted because some respondents do not have a choice about where to shop.

It was when exploring consumer preferences that problems of local retailing provision emerged. Twenty percent of respondents expressed a preference to shop at small local independent stores. However, it was felt that these types of shops were too expensive and had limited choice. This supports those who argue that older consumers are dependent on local stores and because of this, disadvantaged. In some instances, it appears that older consumers would actively choose to shop locally, if these disadvantages did not exist. It also reinforces the need for caution in interpreting initial findings of the type of store used, highlighted earlier, as the store used does not necessarily reflect a consumers preference. Local retailing proved valuable in the supplementary shopping trip, but also could prove valuable for the main shopping trip, as some consumers would have preferred to use these as their main store. These findings suggest that researchers, for example into food deserts, must not only look at where people shop, but where they would like to shop.

Issues of local retailing provision also related to levels of independence. Support from others has already been shown to be prevalent amongst older consumers, helping them to overcome problems of access. However, for some respondents, this support was actually restricting them in exercising preferences. Both younger and older consumers in the
study felt that they had lost their independence because they needed someone to drive them to a store. The ageing process was also felt to limit their ability to choose where to shop because they needed help. This suggests a lack of power in the food shopping activity for some older consumers and illustrates the loss of roles and dependence discussed in Chapter Three, and appears to contradict findings of the Competition Commission (2000) that food retailing provision responds to the needs and preferences of consumers.

Therefore, barriers to exercising store preference do exist, mostly as a result of problems with access, price of food available and dependency, within which the role of local retailing, is crucial.

8.4.2(b) Barriers to Food Preferences

As with store preferences, food preferences were also restricted for almost a quarter (23%) of respondents. These restrictions affected the purchase of a wide range of food products.

Basic meat products, such as mince, pork chops and chicken breast, were the most common type of food that consumers found difficult to purchase. The reasons for this included price and the quantities of packaged food. The grocery multiples, in particular, were identified as offering product ranges that did not meet the needs of older consumers, confirming Nazarko (1993). This shows that striving to resolve accessibility
problems associated with supermarkets needs to be considered in the context of other difficulties, such as price, as suggested by Lang and Caraheer (1998).

Fruits and vegetables were the second most common foods cited as difficult to buy, but unlike meat products, problems were associated with small independent stores. Feelings that there was limited choice of fresh produce in small independent shops reinforced findings that those dependent on local shops experience disadvantage of choice. Also, as the profile of supplementary shopping emerged, the results indicated that those using local shops were walking, so it was difficult to carry, possibly heavy, fresh fruit and vegetables. Similar problems of carrying foods due to their weight were found in relation to dairy products.

These problems of access also emerged in the questionnaire, as respondents referred to age and health as limiting their ability to buy foods due to difficulties carrying/transporting food home. This was borne out by the evidence that those who expressed limitations in their food shopping from their health were more likely to experience barriers to buying food because there was limited fresh produce in small independent shops and it was heavy to carry. This would indicate that there are barriers that discourage older people from buying fruit and vegetables, which is an explicit target of politicians and health professionals (Department of Health, 1992; 1995; Scottish Office, 1993b; 1996).
In terms of other foods identified as difficult for consumers to buy, availability was a problem for luxury items, defined by respondents as chocolates, continental foods and convenience meals. The latter is particularly important, as identified earlier, for those staying alone and most vulnerable to nutritional risk. In addition, those stating that they experienced no restrictions in food preferences emphasised the value of accessing convenience meals. Problems with availability also affected the vulnerable group of those with medical conditions, such as diabetes, as availability of special food products was felt to be limited.

Therefore, considering both the qualitative and quantitative research, the findings of this study suggest that both access and availability are crucial to ensuring that older consumers are able to maintain their independence, maximise their food preferences and reduce the risks to nutrition. For some older consumers, these factors are indeed potential barriers on food choice.

8.4.3 An Informal Network of Support

Developing the themes of independence, another area of potential disadvantage for older consumers was in the need for support, discussed in Chapter Three (Section 3.6). The prevalence of the theme of support was evident in the findings on travelling and transport and the consequences on access discussed earlier. The findings of this study provide more insight into the types of support offered to older consumers, the prevalence of support and who actually supports them in food shopping.
Over half of the respondents shopped with someone for their main food shop, with almost 30% always shopping with someone. Findings were consistent across the interview and questionnaire, which indicates that support is prevalent in all types of shopping trips.

Those who never received any support and shopped alone were more likely to walk or take the bus for their main shop. It, therefore, appears likely that those who have no support, shop locally. This indicates that it may not simply be travel costs and low income that cause older consumers to walk, as suggested in Section 8.4.1(a), but also because they lack informal support.

In terms of the type of support being received, the main form was in practical assistance. Looking at the qualitative data of stage one, assistance took the form of transport, as already discussed, carrying the shopping (reinforcing Caughey et al., 1994), help in reaching shelves in the store and putting food away once back home, as found by Leighton and Seaman (1997b). However, those who received assistance also benefited from social interaction, with 34% of those who shopped with someone stating that the primary reason was for company. This research reinforces the view that social support, which was once associated with the food shopping trip (Dawson and Kirby, 1979; Guy, 1980), is still important, as found in the social reasons for choosing a food store referred to in Section 8.4.2(c).
The support came mostly from a spouse or other family member and so was an informal arrangement. More formal support services, such as Home-helps and voluntary workers accounted for only 3% of responses. However, a substantial number of people approached to take part in the study transpired to be housebound, and in these instances it was home-helps who were undertaking the shopping. Therefore, it would appear that formal support was being provided for those in extreme need.

These findings support Moane (1993) who found that the elderly need support. Bury and Holme (1991) distinguish between formal and informal support, with formal support being particularly evident in meal provision, for example through the Meals-on-Wheels service and informal support being family and friends. It is recognised that food shopping can also pose problems for the elderly (Brech, 1994; Harvey, 1993; Wells, 1992), such as problems carrying shopping, identified previously (Caughey et al, 1994). Findings of this study show that both forms of support are crucial to ensuring the independence of older consumers, although the emphasis from respondents was on informal support.

Lasslett (1978) maintains that the elderly do not conform to traditional stereotypes, where they lack a function and role in society, but rather enjoy ‘interchange’ and ‘independence’. Food shopping is one ADL, as described by Read and Schlenker (1993), which reflects independence (Manandhar, 1985), but also provides an opportunity for social interaction (Dawson and Kirby, 1979; Guy, 1980; McKie, 1999). Such activities contribute to general feelings of satisfaction with life (Cooper, 1987).
The results of this study confirm the view that support is widespread amongst elderly consumers (Leighton et al., 1996; Leighton and Seaman, 1997a; Moane, 1993) but emphasises the informality and, consequently, the variability of this support. Therefore, inconsistencies in support are evident amongst informal care networks, as well as within social services (Renwick, 1996). This aspect of food shopping is not considered by the generic food choice models that draw out food shopping influences (Piacentini et al., 1995; Shepherd and Booth, 1985; Scottish Office, 1993b).

8.4.4 Adapting to a Changing Shopping Environment

The perceptions of older consumers of the changes they had experienced in their food shopping activity during their lifetime, provided more insight into the experiences of disadvantage. In relation to retailing, the changes focused on the decline of small shop retailing in favour of large supermarket retailing, as discussed in Chapter Three. The features of this were that the service method, from counter to self-service, had changed, aspects of personal service were felt to have gone with the decline of the small shop and the social dimensions of meeting friends while shopping had diminished. These social dimensions have been recognised as a key feature of local retailing in the past (Dawson and Kirby, 1979). Unrelated to the retail sector, changes in personal circumstances had also changed, with family having left home and some men now shopping who had never shopped whilst their wives were alive.

There were mixed feelings amongst respondents regarding these changes. The choice and variety of food and competitiveness of prices were felt to be better. However, other
consumers experienced less choice and variety and less competition in both urban and rural areas. Others felt that the changes were of mixed benefit, with the changes suiting those who had a car and were working, rather than those who were retired and had no car. This supports previous suggestions that the car culture for older consumers is different from those consumers driving the changes, as discussed in Chapter Three.

These latter comments can be related to the theories of ageing that see older people being forced to be dependent because society is structured in such a way as to make them dependent. This research identified that the majority of consumers were using one of the grocery multiples for their main shop, indicating that they had adapted to the changes in retailing to varying degrees. However, issues of dependency, highlighted in barriers to food preferences, showed that this may not be from choice. Also, as identified from stage one of the research, a number of respondents used local shops rather than a supermarket, indicating that some may not have adapted.

Adaptation is important for older consumers in order that they maximise and enjoy their food shopping. There is some evidence, therefore, in this study, to support the consideration of changes in experiences within food choice research, as the work of McKie (1999) has been doing. However, this is not yet been built in to the frameworks for studying food choice.

Such feelings towards change, and the fact that some respondents are not exercising preferences, indicate that, for some consumers, the shopping experience is not satisfying.
The food shopping experience itself is now discussed, drawing out more issues on disadvantage, but, as in Chapter Three, the section also develops the understanding of the older consumer in more detail.

8.5 A Multidimensional Experience of Shopping

The need for food choice models to be more specific about food shopping was suggested in Chapter Two. Aspects of food shopping, such as availability, mobility, brand, costs and income, appear across generic food choice models (Khan, 1981; Randall and Sanjur, 1981; Scottish Office, 1993b; Shepherd and Booth, 1988), but, as identified, for older people, distance to store, transport and assistance with everyday activities must also be considered. It was within Piacentini et al’s (1995) and Furst et al (1996) models that the importance of the retail environment was highlighted more specifically. However, the results of this study suggest that there needs to be more detail on food shopping included in food choice models.

To address this lack of framework, Chapter Six provided a set of factors which had been identified as influencing the shopping experience for good or bad. These factors both confirmed findings of previous studies, but also highlighted new areas of understanding.

The main factor emerging from the data, which confirmed previous studies, was the primary category of 'Merchandise-Related'. This was the title of a main category used by Bell et al (1997) and was similar to the groupings made by Westbrook (1981) in his
category of merchandise practices. As with their studies, range, freshness and quality featured under this category. However, in contrast to this study, price was grouped separately as a main category. Price was included within the main category of Merchandise-Related in this study, as it did not account for the largest sub-category relating to merchandise and so was not as major as, for example, quantities, in relation to merchandise. Also, from CIT, price was inter-related with other food dimensions and so it was appropriate to group it.

Retail Practices identified a clear set of factors concerning the way a store was operated and managed. This was similar to aspects of ‘Process’ in Bell et al (1997) and ‘Service’ in Westbrook (1981).

Another similarity found across studies was the staff dimension. Westbrook (1981) refers to the helpfulness of staff and Bell et al (1997) to the interpersonal dimensions. Both these dimensions were incorporated within the ‘Staff Issues’ category of this research.

Within this study the Internal Store Environment emerged as a main category, incorporating aspects of facilities within the store, as well as design and layout. The physical environment also featured as important within Bell et al (1997) as Non-Core Services. This referred to the location and access of the store, as well as the access within the store. Store environment issues also emerged within the results of Westbrook (1981) and has been identified as being the source of dissatisfaction in food shopping
within rural communities (Skerratt, 1999). There was a clear omission in this study of car parking and bulk buying related features that appear in similar studies but for a younger age group.

This research, however, identified a series of additional dimensions that expanded upon existing studies. Accessibility emerged as a main category in contrast to Bell et al (1997), whose category focused on access issues within a store. The findings also identified support and assistance in transport, as well as transport provision. This indicates that the older segment identifies different aspects of access than previous studies that included a wider age range (Bell et al, 1997; Westbrook, 1981) and reinforces previous findings, discussed earlier, that access is a broad issue.

Social Aspects were more clearly defined within this study, referring to specific aspects of older peoples’ lives, such as a daily routine, the role of food shopping in their lives and the assistance they receive. This reflected similar themes identified in McKie (1999). Bell et al (1997) recognises interaction, but defines it as staff interactions. The social dimensions of shopping for older people emerged throughout the research, as discussed earlier, and it was not confined to customer-staff interaction.

Finally, the role of Personal Factors as influences on the shopping experience was identified. ‘Personal Factors’ feature in generic food choice models (Khan, 1981; Randall and Sanjur, 1981) but the factors in this study specifically related to the consumer context. The factors developed supported the importance of budgeting,
identified by Leather (1992), as it emerged as a key factor, in contrast to the emphasis on income that pervades other studies in food choice.

It would appear that a number of the factors identified as influencing the food shopping experience of older consumers are similar to those identified within other studies. However, it is also recognised that older consumers appear to place different emphases on certain factors, have, in some cases, unique experiences, and are concerned with wide-ranging issues.

8.6 The Experiences of Food Shopping

As the methodology chapter described, a multiple method, multi-staged approach was used to gain diverse data on the factors influencing food shopping. The following section discusses the main and sub-factors and considers the experiences of dis/satisfaction, perceived reasons for dissatisfaction and expectations (identified from the qualitative data). The quantitative results are integrated, developing understanding of the levels of satisfaction and importance of factors from a wider scale survey.

8.6.1 Merchandise-Related: A Number Of Interacting Factors

As identified in Chapter Six (Section 6.2.1), Merchandise-Related factors concern nutritional, sensory and marketing aspects, of the food. Such a dimension has been recognised under the Extrinsic factors of Khan’s (1981) model, discussed in Chapter
Two. This research clarifies in more detail considerations of choice, quality, price, quantities and promotions.

As discussed in Chapter Six, results showed a mixture of experiences within this category and a series of issues were identified. First, choice was felt to be a positive experience when there was availability of a range of appropriate foods. This supports findings, reported earlier, that shops need to sell appropriate foods to older consumers. It also confirms findings by Nazarko (1993). However, dissatisfaction was also evident along this same factor. Poor choice was partly associated with a lack of choice of shops, which supports the findings that poor choice of shops is a barrier to exercising food preferences for some respondents.

Choice has been identified as important across age categories (Schmidt et al, 1994) and a lack of choice has particular consequences for older consumers. Convenience meals have been identified as important to older people, as they suit their needs and help overcome their lack of motivation in meal preparation, discussed in Section 8.3.1. Khan’s (1981) model, in Chapter Two, highlights the importance of the availability of familiar foods and how restrictions in the choice of appropriate/acceptable foods can impact negatively on the nutritional status of older people. In the context of older people, this relates to the dimensions of availability, such as retail outlet and merchandise available, in Piacentini et al’s (1995) model.
The second sub-factor identified under Merchandise-Related was quality. Like choice, this was predominantly positive, although CIT results showed some areas of dissatisfaction. The incidence of dissatisfaction appeared to be related to the shopping trip being undertaken. Within the main food shop, the quality available appeared satisfactory, whilst the broader shopping experience, including supplementary shops, had greater dissatisfaction. These results may be explained by results of Schmidt et al (1994), who found that OAP's did not want to use discount stores because they liked the quality of brands on offer in supermarkets and enjoyed a pleasant store environment (see also Lambert, 1979; McKie, 1998 and Skerratt, 1999). This lends support to earlier suggestions that food choice studies should consider the type of shopping trip being undertaken.

The quality of food available is recognised in Piacentini et al's (1995) model and also within the Intrinsic Factors of Khan's (1981) model. However, the findings suggest that some of the sensory dimensions, such as taste, texture and appearance, within Randall and Sanjur's (1981) model and the 'Scottish Diet Report' model (Scottish Office, 1993b) could be developed to be linked with quality. This is particularly important for older people who experience a number of changes to their senses as they age and so the perceived quality of the food is important (Pender, 1994).

The results identified a relationship between quality and the three sub-categories of price, quantities and promotions. Within these latter three sub-categories a pattern of dissatisfaction emerged.
In both stages of the research, the majority of respondents were satisfied with their ability to obtain reasonably priced goods through a variety of ways, such as own-brands, promotions and bulk buying. However, dissatisfaction occurred where prices were felt to be too high or found to vary between stores. As with previous findings, this confirms the findings of the recent report by the Competition Commission (2000) that identified the existence of price variations and reinforces the difficulties of price comparison identified by Lang and Carahe (1998).

Price itself was a complex factor. The findings of satisfaction suggested that it was associated with value for money, which confirmed that this was a concept held as important by the elderly as suggested by Greco (1996), Goodwin and McElwee (1999) and Schmidt et al (1994). Shepherd and Booth (1988), in their food choice model, recognise the formation of attitudes between price and value and Furst et al (1996) also recognise that the monetary considerations of decision-making include value for money.

The research developed issues of price further, finding it to be related to quantities of food. Strong dissatisfaction with quantities resulted from the difficulties of keeping the food fresh, as respondents could not consume food within the recommended date. Also, the costs of food were felt to be higher due to larger quantities being stocked by retailers. Such findings confirmed those of Mason and Bearden (1979) and Nazarko (1993), who maintain that supermarkets do not adequately cater for people buying for one and for those with smaller appetites.
The issue of quantities also influenced satisfaction with promotions. The range of promotions were described by respondents in Chapter Six. However, dissatisfaction occurred where promotions were quantity based, such as 3 for 2 offers, and this dissatisfaction with promotions spanned store types. It was also inter-linked with quality, as promotions were felt to be on almost ‘out-of-date’ food.

The unsuitability of promotions found within this study have also been recognised by other authors (Goodwin and McElwee, 1999; Lambert, 1979; Mason and Bearden, 1979). This dimension of food shopping is not incorporated in the food choice models examined, either as an availability issue or as an aspect of the food itself. However, this study has found it to be an integral component influencing satisfaction in relation to quality, quantities and price.

8.6.2 Retail Practices: *Managing all Store Types*

The results in Chapter Six, Section 6.2.2, identified this category to be related to the management of the store. As with Merchandise-Related, five sub-categories emerged in relation to retail practices. Four of these, service method, complaints handling, display management and stock management, did not directly feature within any of the food choice models discussed in Chapter Two. The findings, therefore, widen the understanding of food shopping issues of relevance to older consumers.

Two of the sub-categories, service method and complaints handling, had similar patterns of dissatisfaction. Dissatisfaction appeared within the interview of the first stage for
both these categories, in the context of both the main and supplementary shopping trips. In terms of service method, the specific aspect of service that respondents felt dissatisfied with was the service offered at checkouts. Respondents were dissatisfied at waiting in long queues at the checkout and then, once served, being rushed through without adequate time to sort their shopping and money. Such problems at checkouts appear across age groups (Westbrook, 1981; Bell et al, 1997) and especially for older people (Mason and Bearden, 1979; Moschis, 1997). The study, therefore, illustrates that while older consumers are dissatisfied with queues at the checkout, they continue to value the period of time taken to serve them. In relation to complaints handling, problems causing dissatisfaction have been recognised across a number of sectors and different age groups (Bell et al, 1997; Mason and Bearden, 1979; Lumpkin et al, 1985; Lambert, 1979; Westbrook, 1981).

However, satisfaction emerged in the main shopping trip for these categories and indicates that the major grocery multiples and co-operatives appear to be meeting the service and complaints handling expectations of these older consumers. It also lends support to the suggestion made earlier, that respondents have adapted to the changing retail environment and the self-service method.

Display management, unlike the previous two categories, saw dissatisfaction in both stages of the research. The majority of consumers were dissatisfied with displays due to the merchandise regularly being moved around the store. Such a problem has been recognised across age groups (Euromonitor in McGoldrick, 1990; Bell et al, 1997;
Westbrook, 1981; Oates et al, 1996; Lambert, 1979; Lumpkin et al, 1985). The findings illustrate the application of the Extrinsic Factor of Khan’s (1981) model within the context of the older consumer. However, they suggest that dissatisfaction may be a hindrance to health promotion. For example, merchandising can be used to promote healthy foods (Flora Project Team, 1996) and in-store features and displays have been found, within Anderson et al’s (1994) case study, to be one aspect of improving healthy choices. If consumers are disorientated, then this may lessen the effectiveness of promoting the merchandise.

Stock management was another sub-category within the Retail Practices category. This concerned the way that the stock supply was managed and the availability of food. The interview data in stage one identified that all respondents were dissatisfied with poor availability of foods. This was identified earlier in relation to barriers to food preferences and in terms of limited choice. The dissatisfaction with stock management reinforced the earlier suggestion that the availability of appropriate foods needs to be considered in food choice studies, particularly since availability is a key focus of studies into food deserts. Although the majority of respondents were satisfied in their main food shopping trip, dissatisfaction was still evident amongst some respondents. Therefore, it the problem of availability of foods that older consumers want, and it appears to encompass all shop types, from supermarkets to small local shops.

Finally, the sub-category of hygiene, featured in existing food choice models, was found to be satisfying across both stages of the research. Results from the survey on the main
shopping trip showed that the majority of consumers were very satisfied with levels of hygiene, indicating that the supermarkets, co-operatives and discount stores appear satisfactory in their hygiene practices. In contrast, some of the small independents and convenience stores, used in the supplementary shopping trips, did not rate so favourably. The category of hygiene has been found to be important within other age groups (Euromonitor in McGoldrick, 1990) and so illustrates that some changes would benefit all consumers.

8.6.3 Staff Issues: The Importance of 'Personal Service'

As identified Chapter Six, Staff Issues was the third largest category of incidents that emerged in CIT. Whilst this indicated some level of importance within the main food shopping trip, it did not feature highly in the top two rankings for importance, although neither was it viewed as least important. The findings, therefore, go some way to supporting the need for staff to be included within food choice models, such as the staff and service within a store featured in Furst et al’ (1996) model. Also, Johnson-Hillery et al (1997), Schmidt et al (1994) and Westbrook (1981) found staff to be an important aspect of the shopping experience of elderly consumers.

Within Staff Issues, two sub-categories were identified, assistance and interpersonal skills. Levels of satisfaction varied for both these factors. The data from the interview in the first stage of the research, encompassed both main and supplementary shopping trips, and the survey looking at the main shop, found that the majority of respondents were satisfied with the assistance given by staff. This took the form of help to find
products or help to pack shopping and confirmed similar findings by Johnson-Hillery et al (1997) and Goodwin and McElwee (1999). The research also showed that some consumers expressed satisfaction as they received advice on products. This suggests that staff and selling is an area that could be developed further in terms of promoting healthier foods and supports the recommendations for the retail sector given by the Scottish Office (1996) and Paton (1996).

Dissatisfaction occurred where there was no help available within the store or where the service was poor, such as carelessly packed shopping. Such dissatisfaction, however, was not reflected within the wider survey of the main shopping trip, with almost 97% being either very or quite satisfied. However, it is important to note that quite dissatisfied indicates that there is some room for improvement, both within the supermarkets and the other shop types used in the supplementary shopping trip.

In terms of interpersonal skills, the research in stage one identified that there was less satisfaction than with assistance. As with assistance, the dimensions that caused dissatisfaction were related to those that caused satisfaction. Dissatisfaction occurred with staff who offered very little interaction and so respondents did not feel they had had a 'personal service'. This was particularly felt at checkouts, adding to the dissatisfaction of customers at checkouts, discussed earlier. Such interaction at checkouts has been found to be important and staff that are unfriendly and unhelpful have been found to cause dissatisfaction (Braus, 1990; Gill, 1988). This reinforces the findings discussed
earlier (Section 8.6.2), that older consumers like time to be taken at the checkouts when being served.

In contrast, the main shopping trip saw there to be widespread satisfaction, indicating that the major grocery multiples, co-operatives and discount stores were performing well in this area. However, even within satisfaction, findings that a third were quite satisfied indicated improvements could be made. Personal service was a feature of retailing a number of years ago and, although findings, highlighted earlier, suggest consumers have adapted, these findings show that they still value personal service in today’s retailing.

8.6.4 Internal Store Environment: Important for those with Poor Health

As with Staff Issues, the Internal Store Environment also feature within Furst et al’s (1996) food context. The Internal Store Environment concerns both the facilities and the physical design of the store. Within the CIT results, this was the fourth largest category of incidents and so appeared relatively important. However, within the main food shopping trip in the consumer survey, it had the highest number of respondents ranking it least important, although as highlighted earlier, this did not mean unimportant. There is evidence to suggest that it is important both for older people and younger people in food shopping across age groups (Euromonitor in McGoldrick, 1990; Bell et al, 1997; Westbrook, 1981; Mason and Bearden, 1979).

The sub-categories of store facilities and design had contrasting results in the qualitative data from CIT, reflecting a mixture of main and supplementary shopping trips, and the
consumer survey, related to the main trip. In terms of the broader shopping experiences, facilities were felt to be mostly good, particularly emphasising the facilities that allow for a one-stop shopping experience. The availability of services, such as Café’s, Post Offices, appropriately-sized trolleys and disabled facilities, were all seen positively. This appears to contradict findings of Schmidt et al (1994), who found elderly respondents wanted to be able to shop around a variety of shops, rather than undertaking a one-stop shop.

In terms of design, dissatisfaction was related to the factors causing satisfaction, and was prevalent due to there being poor wheelchair access, shelves that were too high or low to reach and a dull interior. Such findings reinforce the difficulties caused by store design for the elderly found by Leighton et al (1996). In terms of the main shopping trip, there were higher levels of dissatisfaction than in most other categories and more respondents were more likely to be quite, rather than very, satisfied which indicated that both shopping trips need further investigation in terms of design issues.

There have been initiatives to improve the awareness of design amongst the major supermarket retailers. Barr (1994) and Wallis (1994) highlighted the wider benefits to all ages from improvements to the design of stores. However, it appears from the findings of this study, that more could be done in practice.
8.6.5 Social Aspects: Polarised Views

The main category of Social Aspects saw all respondents expressing satisfaction in the CIT results. However, looking at the ranking of importance of social aspects for the main shopping trip, in Chapter Seven, respondents appeared polarised in their ranking. This could be explained by health and income. Those who experienced limitations in their food shopping due to their health were more likely to rank it important, as were those on state pension only. This indicates that the most vulnerable sub-groups of consumers rely on social contact through food shopping.

Two sub-categories emerged in relation to Social Aspects, these being social interaction and the role of shopping in the lives of older consumers. The CIT results highlighted the importance respondents put on meeting people and using the shopping trip to undertake an activity with friends. This confirmed a number of similar themes of social interaction identified in previous work (McKie, 1999). Secondly, incidents that related to the role that food shopping played in the lives of older people showed that it was crucial to feelings of independence, as proposed by McKie (1999). In addition, it was seen to provide an opportunity to get out of the house regularly. This confirmed the findings of Hibbert et al (2000) that a routine to the day is important for those on a low income.

For the main shopping trip, respondents were mostly quite satisfied with social interaction, suggesting that the major grocery multiples, co-operatives and discount stores are not an appropriate environment for meeting these social needs or providing the opportunity for these needs to be met. However, in terms of the role that shopping
played in their lives, most respondents were very satisfied, indicating that these store types are meeting the ‘daily’ needs of routine in their lives.

The factor analysis carried out on the data for the main shopping trip saw Social Aspects also being loaded with other support factors, such as staff assistance, and financial support, in terms of budgeting and promotions. Therefore, ‘support’ for older people covers a broad range of aspects within shopping, some of which are not based on interpersonal relationships, but rather the service offered by retailers. Such a dimension of ADLs and daily schedules were included in Read and Schlenker’s (1993) model. However, none of the models reviewed in this thesis incorporate a social dimension to shopping directly.

8.6.6 Accessibility: A Broad Issue

Accessibility features across some of the food choice models (Scottish Office, 1993b; Read and Schlenker, 1993) and has been a major theme within food choice research, particularly in relation to the elderly. Those ranking it for importance were polarised, with the majority ranking it most or second most important, although those on lower incomes were likely to rank it least important. Earlier discussion showed Accessibility to be broader than costs of travel and the emergence of two sub-categories, support and transport provision, supports this.

In terms of support, the associations between independence and food shopping have been explored (Section 8.3.1), although the research showed a contrast in findings
between the two stages of research. More than half of the respondents in CIT were
dissatisfied with the support they were receiving. Rather than the informal network of
support discussed earlier, support referred to factors such as the bus service, store staff
and retail practices. Examples of these were that respondents felt that the bus steps were
too high and that delivery services were inappropriate. Positive aspects were also
associated with support, particularly where there was staff assistance available within the
store. These findings confirmed previous results that staff are important to the shopping
experience and that accessibility goes beyond the cost of travel, to include aspects like
the design of the bus.

The consideration of transport provision encompassed levels of service as well as
method of transport. The findings from CIT showed that for the wider shopping trips,
there were a mix of dis/satisfying incidents. Satisfaction related to having a bus pass and
travel subsidies, reinforcing that a bus pass is important. Dissatisfaction referred
specifically to staff of the specialist dial-a-bus service, with staff being felt to be
inflexible and unhelpful. Improving this service appears to be crucial as it has been
identified as a valuable service for those who need a high degree of support in shopping.
If consumers are having poor experiences, this may discourage them from using the
service and hence limit their food shopping.

Another source of dissatisfaction was the poor provision of buses. Respondents felt this
to be because they either lived in a village, with a limited bus service, or because of the
privatisation of the bus service. Respondents mentioned that several buses would come
at once in order to compete and then the service would change as bus companies went out of business. This indicates that a more consistent and more frequent bus service is needed. This is particularly important since, as discussed earlier, those without support are more likely to be dependent upon a bus.

Within the main shopping trip, most respondents were very satisfied, although 10% were dissatisfied. Those experiencing limitations as a result of their health and on lower income, were less satisfied with the method of getting to and from the store. However, the research suggests that it is the supplementary shopping trips that are more dissatisfying. The Scottish Office (1996) suggest that free transport be offered to those on low incomes and that planning should be controlled to ensure better local access. It appears that such a strategy is necessary for some older people, but that the complexity of factors influencing access need to be taken on board.

8.6.7  External Shopping Environment: A Peripheral Factor

This category referred to aspects of the shopping environment that were external to the store and was the second smallest category of critical incidents. Two sub-factors emerged from CIT and these groupings were confirmed, as they were loaded together in the factor analysis. A characteristic of these categories was the level of dissatisfaction compared with other categories in the main shop.

External shopping facilities, in stage one of the research, referred to the benefits offered by shopping centres, all of which gave rise to positive incidents. However, results
collected in stage two of the research, in connection with the main food shopping trip, showed there to be considerable dissatisfaction within this main category too.

Secondly the variety of shops gave rise to three incidents in CIT, all of which were negative. Dissatisfaction was caused by both a lack of food shops and other non-food stores, which resulted in difficulties in comparing prices, as suggested by Lang and Caraher (1998) and generally a poor shopping experience. Within the qualitative results on changes within shopping, Section 6.4.3, the negative impact on communities was evident. Such a lack of retail facilities has been blamed on the large food multiples strategies, outlined in Chapter Three (Lang, 1994; 1995; Dawson, 1995; Henson, 1992; Wrigley, 1998; Gardner and Shepherd, 1989), and has consequences for shopping deserts, as discussed earlier.

External and extrinsic factors have been terms used within other food choice models, but these often refer to social factors (Shepherd, 1985; Piacentini et al, 1995) or in the case of Khan’s (1981) model, dimensions external to the individual and relating to the store. Even within the food choice models drawing out shopping influences, the wider shopping environment is not considered.

Therefore, for both facilities and other shops, the findings appear to support the drive to regenerate town centres through the National Planning Policy Guidelines (Department of Environment, 1988; 1993; 1996) and also supports recommendations that the retail sector should be nurturing food provision that is healthy, safe and adequate (Acheson,
1998). However, within the specific recommendations for retailers in The Scottish Office (1996) report ‘Scotland’s Health A Challenge To Us All. Eating for Health’ the wider shopping and retail environment is not considered.

8.6.8 Personal Factors: Changing Need of Consumers

Personal Factors was the smallest category developed from the CIT results and, whilst such a grouping is part of Khan’s (1980) food choice model, the personal factors in this study also reflected a shopping dimension. Two sub-categories were developed, customer interactions and personal circumstances.

In terms of customer interactions, there was one respondent in CIT who commented on the pleasantness of other customers. Such a dimension was found by Westbrook (1981) but was related to the location of the store and, hence, the likely clientele.

Personal circumstances had two dimensions from two respondents, both of which were negative. Aspects of personal safety were highlighted as an issue when shopping, showing that the retail environment needs to be perceived as ‘safe’ for consumers. The second dimension related to the difficulty experienced in budgeting, with the difficulties of keeping the grocery bill at an affordable level, when some weeks, household items need to be purchased in addition to food. This can be related to the destabilising of the food budget, described by Leather (1992), for low income consumers. In terms of the main shopping trip, almost 12% were dissatisfied, indicating that budgeting is problematic for some older consumers in the main shopping trip. However, it was not
relevant to many, with 33 of the 168 respondents not selecting it to rate for satisfaction. The recommendations within the Scottish Office (1996) report 'Scotland’s Health A Challenge To Us All. Eating for Health' do highlight the low income group, but only in relation to transport, rather than help with budgeting.

These factors influencing satisfaction with the shopping experience are now developed by looking at the themes that emerged from the data in terms of reasons for dissatisfaction and how the shopping experience can be improved.

8.7 Addressing Aspects of Dissatisfaction

Four themes emerged in relation to the causes of dissatisfaction. First, the relationship retailers have with consumers was found to be important, with evidence to suggest that some consumers did not trust retailers. This was seen across Merchandise-Related factors, such as choice, and retail practices, such as display management and staff issues.

In terms of choice, respondents felt that retailers were profit-driven and so did not want to risk stocking new lines. Fear of such a risk has been found amongst small independent retailers (Tighe et al, 1991). Respondents felt retailers were profit-driven, confirming similar findings by McKie et al (1998). This mistrust needs to be addressed given the consequences of mistrust identified by Goode et al (1995) in Chapter Three, and the consequences for food choice. One way of overcoming this lack of trust suggested by respondents who were dissatisfied with a lack of choice of new products,
was that product trials could be introduced to minimise risk and to allow consumers the opportunity to try products. This would be seen as putting the customer first rather than being profit-driven.

In terms of display management, the reasons for merchandise being changed was seen to be in order that consumers might buy more, thereby maximising sales, rather than for the convenience of the consumer. Respondents felt that the layout of merchandise should be kept the same, or at least changes minimised, with good signage and staff assistance. However, one respondent did highlight an important aspect of keeping displays the same, namely that boredom in shopping could become a problem.

In respect of Staff Issues, dissatisfaction was seen within both of the sub-categories, with the perceived reasons for this being poor staff performance and poor management of staff. It was felt that more assistance was needed and that more interest should be taken in the customer. This would be another way of developing the ‘trust’ needed (Fletcher, 1999) between retailer and consumer.

The second theme emerging related to competition issues. Again, this was evident in the category of choice, where dissatisfaction was perceived to be related to a lack of competition. Thus, it was not just poor availability of food, but also the surrounding retail environment, that affected choice. More competition at a local level was felt to be essential to solving the problems of lack of choice and availability and shows Lang’s (1994) fears of poor local retailing to be a reality for some older people.
As with dissatisfaction with choice, discussed earlier, poor competition and retailers being profit-driven were perceived as being the reasons for difficulties with price. In order to overcome pricing dissatisfaction, respondents suggested a general reduction in prices, with smaller quantities being priced more cheaply. Many felt it would be cheaper to purchase larger quantities, for example a large tin of beans, but either did not want to waste some of the food (if buying for one) or could not buy larger quantities because they could not carry it home.

Respondents felt that multiples were cheaper, thereby attracting consumers away from local shops, with the result that the number of small shops was limited and family-run shops had all declined. This has been recognised by the Competition Commission Report (2000) which highlights how constant price promotions negatively affected local retailers. Respondents felt more shops and more types of shops were needed and that family-run businesses at a local level should be supported. Such issues of competition did not emerge in the food shopping studies of Bell et al (1997) and Westbrook (1980), indicating that the method of CIT was effective at eliciting underlying issues of satisfaction with older people.

Another theme that emerged, which related more specifically to retailers, was the need for them to change some of their practices. One of the reasons given was the trend in bulk-buying by consumers which did not suit respondents living alone. However, retailers could help by offering smaller quantities, lowering prices and offering ‘meat parcels’ where a combination of small quantities of meats would be made up and sold
for a fixed price. Anderson et al (1994) suggested a similar practice to encourage healthy eating. This would be more successful through the main shop, as Anderson et al (1994) proposed it to be easier through multiples and supermarkets than independents. This would help the difficulties of barriers to food preferences, where meat was the most common food group cited as difficult to buy, due to price and quantities.

The issues of Retail Practices also emerged within the fourth theme of dissatisfaction where consumers felt powerless to change their dissatisfaction. In terms of Retail Practices, it was felt that retailers were trying to encourage consumers to buy more, by not offering smaller trolleys for the elderly and trying to keep them walking round the shop. Respondents wanted more seats and smaller trolleys to make the shopping environment more comfortable. Skerratt (1999) and Lambert (1979) identified that the store environment is important to elderly consumers and that these features would help to improve it and add to the satisfaction with the in-store facilities. Many of these problems have been identified over a number of years and yet still feature within current studies. This indicates that retailers are either still not meeting the needs, or changes have taken place but the changes are not widespread or are at least perceived still to be a problem.

However, some respondents felt that they had no alternative but to accept the dissatisfaction with store facilities. They felt powerless to rectify the situation, indicating that some consumers are unable to signal their preferences in the marketplace, as suggested by Mulhern (1992) in Section 3.8.2. This was again evident within
Personal Factors, where one respondent felt s/he had no alternative but to pay for what was needed, but felt that retailers should allow for groceries to be paid in instalments, as was the case a number of years ago (Chapter Three).

The themes of dissatisfaction emerged across both types of shopping trips, particularly with Internal Store Environment issues. Retailers were perceived to be trying to sell too much stock and minimise costs in having shelving very high or very low. Respondents felt that clearer signage, accessible shelves and brighter interior, would improve the internal store environment and make it more pleasant. It appears that all store types within food retailing, the major grocery multiples, Co-operatives and discount stores within the main shop and the variety of small shops used in supplementary shops, could improve.

Finally, the findings of dissatisfaction showed that it was not only retailers that need to change. This was evident in the Accessibility category. In terms of the reasons for dissatisfaction, respondents did not refer to the informal network of support discussed previously, but rather the transport companies and the retailers and their staff. It was felt that the consumers needs were not considered and that bus designs should be more appropriate that there should be better local shopping provision to minimise problems of access and that delivery services should be cheaper and more flexible.
8.8 Summary

This chapter has shown that the study of the shopping experience of older consumers is complex due to the heterogeneity of characteristics amongst older people and the diversity of their shopping activity. An appreciation of this complexity appears within food choice research, particularly in relation to issues of support, type of shopping trip, transport, type of store used and the preferences of older people. It is in these areas that new insights into issues of disadvantage emerge.

This complexity of the food shopping activity is mirrored in the experiences of shopping, with age, sources of income and health status affecting the quality of the experience. The factors influencing the food shopping experience appear to be on two levels: those that are directly under the control of retailers, such as merchandise, staff, and retail practices; and those that require a wider team, including retailers but also policy-makers, social services, and voluntary groups, to address effectively.

Fundamental problems need to be addressed, such as improving the extent of trust and ensuring that the market structure works for 'weaker' consumers. The problems, therefore, require the retailer to be inter-linked with other sectors and organisations.

Taking such a starting point, that of the consumers' perspective, has provided insight into examples of good and bad practice, but also the issues that respondents perceive to
be important. The findings support the view proposed in Chapter Two, that food choice research needs to be considered and adapted for the sub-segments of the population.
CHAPTER NINE

CONCLUSIONS

9.0 Introduction

This chapter draws together the main conclusions from this study into the food shopping experience of older consumers and identifies the original contribution to knowledge. The chapter first addresses the research objectives set out in Chapter One and developed in Chapters Two and Three. Four main conclusions are presented in relation to understanding the older consumer, addressing the concept of disadvantage, evaluating food choice models and the new contribution of this study to food choice research in particular, and establishing the retailers’ role in food choice. The implications of these conclusions for retailers, policy makers and organisations associated with older people are then discussed. Conclusions are also drawn on the methodological approach followed in the study. Finally, new areas of research emerging from the investigation are proposed.

9.1 Understanding the Older Consumer: A More Complex Consumer

An objective of this study, as set out in Chapter One, was that the understanding of the older consumer should be expanded within the context of the shopping dimension of food choice. In terms of food shopping, characteristics of the older consumer were found to be complex (Hare et al, 1999), more so than previous food choice models have recognised. This is illustrated in Figure 9.1 (over).
A number of the food choice models discussed in Chapter Two segment the factors influencing food choice into those related to the individual, the food itself and the external environment. The results of this study show that this is too simplistic an approach to understanding older people as consumers. Figure 9.1 illustrates that the characteristics of the consumer transcend all three dimensions, with individual aspects being central to the influences on food consumption and food shopping. For example, in terms of the relationship between the individual and the external environment, the results of this study highlight the influence of health on the ability to shop for food. However, interaction also occurs between the food category itself and the external environment. For example, the results support previous findings that what stores can be accessed by the consumer influences the food available to them, particularly in terms of type and quantity.
Whilst such interaction has been recognised in the application of Khan's (1981) model, these factors need to be set in the context of the older consumer. Three main dimensions emerge from the results, these being personal circumstances, personal preferences and the type of food shopping trip being undertaken.

First, the older consumer is complex in terms of their personal circumstances, such as the range of health status, material wealth, living circumstances and formal support available. This diverse range of personal factors influences the types of food being chosen. For example, convenience foods and frozen foods are chosen to minimise problems with food preparation (Herne, 1995) and to overcome problems of quantity sizes (Nazarko, 1993; Mason and Bearden, 1979). Whilst these problems were identified to some extent in the application of Khan's model by Herne (1995) there is a need to integrate these factors into food choice models and go beyond descriptive demographic information. There needs to be an assessment of the impact this has on both the food being bought and the food that can be purchased by these consumers.

Secondly, there is complexity in the personal preferences of consumers both in terms of food choices and shopping choices. These needs and expectations have been recognised as important in the pursuit of improving food choice at a policy level within the Scottish Office (1996) report 'Scotland's Health: A Challenge To Us All. Eating for Health'. The results of this research, however, show that there are constraints upon some older consumers. Previous studies have highlighted issues of food shopping in relation to food poverty and poor health (Lang et al, 1984; National Children's Home, 1991; Cole-
Hamilton, 1986; Mooney, 1987) and this study confirms the findings of barriers of cost and acceptability of food (Leather, 1992). Such ‘barriers’ are also recognised within ‘The Scottish Diet Report’ (Scottish Office, 1993b). However, for the older consumer, the constraints are more complex as they affect both food and shopping dimensions and imply new barriers to choice. This means that the Scottish Office report (1996) did not fully appreciate the constraints that some consumers face in their exercise of choice or the inability of minority groups to indicate their needs in the market-place as identified by Mulhern (1992).

Finally, the research demonstrates that older consumers are also complex in terms of their shopping patterns, experiencing varying degrees of restrictions and making use of compensatory measures, such as informal support, to overcome barriers (Hare et al, 1999). Figure 9.1 shows that when considering the shopping patterns of older consumers, the type of shopping trip being undertaken influences many factors. For example, type of transport and support received is influenced by whether it is a main or supplementary shopping trip. When studying the older consumer, researchers must go beyond superficial findings, such as whether they travelled by car or bus for food shopping or if they used supermarkets. Information is required on who is driving, what concessions are available for public transport, and what type of shopping trip is being carried out.

Such complexity of shopping patterns builds upon previous work (see Clarke et al, 1995; McKie, 1999; McKie et al, 1998; Skerratt, 1999; Black et al, 1994; Henderson and Carlin, 1997). Within this body of work, connections between transport, shopping with
others, food availability and the costs of travelling have been identified. However, shopping patterns have not been developed fully into frameworks for studying the elderly or within food choice health strategies. Indeed, Read and Schlenker (1993) identified that more research into food shopping patterns of the elderly was needed. Therefore, the conceptual development of food choice must take account of the complexity and diversity of sub-groups in the population.

The implications for policy appear, primarily, to be in relation to the taking on board of the specific characteristics and problems of older consumers in order that they are not restricted in expressing their needs and preferences (Hare et al, 1999). As they become an increasing market opportunity for a competitive retail sector, their needs and preferences must be addressed. However, this study has identified that problems exist for older consumers in signalling their needs and preferences because retailing has developed to suit the needs of the affluent and young (Smith, 1991). The policy concern, therefore, is to encourage retailers to meet the needs of disadvantaged groups. There remain numerous difficulties to achieving this objective. In the particular case of older consumers, retailers may be deterred by the complexity of the market and so neglect it just as the market was neglected in the past due to perceptions based on stereotypes (Tynan and Drayton, 1988). This reinforces the need for a co-ordinated effort in policy issues, as seen in the Scottish Office (1996) ‘Scotland’s Health: A Challenge To Us All. Eating for Health’, report.
The complexity of the older consumer is also evident when considering the potential disadvantages they may experience.

9.2 A Disadvantaged Consumer: Managing Through Disadvantage

A main theme that emerged from the literature concerned the potential for older people to be disadvantaged consumers and it was an objective of this study to evaluate current understanding of this term. One conclusion is that the complexity of the older consumer is evident in the nature of the disadvantages faced. Thus, the findings of this study broaden the understanding of the term disadvantage. In particular, issues of accessibility include factors such as transport, travel concessions, support networks available and the type of shopping trip being undertaken. In terms of availability, the store that are accessible to consumers are important in determining food choice, confirming previous findings. However, other factors influencing availability are the type of shopping trip, the specific food needs and the broader shopping needs of the older consumer as well as the vulnerability of the consumer in terms of low income. A potential for the problems of availability to be disguised is therefore also identified.

Linked to the understanding of disadvantaged consumers is the emerging literature on food and shopping deserts. This study broadens the understanding of this field of literature, as discussed in Chapter Eight, in finding that convenience of location, specific food needs, availability of other shops, perceptions of stores and social aspects are important. This detailed and complex picture of consumers in the context of ‘deserts’ is
consistent with, but goes beyond, the existing studies (Cummins and Macintyre, 1999; Donkin et al, 1999) which highlight price, location and health as factors to consider when defining food and shopping deserts.

A second conclusion that can be drawn from the investigation into disadvantage is that older consumers appear to be managing to adapt to the changes they face in food retailing and the potential causes of disadvantage. Although a diversity of feelings towards these changes was identified, generally there are positive perceptions of choice, facilities and service in superstores. Also, the informal network of support being provided by family and friends helps to compensate for difficulties. Whilst this appears to indicate that consumers are adapting, the research identifies vulnerable sub-groups. Those on low income, aged 75+ and with poorer health are vulnerable in terms of experiencing barriers to food and store preferences, and feel dissatisfied with aspects of their food shopping experiences. For example, Merchandise-Related factors give rise to fundamental problems that hinder the ability of some consumers to shop and find satisfaction in their shopping (Hare et al, 1999).

Looking beyond this study, those with no informal support and those who are housebound may also be vulnerable to problems in food shopping. Therefore, these vulnerable groups must not be overlooked within food choice research and must be identified as sub-groups who may suffer disadvantage and not have the resources to compensate. In terms of retailers, this supports the need to segment the older consumer group in order to target them more effectively.
These findings suggest that older consumers represent a diverse group and that any assessment of consumers' food choice and food shopping must consider the different needs and wants of each segment. In respect of this two, further conclusions can be drawn from this study. First, defining disadvantage in terms of location and access has been too simple (Bromley and Thomas, 1995; Guy, 1985; Smith, 1991). Secondly, the previous measures of location, access, price and choice (Cummins and Macintyre, 1999; Donkin et al, 1998; 1999) used in identifying food and shopping deserts need to be developed and extended.

Indications are that Government policy is seeking to address some of these issues. This is evident from: the reference to the need for good access and shopping provision within the 'Independent Inquiry into Inequalities of Health' (Acheson, 1998); attempts to control store location within planning guidelines (Department of Environment, 1993;1996); and the identification of barriers and constraints on food choice within 'The Scottish Diet Report' (Scottish Office, 1993b). However, the findings of this study suggest that there is a need to help older people adapt and manage through their disadvantage and provide evidence to support schemes such as that of S.A.V.E., identified in the 'National Strategy for Neighbourhood Renewal' document (Department of Health, 2000).

The findings of this study, therefore, indicate that, while there are a number of interacting factors which can lead to disadvantage, there are also compensating measures for coping with disadvantage. Thus, the term disadvantage is broader, as illustrated in Figure 9.1.
and must be considered in the light of the whole shopping experience (Hare et al, 1999; 2001).

9.3 Shopping as an Aspect of Food Choice: A Conceptual Framework

This study has developed the conceptual framework for understanding the food shopping dimension of food choice research. This has been achieved through a multi-method, multi-stage approach by specifically identifying the factors influencing food shopping, describing the experiences in depth and then measuring satisfaction. The research has sought to provide both an understanding of consumer needs and an assessment of the extent to which retailers are meeting these needs.

The evaluation of food choice models in Chapter Two suggested that, whilst these models never claimed to be fully comprehensive, there was a lack of appreciation in them for food shopping dimensions. This was developed in relation to the findings of this study in Chapter Eight, which drew out areas of similarity with existing models, but also developed additional factors which influence the food shopping experience. Some models have strengths. For example Khan’s (1980) model shows factors to interact, Piacentini et al (1995) draws out availability issues, and Read and Schlenker (1993) identify ADL and show the importance of food shopping and the role it plays in the life of older people. However, it can be concluded from this study that the conceptual food choice models under discussion do not account for the breadth or the complexity of the
food shopping experience of older consumers. The findings suggest a more detailed model, such as the one proposed in Figure 9.2 (Hare et al, 1999; 2001).

**Figure 9.2 Conceptual Framework of the Food Shopping Experience of Older Consumers**

In terms of breadth of factors, this model provides a detailed framework covering retailer-related factors, the wider community and shopping environment and transport. Underlying issues addressed are service, management, personal circumstances and social dimensions, reinforcing the importance of the role of food shopping and independence as highlighted by McKie (1999).
In terms of complexity, this model illustrates the interactions that take place between factors, for example complaints handling of retail practices and staff issues, as discussed in Chapter Eight. In addition, the model accounts for interactions within each category, such as the links between quality, price, quantities and promotions identified in Chapters Seven and Eight.

This model contributes to the gap in food choice research. However, in order to avoid the criticisms made of previous conceptual models identified in Chapter Two (Shepherd and Spark, 1994), it must not be seen as being “set in stone” or an end in itself. Instead, the flexibility inherent in its design must be used to reflect the particular characteristics of whatever sub-group of the population is being investigated. For example, if the framework were to be used with a sample similar to that used in this study, then it is likely that no new factors or sub-factors would need to be added, nor any taken away, although the priority given to each could vary, particularly were a variety of urban and rural locations to be contrasted. However, this consistency of factors may not be the case were the model to be applied to very different samples, like the housebound or mothers of young children. In the case of the latter group, for example, it might be appropriate to consider additional issues such as car parking, baby change facilities, aspects of food safety and the availability of organic foods, some of which could prove significantly important to be included as separate (sub-)factors. Conversely, it could also be the case with some samples that a simpler framework than that in Figure 9.2 would be a sufficient basis for a food choice study.
In terms of Government policy, the model highlights the role that retailers could play in the development of a multidisciplinary team in pursuit of improving food choice (Scottish Office, 1996). This can provide a framework for assessing the extent to which consumer needs are met and provide specific and relevant recommendations on good and bad practice.

9.4 The Role of Food Retailers in Food Choice: A Lack of Inter-dependence Between Sectors

As highlighted in the introduction to this thesis, the study of food shopping amongst older people informs both retailers and policy makers. The retailing issues relevant to food consumers were raised in the literature in Chapter Three, showing that there are mixed reactions by retailers to the political impetus to improve the health of consumers. In terms of the objective to identify the role of the retail sector in providing for the needs of the older consumer, the results of this study confirm the importance of retailers’ strategies in terms of store location, product development and store management. The findings, however, show that consumers’ needs go beyond previously-defined areas to cover aspects such as the social environment, the wider shopping environment, transportation and issues of independence. These areas are identified in the framework for investigation presented in Section 9.3 and the research has identified the areas where satisfaction and dissatisfaction occurred for this sample.

Retailers must maintain these positive dimensions of the shopping experience, but also address the areas of dissatisfaction. The findings in Chapter Six and discussed in Eight
provide two conclusions relating to the needs and expectations of consumers. First, addressing the needs and expectations of those who are dissatisfied goes beyond the remit of the retailer. Secondly, the needs of the dissatisfied fundamentally relate to their ability to undertake food shopping. The consistency in the responses and explanations of respondents showed that their expectations were not a list of wishful desires, but rather real experiences of disadvantage, thereby supporting earlier conclusions in this chapter (Hare et al, 1999).

These findings shift the approach of studying food choice on two levels. First, approaches to research have largely been discipline-specific, as is evident in Murcott (1998). This narrow focus exists despite early food choice models showing the interrelatedness of factors influencing food choice (Khan, 1981). However, this narrow approach does not address the whole picture, nor does it capture the reality of the complexities previously discussed. The ESRC funded studies, which Murcott (1998) reports, may have provided the opportunity to ground the subject of food choice within the specialisms, but research must now move on to bring together and truly integrate the different perspectives in order to develop the subject and arrive at solutions. This study identifies that the food shopping experience is influenced by a number of factors, some of which are not under the direct control of retailers and so researchers from different disciplines, such as marketing, social policy and nutrition, must work together in order to advance food choice knowledge.
Secondly, a multidisciplinary approach needs to be developed more specifically in relation to policy formation in order to achieve inter-dependence. The Scottish Office (1996) provided a set of recommendations for a number of sectors related through their involvement in food provision, but, as already discussed, these were limited in their coverage of specific factors. Just as academics have specialisms in research, so policy recommendations have tended to be confined to disparate sector recommendations. A multidisciplinary approach may help to bridge the gaps in terms of understanding and knowledge, which in turn should lead to practical recommendations. While the need for a number of partnerships to be developed in the pursuit of improvement is to some extent recognised within the ‘National Strategy on Neighbourhood Renewal’ paper (Department of Health, 2000), the results of this study go further and suggest a number of areas of good practice in relation to older consumers which should be developed through a united effort. The complexities of implementing these recommendations are beyond the scope of this study. The following, however, does raise a number of issues which will need to be addressed.

9.5 Implications

Whilst the conclusions discussed in Sections 9.1 - 9.4 indicate areas to be developed in both the study of older consumers and the generation of policy, the implications of the findings can be more specifically addressed in relation to retailers, policy makers and organisations concerned with older people.
There are particular factors, such as staff, merchandise, internal store environment and retail practices, that are within the retailers’ control that could be used to improve food shopping for older consumers. It was identified in the Competition Commission (2000) report that retailers have a responsibility to meet the needs and preferences of consumers and so the findings of this study set out suggestions for retailers in relation to older consumers. These have been reported in Hare et al (1999). Whilst this study did not undertake any investigation of retail initiatives in order to address any of these issues, it remains the case that the respondents in this study perceived there to be areas that could be improved in their experience.

First, it was felt that retailers should consider their staffing levels and the use of their staffing resources. More staff, particularly on the shop floor to assist consumers and improve checkout service, would benefit all consumers and not just older ones. Investing in staffing to meet customer needs may result in all aspects of ‘retailer-related’ factors being more effective in creating satisfaction.

In terms of some of the merchandise issues, innovative selling methods were felt to be needed in order for respondents to try new products. An example of this would have been special promotional packs for older people which contained suitable quantities with appropriate variety and were sold at reasonable prices.

Thirdly, it was evident that the large grocery multiples needed to consider access in the context of service provision by delivering ‘service’ at a local level. Transport provision,
such as a small mini-bus to local communities or sheltered housing complexes, could be offered rather than a larger bus travelling longer distances. This could indirectly help to nurture social aspects within communities and could help shift the emphasis of ‘support’ from informal carers to retailers or at least minimise problems for those without any support. This may also help older people to retain independence.

The implications for retailers also go beyond their immediate store. Whilst some issues raised within the research may primarily fall within the remit of other sectors, such as Social Services in their providing of formal support, respondents associated these issues with the food shopping trip and suggested ways in which retailers could respond. This means, therefore, that retailers at least need to be aware of the problems and dissatisfying experiences within food shopping that lie outwith their store.

The wider shopping environment is important, in terms of there being a variety of stores represented in a community, thereby providing a choice of where to shop for food and non-food items. This was particularly important to respondents in the study in connection with their supplementary shopping trips. Retailers will have to consider how they can respond to the different types of shopping experience expected for different food shopping trips.

Accessibility is also a broader issue, with consumers having various ‘coping strategies’ for problems with access. For the frailer elderly, consideration must be given to the support that they have to help them overcome barriers to store access. Specialist services,
such as Dial-a-bus and free buses offered by retailers, appear inconsistent in their provision and quality of service at present.

Underpinning all the implications of the needs and expectations of the older consumer was the feeling of mistrust of retailers that respondents had. Respondents felt that retailers needed to be seen to be putting the needs of customers first in the way they sell their merchandise, manage their store and provide service. By doing this, and contributing to the wider needs, retailers may begin to build such trust. As suggested earlier, some retailers may be seeking to achieve this. However, the experience of many respondents suggests that further improvements are needed.

Meeting the wider needs of consumers will only be possible through partnership in policy strategy (Leighton and Seaman, 1997b). To make tangible progress, those planning policy, such as health strategies, need to consider the complexities of older consumers and work at a more specific level when drawing up recommendations for retailers. An integrated approach between sectors and disciplines is needed. This raises more questions than answers however. For example, how do retailers and health professionals work together? How do retailers, located locally, respond when they are controlled centrally? How can consumers gain power in the market-place to ensure their needs are met? This thesis is a catalyst for debate in these areas.

The implications also affect other organisations, such as Social Services and those with the responsibility to represent vulnerable consumers. Pressure could be put on retailers to
enhance wider community facilities and a stronger voice given to older consumers both nationally and locally through, for example, Age Concern and Help the Aged. Social Services, voluntary groups and housing associations could work in partnership, ensuring adequate support is available to promote independence within food shopping (Hare et al, 2001). There was some anecdotal evidence from visiting Sheltered Housing Schemes that some local partnerships exist, such as the warden of a scheme organising a minibus to take residents shopping or lunch club leaders organising more able older people to accompany frailer older people in their shopping. Such initiatives, although informal, may be one way of helping people to manage through the disadvantages and adapt to a changing environment.

9.6 Methodological Approach

As discussed throughout this chapter, the older consumer has been found to be complex. Such complexity was captured through the methodological approach taken, as described in Chapter Four. Through identifying the actual perceptions and experiences of older consumers, rather than assuming what the issues might be, the theoretical perspective of an interpretivist approach meant that the study was able to provide important information for those planning policy as well as for retailers seeking to understand their consumers.

The multi-method approach provided diverse data on the research problem and demonstrated that the complexities captured through the inductive stage provided depth and understanding that the structured consumer survey did not. Despite problems
associated with the quality of data from older people, particularly in relation to using scaling measures, the respondents in this study appeared to consider individual aspects of the shopping experience and highlighted problem areas. While there was a predominantly positive response to the measure of overall satisfaction, this was balanced with the use of the scale in discrete factors, where dissatisfaction was identified. Therefore, this study has shown that problems with older samples can be minimised, for example, by using a labelled response scale, using a range of organisations for a sampling frame and interviewing in peoples' own homes. However, issues of concentration and the time involved in such data collection remain difficult to overcome.

9.7 Proposals for Future Research

A number of areas for developing the research of older consumers emerge from the findings of this study. First, the framework for investigation presented in Section 9.3 provides an opportunity to consider a rural and urban comparison of the shopping experience. As indicated by the work of McKie (1999), Clarke et al (1995), Black et al (1994) and Henderson and Carlin (1997), there are particular complexities and shopping difficulties for the more rural and remote areas of Scotland. This study included a variety of urban and semi-rural locations and, whilst similarities exist with some of this previous work, the framework will need to be adapted to reflect the crucial urban and rural difficulties discussed in Chapter Three.
Whilst the framework for investigation developed from this study relates to those who are physically able to shop, there also needs to be some investigation into frailter and more vulnerable consumers, such as the housebound and those who have people to do their shopping for them, such as home-helps or family members. The role in shopping of such “invisible consumers” needs to be investigated, in terms of the control they have over choices, how they gain information on what is available and whether they receive best value for money or benefit from promotions. This will build a broader picture of the sub-segments of older consumers.

Thirdly, the shopping patterns of older consumers need further investigation. Read and Schlenker (1993) suggest that more needs to be done on the shopping patterns and nutrition of older consumers. This study suggests that further research in this area needs to be focused on the two types of shopping trips, main and supplementary, and include a more detailed examination of the diets of people in relation to the types of shops that they are using.

Finally, this research has been based on a consumer perspective and, as highlighted in Section 9.6, it cannot be assumed that retailers are not seeking to address some of the problems identified. Therefore, it would seem necessary that an assessment of retail strategies and initiatives of multiple retailers (including specialists such as frozen food retailers, discount retailers and variety stores such as Marks & Spencer) be undertaken in order to identify gaps in provision. As the findings of this study identify, small independent local retailers also play an important role in the supplementary shop. ‘Local’
studies, therefore, should also be carried out in order to identify initiatives for older consumers and, where they exist, seek to ensure they are used to encourage good practice in other areas.
References


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Grant, N. and Hryckak, N. (1987) Use of the critical incident technique to elicit the opinions of residents of long-term-care facilities about their care, *Nursing Homes, 5* (6), 38-40.


Mooney, C. (1987) *Cost, availability and choice of healthy foods in some Camden supermarkets*. Hampstead Health Authority, Department of Nutrition and Dietetics


APPENDIX ONE

Booth and Shepherd’s (1988) Model of Food Choice

THE FOOD
Brand attributes and composition
influenced by:
cultural norms
majority purchasing patterns
economic factors

+ THE INDIVIDUAL'S PERCEPTION OF THE EATING OCCASION
influenced by:
personality
emotions
values
likings
beliefs
physiology
habits
personal norms

ACCEPTANCE/REJECTION BEHAVIOUR
consisting of:
food choices
choice of portion sizes
choice of timing and frequency

### APPENDIX TWO

Number of Stores with each Additional Facility (Extra)

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Creche</th>
<th>Dry Cleaners</th>
<th>Petrol Stations</th>
<th>Coffee Shops</th>
<th>Post Office's</th>
<th>Pharmacy</th>
<th>Lottery Terminals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesco UK</td>
<td>N/a</td>
<td>27</td>
<td>304</td>
<td>318</td>
<td>10</td>
<td>210</td>
<td>493</td>
</tr>
<tr>
<td>Sainsbury</td>
<td>N/a</td>
<td>86</td>
<td>195</td>
<td>180</td>
<td>N/a</td>
<td>79</td>
<td>N/a</td>
</tr>
<tr>
<td>Asda Group</td>
<td>30</td>
<td>40</td>
<td>135</td>
<td>0</td>
<td>13</td>
<td>76</td>
<td>194</td>
</tr>
<tr>
<td>Safeway Group</td>
<td>102</td>
<td>100</td>
<td>170</td>
<td>226</td>
<td>31</td>
<td>107</td>
<td>319</td>
</tr>
<tr>
<td>Marks &amp; Spencer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Morrisons</td>
<td>N/a</td>
<td>N/a</td>
<td>73</td>
<td>N/a</td>
<td>N/a</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Waitrose</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>132</td>
<td>255</td>
<td>881</td>
<td>760</td>
<td>57</td>
<td>474</td>
<td>1,037</td>
</tr>
</tbody>
</table>

APPENDIX THREE

Number of Stores with each Customer Facility

<table>
<thead>
<tr>
<th>Service Counters</th>
<th>Fresh Fish</th>
<th>Fresh Meat</th>
<th>Delicatessen</th>
<th>Bakery</th>
<th>Hot Food</th>
<th>Pizza Bar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesco UK</td>
<td>364</td>
<td>211</td>
<td>509</td>
<td>559</td>
<td>211</td>
<td>24</td>
<td>1,878</td>
</tr>
<tr>
<td>Sainsbury</td>
<td>204</td>
<td>179</td>
<td>179</td>
<td>358</td>
<td>404</td>
<td>0</td>
<td>1,324</td>
</tr>
<tr>
<td>Asda Group</td>
<td>107</td>
<td>43</td>
<td>224</td>
<td>215</td>
<td>191</td>
<td>219</td>
<td>999</td>
</tr>
<tr>
<td>Safeway Group</td>
<td>93</td>
<td>128</td>
<td>475</td>
<td>420</td>
<td>232</td>
<td>0</td>
<td>1,348</td>
</tr>
<tr>
<td>Marks &amp; Spencer</td>
<td>2</td>
<td>87</td>
<td>36</td>
<td>38</td>
<td>36</td>
<td>0</td>
<td>199</td>
</tr>
<tr>
<td>Waitrose</td>
<td>106</td>
<td>106</td>
<td>118</td>
<td>110</td>
<td>39</td>
<td>42</td>
<td>521</td>
</tr>
<tr>
<td>Total</td>
<td>876</td>
<td>754</td>
<td>1,541</td>
<td>1,700</td>
<td>1,113</td>
<td>285</td>
<td>6,269</td>
</tr>
</tbody>
</table>

APPENDIX FOUR

STAGE ONE - INTERVIEW SCHEDULE

Group Name: _________________________

Date: ____________________________

Respondent Number: ________________

Introduction

I am from Queen Margaret University College in Edinburgh and I am carrying out research on the shopping experiences of older consumers. I am interested in knowing about your shopping patterns, any problems you experience in doing your food shopping and I then want to ask you about specific incidents in your experience.

Section A  The Shopping Activity

Shopping Patterns

Qu.1. Please describe for me your typical food shopping trip.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Further questions:

a. How do you get there? How do you get back home?

__________________________________________________________________________

__________________________________________________________________________

b. Who do you shop with? What is their role?

__________________________________________________________________________

Appendix Four – Page 1
c. Where do you shop? (Clarify the type of stores and range of shops used.)

____________________________________________________

____________________________________________________

d. How often do you shop for food?

____________________________________________________

____________________________________________________

e. Any other relevant information?

____________________________________________________

____________________________________________________

**Barriers to Food Shopping**

Qu.2. Are there any foods you would like to buy, that you don't buy?

a. No ☐ If No, go to Qu.3.

b. Yes ☐ If Yes, why don’t you buy these?

____________________________________________________

____________________________________________________

Qu.3. You've told me where you shop. Why do you shop there?

____________________________________________________

____________________________________________________
Further questions:

a. Is there anywhere you would prefer to shop?
   a. No ☐ If No, go to Qu.4.
   b. Yes ☐ If Yes, go to Qu.3.b.

b. Where would you prefer to shop?

---

**Changes Experienced in Food Shopping**

**Qu.4.** Can you tell me about anything that has changed in the way that you shop compared to when you were younger?

---

---

Further questions:

a. Are these changes in relation to changes in the shopping environment or changes in your own circumstances?

---

---

b. If the shopping environment, why do you think these changes have occurred?

---

---
c. In your opinion, is food shopping better or worse compared to when you were younger?

______________________________

d. Why do you think this is?

______________________________

Section B Critical Incident Technique

I want you to think in more detail about your food shopping trips and think of specific times when you have felt something was particularly good or bad recently. This can be related to any aspect of your shopping trip, such as the journey, the store, the staff or any other aspect you associated with the food shopping trip.

Qu.5.

a. Can you think of anything that strikes you as being particularly good in your food shopping trip?

b. Can you describe a specific time when you thought that / felt that?

c. Can you think of anything else that is good about your food shopping? (refer to Qu.5.a.)

d. Can you think of anything that strikes you as being particularly bad in your food shopping trip?

e. Can you describe a specific time when you thought that / felt that?

f. Why did you think / feel it was bad?

g. What do you think should have happened / could have been better? (refer to Qu.5.d.)

h. Can you think of anything else that is bad about your food shopping?
Positive CIT Responses

CI1

CI2

CI3

CI4

CI5

CI6

CI7

CI8
Negative CIT Responses

CI1

CI2

CI3

CI4

CI5

CI6

CI7

CI8

Appendix Four – Page 6
Respondent Information

Qu.6. a. Male □
       b. Female □

Qu.7. Are you
       a. 65-74 years □
       b. 75 plus years □

Qu.8. How many live in your household? □

Qu.9. Do you have a bus pass?
       a. Yes □
       b. No □

Qu.9. What is your postcode? ________
APPENDIX FIVE

Coding Instructions for Independent Judges

Instructions

The data provided was collected from a study using ‘Critical Incident Technique’ (CIT). People aged 65 years plus were asked about good and bad experiences in their food shopping trip. This generated specific and more general incidents. These incidents reflect both positive and negative experiences. Below, is a set of guidelines for coding the data.

1. Read all the incidents through before starting to code the data.

2. Read through all the category definitions until the distinction between the primary and sub-categories is clear.

3. Code only the highlighted incidents.

4. Both positive and negative incidents, related to the same category, should be categorised under that heading.

5. To categorise an incident, write the appropriate definition code next to the incident being categorised, for example,

<table>
<thead>
<tr>
<th>Definition Code</th>
<th>Incident Code</th>
<th>Incident Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>PC1 (3+)</td>
<td>“I enjoy getting out”</td>
</tr>
</tbody>
</table>

6. When categorising, try to establish the fundamental issue in the incident. Some incidents may at first appear to be related to several categories, but you should focus on the aspect of food shopping that is good or bad, as opposed to the reasons for it being like that.

7. You should categorise all 100 incidents. However, if you feel that it cannot be categorised, please mark it with a cross.
Definition of Categories

A. ACCESSIBILITY

This category contains incidents related to travelling to and from stores, and general issues of access.

1. Support
   This is concerned with the levels of assistance received. This can be help provided by other people, such as family or friends, or by specialist services, such as bus services, when travelling.

2. Transport provision
   This represents incidents that are related to the actual method of transport used and the levels of service provided by that transport.

B. EXTERNAL SHOPPING ENVIRONMENT

This category refers to the wider community and general retail environment.

1. External facilities
   This relates to facilities within the community or wider shopping environment.

2. Variety of shops
   This relates to issues of variety of shops. These can be both food and non-food shops.

C. INTERNAL STORE ENVIRONMENT

This category represents the dimensions of the physical store environment that affect food shopping.

1. Store facilities
   This relates to the facilities and services offered within the store. These refer to the physical aspects of the store, rather than customer service.

2. Design
   This refers to the physical store environment. Incidents relating to the experiences of consumers using the store, should be included.
D. MERCHANDISE-RELATED

This category covers the many dimensions associated with aspects of the food itself, such as the nutritional, sensory or marketing aspects.

1. **Choice**
   This refers to the variety and range of food available to consumers.

2. **Quality**
   This refers to the sensory aspects of the food, such as taste and freshness.

3. **Price**
   This specifically refers to incidents where the price of the merchandise is a fundamental issue. It may also include issues of value for money.

4. **Quantities**
   This reflects incidents related to the issue of quantities of food for sale.

5. **Promotions**
   This relates to any discounts or special offers on the merchandise or other special promotions available within the store.

E. PERSONAL FACTORS

This category relates to incidents on shopping experiences where respondents perceive the incident to be related to their individual circumstances.

F. RETAIL PRACTICES

This category refers to incidents relating to the running and management of the store.

1. **Service method**
   This refers to the way in which a store serves customers, e.g. self-service or counter service.

2. **Complaints handling**
   This refers to experiences of a complaint situation and encompasses all aspects of complaints.

3. **Display management**
   This refers to incidents related to the way that displays in the shop are managed, such as layout and planning of merchandise.

4. **Hygiene**
   This refers to the cleanliness of the store or staff, and levels of hygiene in handling food.

5. **Stock management**
   This refers to incidents that relate to the range, variety of stock, as well as the levels of stock within a store.
G. SOCIAL ASPECTS

This category reflects the social nature of the shopping trip in its wider context, as opposed to specific customer service interaction.

1. Social interaction
   This refers to incidents related to the interaction respondents have with other customers, friends and staff during the shopping trip.

2. Role
   This refers to the role that food shopping plays in the lives of older people, as an activity of everyday life.

H. STAFF ISSUES

This category refers to incidents that relate to the behaviour and interaction of store staff with customers.

1. Interpersonal Skills
   This refers to the communication and interaction of staff with customers.

2. Assistance
   This category relates to incidents that are specifically focused on the helpfulness of staff.
APPENDIX SIX

STAGE TWO – CONSUMER QUESTIONNAIRE

Group name: ____________________________
Date: _________________________________
Respondent Number: ____________________

Introduction
I am from Queen Margaret University College in Edinburgh and carrying out a survey on the shopping experiences of older consumers. I want to ask you about your shopping patterns, whether you experience any problems in your food shopping, what factors are important to you in food shopping and how satisfied you are with your shopping experience. This survey will concentrate on your MAIN food shopping trip.

Section A The Shopping Activity

Shopping Patterns

Qu.1. What shop do you use for your main food shop? (tick only one)

- Asda □ 1  Sainsbury □ 2  Somerfield □ 3
- Tesco □ 4  Safeway □ 5  Aldi □ 6
- Netto □ 7  Kwik-Save □ 8  Farmfoods □ 9
- Iceland □ 10  Co-op □ 11  Scotmid □ 12
- All-days □ 13  M&S □ 14  Small shops □ 13

Other, please state ____________________________

Qu.2. What other shops do you use in your food shopping? (tick all that apply)

- Asda □ 1  Sainsbury □ 2  Somerfield □ 3
- Tesco □ 4  Safeway □ 5  Aldi □ 6
- Netto □ 7  Kwik-Save □ 8  Farmfoods □ 9
- Iceland □ 10  Co-op □ 11  Scotmid □ 12
- All-days □ 13  M&S □ 14  Small shops □ 13

Other, please state ____________________________
Qu.3. Do you shop with someone for your main shopping trip?
   a. No □ 0 Go to Qu.6.
   b. Sometimes □ 1
   c. Yes, all the time □ 2 Go to Qu.4.

Qu.4. Who do you primarily shop with?
   a. husband / wife □ 1
   b. other family member □ 2
   c. friend / neighbour □ 3
   d. home-help / WRVS □ 4
   e. Special services e.g. Dial-a-bus □ 5
   f. Others, please state □ 6______________

Qu.5. Do they drive you (either to or from or both)?
   a. Yes □ 1
   b. No □ 0

**Barriers To Food Shopping**

Qu.6. Think about where you would like to shop for your food. Are you able to use the shop you would like to use frequently for your main shop?
   a. No □ 0
   b. Yes □ 1 Go to Qu.7.
   i. Which shop would you like to use?
      ________________________________
   ii. What is the main reason for you not being able to shop there?
      a. Cost of accessing store □ 1
      b. Can’t get to the store □ 2
      c. Dependent on others □ 3
      d. The price of the food □ 4
      e. No store available within a reasonable distance □ 5
      f. Others __________________________
Qu.7. Think about the food you would like to buy. Are you able to buy the foods you would like to buy frequently for your main shop?

a. No □ 0
b. Yes □ 1 Go to Qu.7.

i. Which main food would you like to buy?

ii. What is the main reason for you not being able to buy it?
   a. Price of the food □ 1
   b. Cost of accessing the store that sells the food □ 2
   c. Can’t get the food at all □ 3
   d. Can’t get the food in small quantities □ 4
   e. Food scares □ 5
   f. Food hygiene at the store □ 6
   g. Others, please state □ 7
Section B  The Food Shopping Experience

Qu.8. Please read the list of elements of food shopping [show card A] and from it, identify the most and second most important aspects of your food shopping experience. Also identify the least important aspect of your food shopping.

a) social aspects/meeting people  
b) the design/layout of the store  
c) the price of the food  
d) the food itself e.g. choice, quality, quantities, promotions  
e) wide range of other shops and facilities available  
f) budgeting for food  
g) the staff  
h) the running/management of the store  
i) accessibility e.g. getting to / from the shop(s)

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
<th>h</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most important</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
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<td>Second most</td>
<td>□ 1</td>
<td>□ 2</td>
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<td>□ 6</td>
<td>□ 7</td>
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</tr>
<tr>
<td>Least important</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
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</tbody>
</table>
Qu.9. Consider your main food shopping trip and rate the following in terms of your satisfaction or dissatisfaction with the different aspects of your experience, where 1= very dissatisfied and 5= very satisfied, 3= neutral i.e. equally diss/satisfied and 2 and 4 are less extreme dis/satisfaction. Please indicate if any of the items are unimportant (or do not apply to you in your food shopping.) [Show Card B - 5 point Satisfaction Scale]

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Dissat</th>
<th>Quite Dissat</th>
<th>Neutral</th>
<th>Quite Satis</th>
<th>Very Satis</th>
<th>Not Imp</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) the opportunity to meet people when food shopping</td>
<td></td>
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<tr>
<td>b) the facilities you use in the shops</td>
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<tr>
<td>c) the choice of food available to you</td>
<td></td>
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<tr>
<td>d) the design/layout of the shop(s) you use</td>
<td></td>
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<tr>
<td>e) the promotions/special offers on food</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>f) the price of food available to you</td>
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<tr>
<td>g) the freedom to shop round the store and choose your own food</td>
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<tr>
<td>h) the level of independence food shopping gives you</td>
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</tr>
<tr>
<td>i) the display layout of the shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>j) the pleasantness and friendliness of staff</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>k) the variety of shops that you can access</td>
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<tr>
<td>l) the hygiene of the store(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) the way staff deal with complaints</td>
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<tr>
<td>n) the purpose and routine to the day that food shopping brings</td>
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<tr>
<td>o) the quality of food available to you</td>
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<tr>
<td>p) the way the shop manage their stock</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>q) the helpfulness of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>r) the way it allows you to budget for your food</td>
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<tr>
<td>s) the wider shopping facilities e.g. seats/entertainment available where you shop</td>
<td></td>
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</tr>
<tr>
<td>t) the quantities of food available for you to buy</td>
<td></td>
<td></td>
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<tr>
<td>u) the way you get to/from the shops</td>
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</tbody>
</table>
Qu.10. How would you rate your overall satisfaction with your food shopping trip?

very dissat quite neutral satis satis

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

**Respondent Information**

Qu.11. a. Male  ☐ 1  
b. Female  ☐ 2

Qu.12. a. 65-74 years  ☐ 1  
b. 75+ years  ☐ 2

Qu.13. How many live in your household?

a. one person  ☐ 1  
b. two people  ☐ 2  
c. three people or more  ☐ 3

Qu.14. Does your health,

a. always limit you in your food shopping  ☐ 1  
b. sometimes limit you in your food shopping  ☐ 2  
c. never limit you in your food shopping?  ☐ 3

Qu.15. What are your sources of income?

a. state pension only  ☐ 1  
b. state pension and other sources  ☐ 2

Qu.16. What is your postcode? ____________________
CARD A

A. MEETING PEOPLE
B. DESIGN OF THE SHOP
C. PRICE
D. THE FOOD ITSELF – QUANTITIES, QUALITY, CHOICE, PROMOTIONS
E. WIDE RANGE OF OTHER SHOPS
F. BUDGETING FOR FOOD
G. THE STAFF
H. RUNNING / MANAGEMENT OF THE STORE
I. ACCESSIBILITY – GETTING TO/FROM THE STORE
CARD B

1 VERY DISSATISFIED

2 QUITE DISSATISFIED

3 NEUTRAL
   (NEITHER SATISFIED NOR DISSATISFIED)

4 QUITE SATISFIED

5 VERY SATISFIED

PLEASE INDICATE IF SOMETHING IS NOT RELEVANT TO YOU
**APPENDIX SEVEN**

**Percentage of respondents rating factors for satisfaction**

<table>
<thead>
<tr>
<th>Main</th>
<th>Sub</th>
<th>Very Satisfied</th>
<th>Quite Satisfied</th>
<th>Neutral</th>
<th>Quite Dissatisfied</th>
<th>Very Dissatisfied</th>
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<tr>
<td>Merchandise Related</td>
<td>Choice (168)</td>
<td>36.9</td>
<td>49.4</td>
<td>3.6</td>
<td>8.9</td>
<td>1.2</td>
</tr>
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<td></td>
<td>Quality (167)</td>
<td>40.1</td>
<td>53.3</td>
<td>2.4</td>
<td>3.6</td>
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<td>Price (164)</td>
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<td>53.7</td>
<td>12.8</td>
<td>22.6</td>
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<td>Quantities (168)</td>
<td>14.9</td>
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<td>Promotions (148)</td>
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<td>4.1</td>
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<td>Complaints handling (150)</td>
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<td>11.6</td>
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<td>16.2</td>
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<td>Design (166)</td>
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<td>Social Aspects</td>
<td>Social interaction (116)</td>
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<td>3.4</td>
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<td>Role of shopping (149)</td>
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<td>7.4</td>
<td>4.7</td>
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<td>Transport provision (168)</td>
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<td>17.0</td>
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## APPENDIX EIGHT

**Factor Analysis of Satisfaction with The Food Shopping Experience**

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<tr>
<th>Satisfaction ratings on</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
<th>Factor 5</th>
<th>Factor 6</th>
<th>Factor 7</th>
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<td>Opportunity to meet people</td>
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<td>Shop facilities</td>
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<td>.506</td>
<td>.480</td>
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<td>Choice of food</td>
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<td>.172</td>
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<td>Design and layout</td>
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<td>Promotions/special offers</td>
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<td>.283</td>
<td>.386</td>
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<td>Price of food</td>
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<td>Freedom to shop round store</td>
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<td>.278</td>
<td>.118</td>
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<td>Levels of assistance</td>
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<td>Display layout</td>
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<td>.191</td>
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<td>Staff pleasant / friendly</td>
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<td>.573</td>
<td>.345</td>
<td>.250</td>
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<td>Variety of other shops</td>
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<td>Wider shopping facilities</td>
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<td><strong>Total Variance Explained</strong></td>
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