

The consumer experience of aesthetic medicine services*

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Abstract

Purpose. The aim of this research is to investigate the consumer experience of aesthetic medicine services, from the need recognition to the post-purchase evaluation (Zeithaml et al., 2012), considering the high presence of credence qualities that characterizes medical services (Wilson, Zeithaml, Bitner, Gremler, 2016) and the effects of Internet on the stages of the purchase process. The subject is topical because in the last few years aesthetic medicine is grown significantly, so much to establish itself as a new tendency in modern medicine (Ancarani e Gisco, 2013). Its development has been determined by drivers such as the crisis of values, the extension of the concept of health, the progress of medical knowledge, demographic phenomena and digital revolution (Vaccaro, 2010), which have changed the perception of the needs and the habits in the purchasing of services by customers.

Methodology. Using quantitative survey data collected from a sample of clients of an aesthetic clinic located in Florence (the sample has been identified using the simple random technique), this research explores each phase of the buying process by identifying how the new scenario is changing buying habits and techniques of evaluation in customers of aesthetic medicine.

Findings. Internet is confirmed to be an informative source of great importance in the context of aesthetic medicine, in line with recent studies (Montemurro, Porcnik, 2015). Moreover the professional attitude of the medical team and the high level of the medical instruments emerge as highly attractive elements during the decisional phase of the customers and, together with the communication/interaction between staff and patient, these are winning factors for reducing the perceived risk regarding aesthetic treatments. This, along with reducing the waiting time and by guaranteeing the same medical reference figure, increases the sense of organization, trust and linearity of the service.

Research limitations. The study is confined to a single business reality of the sector. This represents the main limit of research. In the future it would be desirable to replicate the analysis in order to identify and analyze the trends of development in addition to widen the scope of the

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survey to other realities of the sector. To conduct focus groups would also enrich and deepen the phenomenon under investigation.

Originality/value. Taking into consideration the literature and data emerging from empirical research it has been possible to develop a set of best practices that are strategic to the growth of a firm operating in the specific sector examined and to generate customer satisfaction.

Keywords

service experience; consumer behavior; consumer satisfaction; experience quality; aesthetic medicine.

1. Introduction

Recently the care of one's own body has gained growing importance in order to reach a more psycho-physical well-being. "Be nice to feel good" seems to be a life motto increasingly turning into a model, regardless of gender, age, economic or social conditions of the individual (Vaccaro, 2010). The consumer is increasingly eager to "feel good in one's own body" (Baudrillard, 1976) and, to this end, adjusts to specific life-styles and seeks information about services that can, if considered necessary, improve the image of oneself and consequently the effects on psychological balance.

The demand for aesthetic medicine services is located within this scenario. It shows typical characteristics of the demand for services, with some specific features related to the fact that it lays in the medical field. The perceived risk customers feel for this particular type of services is rather high and drives them to adopt adequate solutions to try to decrease it in all phases of the purchase process. Compared to the past, today's patients are far more informed (also thanks to the Internet that enables them to collect information rapidly, effectively and comfortably), autonomous, empowered, in search of a quality service, willing to invest personally on the protection of their health and to engage in its maintenance (Bordo, 1997).

The aim of this research is to investigate the consumer experience of aesthetic medicine services, from the need recognition to the post-purchase evaluation (Zeithaml et al., 2012), considering the high presence of credence qualities that characterizes medical services (Wilson et al., 2016) and the effects of Internet on the stages of the purchase process. The subject is important because in the last few years aesthetic medicine is grown significantly, so much to establish itself as a new tendency in modern medicine (Ancarani and Gisco, 2013). Its development has been determined by drivers such as the crisis of values, the extension of the concept of health, the progress of medical knowledge, demographic phenomena and digital revolution (Vaccaro, 2010), which have changed the perception of the needs and the habits in the purchasing of services by customers.

2. Design/Methodology/approach

In order to investigate the consumer experience of aesthetic medicine, from the need recognition to the post-purchase evaluation, a quantitative analysis was carried out to understand the relevant elements of this process, those significantly important elements clients look to evaluate the experience of this service. From the management point of view, this seems essential to target effective efforts in order to improve quality of service delivered, customer satisfaction and finally business performance. For this purpose, a theoretical framework was developed, starting from the analysis of behavior models in general, then moving to the specificity of the medical aesthetics area as able to influence such behavior.

To this regards, it is sufficient to consider how beauty, in becoming a primary existential purpose, bases its essentiality in being able to provide a "healthy" relational life or the influence of the Internet and mass media that leads patients to a different attention toward their appearance and to collect and increase virtual word of mouth (Montemurro, et al. 2015). Consider also the high degree of component of risk perceived by the patient, concerned not only by health but also by the social and economic consequences of decision (Darisi et.al, 2005) or the difficulty to formulate an objective evaluation post-purchase because an absolute an unique parameter does not exist (Schillaci, 2012).

On the basis of these specific issues relating to the offer analyzed, a questionnaire has been designed, divided into 5 main sections, relating to the 5 steps of the consumer purchasing behavior – need recognition, search of information, assessment of alternatives, purchase and experience of service, post-purchase evaluation. Additionally the analysis aims also to highlight the changes taking place in the various phases of the studied process, mainly because of the progress continuously taking place in the field of Information Technology and recognizable changes in the social and economic context, developing the concept of beauty and well-being as the center of the desires of individuals. In other words, the social and psychological needs are increasingly imposing themselves in modern society and the aesthetic surgery represent an important reference point for that part of population, increasingly broad and diverse, with a common desire to achieve a better state of wellbeing both interior and exterior, with the related benefits on the psychological and relational aspects.

3. The sample

The survey has been addressed to the catchment area of a medical clinic of Florence, particularly to patients who had long terminated the therapeutical plan, so as to ensure objectivity of judgment in evaluations after purchase.

The patients were sampled by means of the method of the CCS without repetition, assuming a confidence interval equal to 95% and a significance level $\alpha=0,05$. Considering the purpose - studying the behavior and the consumer experience to improve customer satisfaction -, p has been calculated as the proportion of satisfied customers in respect of the service supplied. In relation to previous studies, a powerful service has been generally considered to be one with 85% of patients satisfied (assuming $p=0.85$).

It was thus obtained a n, as a valid sample of population to investigate a first pilot study, equal to 57 individuals (extended by a further 20%, i.e. $n =69$, wishing to also have a margin of protection to deal with any bias unanswered).

The data thus collected has been then analyzed statistically by subjecting them in particular to the chi square test of Pearson (assuming $p<0.05$ as significance level) and the Fisher test. The questionnaire also has some open-ended questions, investigating through frequent keywords and significant statements to support research results.

4. Findings

For each step of the purchase process activated by the customer, the analysis has tried to enlighten peculiarities of behavior that, if well exploited, can become valuable tools to increase the quality of service provided by the companies in this specific sector, being these tools main factors of competitiveness of enterprises.

The consumer, in the first phase of purchasing behavior, addresses the services of the aesthetic medicine because driven by specific needs. It has been crucial to understand if this requirement was innate or caused by a sudden change from a physiological evolution or social pressures (Table 1). The "correction of a physical defect" is the strongest motivation for which Aesthetic Medicine is used (almost 67% patients), followed by a desire to mitigate the signs of aging (24.24%), less determinant the thrust of a sudden change of appearance (9.09%).

Table 1 – Reason for using aesthetic medicine and the origin of the need

Reason for using aesthetic medicine		The origin of the need	
Correction of a physical defect	66,67%	Better stay with oneself (inner)	93,62%
Mitigate the signs of aging	24,24%	Pleasure more to the other (external)	4,26%
Thrust of a sudden change of appearance	9,09%	Other	2,13%
Total	100,00%	Total	100,00%

Source: Our elaboration

This highlights the desire from a part of the patients primarily to feel better with oneself (93,62%), portion decidedly predominant with respect to the subjects that modify their appearance to be appreciated by others (about 4%). These results are in line with those emerging from the study led by Doxa Pharma 2.0 in 2011, commissioned by the Italian Foundation for medicine and aesthetic surgery, regarding reasons in support of a possible aesthetic medical treatment. The main motives appeared to be the correction of a physical defect and the desire to improve one's appearance. Between those who have indicated "other" as justification for the use of the aesthetic medicine, it's interesting to point out the frequent presence of the keyword "wellness", in confirmation of the extension of the meaning of health and the spread of the relationship between health and beauty (Vaccaro, 2010).

By means of appropriate questions that investigates the elapsed time between the perception of the need and the activation of the consumer to satisfy it, it emerges that the decision to resort to the aesthetic medicine is weighted enough (for 55% of patients spends more than a month before satisfying the need). By combining data coming from the different needs pushing for aesthetic medicine and the time elapsed before satisfying it, it's clear that those who want to oppose a sudden change of face and body spend less than a week on it, while time increases to over a month when dealing with the correction of a physical defect (Table 2, where $P > 0.05$).

Table 2 - Time between the perception of need and its satisfaction in relation to the motivations

	Percent of Respondents
Mitigate the signs of aging	8,75%
A month	14,29%
Less than a week	14,29%
Over two weeks, but less than a month	14,29%
More than a month	28,57%
Between 1-2 weeks	28,57%
Thrust of a sudden change of appearance	5,00%
Over two weeks, but less than a month	25,00%
Between 1-2 weeks	25,00%
Less than a week	50,00%
Correction of a physical defect	28,75%
Over two weeks, but less than a month	13,04%
A month	13,04%
Between 1-2 weeks	17,39%
Over a month	56,52%
To pleasure others	2,50%
Between 1-2 weeks	50,00%
Over a month	50,00%
Feel better with oneself	55,00%
Over two weeks, but less than a month	2,27%
Less than one week	9,09%
A month	13,64%
Between 1-2 weeks	18,18%
Over a month	56,82%
Total	100,00%

Source: Our elaboration

There is no doubt that the digital revolution has also affected this sector, changing the process of delivery and the fruition of the service, as well as the interaction doctor-patient and word of mouth among consumers. During the phase of information research activated by potential customers, the mostly used source of information is precisely "internet" (52,46% of respondents) (Table 3), followed by the " Word of mouth face-to-face" (26,23% of customers addresses acquaintances, friends and family) and then "go directly to clinics and doctors' (13,11%). "Specialized magazines" are consulted by 4.92% of participants, of little significance are to the other sources. In the "Other" option, patients have specified to have been redirected after consulting with general practitioners or specialist.

Table 3 - Distribution of patients by information channels used

What source of information has it addressed?	Percent of Respondents
Internet and Social	52,46%
Friends/relatives	26,23%
Directly at medical clinics	13,11%
Specialized journals of medicine	4,92%
Other	1,64%
Journals	1,64%
Total	100,00%

Source: Our elaboration

The analysis also brings to light peculiarities depending on the gender or age of the patients (Table 4): females represent the main group searching news through journals, men prefer to collect the information on the internet, while, along with increasing of age, the aforementioned technological channel is gradually abandoned, passing from a 22,95% in class 30-39 to a 1,64% for the over 60, in favour of a direct contact with the clinic or recommendations from friends and family. These results are in line with those that emerged from other studies (Zavad, Adamson, 2008), according to which the likelihood that women acquire medical aesthetic information from television channels and journals is equal to twice the chance for men to do so (respectively 16% vs 8.5%). Men more frequently obtain information through web sites (26% against 13% of respondents women). Finally, always according to this study, older patients collect news thanks to the reading of newspapers or by advertising in journals, whereas younger people prefer to turn to the web, also because of more familiarity with the tool (25% for the under 30 with respect to the 4,4 % over 50).

Table 4 - Distribution of patients for information channels used and age classes

Information channels	Age classes						Totale
	20-29	30-39	40-49	50-59	60-69	70-79	
Other	-	-	-	-	1,64%	-	1,64%
Friends/relatives	4,92%	9,84%	4,92%	1,64%	4,92%	-	26,23%
Directly at medical clinics	3,28%	1,64%	-	1,64%	3,28%	3,28%	13,11%
Internet and social	13,11%	22,95%	9,84%	3,28%	1,64%	1,64%	52,46%
Journals	-	1,64%	-	-	-	-	1,64%
Specialized journals of medicine	1,64%	1,64%	1,64%	-	-	-	4,92%
Total	22,95%	37,70%	16,39%	6,56%	11,48%	4,92%	100,00%

Source: Our elaboration

Fundamental in the analysis is the study of the patient's choice of alternatives. The final decision is made independently by only about 21% of respondents. From open-ended questions we learn that at this stage a determined role is played by the spouse, friends or person who has experienced the same service first.

As to the weight of the individual elements that influence the choice of the patient in favor of a structure rather than another, there are several theses traced in academic studies (Marsidi

et al., 2014; Victoor et al., 2012; Darisi et al., 2005). Given the high degree of risk perceived towards cosmetic medical treatments, the patient weighs the final decision by performing a 360° rating of the service proposal: the main focus is on the medical figure, a recognized element of fundamental importance from all the researches carried out on the subject, but also the staff and the environment are strongly considered. Relevant elements also emerging are the organizational skills, economic accessibility and quality of treatment. On this basis, filling a Likert scale, patients were required to express the degree of importance, from 1 to 5 (where 1 means minimum importance and 5 maximum importance) with respect to the elements driving the final choice: "environment", "equipment", "Variety of services offered", "Personal", "Medical professionalism", "Opening hours and availability", "Price", "First visit and free trial". Our data confirms the results of previous researches (Table 5).

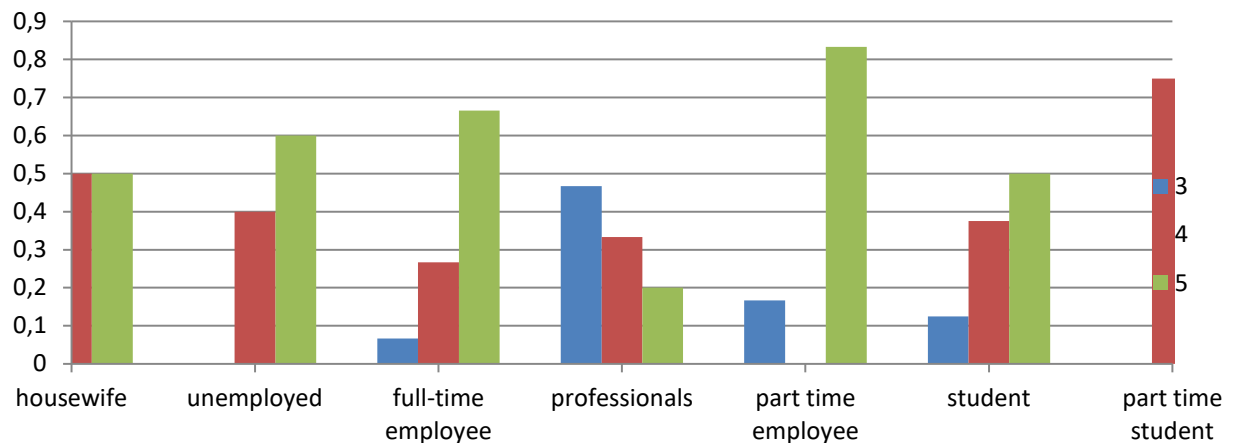
Table 5 – Elements considered for the choice

	The average value	SQM
Environment	3,84	1,04
Equipment	4,62	0,73
Variety of services	3,57	1,34
Staff	4,7	0,53
Professionalism of doctor	4,8	0,44
Opening hours	3,84	1,13
Price	4,28	0,80
First visit and free trial	4,12	1,07

Source: Our elaboration

The element awarded less consideration is "the variety of services offered": this can be justified by the fact that today's patient is increasingly informed, dedicates a significant period of time in search of news, merely scientific and explanatory news, for which it is reasonable to think that the selection of Medical Facility is carefully made directing it towards a single and specific treatment, without paying too much attention to the whole range of proposals. On the other hand the proposed structure can consider relevant the presence of a broad selection of services in order to seek positive effects in terms of up-selling and / or cross-selling. The price is considered a quite important element in the choice even if differences between categories of customers emerge on the basis of demographic variables. The relevance associated to the variable "Price" seems in fact to change in relation to the employment of the respondent and therefore spending capacity of the subject (Fig 1, $\chi^2 = 23.583$, $p > 0,05$): in case of less working hours and/or low level of employment the weight assigned to the variable "price" increases, in particular for "housewife", "unemployed", "student", "part-time employee" (Fig. 1). On the other hand professionals have expressed a lower interest towards the cost of treatments: only 20% of professionals judge price as very important against, for example, the 83,33% of part-time employees.

Fig.1 - Importance of price for level of employment (from min 1 to max 5)



Source: Our elaboration

Also the importance assigned to the opening hours of the center and to the availability of the appointment appears to be connected to demographic variables such as age and family status, which affects free time of the subject. It passes from a 3.07 in "under 30" to an average rating of 4 for the class "30-39". A peak of 4,14 is assessed by those between 40 and 49 years old, finally going back to 1,4 for the "over 50s". The timetables of the structure are therefore more important for those who find themselves in the middle of family and working life: looking into the anagraphic sections of the answers, classes "30-39" and "40-49" are those who mostly share answers as "with children" and high level of employment. On the other hand, "under 30" and the "over 50" are those who have less work and family (according to the composition of the participants to the investigation, i.e. the share of "living alone", "student", "retired", etc., are more) and are less sensitive to the timetables of the center.

Key phrases emerging from open-ended questions underline main aspects patients believe relevant during decision making process: "the ability to put the customer at ease was an essential component", "patient care" and "attention to my problems", "visible effects in a short time from the treatment", "my capillaries are reabsorbed of everything, I still cannot believe it!".

Moreover the research brings to light that patients do not consider self supplying treatments as a valid alternative to the service the aesthetic doctors (for 86,88% of respondents) both for fear of impairing the unattractiveness and a lack of confidence in do-it-yourself products (keywords appearing "did not work" or "was not sufficient"). This is also the consequence of a real need to face and to rely on a Specialist ("serves the professionalism of an expert to resolve my problem", "I prefer to speak to professionals for things such technical and sensitive").

In order to examine the customer experience, patients were required to evaluate, in a scale from 1 to 5 (being 5 the maximum) some elements of the service provided. The results highlight the good score achieved by the Clinic, which are never lower than 4,4 (Table 6). The lowest points are obtained by the Section "Waiting time". This can easily be affected by the above mentioned low availability of customers to wait time from the first contact to the service delivery.

Table 6 – Customer experience evaluation

Age classes	Professionalism and expertise of the staff	Attention to the needs	Comfortable environment	Equipments	Waiting time	Process
<30	4,92	4,92	4,57	4,92	4,57	4,64
30-39	4,86	4,78	4,65	4,78	4,56	4,60
40-49	4,80	4,70	4,20	4,50	4,10	4,60
>50	4,71	4,92	4,57	4,50	4,21	4,35
	4,83	4,83	4,54	4,70	4,40	4,55

Source: Our elaboration

Customer satisfaction is not only determined by the dispensing of high quality technical performance and health-care (core), but also by the value added to the core (the peripherals) that the organization is able to provide to the patient (Serpelloni, 2013). Thanks to the open-ended questions on post-purchase this assumption was fully confirmed: 85% of the patients declare that they are satisfied (respecting the value index of the service delivery, as presented at the beginning of the research) as much by the quality of the treatment as by the overall service experience ("I appreciated the effectiveness of the treatment and the definitive and lasting effects", "environment cleaning", "the explanation of the treatment", "kindness, courtesy and availability of the staff"). The analysis also strongly confirms the link between the satisfaction of the expectations of patients in respect for the service provided and the relative propensity to word of mouth (100% who declare that they are rather satisfied" and "absolutely satisfied" would recommend the clinic to others). It also proves that patients tend to excuse the dissatisfaction experienced or low service performed, attributing the cause to external factors and extraneous to the professional and the medical clinic (Avis et al., 1997; Williams et al., 1998). Moreover, some respondents have even blamed themselves for the final outcome: "The result depends on genetics" or "probably regarding epilation it depends on my type of hair".

5. Practical implication

From the analysis of the data collected and taking into account the results of previous research conducted on the subject, it is possible to produce a set of best practices suggested to companies operating in this sector in order to be able to impact positively on the quality of service provided and increasing in time the level of trust and loyalty of its customers.

It is important that the company sets up the formulation of offer as well as of external communication based also on the main needs that drive the consumer to address aesthetic medicine. It is also important to understand the "urgency" felt by different customers, in order to adapt them to the responsiveness of the staff.

Given the importance of the Internet as means to collect information, it is crucial to improve the structure and design of the website, so to provide clear and simple information. Equally comprehensive and comprehensible must be the notions provided during the first medical-patient contact not only because the professional source results to be the third in importance, but also because this practice is functional to reducing the perceived risk of the service. It will result helpful to pay attention to the various tasks and roles of the doctor and the patient, in order to get the customer to the first session with more preparation about the service and therefore with greater peace of mind.

Always useful elements to reassure the patient are professional and expert members on the medical team, displayed straight away, and the ability of staff to inspire a sense of hospitality and familiarity during the contact with the structure.

Particularly appreciated is also the empathy shown during the delivery of the service, which allows the establishment of a trustful relationship, in which even the more fearful patients of the treatment can feel at ease. The very environment must appear aesthetically pleasant and comfortable for the patient. Seen as consumers are increasingly informed and updated on treatments and news of the sector, it is appreciated the presence of quality instrumentation, generating high standard performances: it is therefore necessary to pay attention to the processes of selection of raw materials and machinery used, as well as highlight advanced equipment in commercial proposal.

It is also important to reduce waiting times. Studies prove that even tough, in the medical field more than others, consumers show understanding toward the waiting, on the other hand in this particular field, strongly characterized by aesthetic and hedonistic elements, patients are not so well disposed toward the dead times. The patient visits the clinic not for an urgent health need but for the desire for a new aspect: justifications, such as relief from pain and sickness, start fading and the time spent by patients gains value a good enterprise should fully respects.

A proper communication is also crucial for the post-purchase evaluation: to evaluate the final result - so as to make its assessment as objective as possible, and not to betray the consumer's expectations-, it's necessary to specify the real potential of treatment, not to raise excessively the threshold of expectations and to provide all the tools and information to evaluate the final result.

Finally it is undoubted how important it is that for the company to generate the best service experience possible, by exploiting the above mentioned elements emerging from the study, in order to generate and increase the positive word of mouth, direct and virtual, as most commonly channel used by patients.

6. Research limitations

The study is to be considered as a pilot survey, a first step and a valid instrument to start a future monitoring plan for the company object of study. In fact the Clinic had not never carried out similar studies to be able to present and comment evolution trends.

The limit of the survey certainly stands in analyzing a single business reality of the sector. It would be useful in the future to extend it to other companies to verify the universality of the results obtained. To submit the study to foreign firms would also assess how the cultural and ethnic component, demographic policies and geo-health influences the outcome of it.

The research itself can be deepened by widening the target of investigation or organizing focus groups with patients, to study specific features of the first stage analysis. It could be helpful also to carry out in-depth interviews with professionals in order to assess the evolution of the sector from the point of view of these actors, the dynamics of the doctor-patient relationship, the relevant aspects of practical and emotional management, in both the previous and subsequent steps of the treatment.

Further analysis could concentrate on the importance of the Internet and the virtual and direct communication between patients and medical staff during the various phases of the decision-making process. This should comprehend analysis on websites and consumer's blogs, or the examination of the talks face-to-face doctor-patient, focusing on keyword and the influence that such dialogs have on the approach of the consumer to the treatment.

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