RESEARCH ARTICLE

ONLINE SHOPPING AND GENERAL SELF EFFICACY: A CO-RELATIONAL STUDY

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ARTICLE INFO	ABSTRACT
	Background: Online shopping provides all types of items to be available in the virtual world. It is just like a shop in the neighborhood, selling all type of goods but with some prominent differences. Self efficacy of a person affects his/ her shopping behaviour. Person generally avoids tasks where self efficacy is low but undertakes task where self efficacy is high. AIM: This study is aimed to assess the relationship of online shopping and general self efficacy among para medical teaching professionals at Punjab. **Methods:** Quantitative descriptive cross-sectional survey approach was used to assess online shopping and self efficacy by using socio demographic data sheet, general self efficacy scale and Bergen shopping addiction scale. **Results:** One third (31.5%) of the subjects were unable to resist the sales and more than one third (40.5%) of the subjects purchase something instead of saving. Minimum (21.5%) of the subjects continued to shop or spend despite having debts whereas more than one third (37%) of the subjects were told ourselves this is my last time" and still over-shopped or overspent again. Majority of the subjects preferred amazon site visit online shopping sites once a month, spend average 500-1000/- Rs per month and mostly preferred things fashion (men/ women) for purchase online. Majority of the subjects were shopping from 1-2 years, they choose online shopping because of availability of wide variety of products. The subjects neither are too low self efficacy and nor more self efficacy. There was very weak statistical non significant difference between self efficacy and shopping addiction. **Conclusion:** It can be concluded that there is non significant relationship of self efficacy and online shopping addiction.

INTRODUCTION

The changing lifestyle and emerging technology brought a revolutionary change in our society. In today's world, all are found to be more aggressive and comfortable towards the use of internet and electronics devices (Sharma, 2015). According to a report published by Statista[2]: The Statistics portal, India is the second largest online market, with over 460 million internet users, ranked only behind China. It is estimated that by 2021, there will be about 635.8 million internet users in India. Instead of having large base of internet users in India, only 34.8 percent of the Indian population accessed the internet in 2015. This is a considerable increase in contrast to the previous years, considering the internet penetration rate in India stood at about 10 percent in 2011. The report on online shopping in India published by Statista-2017 that Indian internet world is dominated by male internet users with 71 percent internet usage.

Females are only sharing 29 percent of the internet usages. Gradually females are also taking interest in online shopping. Liang and Lai (2000), (Sharma et al., 2017) explains that there are at least two types of concerns that distinguish online consumers from offline consumers. First; technology, online consumers have to interact with the technology for purchasing any product or service. The brick and mortar environment are replaced by online shopping environment. This gives rise in technical problems (O'Keefe *et al.*, 2000). Second major concern is the level of trust, online shopping environment required high level of trust among the consumers in comparison to traditional shopping. Traditional shopping is having the ability to physically choose and check out what an item or product is like, would look like, and what its features are (Celine, 2013). With the online shopping, one can access these shops any time without stepping out of their home/ office. It can be accessed any time when you are on the move, relaxing in your home or having a time out at your office. Here, all the product is displayed with the price and detailed mention of the features (Agarwal, 2015). With increase of the online shopping gradually progress to online shopping

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addiction characterized by anxiety, persistent need to spend excessive amount of time and money on the computer, neglecting other duties and family relationships, feeling empty or irritable when not shopping online, lying to other people about amount of time or money spent on online shopping and withdrawing from other pleasurable activities (http://www.rightdiagnosis.com/o/online_shopping_addiction/intro.htm). Eastin (Ellisavet Keisidou, 2011), shows that personal internal self efficacy has a positive effect on user acceptance of online shopping. According to Monsuwe (https://en.wikipedia.org/wiki/Self-efficacy), consumers who have low self efficacy levels are insecure and feel uncomfortable making purchases over the internet. Self efficacy of a person affects his/ her choices regarding behavior. People generally avoid tasks where self efficacy is low but undertake tasks where self efficacy is high. High self efficacy can affect the motivation in both positive and negative ways. Self efficacy affect the health behavior like choices affecting health, such as smoking, physical exercise, dieting, condom use, dental hygiene, seat belt use, and breast self-examination, are dependent on self efficacy (https://en.wikipedia.org/wiki/Self-efficacy). Researchers felt that level of self efficacy in medical teaching professional may affects their online shopping behaviour. So it is important to study their self efficacy and online shopping behaviour as it cause harm not only to the individuals but also to the society in the form of debt, bankrupcies and dysfunctional families.

MATERIALS AND METHODS

A quantitative, non-experimental, descriptive research approach was used to assess online shopping and self efficacy among para medical teaching professionals. The present study was conducted in 22 colleges related to health sciences in Punjab from the nursing, pharmacy and physiotherapy disciplines. The colleges were selected on the basis of expected availability of teachers, giving permission to conduct the study and convenience in terms of distance. Sample consisted of those meeting the inclusion criteria were selected by the researcher for the study. A sample of 200 para medical teaching professionals was taken conveniently for study. Following tools are used to measure variable under study:

Socio demographic data sheet: It is a self-administered tool prepared by the researches and used to assess the socio demographic profile of para medical teaching professionals. It consists of 10 items which are age, gender, religion, marital status, type of family, area of residing, education, occupation, working specialty, monthly income. Total administration time for this tool was approximately 3-5 minutes. Content validity of the tool is determined by expert in the field of psychiatry, psychology and nursing respectively. Reliability was done by test-retest method and it was found r = 0.9.

General self efficacy scale (GSE): General self efficacy scale is a 10 items standardized and reliable scale to measure self efficacy of para medical teaching professionals. All items are scored on four-point likert scale ranging from not at all true, hardly true, moderately true and exactly true. Items are scored from 0 to 4 and score ranges from 10-40. Higher score indicate that subject has high self efficacy. Total administration time is approximately 5-10 minutes. The scale has relatively high internal consistency and stability. The reliability was established for the present study through test retest method (r =0.706).

Bergen shopping addiction scale (Andressen, ?): Bergen shopping addiction scale is a 28 items standardized and reliable tool and used in present study to measure shopping addiction of the subjects. It has seven addiction criteria (salience, mood modification, conflict, tolerance, withdrawal, relapse, and problems). All items are scored on five-point likert scale ranging from completely disagree to completely agree. All items are scored from 0 to 4. Score ranges 0- 112, higher score indicate that subject has higher shopping addiction. Total administration time is approximately 5-15 minutes. Reliability of the scale was determined by test retest reliability which was (r= 0.91). Try out of the tool was done to ensure the reliability and understanding of the tool. Pilot study was conducted and the study was found to be feasible. Prior to administration to tools, a participant information sheet explaining the purpose of the study was handed over to the subject and asked to read. All the questions and queries were discussed and sort out before actual data collection. An informed written consent form was signed by each subject before data collection. All the subjects were ensured that confidentiality and anonymity was maintained throughout the study. Permission was obtained from institutional ethical committee to carry out the study. Written permission was also obtained from various Principle or director of the concern colleges before data collection. The data was analyzed by statistical package for social sciences (SPSS) version 16. The p<0.05 level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were used to analyze data as per purpose of the study.

RESULTS

Table 1 shows the socio demographic profile of the para medical teaching professionals. Mean age of the subject was 30.07 (SD-5.54) years. Maximum of the subjects were female (87.5%), and belongs to Sikh religion (73.5%). More than half (61%) of the subjects were married and nearly two third (64.5%) of the subjects were living in nuclear families and belongs to urban area.

Table 1. Frequency and percentage distribution of subjects as per their socio-demographic characteristics

N = 200

Name of attribute	Sub attributes	f	%
Age Mean (in years)		30.07 $\pm$ 5.54	-
Gender	Male	25	12.5%
	Female	175	87.5%
Religion	Christian	1	0.5%
	Hindu	52	26%
	Sikh	147	73.5%
Marital status	Married	122	61%
	Unmarried	77	38.5%
	Widow/Widower	1	0.5%
Type of family	Nuclear family	129	64.5%
	Joint family	68	34%
	Extended family	3	1.5%
Area of residing	Rural	77	38.5%
	Urban	123	61.5%
Education	Bachelor degree	117	58.5%
	Master degree	73	36.5%
	Ph.D.	10	5%
Occupation	Private job	180	90%
	Government service	20	10%
Working in which specialty	Nursing sciences	135	67.5%
	Dental science	23	11.5%
	Others sciences	42	21%
Monthly income	Below Rs .10,000	78	39%
	Rs . 10,000 – 50,000	91	45.5%
	Rs. 50,000 – 100,000	23	11.5%
	Rs. 100,000 above	8	4%

Table 2. Mean (SD) of the compulsive buying behavior and online shopping addiction among health science teachers (N=200)

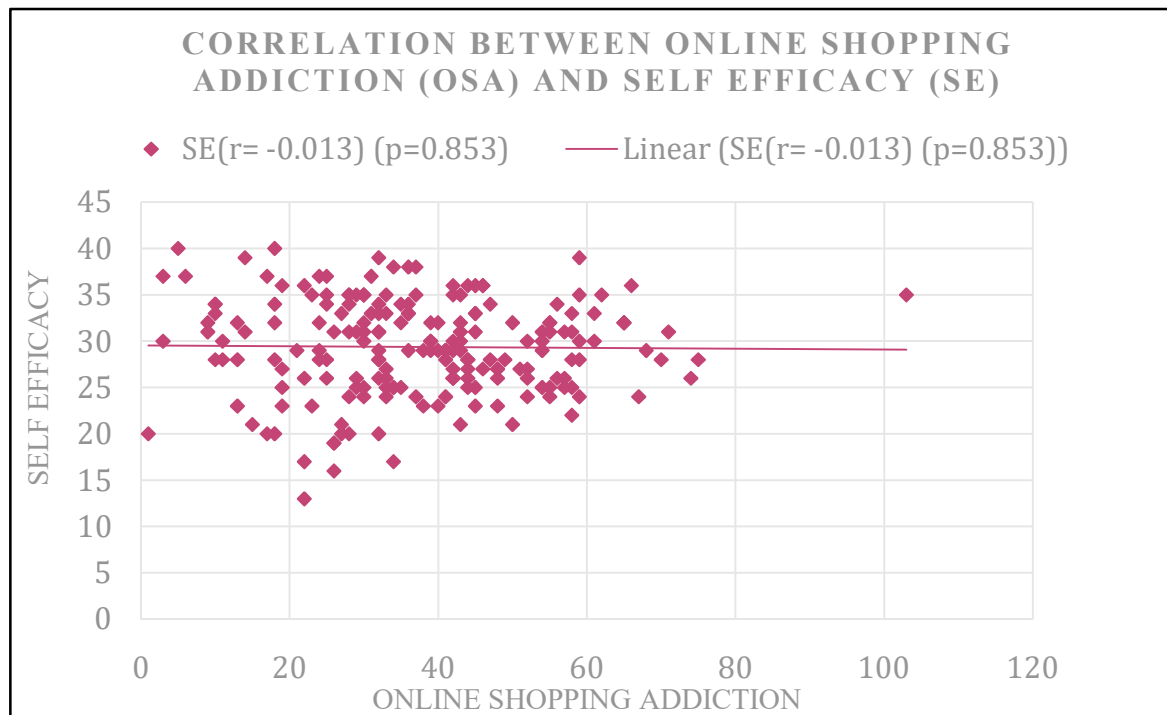| Variable	Mean± SD	Range as per the scale	Minimum obtained score	Maximum obtained score
Self efficacy	29.37 ± 5.1	10-40	13	40
Online shopping addiction	37.31±16.35	0-112	1	103

Figure 1. Relationship of self efficacy and online shopping addiction of the subjects

Table 2 shows that mean score of the self efficacy was 29.37 ± 5.1. Hence, it can be said that subjects had moderately to high self efficacy. Similarly, mean (SD) of the online shopping addiction was found to be 37.31±16.35 which is also very high. Figure 1 shows that there was no significant relationship was found between self efficacy and online shopping addiction (r = -0.013) and (p = 0.853). Hence, it can be concluded that there is no correlation between self efficacy and online shopping addiction.

DISCUSSION

The present study aimed to assess the self efficacy towards online shopping addiction among health science teachers. Result reveals that females (87.5%) were more shopaholic than males (12.5%). Infect during the data collection of the study researcher met most of the females. The findings of study are supported by Sharma (2014) [1] found that female (94%) was doing more shopping as comparison to males (6%). More than the half (58.5%) of the subjects was of graduation. The finding of study is supported by Ganpathi [10] found that maximum subjects were educated up to graduation. one third (36%) of the subjects were shopping from 1-2 years, 30.5% of the subjects were shopping from 1 year, 23.5% from 3-4 years and 8% were shopping from more than 5 years. The finding are supported by Agarwal (2015) found that maximum subjects were shopping from 1-2 years followed by 1 year, 3-4 years, more than 5 years. Maximum subjects choose online shopping because of the availability of the wide variety of the products and easy buying process.

This finding of the supported by Agarwal (2015) found that mostly subjects choose online shopping sites because of the wide variety of the products and easy buying process. In the present study it was found that there was very weak negative correlation of self efficacy with online shopping addiction and as indicated by p value it was non significant. The finding is supported by Fagih (2013) [11] found that internal self efficacy has no direct significant impact on consumers intention to shop online. Thangaraja and Lakshmi (2016) [12] found that two types of self efficacy: general internal self efficacy and web specific self efficacy have impact on customers online shopping attitude.

Conclusion

Study concluded that majority online shoppers were female, who residing in urban area, belonged nuclear families, educated up to bachelor degree. Majority of the subjects were married, working in nursing sciences. This study reveals that there is no relationship between self efficacy and shopping addiction.

Implications and Recommendations

Nurses should be taught about the self efficacy and online shopping addiction. Psychoeducation should be provided to nurses who have engaged in online shopping activities during stress and to relieve the anxiety and depression. Continuing nursing education should be designed to help the nurses to update their knowledge regarding online shopping addiction. The need of well-organized in-service education program for nurses by administrators is felt to provide knowledge regarding

low self efficacy and shopping addiction. Study recommend that the present study was limited to group of para medical teachers. So, studies should be conducted on large sample size with different variables on different population and study may be conducted to assess relationship between depression and online shopping addiction

Limitations

Present study was limited to para medical teachers. Other online shoppers who may have online shopping addiction were not attached to the profession and could not be taken. Presence of online shopping addiction among other health professionals and general population need to be studied.

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