



## The Perspectives to Enhance an Effective Human Resource Management (HRM) through Compensatory Consumption within a Chronic Life: Case Study of HIV-infected Patients

Tawamin Kruasom and Sumalee Ngeoywijit

**Abstract**— The purpose of the present study was to explore the characteristics related to consumption behavior of people particularly in a chronic situation occurring in human life. The case of HIV-infected patients was selected purposively by which snowball sampling technique. An in-depth interview through semi-structural interview was conducted. The results show that the HIV-infected patients try to compensate or fulfill an individual feeling under a chronic circumstance of their life by concerning with both physical needs and psychological needs. Having confidential group or community of HIV-infected patients is a necessity. Moreover, the true information should be provided for HIV-infected patients such as how to live with HIV, how to take strictly medicine or any effects after taking medicine. That means the effective human resource management within a case of a chronic life as HIV-infected patients should be mentioned seriously in the characteristics of compensatory consumption in order to abate their stress or fulfill their self-esteem or self-actualization.

**Keywords**— Human resource management, compensatory consumption, chronic life, HIV-infected patient, HRM, HIV.

### 1. INTRODUCTION

In the past, the valuable resources which were mainly influential to any firms were classified into two factors namely finance and technology. Later, human resource is the one factor that is also valuable in order to create competitiveness for any organizations [1], [2]. The importance of human resource is driven in which characterizing as valuable, rare, inimitable and non-substitutable [3], [4]. Terminologically, human resource (HR) is defined as a person who has worked for any firms by using both of knowledge and potentialities to drive firm's performance through purposes, missions and strategies [5]. Moreover, HR has other functions as in establishing or regulating the strategies to reach the company's goals [6]. Importantly, HR is urged as a kind of one capital that contains of knowledge, skills and abilities [7], [8], [9]. In short, HR is a very important capital in order to enhance objectives, missions and strategies of any firms effectively. Also, HR causes to conduct competitiveness with any competitors in which related business as well [4], [1], [8].

Consumption is an important activity for human life. The reference [10] argues that consumption is a process to satisfy our basic needs for survival. Interestingly, consumption process is also an activity to construct and maintain the consumers' self and identity [11], [12], [13]. With the global changes, the various kinds of

consumption of an individual are done through many ways in order to satisfy his or her needs [14], [15], [16].

Consumers make a decision to consume goods and service not only on functionality but they concern with style, image and quality as well [17]. In Psychology paradigm, consumption can be indicated into the feeling powerful and powerless of an individual [18]. Besides, in the digital revolution, consumers take more roles in their capacities namely increasing buying power, having a greater of variety of goods and services, entering much deeper information, getting easily in interaction, placing and receiving orders, and having higher ability in comparing products and services [14]. Also, with the economic development is a process to make a vast change in consumer' cultures and values [19]. Thus, the effective marketing strategies are needed to launch in order to encourage consumers [20].

According to consumption has related to both physical needs and abstract needs, there are many studies in the area of consumer research [21]. The concept of compensatory consumption is used as a part of marketing academics and consumer research [22]. However, there was not widely studied [23]. The studies that possibly related with compensatory consumption are mentioned in contemporary study [22], [24], [23]. In contemporary study, compensatory consumption is related with other areas in consumer research; for instance, compulsive buying [25], addictive consumption [26], self-gift giving [27], [28], compensatory eating behavior [29], mood repair [30], [31] and conspicuous consumption [32]. So that, the concept of compensatory consumption is a complicated area in consumer behavior [23]. It is therefore the more researches have to be progressed.

For the current study, the definition by Woodruffe [22] and Woodruffe-Burton [24] in addressing clearly understanding about compensatory consumption was employed. They mentioned that the compensatory consumption was referred to an engagement by which a

---

Tawamin Kruasom is candidate in D.B.A Program at Khon Kaen University, Khon Kaen, Thailand and a lecturer at the Faculty of Management Science, Ubon Ratchathani University, Thailand.

Sumalee Ngeoywijit (corresponding author) is lecturer at the Faculty of Management Science, Ubon Ratchathani University, Thailand. Address: 777/9 Moo 6, Kham Yai, Muang District, Ubon Ratchathani Province 34000. Tel. +66-86-8687010, E-mail: [tawamin@hotmail.com](mailto:tawamin@hotmail.com).

person felt a need, lack or desire but he was not able to satisfy himself primarily at that time so he sought other choices to fulfill that feelings. Additionally, with the broader concept of compensatory consumption, “lack” is related in terms of self-esteem, confidence, patience, happiness or other emotional pressure [22], [24]. Basically, the normal situation in human daily life was selected to study the behaviors of an individual in order to compensate his feelings (e.g. the studies of [22], [24], [23], [18], [12] etc.). Unfortunately, it was little in study in how individual compensated his emotional deficit in a chronic situation by which the perspectives of consumer behavior. This is because, the study of chronic circumstance is taken widely in health care or vaccine and medical therapy (e.g. the study of the reference [33], [34], [35], [36], [37], [38], [39], [40], [41] etc.). Therefore, the aim of the present study is to explore in how individuals behave when they face with a chronic situation. The case of HIV-infected patients that displays through the stigma following Thai contexts was mentioned [36], [41].

This paper is structured into five main sections. The first part is presented the literature review of relative issue in human resource management, HIV and AIDS stigma in Thai contexts, and compensatory consumption. The methodology section explains the data collection by using an in-depth interview. Also, with the findings is then further explained. Fourthly, it is the section of summary and conclusion. Finally, the limitation and future study is also discussed.

## 2. LITERATURE REVIEW

### 2.1 Human Resource Management (HRM)

The effective management within a firm is a factor that drives people working completely and effectively. Human Resource Management (HRM) is the implementation concerned with human management [9]. In general practice, it contains of many procedures such as launching any policies, planning in practices and designing any systems by which affected to the behaviors, attitudes and potentiality of employees within a firm [42]. This progress aims to establish competitiveness as well [43]. Additionally, Nickels, McHugh and McHugh [15] states that HRM is the process in consideration of the importance of human resource. Then, the other processes will be followed such as recruiting, selecting, developing, motivating, evaluating, compensating, and scheduling. These above process are implemented in order to reach the firm's goals. As a result, HRM is the process concerned with human resource in order to drive an employee to reach his knowledge, skills and potentiality for reaching the firm's objectives.

### 2.2 HIV and AIDS Stigma in Thai Contexts

In fact, in 1984, the first case of AIDS was diagnosed in Thailand [44], [35], [37]. Presently, the rapid increase in the amount of new HIV infection has been recording in Thailand [45], [46], [47], [41]. Importantly, Latkin et al. [48] and Khumsaen et al. [41] discussed that HIV illness

has badly affected to all aspects of patients' live. They also mentioned to the influences of social and psychological dimension that progressed from people surrounding HIV-infected patients. Although in international perception following the commitment organized by The United Nation (UN) was announced in the suitable implementation to the HIV or AIDS patients, it had not been completed effectively in Thailand [36].

Terminologically, Liamputtong, Haritavorn, and Kiatying-Angsulee [35] argue that stigma is a social process that affects by the condition from culture, history and situation. It is also displayed through the feeling of shame and guilt. Similarly with the study of Zhou [49], it was found that sociocultural belief, value and morals within a specific context play the important role in constructing stigma. According to Thomas [50], there are three dimensions of stigma. First, it is self-stigma that generated by self-blame or self-deprecation. Second, it is perceived stigma that occurred by the surrounding people become fear. Third, enacted stigma, it occurs when someone is actively discriminated against. The expression of stigma can be mentioned in gossip, verbal abuse and distance of healthy people to HIV-infected patients [50].

Especially, in Thailand, the level of acceptance and understanding in HIV or AIDS patients are not completed. The HIV or AIDS patients are seen dangerous. It is therefore within Thai contexts, it is still generating pressure that can shift to be problematic situation for HIV-infected and AIDS patients [41]. With above reviews, it is very interested to investigate in how HIV-infected patients behave in order to relieve all bad feelings.

### 2.3 Compensatory Consumption

With the summary of Woodruffe-Burton and Elliott [23], they stated that Dichter [51] had identified to the term of compensatory consumption earlier but there was no one to investigate further. Later on, there was Gronmo [52] who wrote the paper in capturing of theories and concepts of compensatory behaviors. He did specially from a consumer and consumption perspective by which a critical sociology of consumption [23]. On the same way, Woodruffe [22] summarized that Gronmo had focused on understanding how consumers were motivated to satisfy of their needs. By definition, Gronmo [52, p. 68] defined the compensatory consumer behavior as “an reaction to, and as an attempt to make up for, a general lack of esteem or self-actualization”

Additionally, there was a study in exploring eating behavior as compensatory consumption. That is Woodruffe-Burton and Elliott [23, p. 76] who defined the term of compensatory consumption as given below.

*“The phenomenon is that a lack of X could be cured by a supply of X, but may also be cured by a supply of Y. If Y is used, this process is called compensation”*

Moreover, Gould [53] argued that the concept of compensatory consumption was linked with mood management. Similarly, Woodruffe [22] investigated compensatory consumption with shopping behavior. In

this study, the authors concluded that compensatory consumption were displayed through various kinds of activity such as eating, meeting with other people, shopping, giving gift etc. It is therefore compensatory consumption is usually seen as a regular or routine consumer activity [22], [23]. Besides, Cohen and Areni [31] and Elliott [26] stated that the regular or normal consumption was an important function in order to maintain a positive mood of consumers or it was a process to repair negatively emotional status.

Additionally, Woodruffe-Burton [24] pointed out similarly with Woodruffe [22] for the definition of compensatory consumption as the process of a person seeking and using an alternative means to fulfill individual's need, lack or desire which he cannot satisfy primarily. Additionally, Purinton [12] stated that compensatory consumption occurred when a person facing an obstacle to fill his need and substitute by consumer goods and/or services.

With the existing literature on compensatory consumption and other aspects of consumer behavior, it found that there were many areas related with compensatory consumption. The studies that possibly related with compensatory consumption are mentioned in contemporary study [22], [24], [23]. For instance, there are compulsive buying [25], [54], [55], [56], [57], [58], [59], [19], [60], addictive consumption [61], [26], self-gift giving [62], [21], [27], [63], [28], compensatory eating behavior [29], mood repair [30], [31], [64] and conspicuous consumption [32], [65], [12], [18].

Importantly, with the broader concept that are addressed above, for this study the definition of compensatory consumption is defined as whenever a person feels a need, lack or desire; however, he cannot satisfy in the primarily at that moment so he will seek other choices to fulfill it completely later [23]. Besides, compensatory consumption is related in terms of self-esteem, confidence, patience, happiness or other emotional pressure as well [22], [24]. On the same way, it mentions to an individual attempts to shift problematic situation to unproblematic situation through various kinds of behaviors [12].

### 3. METHODOLOGY

This study uses an inductive approach [66], [67] with a case study of a chronic circumstance of HIV-infected patients in Thailand in order to gain rich text, deep and better understanding. Moreover, the various methods were used to ensure the reliability and validity of the present study [68], [69]. For triangulation typologies, the observers, theory and methodological triangulation were employed [70], [67]. The in-depth interview through semi-structured pattern and a re-call by telephone were utilized for this study.

The sampling method is purposive which characterizing of interpretive research and a snowball sampling technique is used to seek new key informants. The key informants were interviewed by Thai language. Importantly, the ethical consideration was taken by the approval of the Ethical Committee in the Faculty of Management Science, Ubon Ratchathani University,

Thailand. The interview was taken secretly on an individual basis in strict confidence and was held on the average of one to two hours. For the present sensitive research, each key informant was paid by 300 baht in order to support his transportation and food. It shows the respect of researcher to their time and knowledge [35]. The interview was tape recorded and the respondent offered the opportunity to view the transcripts. Besides, the key informants were informed that the refusal to participate in the study would not affect their care.

For the present study, there were five interviewees that agreed to participate after introduction. The demographic data of each person was addressed in Table 1. For ethical consideration, the names and workplaces of them were supposed.

**Table 1. The Demographic Data of Key Informants**

Name	Age	Occupation	Years of HIV-infected (Started from first detection)
Mr. A	37	Graphic Engineer	13
Mr. B	35	Teacher	8
Mrs. C	30	Owned Business	6
Mrs. D	27	Civil Servant	3
Mr. E	20	Student	1

### 4. RESULTS

Stigmatization is a very important circumstance that caused mainly effect in order to have normal living for HIV-infected patients in Thailand. Illness as having HIV affects directly to patients in losing their self-esteem and self-actualization through the social acceptance and understanding. Mood of HIV-infected patients should be managed sensitively for this issue [53]. Moreover, with the sight of other people in the Thai society, HIV-infected patients have to behave or react in order to compensate the feeling in losing self-esteem or self-actualization [52], [22], [24].

*"When the doctor told me that I have HIV, everything surrounding me is dark. My brain is likely closed. This event makes me extremely upset and awful with the future. I think about suicide at the first time because I do really know that this disease cannot cure anymore. It's likely waiting for death. .... I don't want to tell this issue to anyone even if my parents."* (Mr. A)

*"...Umm...it's hard to believe that I have got HIV. It is an extremely terrible event for my life. It makes me lose confidence to survive or talk to the public. It makes me get terrible headache for this issue as well."* (Mr. B.)

*"I was detected that I had got HIV when I had checked annual health. At first that the doctor told me, everything surrounding me was dark. I feel very uncomfortable. I cannot hear anything for a while. I looked forward to do*



suicide. I don't think that I can survive publicly with HIV." (Mrs. C)

"... Although I do really understand what HIV is, at that time I cannot control myself. I am shy and fear to go publicly. I don't want my parents to know this issue. I don't want to get any bad gossip from my friends or neighbors." (Mrs. D)

"I am not expected that I'll get HIV. I cry and keep myself in my room a few day. I don't go to class. I cannot eat and don't want to see anyone. I'm shy and afraid in everything such as how can I survive with the ugly skin. It makes me feel very seriously." (Mr. E)

The results reveal that the all HIV-infected patients need to fulfill their feelings by behaving in various ways such as concentrating with more doing exercise, making merit, doing meditation, selecting in using a qualified cosmetic product, eating healthy food or vitamins etc. Some of them select to continue study in higher level. He believes that having higher degree can fulfill his self-esteem and self-actualization. As a result, obtaining or substituting with a satisfied goods and/or service can be displayed as a kind of compensatory consumption [22], [24], [23], [12].

"After I got HIV, I always play any sports such as jogging or basketball. I'd like to be strong. Because I've learn that if I'm strong, I can live similarly with the normal people" (Mr. A & Mr. E)

"...Yes, I often go to make merit such as making donation for a temple nearby my house or supporting scholarship for students. It can make me happy and feel better when the other people talk to me in the good way." (Mrs. C)

"I like to go some place to do the mediation. It can make me forget my illness. It also makes me understand how our life is. I think it is the best way to reduce my pressure." (Mrs. D.)

"...I always go shopping with some qualified product such as body lotion, skin protection product, vitamins etc. I don't want my skin to be dark. I always read any information through printed materials or internet for finding how to live with HIV for a long time period." (Mr. B & Mrs. C)

"...For me, I'd like to study in Master Degree. If I can do that, I'll be more confident to live. Now, I didn't tell anybody that I get HIV. I'd like to let them know that even though I got HIV, I can succeed..." (Mr. A.)

Additionally, having confidential community for HIV-infected patient is beneficial in sharing or exchanging any opinion in HIV [35]. Having group also reduces HIV patients' stress or anxiety as well.

"I prefer to have group of HIV patient but it has to progress secretly. I'm happy to join my group at the

hospital when my doctor scheduled. It is the good time for sharing any issue happened in my life to my friend in the group" (Mrs. C and Mrs. D)

"...I always chat with my close friends who got HIV same me through internet. It makes us happy and relaxed. Basically, our issues are not only our illness but we talk generally. Sometime we want to forget it. We help together to find out some information about HIV such as how to interpret the amount of CD4 or viral load in our blood. I do really want to thank my all friends in our group that cheer me up with this serious issue." (Mr. A)

"...I came to join the group organized by the hospital. I am in the Group 32. We know each other well. At first we are shy to talk together, but later, we came to be closer. Sharing in any problems and pressures is always mentioned. It can reduce my stress. I'm happy that there is a good listener with my critical problem." (Mr. B)

Therefore, the concerns circumstance with both physical needs and mental needs are very important for HIV-infected patients [41]. Importantly, the confidential group of HIV-infected patient is also needed to provide trust and some beneficial information in real practice [35]. It is therefore giving the true information for HIV-infected patients is very important such as how to live with HIV, how to take strictly medicine or any effects after taking medicine.

"...Of course, for surviving, I need to eat healthy food and do more exercise. ...Also, I have to control my mind to accept what happened in my life." (Mr. A & Mr. B)

"Having friends in both of HIV and non-HIV-infected is advantage for me. I don't want to be strange. ...I want to have friends for sharing any ideas especially with the person who is in the same situation" (Mrs. D & Mr. E)

"We do really need the true information about our illness. Sometime we don't understand how to take medicine or interpret some data after blood checking. Importantly, the effect following taking medicine has to be discussed clearly enough..." (Mr. A & Mrs. B & Mrs. C)

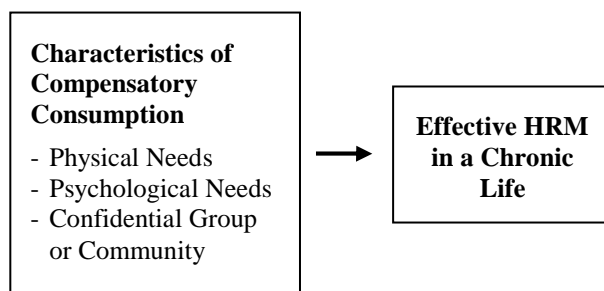
## 5. SUMMARY AND CONCLUSION

The key informants from the present study reveal that even though the HIV makes them facing stigmatization and lose self-esteem or self-actualization, an effective human resource management has to be considered seriously as well. This is because with the effectiveness of medical treatments, the HIV-infected patients have a longer and higher quality of life [38], [40]. Moreover, in Thailand, by the support of both the National Health Security Office (NHSO) (see more details in the reference [71] and Social Security Office (SSO) (see more details in the reference [72], it makes widely opportunity to obtain a qualified medical treatment form both private and public hospitals. In the future, especially

with the bigger of patients, an effective HRM is needed for HIV-infected patients in Thailand [39]. Alternatively, the related procedure can be applied for other chronic situation as well.

The HIV-infected patients try to compensate or fulfill an individual feeling under a chronic circumstance by behaving in various ways such as concentrating with more doing exercise, making merit, doing meditation, selecting and using a qualified cosmetic product, eating healthy food or vitamins etc. Some of them select to continue study in higher level. He believes that having higher degree can fulfill his self-esteem and self-actualization [52]. These are activities that can compensate their stress or pressure within an abnormal event. That means compensatory consumption of consumers in a critical situation partially with HIV-infected patients can display in both physical needs and psychological needs [73], [74] in order to reduce their stress or damages in their mind [22], [24], [23], [12].

Interestingly, having confidential community or group for HIV-infected patients is beneficial in sharing or exchanging any viewpoints in HIV. Having group also reduces HIV patients' stress or anxiety as well. Importantly, the confidential group of HIV-infected patient is also needed to provide trust and some beneficial information in real practice [35]. It is therefore giving the true information for HIV-infected patients is very important such as how to live with HIV, how to take strictly medicine or any effects after taking medicine. In summary, an effective human resource management (HRM) for a chronic life should be addressed in order to compensate or fulfill an individual feeling through compensatory consumption behaviors. The conceptual framework for the present study can be displayed in the Figure 1.



**Fig. 1 Conceptual Framework (Authors)**

## 6. LIMITATION AND FUTURE STUDY

A single case of HIV-infected patients for this study provides rich context and in-depth data [75]. However, as the suggestion of Eisenhardt [76] and Grill [77], the selected case is used for theoretical rather than statistical generalizability for conducting theory development. Besides, the sample was chosen by purposive sampling from information-rich cases [78], [79]. The other different chronic circumstance in human life should be studied further (see more in the study of the reference [80]). Moreover, the longitudinal study and different case comparative study are suggested for future research [70].

The different sampling group and event may be addressed in various characteristics in order to interpret the compensatory consumption behaviors.

## REFERENCES

- [1] Tsai, C. and Yen, Y. 2008. A model to explore the mystery between organizations' downsizing strategies and firm performance: Integrating the perspectives of organizational change, strategy and strategic human resource management. *Journal of Organizational Change Management*, 21(3), 367-384.
- [2] Verma, S. and Dewe, P. 2008. Valuing human resources: perceptions and practices in UK organizations. *Journal of Human Resource Costing & Accounting*, 12(2), 102-123.
- [3] Barney, J.B. (1991). Firm resource and sustained competitive advantage. *Journal of Management*, 17(1), 99-120.
- [4] Ordóñez de Pablos, P. and Lytras, M.D. 2008. Competencies and human resource management: Implications for organizational competitive advantage. *Journal of Knowledge Management*, 12(6), 48-55.
- [5] Jain, P. 2005. Strategic human resource development in public libraries in Botswana. *Library Management*, 26(6/7), 336-350.
- [6] Lamond, D. and Zheng, C. 2010. HRM research in China: Looking back and looking forward. *Journal of Chinese Human Resource Management*, 1(1), 6-16.
- [7] Hussein, M. (2009). Hiring and firing with ethics. *Human Resource Management International Digest*, 17(4), 37-40.
- [8] Dominguez, A.A. 2011. The impact of human resource disclosure on corporate image. *Journal of Human Resource Costing & Accounting*, 15(4), 279-298.
- [9] Dabic, M., Ortiz-De-Urbina-Criado, M. and Romero-Martinez, A.M. 2011. Human resource management in entrepreneurial firms: A literature review. *International Journal of Manpower*, 32(1), 14-33.
- [10] Csikszentmihalyi, M. 2000. The costs and benefits of consuming. *Journal of Consumer Research*, 27(2): 267-272.
- [11] Rucker, D.D. and Galinsky, A.D. 2008. Desire to acquire: Powerlessness and Compensatory Consumption. *Journal of Consumer Research*, 35: 257-267.
- [12] Purinton, E.F. 2009. *Compensatory or Conspicuous Consumption?: Bling it on*. Proceeding of the Symposium of ASBBS at Las Vegas. ASBBS Annual Conference, 16(1): n.p.
- [13] Woodruffe-Burton, H. and Wakenshaw, S. 2011. Revisiting experiential values of shopping: Consumers' self and identity. *Marketing Intelligence & Planning*, 29(1): 69-85.
- [14] Kotler, P. 2003. *Marketing Management*. New Jersey: Pearson Education.

- [15] Nickels, W.G.; McHugh, J.M.; and McHugh, S.M. 2005. *Understanding Business*. New York: McGraw-Hill.
- [16] Subrahmanyam, S. and Gomez-Arias, J.T. 2008. Integrated approach to understanding consumer behavior at bottom of pyramid. *Journal of Consumer Marketing*, 25/7: 402-412.
- [17] de Kervenoael, R., Canning, C., Palmer, M. and Hallsworth, A. 2011. Challenging market conventions: Supermarket diversification and consumer resistance in children's apparel purchases. *Journal of Fashion Marketing and Management*, 15(4): 464-485.
- [18] Rucker, D.D. and Galinsky, A.D. 2009. Conspicuous consumption versus utilitarian ideals: How different levels of power shape consumer behavior. *Journal of Experimental Social Psychology*, 45: 549-555.
- [19] Li, D., Jiang, Y., An, S., Shen, Z. and Jin, W. 2009. The influence of money attitudes on young Chinese consumers' compulsive buying. *Young Consumers*, 10(2): 98-109.
- [20] Zellman, E., Kaye-Blake, W. and Abell, W. 2010. Identifying consumer decision-making strategies using alternative methods. *Qualitative Market Research: An International Journal*, 13(3): 271-286.
- [21] Clarke, P. 2006. Christmas gift giving involvement. *Journal of Consumer Marketing*, 23/5: 283-291.
- [22] Woodruffe, H.R. 1997. Compensatory consumption: why women go shopping when they're fed up and other stories. *Marketing Intelligence & Planning*, 15/7: 325-334.
- [23] Woodruffe-Burton, H. and Elliott, R. 2005. Compensatory Consumption and Narrative Identity Theory. *Advances in Consumer Research*, 32: 461-465.
- [24] Woodruffe-Burton, H. 1998. Private desires, public display: Consumption, postmodernism and fashion's "new man". *International Journal of Retail & Distribution Management*, 26(8): 301-310.
- [25] O'Guinn, T.C. and Faber, R.J. 1989. Compulsive buying: A Phenomenological Exploration. *Journal of Consumer Research*, 17(3): 322-332.
- [26] Elliott, R. 1994. Addictive Consumption: Function and Fragmentation in Postmodernity. *Journal of Consumer Policy*, 17: 159-179.
- [27] Clarke, J. 2008. Experience as gifts: From process to model. *European Journal of Marketing*, 42(3/4): 365-389.
- [28] Liu, S.X., Lu, Y.X., Liang Q.P. and Wei, E.Y. 2010. Moderating effect of cultural values on decision making of gift-giving from a perspective of self-congruity theory: An empirical study from Chinese context. *Journal of Consumer Marketing*, 27/7: 604-614.
- [29] Grunert, S.C. 1993. *On gender differences in eating behavior as compensatory consumption*. Proceeding of the Symposium of the Second Conference on Gender and Consumer Behavior at Salt Lake City: 74-86.
- [30] Gardner, M.P. 1985. Mood states and consumer behavior. *Journal of Consumer Research*, 12: 281-300.
- [31] Cohen, J.B. and Areni, C.S. 1990. An inquiry into the compulsive side of normal consumers. *Journal of Consumer Policy*, 13: 15-31.
- [32] Mason, R.S. 1981. *Conspicuous Consumption: A Study of Exceptional Behavior*. United Kingdom: Gower.
- [33] Whittington, D., Suraratdecha, C., Poulos, C., Ainsworth, M., Prabhu, V. and Tangcharoensathien, V. 2008. Household demand for preventive HIV/AIDS vaccines in Thailand: Do husbands' and wives' preference differ?. *Value in Health*, 11(5): 965-974.
- [34] Kittikraisak, W., Burapat, C., Kaewsard, S., Watthanaamornkiet, W., Sirinak, C., Sattayawuthipong, W., Jittimane, S., Pobkeeree, V. and Varma, J.K. 2009. Factors associated with tuberculosis treatment default among HIV-infected tuberculosis patients in Thailand. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 103: 59-66.
- [35] Liangputtong, P., Haritavorn, N. and Kiatying-Angsulee, N. 2009. HIV and AIDS, stigma and AIDS support groups: Perspectives from woman living with HIV and AIDS in central Thailand. *Social Science & Medicine*, 69: 862-868.
- [36] Michinobu, R. 2009. "HIV is irrelevant to our company": Everyday practices and the logic of relationships in HIV/AIDS management by Japanese multinational corporations in northern Thailand. *Social Science & Medicine*, 68: 941-948.
- [37] Sakthong, P., Schommer, J.C., Gross, C.R., Prasithsirikul, W. and Sakulbumrungsil, R. 2009. Health Utilities in Patients with HIV/AIDS in Thailand. *Value in Health*, 12(2): 377-384.
- [38] Nagelkerke, N.J.D., Hontelez, J.A.C. and de Vlas, S. 2011. The potential impact of an HIV vaccine with limited protection on HIV incidence in Thailand: A modeling study. *Vaccine*, 29: 6079-6085.
- [39] Newman, P.A., Rongprakhon, S., Tepjan, S. and Yim, S. 2010. Preventive HIV vaccine acceptability and behavioral risk compensation among high-risk men who have sex with men and transgender in Thailand. *Vaccine*, 28: 958-964.
- [40] Schneider, K., Kerr, C.C., Hoare, A. and Wilson, D.P. 2011. Expected epidemiological impacts of introducing an HIV vaccine in Thailand: A model-based analysis. *Vaccine*, 29: 6086-6091.
- [41] Khumsaen, N., Aoup-por, W. and Thammachak, P. 2012. Factors influencing quality of life among people living with HIV (PLWH) in Suphanburi Province, Thailand. *Journal of The Association of Nurse in AIDS Care*, 23(1): 63-72.
- [42] Noe, R.A., Hollenbeck, J.R., Gerhart, B. and Wright, P.M. 2006. *Human Resource Management*. 5th ed. New York: McGraw-Hill/Irwin.
- [43] Prowse, P. and Prowse, J. 2010. Whatever happened to human resource management performance?. *International Journal of Productivity and Performance Management*, 59(2), 145-162.

- [44] Coeur, S.L., Collins, I.J., Pannetier, J. and Lelievre, E. 2009. Gender and access to HIV testing and antiretroviral treatments in Thailand: Why do women have more and earlier access?. *Social Science & Medicine*, 69: 846-853.
- [45] Pitisuttithum, P., Choopanya, K. and Rerk-Ngam, S. 2010. HIV-vaccine research and development in Thailand: Evolution and challenges. *Vaccine*, 28: 845-849.
- [46] Andersson, K. and Stover, J. 2011. The potential impact of a moderately effective HIV vaccine with rapidly waning protection in South Africa and Thailand. *Vaccine*, 29: 6092-6099.
- [47] The Ministry of Public Health. 2011. Screening and evaluation of potential volunteers for a phase III trial in Thailand of a candidate preventive HIV vaccine (RV148). *Vaccine*, 29: 4285-4292.
- [48] Latkin, C.A., Donnell, D., Metzger, D., Sherman, S., Aramrattana, A., Davis-Vogel, A., Quan, V.M., Gandham, S., Vongchak, T., Perdue, T. and Celentano, D.D. 2009. The efficacy of a network intervention to reduce HIV risk behaviors among drug users and risk partners in Chiang Mai, Thailand and Philadelphia, USA. *Social Science & Medicine*, 68: 740-748.
- [49] Zhou, Y.R. 2007. "If you get AIDS...you have to endure it alone": Understanding the social constructions of HIV/AIDS in China. *Social Science & Medicine*, 65: 284-295.
- [50] Thomas, F. 2006. Stigma, fatigue, and social breakdown: Exploring the impacts of HIV/AIDS on patient and care well-being in the Caprivi Region, Namibia. *Social Science & Medicine*, 63: 3174-3187.
- [51] Dichter, E. 1960. *Strategy of Desire*. New York: Doubleday.
- [52] Gronmo, S. 1988. *Compensatory consumer behavior: elements of a critical sociology of consumption*. In Otnes, P. (Ed.). *The Sociology of Consumption*, Solum Forag, Humanities Press, New York.
- [53] Gould, S.J. 1997. An interpretive study of purposeful, mood self-regulating consumption: The consumption and mood framework. *Psychology and Marketing*, 14(4): 395-426.
- [54] Faber, R.J. and O'Guinn, T.C. 1992. A clinical screener for compulsive buying. *Journal of Consumer Research*, 19: 459-469.
- [55] Shoham, A. and Brencic, M.M. 2003. Compulsive buying behavior. *Journal of Consumer Marketing*, 20(2): 127-138.
- [56] Park, H. and Burns, L.D. 2005. Fashion orientation, credit card use, and compulsive buying. *Journal of Consumer Marketing*, 22/3: 135-141.
- [57] Saraneva, A. and Sääksjärvi, M. 2008. Young compulsive buyers and the emotional roller-coaster in shopping. *Young Consumers*, 9(2): 75-89.
- [58] Silvera, D.H., Lavack, A.M. and Kropp, F. 2008. Impulse buying: the role of affect, social influence, and subjective wellbeing. *Journal of Consumer Marketing*, 25/1: 23-33.
- [59] Johnson, T and Attmann, J. 2009. Compulsive buying in a product specific context: Clothing. *Journal of Fashion Marketing and Management*, 13(3): 394-405.
- [60] Fogel, J. and Schneider, M. 2011. Credit card use: Disposable income and employment status. *Young Consumers*, 12(1): 5-14.
- [61] Hirschman, E.C. 1992. The consciousness of addiction: Toward a general theory of compulsive consumption. *Journal of Consumer Research*, 19(September): 155-179.
- [62] Mick, D.G. and DeMoss, M. 1990. Self-gifts: phenomenological insights from four contexts. *Journal of Consumer Research*, 17(3): 322-332.
- [63] Lee, H. and Kim, J. 2009. Gift shopping behavior in a multichannel retail environment: The role of personal purchase experiences. *International Journal of Retail & Distribution Management*, 37(5): 420-439.
- [64] Rook, D.W. and Gardner, M.P. 1993. *In the mood: Impulse buying's affective antecedents*. In *Research and Consumer Behavior* (Eds.). Jal Press: n.p.
- [65] Page, C. 1992. *A history of conspicuous consumption*. In Rudmin and Richin (Eds). Boston: Massachusetts.
- [66] Shaw, E. 1999. A guide to the qualitative research process: evidence from a small firm study. *Qualitative Market Research: An International Journal*, 2(November): 59-70.
- [67] Neuman, W.L. 2006. *Social Research Methods: Qualitative and Quantitative Approaches*. USA: Pearson.
- [68] Riege, A.M. 2003. Validity and reliability tests in case study research: a literature review with "hands-on" applications for each research phase. *Qualitative Market Research: An International Journal*, 6(2): 75-86.
- [69] Eisenhardt, K.M. and Graebner, M.E. 2007. Theory building from cases: opportunities and challenges. *Academy of Management Journal*, 50(1): 25-32.
- [70] Kulvisaechana, S. 2005. *The rhetoric and reality of developing human capital in the organization: a case study*. Unpublished doctoral dissertation, University of Cambridge, United Kingdom.
- [71] National Health Security Office (NHSO). *Information* [online] 2002 [cited on 21 June 2012]. Available from: <http://www.nhso.go.th/eng/Site/Default.aspx>
- [72] Social Security Office (SSO). *Benefits* [online] 2009 [cited on 21 June 2012]. Available from: <http://www.sso.go.th/wpr/category.jsp?lang=th&cat=81>
- [73] Maslow, A.H. 1943. A theory of human motivation. *Psychological Review*, 50: 370-396.
- [74] Schermerhorn, J.R., Hunt, J.G. and Osborn, R.N. 2003. *Organizational Behavior*. 8th ed. USA: John Wiley & Sons.
- [75] Yin, R.K. 1994. *Case Study Research*. California: Sage.
- [76] Eisenhardt, K.M. 1989. Building theories from case study research. *Academy of Management Review*, 14(4): 532-550.

- [77] Grill, J. 1993. Building theory from case studies. *Journal of Small Business and Enterprise Development*, 2(2): 71-75.
- [78] Patton, M.Q. 2002. *Qualitative Research and Evaluation Methods*. 3rd ed.. Sage: California.
- [79] Djuric, A. 2009. Qualitative approach to the research into the parameters of human security in the community. *Policing: An International Journal of Police Strategies & Management*, 32(3): 541-559.
- [80] Kwak, H., Zinkhan, G.M. and Roushanzami, E.P.L. 2004. Compulsive comorbidity and its psychological antecedents: A cross-cultural comparison between the US and South Korea. *Journal of Consumer Marketing*, 21(6): 418-434.