

**Am I Really Responsible for Compensating Underpaid Food Delivery Workers? A Study  
on Consumer Responsibilization and Emotions**

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## ABSTRACT

Am I Really Responsible for Compensating Underpaid Food Delivery Workers? A Study on

Consumer Responsibilization and Emotions

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While the COVID-19 pandemic has put thousands of food establishments out of business, the market of food delivery applications (FDAs) has spiked. FDAs have been criticized for their inadequate compensation of workers and fee structure for partner restaurants. It is expected that consumers compensate for the low driver pays with their tips, which is an act of responsabilization. This qualitative study of interviews and archival data will investigate the responsabilization journey of consumers in using FDAs service and how emotions arise from or shape their consumption. My findings show that consumers either refuse to take the responsibility or become responsabilized for the issues faced by food delivery drivers and restaurants. They experience a wide range of emotions arising from the burden of responsabilization, hence taking different actions to resolve these feelings. While the literature on responsabilization usually presumes that consumers will be responsabilized, my findings add another perspective where consumers refuse to be responsabilized, rejecting the perceived unfair shift of responsibility. My findings also demonstrate that consumers can feel responsabilized for more than one issue within the same context. The findings also affirm that emotions can contribute to the formation of responsible subjects as well as the shaping of anti-consumption, thus adding a complex understanding to the literature of emotions and consumer responsabilization. For practitioners, the study emphasizes the importance of being socially responsible and advises companies to adjust their structures to be beneficial for all stakeholders.

**Keywords:** Food Delivery Apps, consumer responsabilization, emotions, Covid-19 pandemic

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# TABLE OF CONTENTS

|   |               |
|---|---------------|
| <b>LIST OF TABLES AND FIGURES.....</b>              | <b>vi-vii</b> |
| <b>List of Tables.....</b>                          | <b>vi</b>     |
| <b>List of Figures.....</b>                         | <b>vii</b>    |
| <b>1. INTRODUCTION.....</b>                         | <b>1-3</b>    |
| <b>2. RESEARCH CONTEXT.....</b>                     | <b>3-7</b>    |
| <b>3. LITERATURE REVIEW.....</b>                    | <b>7-13</b>   |
| 3.1 Consumer Responsibilization.....                | 8-11          |
| 3.2 The role of Emotions in Responsibilization..... | 11-13         |
| <b>4. METHODOLOGY.....</b>                          | <b>3-18</b>   |
| 4.1 Primary Data.....                               | 13-17         |
| 4.2 Secondary Data .....                            | 17-18         |
| <b>5. FINDINGS.....</b>                             | <b>18-42</b>  |
| <b>6. DISCUSSION.....</b>                           | <b>42-50</b>  |
| 6.1 Theoretical Implications.....                   | 42-44         |
| 6.2 Practical Implications.....                     | 44-46         |
| 6.3 Limitations & Future Research.....              | 46-49         |
| 6.4 Conclusions.....                                | 49-50         |
| <b>APPENDICES.....</b>                              | <b>51-70</b>  |
| <b>REFERECES .....</b>                              | <b>70-81</b>  |

## LIST OF TABLES

|  |       |
|--|-------|
| Table 1: Summary information of participants.....        | 16    |
| Table B.1: List of interview questions.....              | 52-53 |
| Table C.1: Inclusion criteria for the archival data..... | 54    |
| Table C.2: Exclusion criteria for the archival data..... | 55    |
| Table C.3: Archival data selection process.....          | 55    |
| Table C.4: List of final review articles.....            | 56-62 |
| Table D.1: Passive netnography database.....             | 64    |

## LIST OF FIGURES

|   |    |
|---|----|
| Figure 1: Consumer’s Responsibilization Journey and Associated Emotions.....                  | 19 |
| Figure 2: An Uber Eats worker shares the earnings for each delivery trip.....                 | 65 |
| Figure 3: A FDAs worker struggles to deliver a large number of items.....                     | 65 |
| Figure 4: FDAs workers express the struggle of making a living after paying for expenses..... | 66 |
| Figure 5: FDAs workers try to break even.....   | 66 |
| Figure 6: FDAs workers express how they feel about their companies.....                       | 67 |
| Figure 7: A FDAs worker shows a low acceptance rate.....                                      | 67 |
| Figure 8: A FDAs worker declines a low tip order.....   | 68 |
| Figure 9: A FDAs worker is happy receiving a big tip.....                                     | 68 |
| Figure 10: A FDAs worker shows appreciation for a kind customer.....                          | 69 |
| Figure 11: A tweet shows how Uber Eats decides to stop its operation in Brazil.....           | 69 |
| Figure 12: DoorDash focuses on spending money on ads.....                                     | 70 |
| Figure 13: A FDAs worker has trouble contacting support service.....                          | 70 |

## 1. INTRODUCTION

The proliferation of the Internet and smartphones have enabled consumers to access more resources in a faster and more convenient way, including having their fresh produce, frozen meals, and prepared food delivered to a choice of destination. Within the platform-to consumer food delivery segment, starting with UberEats, DoorDash and GrubHub, many more Food Delivery Applications (FDAs) have been launched worldwide. These third-party platform-to-consumer services have shown their appeal by quickly becoming a major global sector in the food industry. Notably, while the advent of COVID-19 pandemic put thousands of food establishments out of business, it has had the reverse effect on FDAs where the market's demand spiked (Ahuja et al., 2021). Due to movement restrictions caused by the virus, more and more consumers have prioritized convenience and safety as they transitioned to in-home dining. As a result, the FDAs industry has experienced exponential growth this past year, currently projected to reach US\$ 339.257 billion worldwide in 2022 (Statista, 2021). Within the industry, platform-to-consumer delivery is the largest segment with a projected revenue of US\$215.955 billion in 2022 (Statista, 2021). That said, this seemingly wonderful and lucrative market raises the ethical question of whether FDA companies are doing more harm than good. Previous literature has proposed some concerns with the FDAs market, for instance, on their harmful environmental impacts, as well as how FDA companies are charging unfair rates to their partnered restaurants and paying below the minimum wages to their delivery workers (Chen, Hu, & Wang, 2019; Li, Miroso, & Bremer, 2020). With the huge demand of FDAs and the fact that thousands of unemployed workers had to desperately turn to working for FDAs during the pandemic has drawn renewed attention to these ethical concerns.

While an extensive literature has examined a variety of topics concerning FDAs (Chai & Yat, 2019; Das, 2018; Liu et al., 2021; Ray & Bala, 2021), little attention has been given to the consumer responsabilization, the process in which consumers are tasked with making ethical consumption choices (Eckhardt & Dobscha, 2019). Having enough consumers who engage in ethical and responsible decisions services can influence and make businesses re-evaluate their practices and reduce the burden on the consumers who are left to make ethical decisions about their consumption. In addition, recent work has proposed how responsabilization can be driven by certain emotions (Bajde & Rojas-Gaviria, 2021; Eckhardt & Dobscha, 2019; Gonzalez-Across et al., 2021). However, research on affective dynamics, the market-mediated encounters through which the “consumers’ capacities to affect or to be affected change” (Bajde & Rojas-Gaviria, 2021) is still scarce.

Using the context of FDAs during COVID-19 pandemic, the study aims to fill the research gap by exploring the following two questions:

1. What emotions do consumers experience when they are given the burden of compensating for workers?
2. How do these emotions shape their consumption on FDAs?

This study contributes to both consumer responsabilization and affective dynamics literature while raising practitioners’ awareness on how consumers respond to conflicting ethical concerns. In particular, the study enriches the literature of consumer responsabilization and affective dynamics by providing empirical evidence for the formerly proposed theories (Bajde & Rojas-Gaviria, 2021; Soneryd & Ugglå, 2015). The study also expands the knowledge of how consumers experience responsabilization beyond the green consumption and philanthropic context. The findings also affirm that marketplace sentiments can contribute to the formation of

responsible subjects. For practitioners, the findings demonstrate the adverse effect of negative emotions on consumers' responsabilization, impacting their continued usage. Given the crucial role of emotions on consumer's choice of making responsible actions, managers of not just FDAs but any company should focus more on their businesses' ethics (i.e., labor practices) instead of just on the bottom line.

The remainder of this thesis is arranged as follows: Section 2 presents a summary of previous studies related to the Food Delivery apps, consumers' responsabilization and the role of emotions. Section 3 presents the data collection process. Section 4 presents and discusses the findings. Last, section 5 concludes and discusses the implications of this study.

## **2. RESEARCH CONTEXT**

The growth of digital technologies and spread of the Internet have spurred the rapid growth of e-commerce for various products and services, ranging from buying clothes and furniture to booking flights and renting cars, and soon enough, ordering food and drinks. Online food delivery services refer to courier services where consumers place an order online and have their order prepared and delivered to them. There are two types of food delivery depending on the providers: restaurant-to-consumer delivery (also known as in-house delivery) or platform-to-consumer delivery (also known as third-party delivery) (Li, Miroso, & Bremer, 2020; Zhao & Bacao, 2020). As reflected in the name, the first type of delivery refers to a more traditional method where the restaurants deliver the food themselves, either by their own delivery team or by hiring independent delivery drivers. This delivery type is often seen through the examples of pizza stores and fast-food chains such as McDonald's and KFC. The latter delivery type refers to

third-party platforms such as Uber Eats (in Canada and the U.S), Grubhub (in the U.S), Deliveroo (in UK), Swiggy (in India), or Meituan (in China) (Dash, 2021). Because these platforms all offer an integrated mobile application besides their traditional website, they are commonly referred to as food delivery applications (FDAs). This study focuses on the later type of FDAs where FDAs act as the intermediary role between the consumers and food providers.

While the concept of FDAs traced back to 2004 with Grubhub, followed by Postmates in 2011, then DoorDash, then Uber Eats in 2014 (Lucas, 2019), the market has been truly thriving in the last five years thanks to the growth of internet and mobile phones (Cho et al., 2019), as well as the advancement of technologies enabled restaurants to integrate their sales system into FDAs, which allow consumers to choose a variety of restaurants and customize their orders. FDAs provide various conveniences for both food providers and their consumers (Chavan et al., 2015; Kimes, 2011; See-Kwong et al., 2017; Yeo et al., 2017). FDAs have transformed the foodservice consumption experience from the legacy element of dining in a public environment (Jeong & Jang, 2016) to a combination of “home-related” elements, such as having food from various vendors (Gunden, Morsan, & DeFranco, 2020). For restaurants, FDAs offer an alternate channel to earn income while simplifying the ordering process between consumers and food providers (Chavan et al., 2015). FDAs also enable restaurants to improve the order accuracy (Kimes, 2011) and the ability to reach out to a bigger market (See-Kwong et al., 2017; Yeo et al., 2017). For consumers, FDAs provide an easy and convenient access to food from a wide variety of restaurants and multiple locations (Chai & Yat, 2019; Yeo et al., 2017). Consumers have the ability to either search for particular types of food that they crave for or simply browse for what is available (Ray et al., 2019) and save time by having the food delivered instead of having to drive to the restaurants to pick it up (Yeo et al., 2017). Prior studies have looked at factors

influencing consumers' purchase and continued usage intentions of FDAs (Chen et al., 2020; Lee, Lee, & Jeon, 2017; Lee, Sung, & Jeon, 2019). For instance, Chen et al., (2020) proposed that consumers' utilitarian value, influenced by one's attitude, subjective norms and perceived behavior, has a significant positive correlation with their purchase intention towards FDAs. Similarly, consumers' intention to use FDAs has proven to depend on their perceived information quality (e.g, the apps provide accurate information in an captivating format) and performance expectancy of the app (e.g., the apps save consumers time and speed up the purchasing process) (Lee, Sung, & Jeon, 2019). Meanwhile, Gunden, Morosan & DeFranco (2020) proposed that the design of the system (e.g, the application) and the tools provided to consumers to complete a task (e.g., place the order) are the most important antecedent of intentions, and consumer's habit is an important factor in shaping consumers' usage intention. Since the beginning of 2020, the COVID-19 pandemic, which caused unprecedented changes to traditional ways of doing business, has been a new factor propelling the relevance of FDAs. Instead of just being an alternative option of assisting food consumption, FDAs have, at times, become the only practical channel through which restaurants could sustain their customers while following the safety guidelines and being able to protect the well-being of their own employees as well as consumers.

That being said, FDAs also come with a number of controversies (Chen, Hu, & Wang, 2019; Figueroa et al., 2021; Li, Miroso, & Bremer, 2020; Liu et al., 2021). The convenience of FDAs comes with the ease of accessing food, including unhealthy types, which may create adverse health outcomes for overweight or obese individuals (Stephens, Miller, & Militello, 2020). Research has also shown that consumers could be ingesting microplastics from take-out and delivery food containers as these plastic fragments can migrate from the containers to food

under the exposure to high temperature (Du et al., 2020; Duan et al., 2020). The use of FDAs also brings environmental concerns on the large amounts of single-use plastic containers of boxes, bags, and utensils (Liu et al., 2021). In 2018, 323,000 tons of plastic containers were produced and disposed for food delivery services in China alone (Liu et al., 2021). Notably, most plastic containers are made of non-biodegradable materials and thus have an enduring repercussion on the environment (Hernandez et al., 2019; Hoffman & Hittinger, 2017). The negligent management of plastic waste disposal leads to environmental pollution, including water pollution (Cieslik et al., 2015; Hohenblum et al., 2015), soil pollutions (Chen et al., 2020), and atmospheric pollution (Prata, 2018; Zhao et al., 2019), endangering lives of a wide variety of organisms living in those infected areas (Pham et al., 2018).

Attention has also been given to not only the environmental aspect but also the ethical aspect of FDAs. First come concerns about the labor practices of FDAs, on whether the couriers are being safe and treated fairly (Chen, Hu, & Wang, 2019; Hernandez et al., 2019; Li, Miroso, & Bremer, 2020). The fact that all delivery workers for FDAs work as independent contractors (also known as gig workers), while arguably benefiting from the flexible working hours, comes with many downsides as they do not receive the most basic labor protection, health insurance, and arguably reasonable pay (Towers-Clark, 2019). These are concerning for FDAs workers as they are susceptible to getting injured due to the nature of the job. According to a new report, 49 percent of the survey respondents (FDAs workers) have been in an accident while on the job, and 75 percent have to pay for medical care with their out-of-pocket money (Figuroa et al., 2021). Then, comes the question of whether the couriers are being paid fairly. Across all the major food delivery platforms, these independently contracted drivers are paid per delivery, which is calculated by an arbitrary algorithm, making it difficult for drivers to know what to expect. A lot

of drivers have complained about the low wages and ability to file their complaints with customer services (Saxena, 2021). A recent survey reports that roughly 65,000 grocery delivery drivers in New York earn an average of \$7.87 an hour before tips, and \$12.21 after tips, which is way below the State's \$15 minimum wage (Frostick, 2021). 42% of the workers found that their paychecks usually come late, and tips sometimes get reduced or missing (Frostick, 2021). There are also concerns for the partnered restaurants of FDAs. Not having to worry about the delivery logistics comes with a trade-off for partnered businesses of FDAs as most food delivery companies charge them a commission for every order, which can be as much as 30 percent of the order cost (Deschamps, 2021). For a lot of family-owned restaurants whose margins are already low, this is a steep cost, especially during the pandemic when they have to heavily rely on FDAs to make a living when indoor dining is either restricted or banned. Several restaurants have filed lawsuits against these major FDAs for the exorbitant fees, claiming that these fees are "disproportionate, exploitative and abusive" (Montreal Gazette, 2021; Saxena, 2019). Ultimately, some local governments have placed a temporary cap on the commission fees charged by FDAs (CBC News, 2021; The Canadian Press, 2021) but the issue seems to remain unresolved.

To date, literature has explored a wide variety of topics when it comes to FDAs, looking at both the FDA market and consumers. However, how consumers feel and respond to issues stemming from the businesses. Therefore, this study urges us to understand the behavioral and emotional dimensions of consumers using the consumer responsabilization theory and literature on emotions.

### **3. LITERATURE REVIEW**

### 3.1 Consumers' responsabilization

Responsibility is based on the premise that an individual's care for responsibilities and appeal to certain values is the foundation of one's action (Selznick, 2002). On the contrary, responsabilization presumes the construction of moral agency as a fundamental condition for social actors to act responsibly (Shamir, 2008). The concept of consumer responsabilization stems from the ideology of neoliberalism in which the market guarantees freedom through consumer's freedom of choice (Pellandini-Simanyi & Conte, 2020). It is theorized as a moralistic identity stage where consumers develop an increased awareness of how their consumption impacts not only themselves but also the environment and the society (Schor, 1998). Pellandini-Simanyi & Conte (2020) defined it as the process of making people responsible by "assigning decisions and responsibility to the individual level from systemic problems" and making people feel responsible by inviting them to "willingly accept these responsibilities, experiencing them as freedom."

Literature has well-examined how consumer responsabilization is formed (Caruana & Chatzidakis, 2014; Evens et al., 2017; Mackey & Sisodia, 2014). In particular, most of focused on how the moralistic governance regimes have produced, or delegated responsibilities to consumers, drawing it to the macro forces (e.g., the political economy) (Foucault, 1988; Giesler & Veresiu, 2014; Mikkonen, Vicdan, & Markkula, 2014; Shamir, 2008). Building on the literature of governmentality, Giesler & Versiu (2014) proposed a theoretical model that describes the 4-stages process through which responsible consumer subjects are created, titled the P.A.C.T. routine model (personalization, authorization, capabilization, and transformation). In the first stage, social issues are portrayed as personal matters whose solutions are a matter of

individual ethical conduct rather than collective ones. In the second stage, the moralistic problem is legitimized and substantiated to the position that the responsible self-conduct triumphs over alternative options. Then, the third process, “capabilization,” refers to when a concrete material infrastructure of products and services is created to support responsible self-management. The three processes actively shape the individual’s interest and eventually, fostering concrete behavioral change. Thus, this last stage is referred to as “transformation” (Giesler & Versiu, 2014). Aboelenien, Arsel, & Cho (2020) illustrated how Canadian policy makers set priorities and roles of consumers during the COVID-19 pandemic by emphasizing the roles of citizens in reducing risks for themselves and protecting the well-being of others through daily policy communications. While nation-states are still the pivotal actors when it comes to problem-solving, emphasis on the responsibilities of private actors and individuals have been increasing (Soneryd & Ugglå, 2015). Caruana & Chatzidakis (2014) propose that the formation of consumer responsabilization is established through multiple agents, from the governments to NGOs to companies. Firms can take charge and modify their practices to mitigate the marketplace risk, as illustrated in how some restaurants and personal services volunteered to close down their operations during the coronavirus pandemic before that was required by the government (Aboelenien, Arsel, & Cho, 2020). Last, consumers are also encouraged to engage in responsible conduct, especially when it comes to aspects such as health, career development, and the environment, for instance, by pursuing a green lifestyle (Soneryd & Ugglå, 2015).

That being said, responsabilization presumes that consumers want to make responsible and ethical choices (Bardhi & Eckhardt, 2017). However, Eckhardt & Dobscha (2019) has shown how consumers experience unsettling emotions when being taxed with responsabilization, which can result in resistance (Eckhardt & Dobscha, 2019). There has been limited research that

investigates how consumers experience responsabilization. More importantly, we know very little about the role of emotions in the ways consumers are motivated to engage in responsible consumption. Understanding consumers' emotional experience while using or thinking about products and services, which influence their adoption and continuous use of products and services, is crucial. As most FDAs earn their revenues from a combination of service fees, delivery fees as well as a percentage of the restaurants' revenues from each order, their success depends on the usage frequency of users (Gunden, Morosan, & DeFranco, 2020). When consumers enjoy the experience of consuming a product or service, they are more likely to develop brand loyalty, retain their usage with the brand, and refer the brand to friends and family, thus benefiting the brand long-term. On the other hand, a negative or ambivalent experience will make consumers stray far away, leave negative reviews or boycott the brand, thus damaging not only the brands' performance but also their reputation. FDAs need to design platforms that can benefit all stakeholders (i.e., the delivery workers, consumers, partnered restaurants, and FDAs companies themselves) by engaging with those and trying to understand their needs, interests and concerns. Communicating with stakeholders will allow FDAs to identify issues and ensure that other stakeholders are not given too much responsibility that should be FDAs' task to deal with.

Soneryd & Ugglå (2015) theorized three responses of consumers when being tasked with environmental responsibility: (1) indifference, when consumers do not make ethical consumption choices, (2) negotiation, when consumers remediate what action is considered ethical, and (3) anti-consumption, when consumers choose alternate means of consumption. Nevertheless, Soneryd & Ugglå (2015)'s research explored consumers' responsabilization in a specific market setting of green consumption - an environmental issue. Inspired by Soneryd & Ugglå's (2015)

work, I want to determine whether the responses are similar in another market whose focus is embedded more on the ethical aspects instead of environmental concerns. More importantly, I want to see consumers' responses when they are not put into the position of being responsabilized.

### **3.2 The role of emotions in responsabilization**

Consumer research has begun to address the roles of consumers' emotions in consumption for over three decades (Hirschman & Holbrook; 1982). Studies have shown how emotions have direct and indirect effects on a variety of cognitive responses (e.g., attitude and judgment formation, recall ability) (Hirschman & Stern, 1999), and hence, on consumption behaviors, such as shopping involvement level (Swinyard, 1993), consumption choices (Murry & Dacin, 1996). Researchers have studied the role of emotions in influencing consumption in numerous contexts (Janssens & DePelsmacker, 2005; O'Neill & Lambert, 2001). Previous studies have proposed that individuals might engage in certain consumption behaviors to control emotions, for instance, indulging a piece of chocolate to diverge from unwanted feelings (Andrade, 2005; Kacen, 1994; Mick & Demoss, 1990).

While existing research has focused on how emotional or affective states are evoked within subjects, I am also interested in understanding how they constitute subjects (Ahmed, 2004; Bajde & Rojas-Gaviria, 2021). The concept stems from a relational view on affect where affective encounters refer to "consumption encounters through which consumers' capacities to affect or to be affected change" (Bajde & Rojas-Gaviria, 2021). Bajde & Rojas-Gaviria (2021) demonstrated an example where Jackley, the co-founder of Kiva.org, a microlending platform

used two very contrasting encounters with disadvantaged individuals as examples to raise support for the entrepreneurs in need with her interest-free microloan platform. Bajde & Rojas-Gaviria (2021) argued that encounters like that evoke emotions and play a key role in influencing consumers to take on responsibilities for social problems.

Recent literature has only begun to scrutinize the role of emotions within the study of consumer responsabilization, looking at how responsabilization can be driven by emotions (Gollnhofer & Kuruoglu, 2018) as well as how it can evoke emotions (Eckhardt & Dobscha, 2019; Gonzalez-Acros et al., 2021). For example, Gollnhofer & Kuruoglu (2018) proposed that moral outrage can steer responsabilization. On the other hand, Eckhardt & Dobscha (2019)'s study proposed that consumers feel discomfort at physical, psychological, and philosophical levels when being responsabilized to decide how much they want to pay for their meal at Panera Cares. The study shows how consumers were having discomfort being in physical proximity to the food insecure (physical discomfort), being consumer-profiled by the cafe's employees who seek to distinguish the food insecure and food insecurity (psychological discomfort), and being questionable about the motives behind the company's tactics (philosophical discomfort). In accordance with Eckhardt & Dobscha (2019), Gonzalez-Acros et al. (2021) added moral discomfort, an emotion that consumers experience when they believe that the superior actors (e.g., organizations, governments) are profiting from their responsabilization (e.g., consumers have to purchase the environmentally friendly bags and advertise for the supermarket for free). Responsibilization can provoke the internal responsabilization battles, when the actors clashed over who was responsible for the responsible conduct, unsettling emotionality, when consumers are not accustomed to their previously familiar practice, and resistance, when consumers have to

create new or forfeit the existing connections between the previous practice to others (Gonzalez-Acros et al., 2021).

## **4. METHOD**

This research studied the phenomenon using a qualitative approach. I incorporated three analysis methods: in-depth interviews, passive netnography, and archival data. The data was collected over the span of over four and a half months. For both primary and secondary data, I limited the scope of study to the United States and Canada as the rules and regulations of FDAs can be very different in other countries. In particular, I only recruited participants who are currently living in either the United States or Canada and retrieved secondary data from Canadian and USA sources.

### **4.1 Primary data**

For primary data, I conducted 10 in-depth, semi-structured interviews with past or current users of FDAs between September 2021 and January 2022. The interviews gathered insights from past or current users of any Food Delivery Apps, whether from third-party platforms (e.g., UberEats, DoorDash, SkiptheDishes...) or from in-house services provided directly by the restaurants. The goal of these interviews was to help us understand consumers' interactions and experiences of FDAs, as well as how they felt about and respond to the ethical issues.

The study was approved by the University's Ethics Committee, and I followed the ethical procedure in conducting this research. To recruit my participants, my supervisor and I posted inquiries on two online social media platforms (i.e., Reddit and Twitter), briefly summarized my research and asked the qualified users to help me with the project. The requirements consisted of (1) currently living in the USA or Canada and (2) previously used or currently using any FDAs. To avoid imposing the idea of a "consumer responsabilization" into the interviewees' responses, I simply told them that the study concerned their experiences and thoughts on FDAs. Participants were not given any compensation for their participation. The recruitment material can be viewed in Appendix A. After the interested consumers agreed upon participating in the study, I emailed them the information and consent form to lay out the nature of the interview process and details regarding the study. All participants were aware that they could withdraw from the study within one month of the interview date and hence I would remove their data. The information gathered was coded and I protected the participants' information by using pseudonyms. After a participant sent me the signed consent form, I arranged an interview time slot.

I followed Arsel's (2017) guidelines for designing and conducting the interviews. The interview questions were semi-standardized (Berg & Lune, 2012) so that the researcher could probe and come up with more in-depth questions depending on the responses of the interviewee. The interview protocol consisted of 6 general questions and 27 follow-up questions, aimed to seek answers for 4 main groups of information: (1) demographic information, (2) eating and cooking habits, (3) food delivery usage, and (4) COVID-19 related factors. The list of these questions can be viewed in Appendix B. All participants were asked the 6 general questions, then, depending on the answers of the participant, I continued with some if not all prepared follow-up questions, and last, added more probing questions to either clarify or gain a deeper

understanding of the given answers. The focus was on the last two information categories of the consumer past/current experience with FDAs and how the COVID-19 pandemic has altered it.

Each of the interviews lasted approximately 50 to 75 minutes. The interviews were conducted online via Zoom video meetings to rule out the geographical distance factor and safety concerns regarding the COVID-19 pandemic. At the beginning of all interviews, I explained to the interviewee one more time about their rights and responsibilities. All of the interviews are audio-recorded with the permission of the interviewees for analysis purposes. These recordings were then uploaded in a cloud-storage folder and transcribed using an online software that meets the Tri-Council Policy requirements such as data privacy and retention. The researcher then reviewed and revised the transcripts to ensure the translation accuracy. The folder is password-protected and only the researcher and the supervisor have access to.

My participants' sample is a mix of past and current FDAs users. Given the online social media context that I used to recruit the participants (via Twitter and Reddit), all of the participants are in their 20s and 40s as people among those age groups are more active on the chosen platforms. Half of the participants are living in Canada and half are living in the USA. 8 out of 10 participants are female. Interestingly, 9 out of 10 participants either are pursuing or have earned a higher degree of education. This could be a sampling bias due to my recruitment protocol of finding interviewees from subreddit groups of students. 7 out of 10 participants are current users of at least one FDAs, whereas 3 participants have completely stopped using the FDAs. By current user, I considered participants who are still using a FDA up to the time of the interview, in spite of the frequency, it can be from time to time or regularly. The majority of current users choose Uber Eats as their main FDAs provider. Table 1 gives an overview of the participant's profiles. The names of all interviewees are pseudonyms.

**Table 1.** Summary Information of Participants.

| <b>Participant</b> | <b>Age Range</b> | <b>Location</b> | <b>Education</b>  | <b>Occupation</b>         | <b>User Status</b> | <b>Brand Choice</b>                |
|--------------------|------------------|-----------------|-------------------|---------------------------|--------------------|------------------------------------|
| Sarah              | 30s              | NY, USA         | Master's Degree   | Teacher                   | Past               | -                                  |
| Kimberly           | 30s              | MA, USA         | Master's Degree   | Teacher / Artist          | Current            | Uber Eats<br>Instacart             |
| Rachel             | 40s              | SK, Canada      | Master's Degree   | Consultant / Entrepreneur | Past               | -                                  |
| Kevin              | 20s              | QC, Canada      | Master's Degree   | Graduate Student          | Current            | Uber Eats<br>Door Dash             |
| Melanie            | 40s              | QC, Canada      | Ph.D. Degree      | Professor                 | Current            | Uber Eats                          |
| Kayla              | 40s              | ME, USA         | Bachelor's Degree | Not working (disabled)    | Current            | Uber Eats                          |
| Grace              | 20s              | QC, Canada      | Ph.D. Degree      | Graduate Student          | Current            | Uber Eats<br>Goodfood<br>Door Dash |
| Dona               | 30s              | WA, USA         | Master's Degree   | IT Specialist             | Past               | -                                  |
| Sonny              | 30s              | TX, USA         | Ph.D. Degree      | Professor                 | Current            | Uber Eats                          |
| Stella             | 20s              | SC, USA         | Master's Degree   | Graduate Student          | Current            | Grubhub<br>Door Dash               |

To interpret the data, I followed Gibbs' (2007) coding process. First, I highlighted words or phrases that were repetitive and seemed to be important from the interview transcripts, then categorized them into topics and themes. After that, I analyzed the themes by identifying the differences and similarities among participants to propose a theoretical framework (Berg & Lune, 2012).

## 4.2 Secondary Data

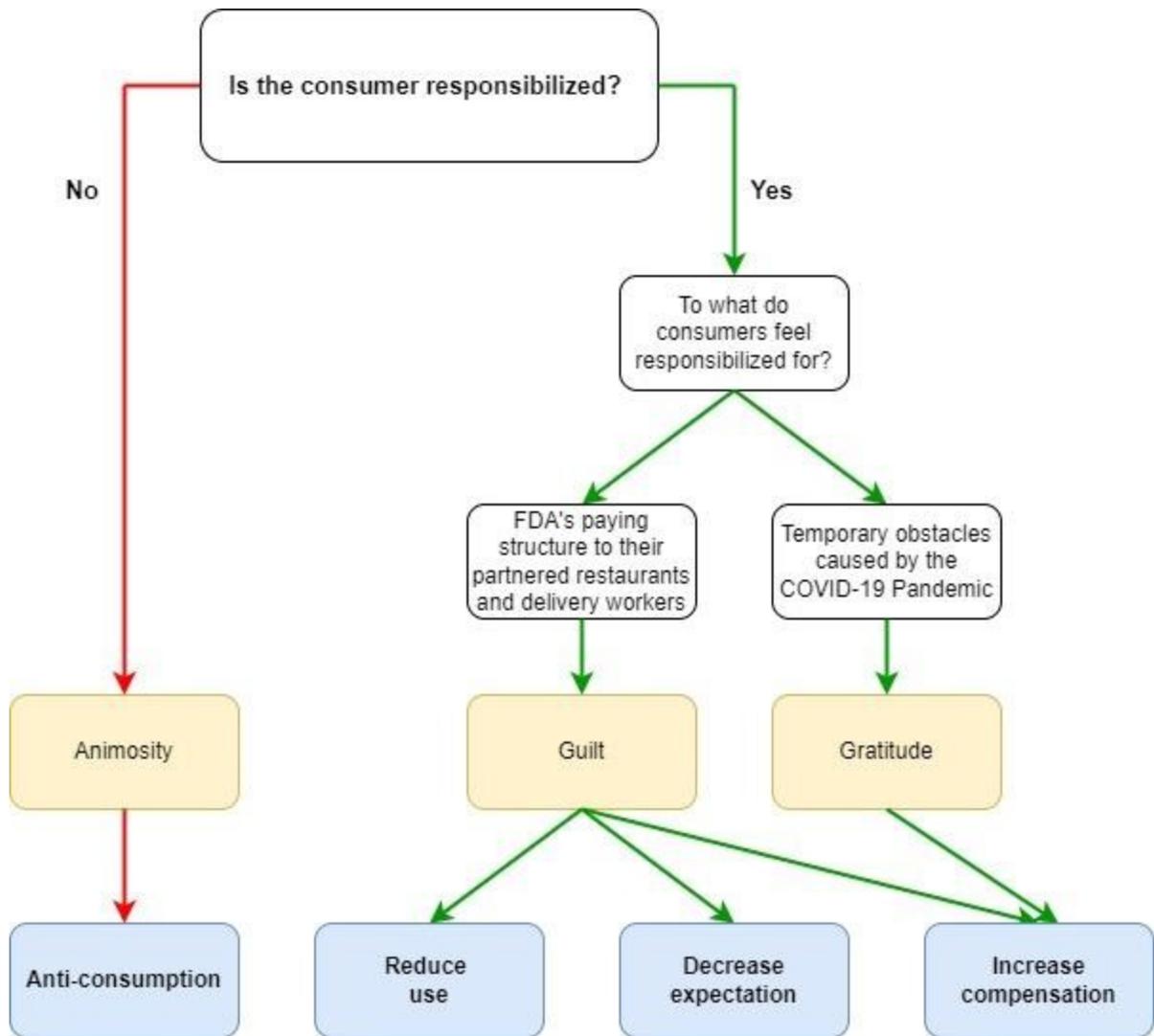
The secondary data consisted of two parts that were conducted simultaneously. The first part of the data collection involved analyzing data about FDAs from online sources. I decided to explore the topic from all publication types, ranging from academic journals to newspapers and reports. The goal of this data was to help us understand the nature of the FDAs market and morality concerns surrounding it. To create the pool of relevant data, I created a search string and performed the search on EBSCOHost to identify relevant documents in terms of topic fit and timeliness. Specifically, the search string used terms (and their synonyms) that center on food delivery apps, consumers' emotions, and responsibilities towards ethical concerns. I limited my search to publications published after 1/1/2015 only as the FDAs market started growing exponentially from that year. The initial search showed 194 publications. I then removed the duplications, then screened those documents by titles, abstracts and keywords. When in doubt, I further analyzed the document by screening through the introduction and body sections to determine whether the document fits my selection. The lists of inclusion and exclusion criteria can be found in Appendix C. After the screening process, there were 92 documents remaining (View Table C.4 - Appendix C). These documents were then coded and analyzed in order to understand the ethical concerns towards the FDAs market as well as the perspectives of consumers and drivers.

The second part of the data involved collecting data about the employees of FDAs by observing them on two social media platforms, Reddit and Facebook. I selected these two platforms because the posts were either publicly available or easily accessible (simply by requesting to join the group discussions) and could be identified easily through keyword or

hashtag searches. I retrieved the data to understand the employees' perspective and thoughts on their employers and customers, thus helping me better contextualize my findings. In order to collect this data, I followed and joined a few popular social media groups created by the employees. Some groups are exclusively for employees of a certain company (e.g., /r doordashdrivers, r/ubereatsdrivers), whereas some are for employees of any FDAs companies (e.g., r/ courriersofreddit). The list of selected groups can be found in Table D.1, Appendix D. Since there are hundreds of threads posted daily in these groups, I collected data by observing posts that are most trending in selected criteria, by their number of upvotes, number of comments/responses, and by the "hot" filter category by Reddit. Although there are more systematic ways of searching for the data, such as by hashtags, I chose my method due to the nature of most reddit posts either being very brief, using slang, or using only pictures. While the secondary data allowed me to have a better understanding of the market and of the drivers, unfortunately, due to the scope of the study, I will not be focusing on these insights. For more details, please review Appendix D.

## **5. FINDINGS**

The findings reveal the perspectives and emotions of consumers towards FDAs. These findings were identified through the interview process. Here, I showed how consumers experience either one of the two responses: (1) they are not responsabilized, or (2) responsabilized for the obstacles that the partnered restaurants and delivery workers face due to (a) the pandemic or (b) the FDA's fee structure to restaurants and delivery workers. I also discussed the emotions associated with each of these responses.



**FIGURE 1.** Consumer's Responsibilization Journey and Associated Emotions.

### 5.1. Is the consumer responsabilized? No.

The first type of behavior that I identified from consumers is that they refuse to be responsabilized for the issue. Feldmann & Alberg-Seberich (2020) stated how consumers now have two expectations about how organizations should act: first, consumers care about how companies are mindful about their environmental impacts; second, consumers care about how

companies treat their people. In this case, some consumers are aware of how FDAs are treating their employees, thus, decide to take a stance on the issue by not agreeing to take over and correct the responsibility that belongs to FDAs. They show their resistance to the service through their act of anti-consumption.

In simple terms, anti-consumption refers to the “resistance to, distaste of, or even resentment or rejection of consumption” (Zavestoski, 2002). The source of resistance varies, ranging from the shift of responsibilities from the state (Bickerstaff & Walker, 2002), to the market’s unjust power and control (Shepherd, 2002; Barnard, 2011; Fernandez et al., 2011), to mainstream consumer norms (Sandlin & Callahan, 2009; Lorenzen, 2014). Anti-consumption is reflected through consumers’ behaviors (Garcia-de-Frutos & Ortega-Egea, 2015), attitudes (Galvagno, 2011), set of motivations (Cherrier, Black, & Lee, 2011) or lifestyles (Cherrier & Murray, 2007). Makri et al. (2020) specified that anti-consumption means “intentionally and meaningfully excluding or cutting goods from one’s consumption routine.” The act of not using a good or service that is driven by factors (e.g., unavailability or inaccessibility to certain products or brands) other than driven by conscious motives and attitudes should not be considered as anti-consumption (Makri et al., 2020).

#### *a. Moment of Responsibilization*

Consumers who engage in this response started out using FDA services like everyone else. They tried out FDAs for different reasons. Take an example of Donna, an IT specialist who has to frequently travel to several cities for work, which can add up to 6 months in a year. At the beginning, just like most of her colleagues, Donna used FDAs whenever she traveled as it was an

easy and convenient solution given that she did not have access to a full kitchen and did not know the cities well enough to go out.

However, consumers like Donna soon started to frequently encounter news and stories about the struggles of restaurants and delivery workers. Adams & Raisborough (2010) suggested that information through the form of news media, websites, campaigns and product labeling all contribute toward the construction of activism reflected through consumers' consumption decisions. When being asked about how they formed an opinion about FDAs, participants shared similar responses. For instance, Rachel shared in an interview:

The main reason we don't use the Food Delivery Apps is because we've heard so much bad stuff about how they kind of screw over the restaurant and the drivers often. I think it's really been in, like, probably the last three more years that there's been just a lot of kind of news stories and shares on social media and stuff about how yeah, just how detrimental these services are for the restaurants who kind of have to use them to be competitive. If they don't use them, then they're not going to get their name out there. But if they do use them, it cuts into their slim profit. So it's sort of like this horrible catch.

All three consumers, Sarah, Donna, and Rachel all heard about how FDAs exploit the workers and are detrimental for restaurants from different information channels, including online articles (Sarah, interview), radio (Donna, interview), and social media (Rachel, interview). Their information sources all portray FDAs as these terrible companies who put a lot of pressure on both restaurants, who already struggle to maintain their business and have no better option than partnering with FDAs, and the delivery workers who are not treated fairly. The consumers are confident that the information they are exposed to is accurate as they constantly hear about it and from sources that they find reliable. As I questioned about how she determined that the information she heard was reliable as the amount of news out there are endless, Donna explained:

If it came from something like NPR [National Public Radio], I was very confident in their reporting. But I also think that for these companies, it is extremely hard to gather the evidence for these pieces. And if a reporter is able to bring up enough evidence to make a cohesive argument, I feel certain in what they [the NPR] 're saying, because they have had to go above and beyond to make this happen. And I think it also just reflects, like the problem is likely far worse than what they've been able to collect.

Donna's point is that because she finds her source of news credible, she believes in the validity of the given information. She also believes that the situation is actually more severe in reality, yet it was described as less given how hard it is to gather evidence. Because of what they have heard, these consumers form an opinion and share an empathy towards the restaurants, acknowledging why restaurants have to rely on the services and disagreeing with the disproportionate amount that FDAs charge. In Nepomuceno, Rohani, & Gregoire (2017), these consumers are labeled as market activists, who stop acquiring specific products/services and brands due to societal concerns, blaming the products/services and brands for low wages or immoral practices.

*b. Emotions arising from the burden of responsabilization*

Being exposed to the adverse information all the time, consumers start to develop a sense that FDAs are pushing the restaurants to a dead end and for that reason, they do not want to contribute to that process. Being asked about her emotion towards FDAs, Sarah said:

I hate them [FDAs], basically. They're convenient, but I don't like the way they treat their workers. That's why I try not to use them. I don't do [FDAs] deliveries at all. I don't use Grubhub and UberEats. My brother discovered it and said he also thinks the way that I do about delivery apps, the way that they take advantage of restaurants. And we know that delivery people aren't paid well.

The answer reveals how Sarah developed this animosity for all FDAs companies based on their actions with their employees. She added that her brother, who she lives with, also validates the information, and shares the same opinion about the issue with her. Similarly, Rachel shared that she does not “feel as comfortable contributing to it [FDA businesses]” (Rachel, interview). The participant explained:

And for the record, I actually hate tipping. Like, I think we should just pay people appropriately. Having gone to other countries where they don't have tipping, I would love if we would move to that model.

In other words, Rachel strongly opposed tipping and refused having to tip the delivery drivers extra to compensate for FDAs’ low employee wages. She firmly believed that FDAs should just reward their employees at a fair rate. When being asked about why she does not choose another FDAs platform to use, Donna explained:

I read a lot more about the different [food delivery] apps and trying to figure out is there one of them that is doing things better. My conclusion is that the business model itself was the problem. The way that it's set up of having a third-party person drive out to the restaurant and then drive out back to you for the food, they'll be affordable. That driver can't be getting paid that much, and they have to go an extra distance to make that network, whereas before it would just be maybe somebody at the restaurant hired who would just drive from the restaurant to its customers. So that kind of regardless, like people aren't going to be able to earn a living wage with this kind of business model. The third-party platforms, like Uber Eats, are really the only ones turning a profit from us, not the restaurants and not the delivery folks.

While the past users all mentioned the high fees of FDAs, for them, their decision to stop using the service has little to do with their finances. These consumers are in a position where they have enough financial stability that allows them to order food from the services if they wish to, “it’s not even like we cannot afford it [FDAs service] - Rachel said in an interview. In these

consumers' situation, the root of the issue stems from FDA's ethical practices and they refuse to make up for the unfair commission structure that FDAs are supposed to resolve. These unsettling emotions of animosity towards FDAs's practices and uneasiness of contributing to the business that consumers have formed from hearing the news are strong enough to push the consumers to look for alternatives. I will discuss them next.

*c. Navigating the Marketplace without FDAs*

Facing such negative emotions, consumers look for alternatives of FDAs, which oftentimes mean that they will order directly from the restaurants and pick up the food themselves. When I asked Sarah how she responded to the unpleasant emotions associated with FDAs, she responded: "I read the article [about FDAs], then I uninstalled it [the app]. I can't put my money into that [FDAs]. I made an effort not to try to. I try to deal with the restaurants directly." Not wanting to be a part of FDAs' business and adding to their revenues, Sarah deleted the application on her phone, refused to continue using the service and tried her best to make direct transactions with the restaurants. For these participants, they choose to make a transaction with the food providers only, believing that "it feels a lot more ethical." Rachel explained that picking up food allows her to truly "support the restaurant," therefore she tries to choose that option whenever she orders food). Sometimes, even when ordering directly from the restaurants come with a few more inconveniences, consumers like Rachel would still rather do that than using FDAs:

The cons is that payment is just a little bit more complicated. So, I'll have to give my credit card number over the phone, which is not like a big deal, slight inconvenience. Sometimes the menu is hard to find, but it's like another slight inconvenience.

Donna pointed out how it is slightly inconvenient to provide her credit card number over the phone instead of having it saved and ready to use like in the delivery apps. It indeed poses some obstacles as reading a credit card number means that the consumer has to look for the card if one does not memorize it and/or find a private place to speak out loud while securing the number information.

Because of her strong opposition against FDAs, Donna decided that she “wouldn't use them even when [she] was traveling” and would rather deal with her own issue than to suffer from the negative emotional experience she would have from using the service. She explained: “It was just the treatment of the workers that motivated me to spend an extra, like, 20 something minutes, maybe walking to go get my salt food from somewhere else.” Now, whenever traveling, Donna strategizes her plan to purchase food that can be easily reheated with hot water, such as “instant oatmeal” or “instant rice products” along with “prepared vegetables and fruits at the grocery store.” When being asked about her transition, Donna admitted that she struggled with the transition at the beginning, and it took her about a month or two to get accustomed with the new habit because “it takes a lot more planning ahead of time to make it [doing grocery] really efficient.”

Another alternative when consumers choose to anti-using FDAs is to prepare and cook their own food. Sarah shared how she and her brother have been cooking at home more often, partly because of what they hear about FDAs, partly because her sister-in-law is pregnant and so they need to be safe. They do not want to order pick-up food when her brothers' children are at home, instead they make their own food to “model good eating behavior for the kids”. Hence,

Sarah has been learning to make food at home, she made bread, burgers, and even pizza from scratch. Like Sarah, Rachel shared that for most of the time, because she loves going to farmers' markets, buying fresh ingredients and not wanting to waste them so she always cooks. Only once a while when she does not feel like cooking and so does her husband, then they will order for pick up.

Consumers who choose to engage in anti-consumption can also go a step further where they try to convince other consumers to not use the service as well. Whenever she and her colleagues gather, Donna always tries to explain the negatives of FDAs and persuade her colleagues to order directly from restaurants instead of from FDAs. For those who agree with Donna, they try to come up with strategies amongst themselves of how they can eat better when they travel. Previous studies have illustrated how consumer' revenge can arise from a service failure, when the organization fails to serve the consumers properly (e.g., luggage damaged by an airline), or a societal failure, when the organization violates or harms societal aspects (e.g., oil spillage from a manufacturing factory) (Gregoire, Tripp, & Legoux, 2009). Xie & Bagozzi (2019) proposed three negative responses that consumers can form from negative emotions and evaluations: negative word of mouth, complaint behaviors, and boycotting. Neilson (2010) said that by punishing businesses for their unfavorable conducts through the act of boycotting, consumers have the power to influence a fair and moral marketplace. In this case, I identified indirect revenge behaviors from the participants as they engage in negative word of mouth.

The findings in this section show that consumers can develop a sense of animosity or disgust for FDAs when being informed of their labor practices. Disagreeing with FDAs' way of treating their employees and not wanting to deal with the associated negative emotions, consumers refuse to take on FDA's responsibility, reflected through their act of anti-

consumption. The findings show the consumers' responsabilization journey, from how they are aware of the matter, to how they feel facing the issue, to how they choose to respond to it.

Ultimately, these consumers refuse the responsibility of paying the restaurants and workers more to compensate for FDAs' paying structure and refuse to use the service as a result. The finding is significant because it explains the consumers' perspective of why they decide to discontinue using the service.

## **5.2. Is the consumer responsabilized? Yes.**

The second type of behavior that I noticed from the consumers is that they are responsabilized. It means that these consumers decide to perform certain actions to remediate the issues that they notice. Going back to Shamir (2008, p.7)'s definition of responsabilization, the construct is "fundamentally premised on the construction of moral agency" for assuming responsibilities for one's behaviors. Here, being aware of the challenging working conditions and low wages that food delivery workers face, consumers decide to take actions to amend them. However, even though the consumers worry about the same challenges that delivery workers have, there are two different sources of challenges to which consumers feel responsible for: (1) FDAs' paying structures, or (2) the pandemic. Specifically, the former is for a more established issue involving the constitution of FDA's paying structures to their employees (i.e., delivery workers) and partners (i.e., restaurants). While the latter is for a more temporary issue where the COVID-19 pandemic created interferences and hardships to the food business, including delivery workers and restaurants.

## 5.2.1 Responsibilized for issues caused by FDAs' paying structures

### *a. Moment of responsabilization*

To form an opinion, consumers must first have access to information and become aware of the issues. My findings show that the participants do not actively search for the information at the beginning, instead, they are constantly being exposed to it either from the media channels that they follow or from work. When being asked about how she started to form an opinion on FDAs, Melanie answered:

Well, there's a lot of media coverage about how these services might be or might be charging restaurants extra fees, sometimes with small businesses. So it's like, too bad that in order to have access to the market, they would have to pay or lose some of their margins, and same with the drivers.

Similar to participants who exercise anti-consumption, Melanie was informed through news media about the unfair trade-offs that restaurants and drivers have to inevitably agree upon when partnering up with FDAs. The news informs the consumers that to acquire more customers in the market, restaurants, including small ones, have to pay extra fees to FDAs, otherwise, they would lose those customers.

Unlike Melanie, Stella was brought to attention about FDAs' issues during her time working as an intern in a USA Government Labor Organization a few years ago. Stella shared that one of the frequently mentioned concerns at work was how "they [the delivery workers] are sort of exploited by [FDAs] corporations trying to offset their costs. She further elaborated that the delivery drivers are registered to work as independent contractors, meaning that they are responsible for their own health insurances, retirements, and all sorts of things that are "very expensive and difficult to handle as an individual." While getting the news from different

sources, Melanie and Stella both have access to the same information of how small restaurants and drivers are at dead ends, having to choose between making some profits/earnings and barely anything. Having been aware of FDAs' practices, Stella concluded that FDA services are "deeply unethical."

However, while being aware of the issues, these consumers all have one or more personal issues that - from their perspectives - necessitate the use of FDAs. When asked about why she continued to use FDAs despite having ethical concerns about the service, Kimberly, a teacher, responded:

I don't love driving, so I do appreciate the ease and the convenience of delivery, especially because I really do appreciate individuals who are just delivering. I really appreciate that just because I don't like driving very much. And when I visit my aunt, that's really the only time I engage in the services, and she lives quite far away. So I drive a lot to get to her.

In Kimberly's situation, she explained how she has to drive frequently to visit her 83-year-old aunt who lives alone far away. The combination of her disfavor of driving and the long driving trip takes a toll on Kimberly and she does not fancy the idea of having to drive further to get food. Hence, she finds having food delivered to her aunt's apartment really helpful.

In a somewhat similar situation to Kimberly, Stella, who previously interned in a USA Government Labor Organization, is also not keen on driving. The participant shared that she is still traumatized from a car incident a while ago, making her feel scared of driving herself. On top of that, Stella is currently a graduate student and hence she does not have a lot of free time to cook, especially towards the end of the semester. For those reasons, oftentimes she uses FDAs to get food. Further, Stella had to increase her FDAs usage for a period after her area became a

COVID hotspot, which required her to minimize time outside. When being asked why she did not go pickup food instead, Stella explained:

Sometimes I just can't deal with driving. I can't take the time that it will take to go to the restaurant, wait for food, pick it up and then come back home. Sometimes I'm like about to be in class or need to do some virtual work or whatever. And so it is more important that I eat something that day rather than spending 25 minutes picking up food. The decision is like a balance of what are my needs as an individual.

For Stella, when having to decide between her personal issues of having to deal with the fear of driving and spending time picking up the food, and her concerns for the drivers, she still prioritizes the former. While being aware of challenges faced by the FDAs' delivery workers, Stella still puts her convenience first and rationalizes that at the end of the day, it is more important that she has something to eat.

Another interviewee, Kayla, a disabled mother of two, also shared how her personal constraints when "the schedule is really tight" makes her resort to FDAs from time to time. Kayla explained: "I don't have a lot of free time because I have a lot of [doctor] appointments." For this consumer, having access to readily cooked food through FDAs is a necessity since she is disabled due to a stroke. It is a hassle for her to do grocery shopping as she can only get a small quantity each time. Her situation, along with the event of COVID-19 has made her start using FDAs as it is "more convenient and safer to stay home." Prior research has shown a trade-off in how one's benefits will be another's costs (Cho et al., 2015). Soneryd & Ugglå (2015) proposed that consumers always weigh the pros (e.g., being environmentally friendly) and cons (e.g., time-consuming) of the activities to justify the extent of their individualized responsibility.

*b. Emotions arising from the burden of responsabilization*

Even though these consumers use FDAs once a while due to their arguably unavoidable situations, they do not necessarily enjoy the whole experience. These consumers feel guilty and liable for being aware of how FDAs treat their employees, yet unable to resist using the service.

When being asked about how she feels using food delivery services, Melanie answered:

I feel bad about it because I don't think it's a really great option for anyone involved, except for me, because it feels easy to have my credit card already in there and access the menu. And it's very simple, but I'm very ambivalent about it. I'm concerned about delivery. I'm concerned about their working conditions. I don't know how much money they make. I don't know if they have insurance, I don't know if they're protected if something bad happened to them.

Melanie's response shows the dilemma she experiences when using the FDAs. On one hand, Melanie is concerned for the wellbeing of the workers, feels responsible for using the services, and knows that it is a great option for her but not for either the restaurants or the workers. On the other hand, she enjoys the ease of having her payment information ready in the system and having accessibility to the restaurants' menu. Melanie continued:

I don't know whether I've ever sat down to do the calculation about how much more it cost me. I don't need to do that because I'm not in an income bracket that makes me nervous, but I'm mostly concerned about how the people that are delivering are being treated and whether restaurants are making enough money out of all of that. But clearly, when I'm really tired, that's not enough of a concern to change my behavior.

The consumer stressed that while she is aware of the higher food prices from FDAs, she has the financial capability to afford it. What concerns her is not the costs of FDAs, but rather their ethics. Somewhat similar to Melanie, Kimberly also expressed her concerns in terms of how FDAs compensate their workers:

I'm not always sure if they're compensating people who work for them fairly and the amount of fees that are added onto a total. I wouldn't mind paying if I knew more of that went to the individuals working. However, I'm very skeptical about that, and I don't know exactly where these fees are going. I believe that there is something like a breakdown of what the fees are, but I don't necessarily even feel that that's very clear in terms of the language that they use to describe where the money is going. And I've also just read news articles from sources that I trust about Uber and about their treatment, not even just Uber Eats, but Uber in general treatment of their drivers and just sort of discrepancies in costs versus what is actually paid. That does not sit well.

Kimberly stated that she does not mind paying extra if she knows that the money she spends on actually goes to the worker, yet, she is doubtful about that. She finds the paying structure of FDAs very obscure and that there exists a lot of discrepancies between how much these companies charge consumers and how much they pay their employees. Sarah shared that she has even attempted to look up the fee's breakdown on these FDA websites, yet, still found their claims very vague. The non-transparency of FDAs has created an unpleasant feeling for the consumer. Despite the questioning feelings about FDAs, Kimberly continues to use FDAs whenever the in-house delivery option is not available:

I mean, if they [restaurants] don't offer those services, then I'm happy to use Uber Eats. I think when I'm with my aunt, just because I really cherish the time that we have together, I'm really kind of less concerned about them, and I'm just more concerned about spending time with her. And it's not a huge central focus. My focus is more on spending time with her, so I prefer not to think about it as much and just have that ease of whichever way of getting food we can get.

In other words, similar to Stella, Kimberly puts her personal needs before her concerns about the delivery workers. She does not resist using FDAs in those situations when her personal need of spending time with her aunt triumphs over her social concerns, rationalizing that her time with her family member is more valuable. Coming back to Stella, when being asked about how she feels when she orders from FDAs, she admitted:

I feel like I should be able to get everything done responsibly, and it feels kind of like cheating. I should be able to take care of food house responsibilities on my own without having to pay more for a service to do it for me. I should be able to manage my time well enough to be driving myself. I should be comfortable enough to drive. And instead, I'm using this company, which I don't really love delivery services for ethical reasons. But it is what it is.

For Stella, being aware of how FDAs companies treat their workers made her feel guilty for not being able to put herself together to drive and pick up the food herself. She expressed how she is not proud of having to use FDAa and spending extra money on such not-so-ethical service. Her emotions match with the findings of a previous study (Haj-Salem & Chebat, 2013) where consumers blame themselves and wish that they could have done better, thus, start developing negative emotions. Prior literature has shown how people may experience feelings of guilt when they do not consume as “responsible” as they ought to be (Bickerstaff et al., 2008, Skill & Gyberg, 2010). For example, a study illustrates how Swedish household members see themselves as “cheating” when they are aware of how they need to be environmentally responsible, yet, unable to live up to the idea (Skill & Gyberg, 2010).

### *c. Coping with Guilt*

Facing such guilt inside, consumers then come up with three actions: (1) alternate between unethical action and more ethical ones, (2) make-up for the known “unethical” matter, and (3) reduce expectations for the drivers.

The first way of responsabilization that consumers (Stella, Kimberly) alternate between FDAs and more ethical options. They reduce using FDAs and try to use the restaurants’ in-house delivery services or order for pick-up whenever they can. Stella explained that she usually goes on the restaurants’ websites first to see if the restaurants have a delivery platform, then would be their preferred method. She also said that, when possible, she will ask her partner to drive to the restaurants to pick up food themselves so that the restaurants “do not have to split their revenues

with FDAs.” Like Stella, Kimberly shares that other than the time when she visits her aunt and unavoidably has to use FDAs, she still tries to pick-up food curbside, directly from the restaurants, and eat in her car. In Kimberly’s opinion, ordering for pick-up and eating in the car with her mom allows them to continue their family tradition of eating “out” together during the time of pandemic. In addition, ordering pick-up saves Kimberly the service fees from FDAs as well as saves the restaurants fees from FDAs platforms. These consumers’ action is not anti-consumption as they still use FDAs, just not as frequently as how they used to.

Second, some consumers (Kimberly, Melanie, Stella) decide to make-up for the issue that they are aware of. Being acknowledged about how low FDAs pay their workers and feeling guilty about it, the consumers start tipping the delivery workers more. That being said, even when they try to offset the guilty feeling of having the workers being underpaid, they develop another issue. Melanie shares: “Yeah, I do tip more. But I'm also kind of concerned because I'm not sure if the tip actually goes entirely to the driver.” To counteract the distress about the wellbeing of the delivery workers, Melanie also decides to tip more, but even so, she then develops this concern of whether her extra tip is actually paid out to the drivers.

Understanding the paying mechanism of FDAs, Stella decides that she will only tip in cash, stating that it makes her feel “better” that way, knowing that the FDAs delivery workers are getting paid more. She explains the tipping structure of FDAs:

These companies [FDAs] are trying to offset as many costs as possible and one of the ways is to have people paid like they need to make sure that their people [FDAs delivery workers] are making minimum wage. If you are tipping in cash, then they get to keep that tip on top of it [the minimum wage paid by FDAs]. But if you're paying the tip through the app, it does account for the wage so they're getting paid less.

According to Stella, even during the COVID-19 pandemic when everyone tries to minimize contact with others, Stella still insists on doing some extra steps of getting the cash,

putting it in a bag, sticking it to the door, and texting the delivery workers so that they are aware of it. It can be seen that the consumer is trying to bypass the platform's compensation rule by tipping the workers in cash. Because of their belief that employees of FDA are not adequately paid and do not receive enough work benefits, these consumers who continue using the service decide to compensate for the workers by tipping them more, hoping that their tips will make-up for the low wages.

Third, being aware of the situation of the delivery workers, the consumers share more empathy toward the drivers and seem to reduce their expectations about the delivery and share more empathy toward the drivers. When being asked whether she has encountered any negative experience using FDAs, Kimberly responded, "not really," and explained:

If it's a matter of I really just want to do something quickly or time is really important, or I'm in a hurry because I don't want to blame somebody (the delivery driver) for things that they can't control and say, "Why weren't you here earlier?" That's not my place. So if I need something quickly, I'll look at it. That's my responsibility. I feel like with the pandemic, there has been so much more disrespect in general for everybody, and I'm just a very sensitive person overall. I know that I've experienced some of it myself, but I feel as though I really can't imagine the amount of entitlement and impatience and just meanness that many of the individuals [delivery drivers] working for Uber Eats or Instacart have experienced.

Kimberly does not want to criticize the delivery workers for factors that they cannot really control, such as the speed of the service. Kimberly believes that instead of being impatient, disrespectful, and rude to the delivery workers who are just trying to do their job, consumers need to make proactive judgments, such as ordering early or from nearby restaurants, to satisfy their specific preferences. The quote shows how some consumers try to be mindful and understanding when the workers do not perform as efficiently as expected after being aware of

the risks and stress that the delivery workers face while working and how much effort they have to put in, especially during the pandemic.

The findings in this section show how some consumers choose to be responsabilized for FDAs' paying structure after being informed of how little the latter are compensating their drivers through social media and news channels. Motivated by their suspicion about FDAs' compensation for drivers and fees for restaurants, and/or their guilt of not being able to get the food themselves due to personal reasons, these consumers decide to compensate the drivers by reducing their FDAs use, tipping the drivers extra, and reducing expectations for the drivers whose conditions they empathize with. The findings are important as they show how consumers feel responsible to correct an issue caused by another group of actors.

#### 5.1.2 Responsibilized for challenges caused by the COVID-19 pandemic.

##### *a. Moment of Responsibilization*

The COVID-19 pandemic has caused a lot of disruptions for society, businesses, and consumers, inducing marketplace actors to be responsabilized to mitigate the unprecedented risks (Aboelenien, Arsel, & Cho, 2020). According to Giesler & Veresiu (2014), in neoliberal market conditions, consumers have the burden to protect common goods through responsabilization. In this context, the pandemic has put on a lot of risks for food delivery workers. Although some consumers are not aware of the ethical concerns around FDAs, they still feel responsabilized for the delivery workers who face temporary challenges caused by the COVID-19 pandemic.

However, this responsabilization seems to be only temporary and when the pandemic situation is

improved, consumers will most likely not feel responsabilized anymore. Kevin, one of the interviewees shared:

They [The delivery workers] are doing kind of a risky job. They're going from home to home and they're going from restaurant to restaurant. So, they're more prone to getting infected with the [COVID-19] virus.

For Kevin, it is challenging for the workers having to be in contact with people and driving around during the pandemic time. The nature of their job puts them into a risky position of contracting the COVID-19 virus.

Sonny, a professor, shared his observation that “It was really hard with the shutdown of people working in the service industries who couldn't work for weeks if not months.” Sonny notices how workers in the service industries, including the food industry, have taken a devastating toll of the pandemic where many people do not have a job for a long time. Statistics Canada (2022) reports that the gross domestic product of food and beverage services dropped 39.5% in March 2020 and by another 40.8% in April 2020. Another report estimates that more than half of food and beverage locations in Canada have to shut down at some point during April 2020 (Statistics Canada, 2020). Similar to restaurants, food delivery workers also have had a hard time during the pandemic. Losing jobs due to the pandemic and seeing a high demand in food delivery, many people have signed up to work for FDAs. Since January 2021, Uber has hired 640,000 drivers for their Uber and Uber Eats platform (CNBC, 2021). The added competition has exacerbated the challenges faced by delivery workers. “In addition to getting low pay, they [FDAs workers] don't get enough work from each of the applications, so they have to work for at least three or four of them, and there are more workers than the market can hold” - the Director of labor and policy research for Cornell University Worker Institute shares (Freytas-Tamura, 2020).

*b. Emotions arising from the burden of responsabilization*

Here, consumers feel strongly grateful for having FDAs service, especially during the pandemic. The service removes personal burdens for these consumers by giving them access to cooked food when dining-out is not an ideal option. Kevin claimed that "introducing these platforms was really revolutionary." Being a graduate student, Kevin has to be in school all day and does not have a lot of time to cook, even though he really likes cooking. Therefore, he really appreciates the ability to have ready-to-eat food, especially when his on-campus dining is closed due to the pandemic. Kevin explained how he does not know anyone in the city he is at for school, and so it "feels weird eating alone at restaurants"

Similarly, Grace, also a graduate student, explained that she really appreciates the existence of FDAs because she does not have to "rely on whether restaurants offer delivery or not." Grace even uses the grocery delivery function of Uber Eats, explaining that:

I do like being at a grocery store. That's a nice activity. I'm not mad at that, but it's just that it's a lot easier to just order something and have it come to me and my partner. He works throughout the week. He only has Sundays and Mondays off, and on his days off, he doesn't like going places. He's like, "oh well, I'm home. Let me just be home." He doesn't feel like going [to do the grocery]. So, we don't go grocery shopping, but that is in the past because now we can cut going somewhere by just ordering the food and it comes here.

Grace is grateful for being able to have groceries and food delivered to her apartment because it allows her and her partner to save time, especially when she is busy with her graduate work or when her partner does not want to go out to do chores.

These consumers have no concerns about the fee structure of FDAs, instead, they are worried about the risks arising from the pandemic that workers have to deal with. The source of their gratitude stems from the workers taking COVID-19-related risks for them. Sonny, explaining why he thinks that the FDAs service is great, assessed that:

It [FDA] offers people the opportunity to work and make a little bit more money. And it helps restaurants who don't have to coordinate their own delivery, which would probably be more expensive if we're an individual mom and pop or having to hire a delivery driver can be a problem when they could just pay a fee or have a fee taken off the transaction to have the third-party service use it. So, I see the benefits, the win-win situation for everyone.

In Sonny's perspective, FDAs offer benefits to both the workers and the restaurants. They hire many drivers in all of their markets, creating an opportunity to make a living for many people, especially when so many people lost their jobs due to COVID-19. They also save restaurants, especially small ones with limited financial resources, from having to build their own delivery platform, which can be costly and complicated.

### *c. Alleviating the Temporary Burden to Drivers and Restaurants*

Having a good experience with the service yet noticing how restaurants and the workers are being impacted by the pandemic, consumers feel responsabilized to act upon it. Feeling grateful for the workers who risk their health to fulfill consumers' needs, consumers adjust their pre-COVID standard tip amount by adding a self-imposed "hazard" tip to reciprocate the workers' efforts. When being asked whether he noticed any change in his FDAs usage behavior during the pandemic, Kevin said "Usually I would tip 15%. During the pandemic, I started

tipping 20%. It was just to say thank you.” Kevin notices that he has been tipping the delivery workers 20 percent instead of 15 percent like how he used to before the pandemic. It is interesting because this participant earlier shared how he is always trying to save money with “certain tricks here and there” to “get the delivery off and a percentage off of the food” by taking advantage of all the deals and coupons offered on different platforms. While Kevin is frugal, he still feels responsible to show appreciation to the delivery workers who are doing the risky job and helping him minimize his risk of contracting the virus. Because of the emergent challenges caused by COVID-19 pandemic, Kevin feels responsabilized to compensate the workers to reciprocate for what he feels like a sacrifice, therefore, adding the hazard tips for the workers. Kevin expresses that he feels “nice” when he tips the delivery workers extra. Similarly, Grace also notices the change in her tipping behavior:

So, I think when the pandemic was a little bit more intense, I was maybe tipping [the delivery workers] a little bit more than I usually do just to kind of say thank you for somebody going out there and doing their thing, like the thing that I'm worried of doing.

Grace shared that tipping more is just an expected action that she is supposed to do to show appreciation for the workers who are willing to be outside and pick up food for her despite how dangerous the situation is. In addition, Hassel Aviles, the executive director of a non-profit organization in mental health advocacy for the foodservice sector, proposed that the change in consumers’ tipping behavior might be a result of customers seeing the challenges faced by restaurants during the pandemic (Braich, 2021). The pandemic has prompted consumers to feel a sense of gratitude and become more generous to show support for their local restaurants and communities. This goes in line with a research in Brazil where consumers show solidarity toward the restaurant sector during the pandemic (Hakim et al., 2021). Along the same line with Grace

and Kevin, Sonny shared that his increase in tipping is not only limited to workers for FDAs service but also for any workers in the service industry:

I want to say maybe towards the beginning we [Sonny and his partner] were tipping a little bit more on just to everybody. But that was kind of just general all over the place and so it wasn't specific to one transaction. I would say maybe a few months. I think at least deposited feelings because if you feel like you're trying to help people and granted 25% from one person versus 20% isn't that much. But you'd like to think that there's enough people in the world that would be generous enough that it would lead to a difference in someone's life or wages.

Feeling concerned that these workers might not earn enough money and gratitude toward the service industry who took big challenges due to the pandemic, Sonny increased his tips, hoping that would help the workers out. While acknowledging that an increase of 5 percent is not a lot, Sonny hopes that it will create a difference for the workers if many people act like him.

These consumers' behavior goes in line with the shift in tipping habits during COVID time. Square, a payment platform providing credit-card transactions for millions of small businesses reported that before March 2020, the card-tipping rate for dine-in transactions from restaurants had been always stable, between 19.9 to 20.1 percent. Yet, a few weeks after that when the first pandemic wave really hit and consumers started to place stay-at-home orders, the tipping average was bumped up to a peak of 21.0 percent (Desai, 2021). A recent research from Popmenu also concluded that 58 percent of their surveyed consumers admitted that they have increased the tipping amount to servers and delivery workers during the pandemic (Popmenu, 2021). That said, whether the tipping boom is a long-term change or not is still questionable (Desai, 2021). When I asked whether he would continue tipping foodservice workers 25 percent, Sonny responded:

I think once things started opening again and restaurants were normal hours, and now we're kind of in a situation where people get enough help. There are jobs all over the place

and I think we will just kind of go back to what we normally do.

For Sonny, his increase in the amount of tip is a temporary adjustment to better accommodate foodservice workers during this difficult time, and when things start reverting back to normal, he will stop the adjustment because it will no longer be his responsibility when the workers receive enough support.

The findings in this section show that while these participants either are not aware of or do not acknowledge the more fundamental ethical issues centered around FDAs, they still feel responsabilized to compensate the delivery workers for the challenges arise from the COVID-19 pandemic. The consumers show gratitude to the workers who help them mitigate the burden (e.g., having to drive) and risks (e.g., contracting with COVID). The context of COVID-19 pandemic has alerted the participants and made the participants feel more responsible to compensate the workers fairly.

## **6. DISCUSSION**

### **6.1 Theoretical Implications**

This research provides three main contributions to literature. First, my research investigates the consumption decisions of consumers while facing ethical concerns towards FDAs, revealing that consumers can have two opposite responses: to be responsabilized, and to

not. My findings also show how consumers feel responsabilized because of two different actors, one structure which is FDAs' treatments of delivery worker and partnered restaurants, and one temporary which is the COVID-19 pandemic. Consumers therefore take the responsibility of one, other, or none. Moving away from the common assumption in responsabilization literature that consumers will be responsabilized (Bardhi & Eckhardt, 2017), my thesis provides another dimension to the literature, showing that consumers can refuse to be responsabilized, as well as adds complexity to current literature, showing how consumers can feel responsabilized to more than one issue within the same context.

Second, I show that when facing responsabilization, consumers will either refuse to take the responsibility or become responsabilized. Previous literature has only focused on how consumer responsabilization is formed and studied situations where consumers are responsabilized. While Eckhardt & Dobscha (2019) have shown how consumers show resistance when being taxed with responsabilization, my findings have indicated that consumers can surpass resistance and show rejection for responsabilization. In Soneryd & Ugglas (2015) study, anti-consumption is one of the three actions that consumers can have in response to green consumption. Consumers engage in anti-consumption in order to reject the idea of green consumption as a way to address environmental problems (Soneryd & Ugglas, 2015). My finding of how consumers can exert anti-consumption, denying the shift of responsibility from FDAs to them validates Soneryd & Ugglas (2015) proposal. My study asserts that this particular consumer response still exists in another market setting where the focus is on social concerns instead of environmental ones. This finding is important as it validates a rejection of unjust shift of responsibility from one actor to consumers. It also highlights how consumers pay attention to not only environmental issues but also social issues.

Third, the study presents a diverse range of emotions that consumers feel towards FDAs and the delivery workers and illustrates how these emotions influence the consumers' behavioral responses. As mentioned earlier, we know very little about how consumers feel when facing a question of responsabilization. My findings demonstrate how emotions can either motivate or discourage consumers from engaging or disengaging in responsabilization, and in what ways. While Eckhardt & Dobscha (2019)'s study has looked at how consumers form emotions when being asked to act responsabilized, my study adds another layer of how emotions influence consumers' choice of responsabilization on top of how consumers feel after choosing to be responsabilized or not. As important as it is to study factors influencing consumers' adoption and continued intention, it is also necessary to understand what leads consumers to the choice of anti-consumption. Indeed, this thesis has added a complex understanding to the literature of emotions within the study of consumer responsabilization.

## **6.2 Practical Implications**

My study focused on the United States and Canada. USA is the second largest user base and most well-funded food delivery market in the world (Curry, 2022). In Canada, FDAs have also experienced exponential growth (Statista, 2021). The market in North America is expected to have the largest market share given that the high adoption of advanced technologies generates ample opportunities for food delivery companies to grow (Marketwatch, 2021). Thus, the findings contribute to the study of consumer behavior from two very important regional contexts for FDAs.

My findings suggest some lessons that managers can follow to compete in the food delivery market. While current media and literature have provided numerous evidence on how prosperous the FDA market is and the societal benefits it brings about, my study seeks to inform practitioners of the darker side of the story and the burden this puts on consumers. Even though the FDAs services indeed have created a lot of jobs, which is especially helpful during the COVID-19 context where lots of people become unemployed, their relationships with the partnered restaurants and with their drivers have proved to be an important factor that consumers care about and react upon. For that reason, the FDA businesses should focus on finding solutions to create a fairer partnership dynamic with restaurants and improve their labor practices. In terms of their partnership with restaurants, FDAs might want to think of a different commission fee structure that shows more support for low-resource organizations, for instance, charging local, small restaurants less given their small margin and limited budgets while charging chain restaurants more. DoorDash and their subsidiary Caviar had implemented a similar initiative for a few months during the pandemic where they reduced 50% of the commission fee for their local restaurant partners (Doordash, 2020). Another solution is to provide local restaurants more affordable support such as reducing ads featuring costs.

In terms of their labor practices, FDAs might want to make their paying structure less obscure and allow workers to be aware of how much they will actually make per trip. FDAs should also create a better reward system for drivers so that they are more incentivized and committed to work. In addition, as my passive netnography findings show that drivers are dissatisfied with the amount of app/delivery support they receive from FDAs (View Appendix D), FDAs might also want to improve their support service for the drivers so that the drivers can raise their concerns as well as experience a smoother process should they want to report any

issues at work. For customers, while it is understandable how they expect quality service when paying premium prices for the food, they should also be more empathetic to the delivery drivers, who already suffer a lot of pressure and risks, especially during the pandemic. Consumers are encouraged to pick-up the food themselves to support restaurants from having to pay extra fees for delivery services.

The findings are not only limited for just food delivery companies but can be generalized for any other organizations. My findings establish the importance of social ethics and highlight the fact that consumers do pay attention to ethical concerns and develop concerns and attitudes from what they saw and heard. Facing adverse feelings of guilt or animosity, consumers can either reduce their perceived not-so-ethical consumption or anti-consume the service and product, which will affect the businesses' revenues and potentially reputation. While it is important to generate profits, companies should pay equal attention to their environment and social impacts, providing that those pillars are also within the highly concerned interests of consumers.

### **6.3 Limitations and Future Research Directions**

The first limitation is in terms of my sampling size & representativeness of users. While there are multiple online communities specifically for FDAs users to communities within Reddit (e.g., r/ubereats, r/doordash), unfortunately I could not post my recruitment material there due to the groups' restrictions of not allowing surveys and recruiting posts. Hence, I had to utilize the convenience sampling in other non-restricted subreddits (e.g., r/montreal, r/samplesizes) and

Twitter to find participants for the study. In addition, because no compensation was given and I only wanted participants living in the U.S or Canada, I had a hard time finding participants and the study was limited to 10 interviewees. Additionally, all my participants are between the age of 20 and 40, and 90% of them have a higher education degree. My participant's demographic is a sampling bias as I sought participants by (1) having my thesis supervisor, a professor, shared the recruitment material on her personal Twitter account, where a lot of her followers are fellows colleagues and students who have higher degrees, and (2) posting on open groups on Reddit, most of which are local colleges and universities subreddits. The fact that almost all my participants are very educated might have skewed the data distribution. The data shows that 7 out of 10 consumers experience some kind of responsabilization, which might be a result of their intellectual tendency to search for more—or being exposed to more— information and news. In reality, the proportion of consumers who are not “responsibilized” might be different since people with a lower educational level might have less access to information. In addition, I noticed that all our non-responsibilized participants are women. I do not know if this is a sampling error (also might be because 80 percent of my participants are women), or if there is a gendered nature of responsabilization. This can be an interesting topic for future research.

By increasing the sample size and representation, I could have more valuable insights on the types of responsabilization responses. For my responsabilized-consumers data, I identified two factors that consumers act responsabilized to: FDAs' paying structure and the pandemic. While my data shows that these two types are mutually exclusive, I am aware that this can be an error due to my small sample size. If I collect more data, I might see that consumers can be responsabilized for more than one factor, for example, feeling responsabilized for FDAs' paying structure and the pandemic at the same time. In addition, even though I only identified those two

factors to which consumers experience responsabilization, future studies might be able to identify more approaches once they solve the sample limitation. For instance, as literature has raised concerns about the negative environmental impacts of FDAs (Du et al., 2020; Duan et al., 2020), future research can investigate whether consumers feel responsabilized for those environmental issues. Another factor that researchers can look at is the transparency of information. As one of my participants has briefly mentioned (Kimberly, interview) that the obscure fees structure of FDAs made her feel really uneasy. Hence, future research can see if the unclear, non-transparent information from the companies make consumers refuse to use FDAs.

The second limitation lies in the scope of the study. First, I chose to limit the countries of study to the United States and Canada based on the notion that the labor practices of FDAs might vary in other countries. One of my findings shows that consumers who choose to engage in responsabilization will choose to ameliorate the ethical concerns by tipping the drivers more. However, I acknowledge that tipping for food services (especially for dine-in services) is generally expected in North America. It will be interesting to see the study being replicated in multiple countries, especially those where tipping is not an accustomed practice to see how the consumers' response would differ. Second, I chose to focus on the consumers' perspective (through the interviews) and briefly looked at the drivers' perspective (through research) in this study. Another point of direction for future research is to examine the other sides of the story as well, by investigating the perspective of partnered restaurants or food delivery service providers. By doing so, I will have a more comprehensive understanding of the concerns from each party and might be able to identify better solutions based on them.

Last, I would like to delve deeper into some of the subjects that were mentioned but yet having enough supporting evidence from the study. One of the points discussed in this paper was

the performance of the delivery workers. During the interviews, many participants raised a point that oftentimes the drivers do not perform the job as well as expected. At the same time, my secondary data shows how a lot of drivers are dissatisfied with their employers (the FDAs) and with the tips they receive (for more information, view Appendix C & D). While I assume that the job performance goes hand in hand with the drivers' attitudes, I do not have any evidence to back up the claim. Thus, future research can look at the role of the workers' attitudes in shaping their work performance.

## **6.4 Conclusion**

The research investigates consumers' responses when being tasked with remedying ethical burdens as they use food delivery apps. The study is built upon the theories of consumer responsabilization and emotions. My findings identified two types of consumers' responses (i.e., not responsabilized and responsabilized) and associated emotions (i.e., animosity, gratitude, and guilt) towards the use of food delivery services, confirming the theoretical propositions in previous literature. In particular, the findings show evidence of how consumers are responsabilized for ethical concerns through their consumption decisions, mediated by their emotions. The study demonstrates that consumers can develop guilt and even aversion if the brands have questionable ethical practices, which can propel them to reduce their consumption or worse, refuse to take the companies' responsibility and stop consuming the products/services altogether. For consumers who feel like they are not responsible for compensating for issues caused by the brand, they rather stop using the service and choose a less convenient alternative than having to deal with the internal psychological tug-of-war when using unethical products or services.

The findings also show that unfair labor practices can make the employees blame the issues on consumers and affect their performance and attitude during work, indirectly damaging the company's reputation. The research, thus, provides several important contributions to the literature of FDAs, consumer responsabilization, and the mediated role of emotions theory, as well as offers implications for practitioners to further improve their businesses model to be more socially responsible for their employees.

## APPENDIX A

### Recruitment materials

*Subject Title:* Share with us your thoughts on using Food Delivery Apps during COVID-19!

Hi everyone!

I am a graduate student at Concordia University, Canada. For my research project, I am interested in learning more about your thoughts on using Food Delivery Apps during the pandemic. In order to do so, I am looking for volunteers who are willing to have one 1-hour virtual interview with me. You can be either a non-user or past/current user of any Food Delivery Apps (e.g., UberEats, DoorDash, or in-house delivery services provided by the restaurants) as long as you can tell me more about why you choose to use / not use the service!

More details will be provided once you express your interest in joining the study. If you have any further questions, please feel free to send me a private message or email me at [d\\_thilin@live.concordia.ca](mailto:d_thilin@live.concordia.ca) .

Thank you for reading the post!

## APPENDIX B

### Interview Protocol

**Table B.1** List of interview questions.

| Topics  | Main questions  | Follow-up questions   |
|---|---|---|
| <b>Demographic information</b>                            | 1. Can you tell me about yourself?<br>(age, job, education level, marital status, race, origin)                             | 1. How is your living situation?<br>2. Who do you live with?<br>3. Can you tell me more about your occupation?<br>4. What do you like to do in your free time?  |
| <b>Eating &amp; Cooking habits</b>                        | 2. Tell me about your cooking and eating habits.<br><br>3. Describe your view of food (habitual consumption, views on food) | 5. What are your thoughts on cooking your own food?<br>6. What are your thoughts on grocery shopping?<br>7. What are your thoughts on dining out?<br>8. How do you feel when you eat a home-cooked meal vs eat out?<br>9. What types of food do you usually eat?<br>10. Who do you usually eat with (yourself, family, friends...)? |
| <b>Food delivery service (FDAs) usage (for non-users)</b> | 4. What do you think of the Food Delivery Apps?   | 11. What are the pros and cons of using FDAs in your opinions?<br>12. Why do you choose not to use the service?<br>13. How do you feel about using the service?   |

**Food delivery  
service  
(FDAs) usage  
(for  
current/past  
users)**

5. Can you tell me more about your food delivery service experience(s)?

14. How did you first try out FDAs?
15. Why did you decide to try it out (and/or stop using it)?
16. What FDAs(s) do/did you use?
17. What do you like about that company?
18. What type of food/restaurant(s) do you usually order from FDAs?
19. Why do you choose those selections?
20. How do you feel when you order food from the FDAs?

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**COVID-19  
related factors**

6. Can you tell me about your experience using the FDAs before and during COVID-19 pandemic?

21. How has the pandemic affected your eating habits?
  22. Can you tell me more about how you access food during the pandemic?
  23. Why do you decide to use / not use FDAs during this time?
  24. How have your habits of using FDAs changed during the time of pandemic?
  25. How has the process of ordering food from the FDAs changed due to the pandemic?
  26. How do you feel about using FDAs during the pandemic?
  27. What have you done to overcome those feelings?
-

## APPENDIX C

### Archival Data

**Database:** EBSCO (English only, full text)  
**Search terms:** TI = ("food delivery" OR uber eats OR doordash OR skipthedishes OR foodora OR skipthedishes OR grubhub OR postmates OR instacart OR "delivery app")  
AND TX=(emotion\* OR ethic\* OR responsibilit\* OR guilt\* OR moral\* OR tipping OR feeling\*)  
AND TX=(customer\* OR consumer\* OR user\*)

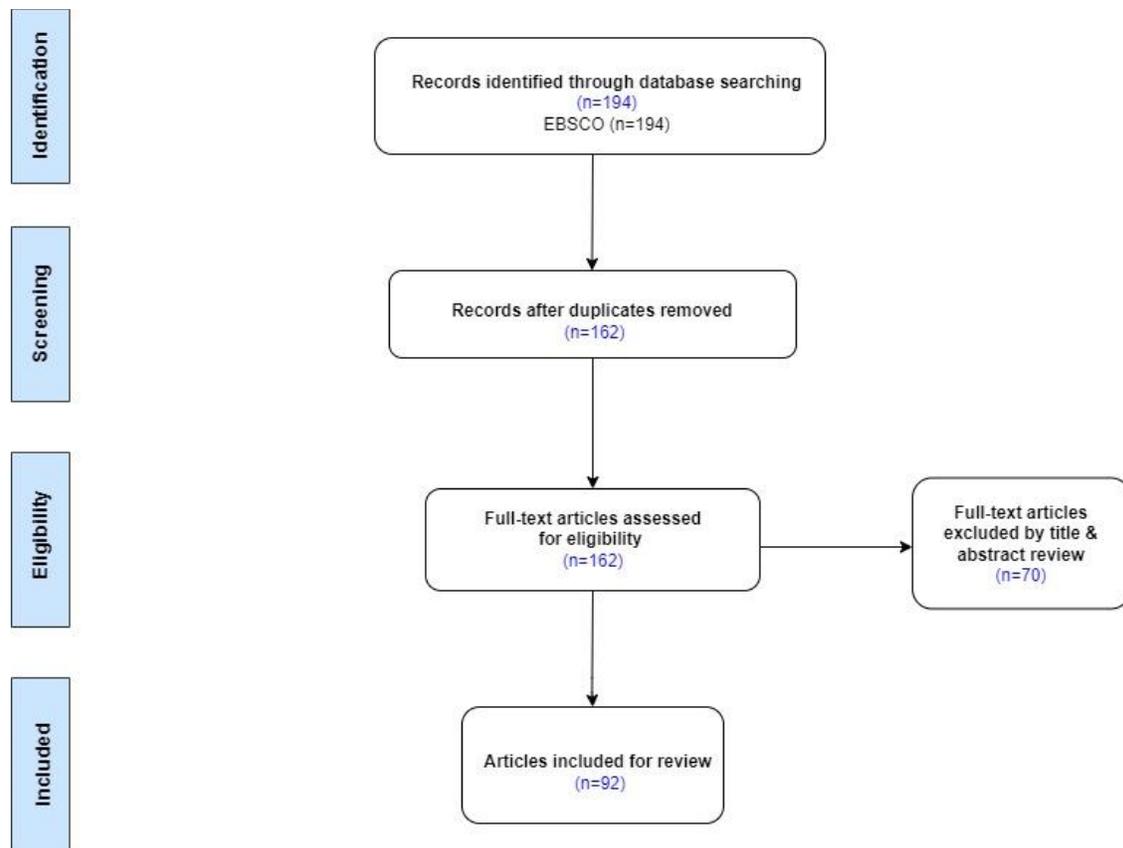
**Table C.1** Inclusion criteria for the archival data.

| # | Search Inclusion Criteria  |
|---|--|
| 1 | The document's title had to contain at least one of the selected keywords: "food delivery," "delivery app," "uber eats," "doordash," "skipthedishes," "foodora," "grubhub," "postmates," "instacart." Since this study focuses on food delivery apps, I searched for the general terms as well as names of the major food delivery services in the U.S and Canada. |
| 2 | The document's text had to contain at least one of the selected keywords: "emotion*," "feeling*," "ethic*," "responsibilit*," "guilt*," "moral*," or "tipping." Since this study focuses on consumers' emotions and responses towards ethical concerns, I selected keywords and synonyms that I noticed from screening existing materials.                         |
| 3 | The document's text had to contain at least one of the selected keywords: "consumer," "customer," or "user." Since this study centers on the consumer's responsabilization journey, I selected those keywords in the text to narrow down the search.   |
| 4 | The research was published between 01/01/2015 - 12/01/2021.  |
| 5 | The document is in English.  |

**Table C.2** Exclusion criteria for the archival data.

| # | Screening Exclusion Criteria  |
|---|---|
| 1 | The document misidentified any of the searched keywords (e.g., delivery - as in birth delivery)   |
| 2 | The document's content is irrelevant to food delivery apps (e.g., cannabis home delivery app)   |
| 3 | The document's content is about food delivery apps, but not focus on the perspectives of either the consumers or the drivers or the morality of food delivery apps. |
| 4 | The document is duplicated  |

**Table C.3.** Archival Data Selection Process.



**Table C.4** List of final review articles.

| Themes                  | Sub-theme                      | Document Title   |
|-------------------------|--------------------------------|--|
| <p><b>IMPACTS</b></p>   | <p>Positive Impacts</p>        | <p>Handle With Care: Prepackaged meal kits and new food delivery methods are serving up a new helping of food safety risks.</p> <p>Uber Eats and Peloton subscriptions? Some creative ways</p> <p>Harvard Medical Faculty Physicians fights burnout.</p> <p>Cutting Chopsticks From China's Food Delivery Waste.</p>   |
|                         | <p>Negative Impacts</p>        | <p>Microplastic Pollution in China, an Invisible Threat Exacerbated by Food Delivery Services.</p>   |
|                         | <p>Positive &amp; Negative</p> | <p>Geographic reach and nutritional quality of foods available from mobile online food delivery service applications: novel opportunities for retail food environment surveillance.</p>  |
| <p><b>CONSUMERS</b></p> | <p>Consumers' Intentions</p>   | <p>Factors Determining the Behavioral Intention of Using Food Delivery Apps during COVID-19 Pandemics.</p> <p>Antecedents and Consequences of Customer Engagement: A Study of Users of Online Food Delivery Applications.</p> <p>Consequences of a green image of drone food delivery services: The moderating role of gender and age.</p> <p>Factors Influencing the Behavioral Intention to Use Food Delivery Apps.</p> <p>The effect of presentation, product availability and ease upon transaction reliability for online food delivery aggregator applications – moderated mediated model.</p> |
|                         | <p>Consumers' Emotions</p>     | <p>COVID-19 lockdown and the satisfaction with online food delivery providers.</p> <p>Application of internal environmental locus of control to the context of eco-friendly drone food delivery services.</p> <p>Revisiting food delivery apps during COVID-19 pandemic? Investigating the role of emotions.</p>   |

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|                      | <p>COVID-19 Lockdown and the Satisfaction with Online Food Delivery Providers.</p>  |
| <p><b>MARKET</b></p> | <p>Trends</p> <p>How We've Changed: From Zoom and Instacart to sweatpants and more, we found 28 ways life will never be the same since the onset of Covid.</p> <p>How we eat determines what we become: opportunities and challenges brought by food delivery industry in a changing world in China.</p> <p>Instacart Unveils "Beyond the Cart: A Year of Essential Insights" Trends Report Revealing How the Pandemic Has Transformed 100 Years of Consumer Grocery Habits.</p> <p>Instacart Releases First "New Year, New Cart" 2021 Grocery Trends Report Forecasting The Food Trends &amp; Grocery Shopping Habits For The Year Ahead.</p> <p>How America Eats: Uber Eats Unveils National Study on Americans' Eating Habits.</p> |

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| <p><b>WORKERS</b></p>         | <p>Positive</p> | <p>The Coronavirus Economy: A surge in demand for food delivery has changed how this DoorDash courier works.</p>  |
|                               | <p>Neutral</p>  | <p>Algorithmic work coordination and workers' voice in the COVID-19 pandemic: The case of Foodora/Lieferando.</p> <p>When food-delivery platform workers consent to algorithmic management: a Foucauldian perspective.</p> <p>Your order, their labor: An exploration of algorithms and laboring on food delivery platforms in China.</p> <p>Gender, Class, and the Gig Economy: The Case of Platform-Based Food Delivery.</p>  |
| <p><b>PROVIDERS (FDA)</b></p> | <p>Changes</p>  | <p>Foodora commits to sustainable food delivery with three-tier environmental plan.</p>   |
| <p></p>                       | <p>Negative</p> | <p>Flexibility and freedom for whom? Precarity, freedom and flexibility in on-demand food delivery.</p> <p>As food delivery booms in Russia, couriers try a Soviet-era tactic: a union.</p> <p>Chinese Food-Delivery Workers, Unite!</p> <p>The platform economy and the precarisation of food delivery work in the COVID-19 pandemic: Evidence from India.</p> <p>At what price? Labour politics and calculative power struggles in on-demand food delivery.</p> <p>Effects of age and violations on occupational accidents among motorcyclists performing food delivery.</p> <p>Instacart shoppers are battling order-grabbing bots.</p> <p>Instacart Doesn't Want 'No' For an Answer.</p> <p>We're Confident There's Fraud.' Instacart Workers—Upset Over Dwindling Pay—Are Petitioning for a Dept. of Labor Audit.</p> <p>Instacart Shoppers Besieged by Bots That Snatch Lucrative Orders.</p> |

Uber Eats and DoorDash are now delivering groceries, flowers to meet customer demands.

How a Vietnamese refugee is rethinking food delivery in America.

Just Eat suffers as Uber ramps up takeaway wars.

Fare' launches first-ever food delivery service in NYC to charge restaurants 0% commission.

Amazon.com, GrubHub Under Fire From Uber Restaurant Delivery.

Instacart Announces Two New Appointments To Its Board Of Directors - Global Product Leader Fidji Simo And Finance Veteran Barry McCarthy.

Uber Eats needs to deliver more than ever.

Can new CEO Fidji Simo turn Instacart into more than just a delivery company?

DoorDash Expands Marketplace Offering with Alcohol On-Demand.

Instacart hires another senior female Facebook vet, naming ex-ad chief Carolyn Everson president.

Meet the first Black-owned food delivery business serving exclusively Black-owned restaurants.

Nordstrom NYC Has In-Store Food Delivery, Bars for Hungry Shoppers.

How Instacart fixed its A.I. and keeps up with the coronavirus pandemic.

DoorDash CEO Tony Xu on the company's long-awaited IPO.

Food Delivery Apps May Be Forced to Employ Gig Workers in Spain.

Postmates Raises Prices In California To Cover Prop. 22 Driver Benefits.

Instacart Is Fixing One Of The Most Controversial Parts Of Its Grocery Delivery Service.

Grubhub Spends to Draw In More Diners: Tight competition is pushing food-delivery rivals to experiment, adapt to industry in flux.

Epos Now announces latest food delivery integration.

Instacart Unveils New Shopper Safety Measures Including In-App Wellness Checks, Extension Of COVID-19 Pay For All Shoppers & Bonuses For In-Store Teams.

Instacart Introduces New Back-To-School Personal Shopper Program Including Child Care Financial Assistance & School Supplies Perk.

Uber Eats to bring in big changes after ACCC probe.

Big change coming to Uber Eats after ACCC investigation.

From Target to Instacart: Five highlights from GMA Forum.

7-Eleven Waives Delivery Fees on 7NOW® Delivery App.

Uber Eats to screen for food allergies, end automatic utensils and straws.

Postmates Unveils industry's First Emergency Familycare Relief Policy alongside new Telehealth, Career & Financial Planning Programs For Essential Delivery Workers.

Cash Offer for Just Eat plc by Prosus N.V. Through Its Wholly-owned Indirect Subsidiary MIH Food Delivery Holdings B.V.

Gousto looks to 'displace horribly inefficient' supermarkets with food delivery service.

Issues Instacart Sued By D.C. Attorney General Over Deceptive Service Fees, Dodging Sales Taxes.

Lawsuit Claims Instacart 'Personal Shoppers' Should Be Classified as Employees.

Food fight: GREAT NH RESTAURANTS SUES DOORDASH, GRUBHUB OVER TRADEMARK INFRINGEMENT.

|                                 |  |
|---------------------------------|--|
|                                 | <p>Deadline Reminder: Law Offices of Howard G. Smith Reminds Investors of Looming Deadline in the Class Action Lawsuit Against Grubhub Inc.</p> <p>Glancy Prongay &amp; Murray Reminds Investors of Looming Deadline in the Class Action Lawsuit Against Grubhub Inc.</p> <p>Instacart Wasn't Ready to Become an Essential Service Overnight.</p> <p>Uber eats dealer gets just desserts.</p> <p>Glancy Prongay &amp; Murray LLP Announces the Filing of a Securities Class Action on Behalf of Grubhub Inc. Investors.</p> <p>INVESTOR ALERT: Law Offices of Howard G. Smith Announces the Filing of a Securities Class Action on Behalf of Grubhub Inc. Investors.</p> <p>IMPORTANT INVESTOR REMINDER: The Schall Law Firm Announces the Filing of a Class Action Lawsuit Against Grubhub Inc. and Encourages Investors with Losses in Excess of \$100,000 to Contact the Firm.</p> <p>THE UBER EATS OF COKE DEALS.</p> <p>Lawsuit claims Instacart ‘personal shoppers’ should be classified as employees.</p> |
| <p><b>GOVERNMENT</b></p>        | <p>New York City to Limit Companies' Fees for Online Food Delivery.</p> <p>NYC Council Targets GrubHub For Laws Protecting Restaurants.</p> <p>Federal court rules GrubHub drivers are contractors.</p> <p>The Law Offices of Frank R. Cruz Announces the Filing of a Securities Class Action on Behalf of Grubhub Inc. Investors (GRUB)</p>   |
| <p><b>TIPPING - RELATED</b></p> | <p>DoorDash and Amazon Change Their Controversial Tipping Policies.</p>  |

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|--|--|
|  | <p>DoorDash And Amazon Won't Change Tipping Policy After Instacart Controversy; If You're Worried, Carry Cash.</p> <p>DoorDash and Amazon Customers Find a Tipping Loophole: Give Cash.</p> <p>DoorDash's New Tipping Policy Has Increased Driver Pay.</p> <p>DoorDash Says It Will Change Controversial Tipping Policy.</p> <p>DoorDash Will Tweak Driver Earnings But Sticks To Its Controversial Tipping Policy After Review.</p> <p>DoorDash Flip-Flops On Controversial Pay Policy And Will Now Treat Tips Like Tips.</p> <p>Instacart will adjust worker pay after uproar over tipping policy. Instacart will adjust worker pay after uproar over tipping policy.</p> <p>DoorDash Lays Out New Policy on Worker Tips Following Outcry.</p> <p>DoorDash, Amazon and Corporate Oversight Through Public Shaming.</p> |
|--|--|

**Summary of Archival Data Observations:**

My archival data focused on one of the following five topics within the subject of FDAs: the impacts of FDAs, consumers, workers, government actions, FDA companies, and tipping. First, I noticed that the majority of existing documents related to FDAs focus on the companies themselves, in particular, about recent changes and issues that these companies have. Second, the archival data has shown that along with many changes that FDAs have been implementing, FDAs are also facing many legal issues, some of those involve the governments. A fair number of documents also look at controversies around the tipping policies of FDAs. Third, the data also shows that the delivery workers exhibit a lot of opposition and negativity towards the companies' policies and structure. This is consistent with my passive netnography data illustrated in Appendix D. Existing news or studies related to FDAs' consumers focus only on understanding consumers' intentions and emotions. Last, I noticed that not many documents look at the impact of FDAs or the market in general.

## APPENDIX D

### Passive Netnography Database and Representative Posts from each group

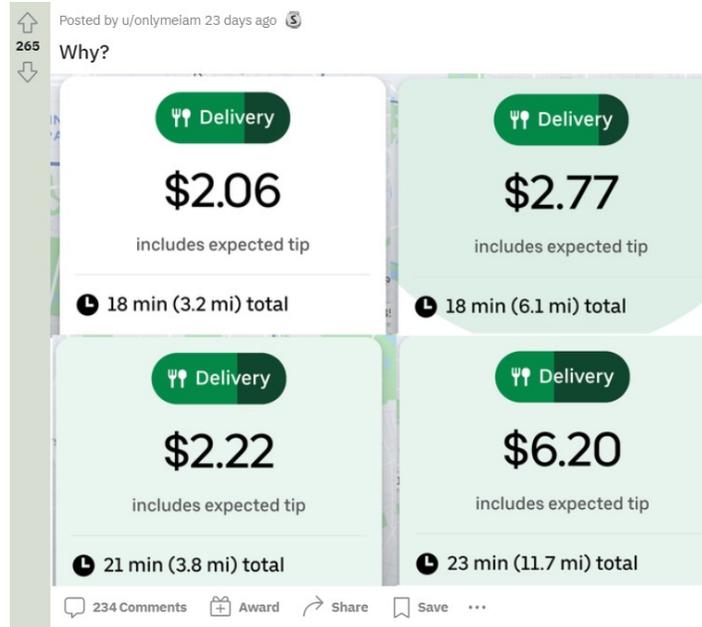
Besides conducting the in-depth interviews to understand the consumers' perspectives, I was also interested in gaining some insights on the perspectives of the FDAs delivery drivers. While it would be more comprehensive if I could also conduct interviews with the drivers, unfortunately, I could only collect data using passive netnography due to the limited time frame of the study.

Table D.1 demonstrates my sources of passive netnography data. As I have explained in the Method section, I chose to collect data from two particular social media platforms, Reddit, and Facebook, due to their convenient searchability, availability and accessibility of information. I decided on the sub-groups (or subreddits) by searching the names of major FDA companies and adding the word "drivers" to the search, then selecting those sub-groups with the highest number of members/followers. While there exist a lot of driver-led discussion groups, I chose only a few as representatives. Figure 2 to 13 are samples of discussions (through the means of "memes" and short posts) posted in the selected subgroups. These memes were selected because they portray contents that receive a lot of attention from the drivers (reflected through the amount of likes/upvotes and/or comments).

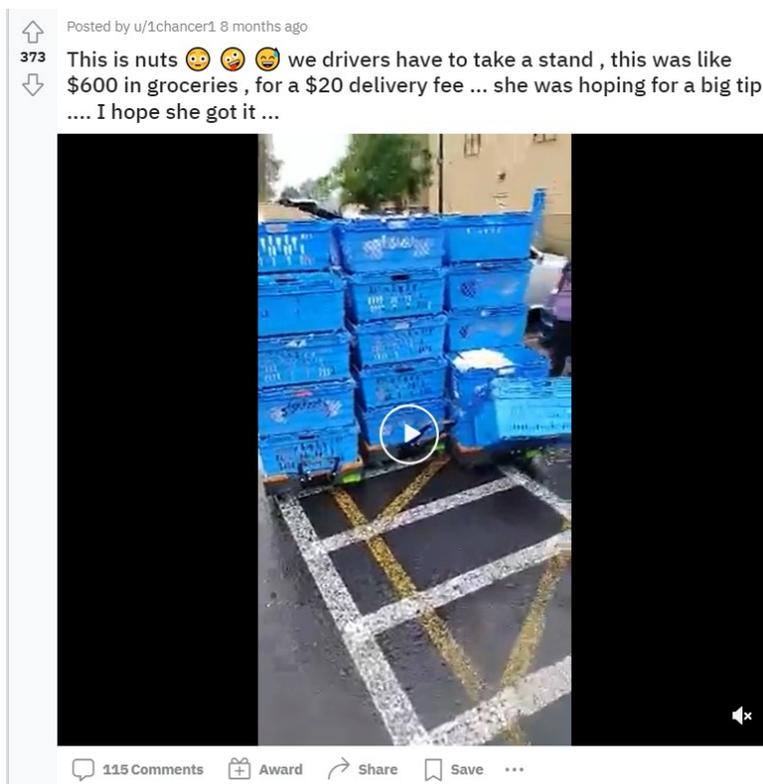
From my observation of the selected platforms, the drivers mostly discuss their wages, their tips, and how FDAs treat them (Figure 2-13). The first common discussion topic is on how little money these drivers earn from working for FDAs. As shown in Figure 2, a delivery worker can earn as little as \$2.77 for driving making a 6.1-mile trip. Not only that, sometimes the delivery worker has to handle heavy-load orders that pay out so negligibly compared to the physical efforts one has to put into (Figure 3). Figures 4 and 5 show how sometimes these drivers make just enough money to cover their gas expenses. Even though there are a few posts where some drivers brag about their high earnings, the comments have shown that most drivers do not earn that much. Drivers express how exhausting their job is (Figure 6), weighing down furthermore by the low pay. The second common topic of discussion is on tipping, splitting into two streams of negative and positive posts. On one hand, drivers complain and criticize how "stingy" some consumers tip (Figure 7-8). A lot of the drivers publicly state that they would reject orders where they sense that consumers would not tip a lot. On the other hand, some drivers believe that it is the FDAs' responsibility to pay them decently and the customers' tipping should be just the cherry on top. FDAs' drivers show gratitude when they receive a big tip from customers (Figure 9) and show appreciation to small acts of caring from the customers (Figure 10). Another common discussion topic is on how FDAs treat their employees. From the posts, it seems that FDAs deny the responsibility to amend their drivers' wages and benefits, reflected through their exit in the Brazil market (Figure 11-12). FDAs' drivers also complain about the poor support service they receive (Figure 13).

**Table D.1** Passive Netnography Database.

| Social Media Platform | Sub-group  | Number of members |
|-----------------------|--|-------------------|
| Reddit                | DoorDash Drivers   | 125,000           |
|                       | UberEATS   | 61,400            |
|                       | Postmates  | 52,900            |
|                       | Couriersofreddit   | 52,800            |
|                       | Grubhubdrivers   | 37,200            |
| Facebook              | #DECLINENOW the official DoorDash drivers                                | 38,000            |
|                       | Doordash, Uber Eats, Instacart, Postmates, Shipt, GrubHub Driver Support | 27,000            |
|                       | GrubHub Drivers  | 11,200            |
|                       | Uber Eats Drivers in Canada  | 10,000            |



**FIGURE 2.** An Uber Eats worker shares the earnings for each delivery trip. (Source r/UberEats)



**FIGURE 3.** A FDA worker struggles to deliver a \$600 worth of groceries for a \$20 payout, not knowing how much she will be tipped. (Source: r/courierofreddit)



**FIGURE 4.** FDA workers express the struggle of making a living after paying for expenses (Source: r/courierofreddit)



**FIGURE 5.** FDAs workers try to break even. (Source: r/DoorDash Drivers)

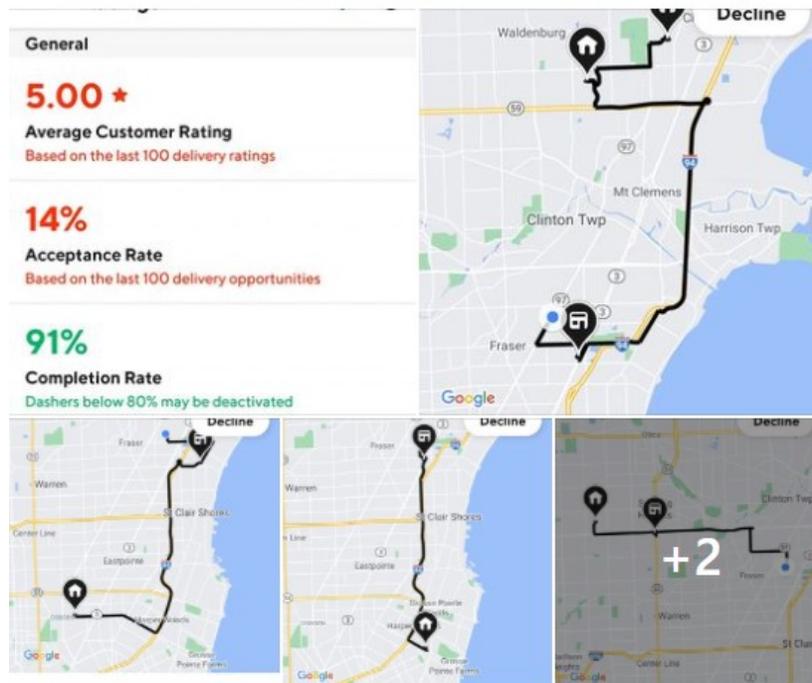
## My 3 Moods Doing UberEats.



11:28 AM · Dec 26, 2017 · Twitter for iPhone

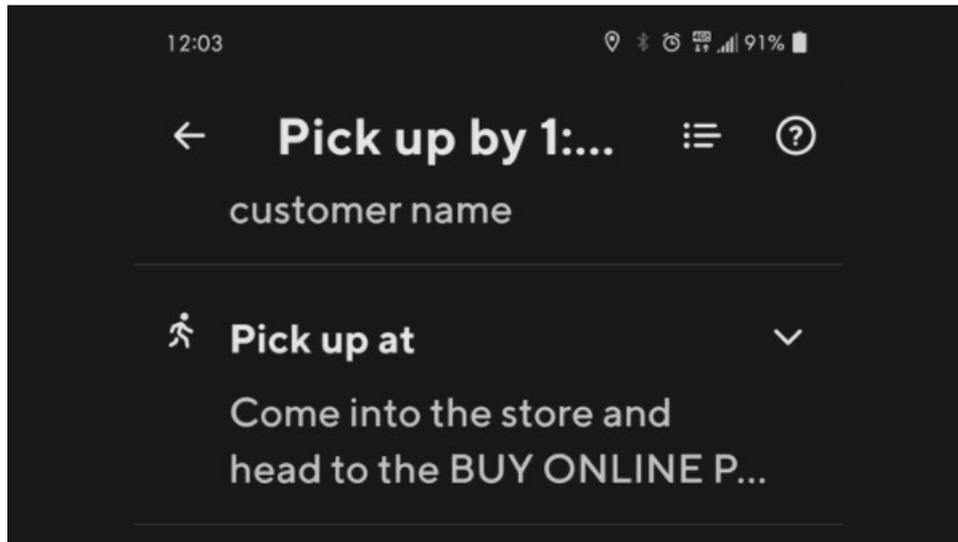
**FIGURE 6.** Delivery workers express how they feel working for FDAs. (Source: r/UberEats)

Just another day of declining can't wait to pop my 100 cherry 🍒  
hoping for a nice tip.(the money kind). Happy about my ratings going  
back to a 5! These are most my trash ones from the past few days.

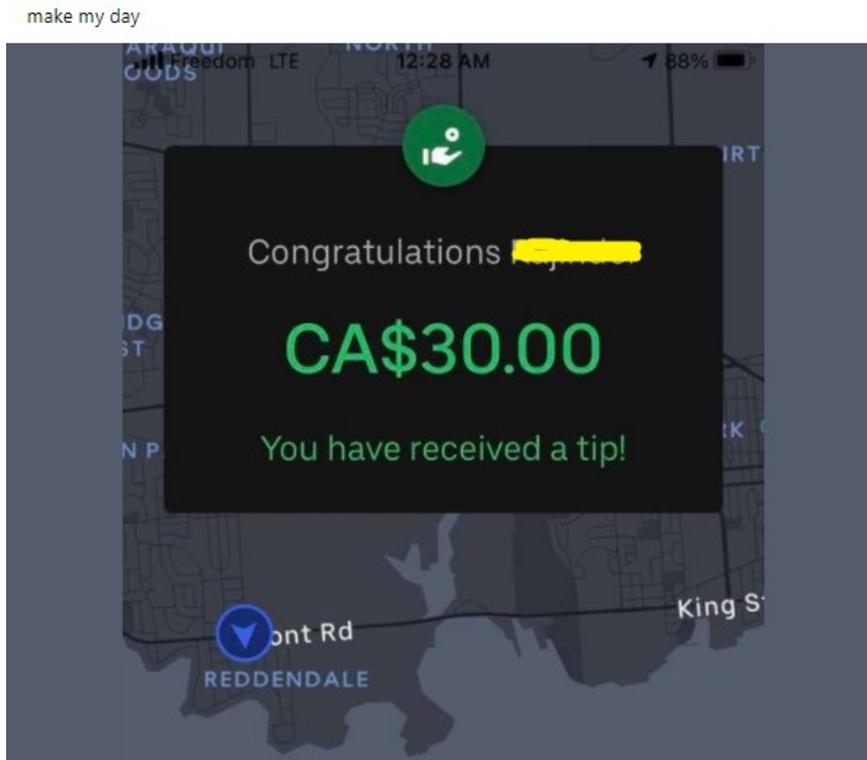


**FIGURE 7.** Driver shows a 14% acceptance rate, says that she has canceled many orders and is waiting for an order with a decent tip. (Source: Facebook)

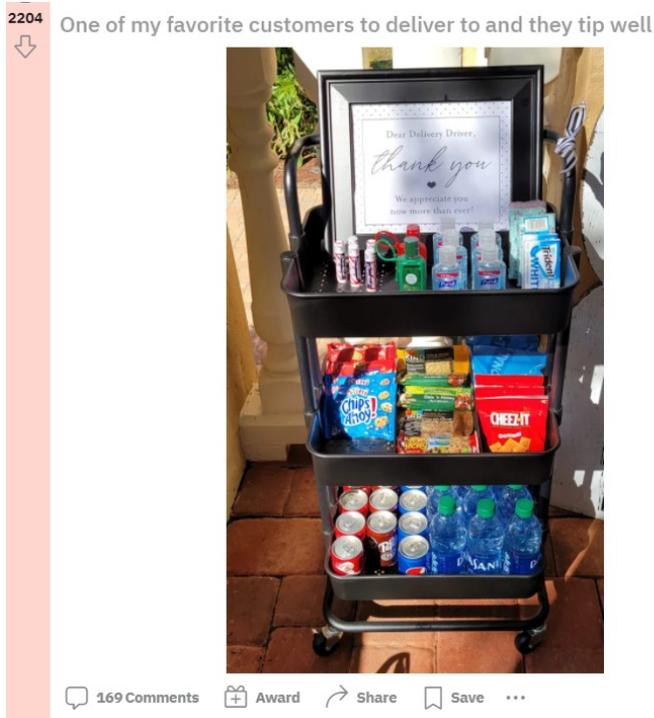
This \$2.50 no tip was tacked onto a \$12.50 order. DECLINED I'm not carrying a 20 gallon tank up an icy driveway.



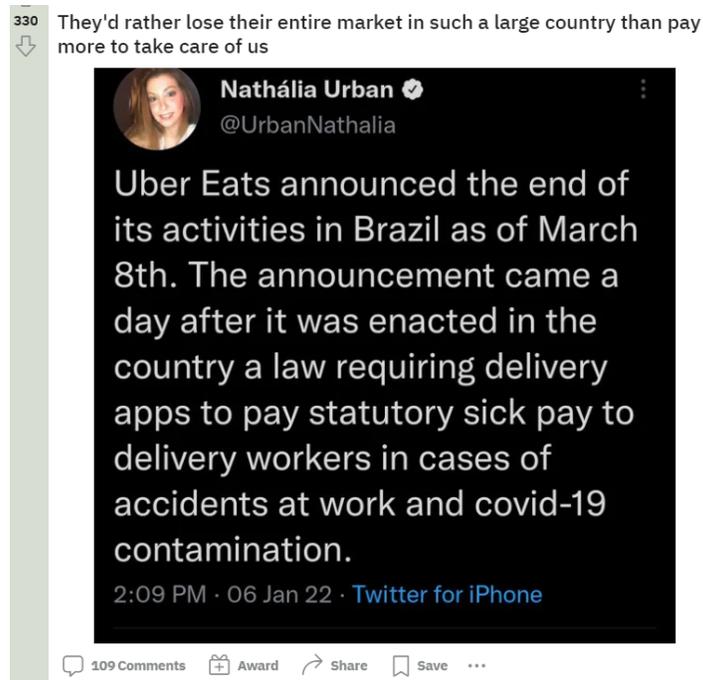
**FIGURE 8.** A FDA driver declines a low tip order. (Source: Facebook)



**FIGURE 9.** Driver is happy as he receives a big tip. (Source: Facebook)



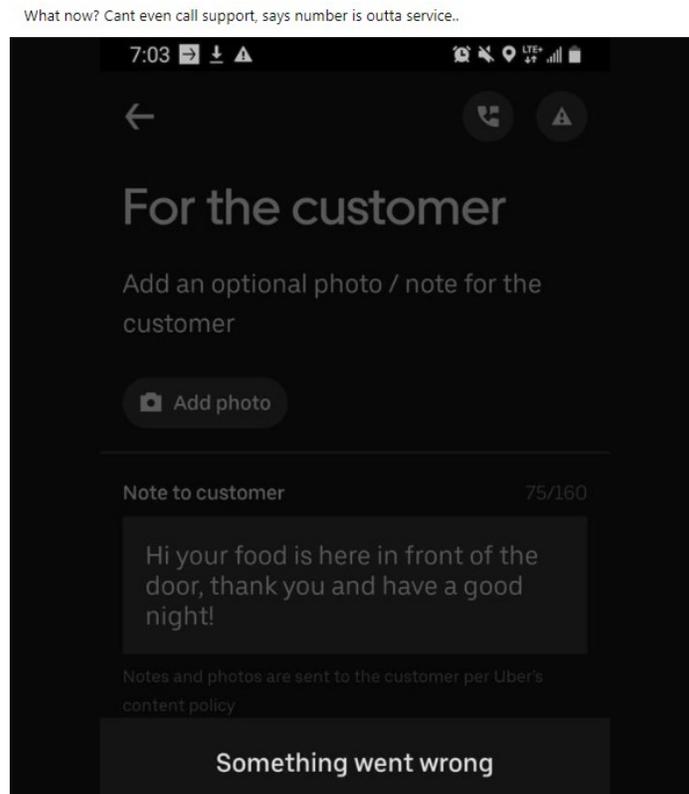
**FIGURE 10.** FDA worker shows appreciation for a customer who offers snacks and drinks for delivery drivers. (Source: r/DoorDash Drivers)



**FIGURE 11.** A post copied from Twitter showing how Uber Eats decides to stop operating in Brazil after the local government passes a law in favor of the worker. (Source: r/UberEats)



**FIGURE 12.** DoorDash focuses on spending money on ads rather than on paying their employees a fair rate. (Source: r/DoorDash Drivers)



**FIGURE 13.** Driver is unable to contact the customer nor get in touch with the app’s support service. (Source: Facebook)

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