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Healthcare Service Supply Chain Effects on Patient Satisfaction and Body Image Outcomes: Evidence from Cosmetic Surgery Services

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Abstract

Purpose: This study investigates existing research to examine cosmetic surgery outcomes from a healthcare service supply chain perspective, focusing on how body image–related psychological factors shape patient satisfaction and downstream service outcomes. By conceptualizing cosmetic surgery as a multi-stage healthcare distribution process, this study aims to clarify the role of post-service psychological responses in service value creation. **Research design, data and methodology:** This study adopts a review approach, synthesizing prior empirical and conceptual studies on cosmetic surgery services, body image psychology, patient satisfaction, and healthcare service systems. Relevant studies were identified through Google Scholar and analyzed to reframe psychological outcomes as downstream effects within healthcare service supply chains. **Results:** The reviewed literature consistently indicates that body image factors are closely associated with patient satisfaction and post-service risk behaviors following cosmetic surgery. These psychological outcomes influence follow-up service utilization, satisfaction stability, and continuity of care, positioning them as critical downstream outcomes of healthcare service delivery. **Conclusions:** This study contributes to distribution and service supply chain research by integrating body image psychology into the evaluation of healthcare service outcomes. By reframing cosmetic surgery outcomes as elements of healthcare service supply chains, the study provides a novel perspective for understanding patient-centered value creation in healthcare distribution systems.

Keywords : Healthcare Service Supply Chain, Service Distribution System, Downstream Service Outcomes, Patient Satisfaction

JEL Classification Code: L15, I11, M11, M31

1. Introduction

Cosmetic surgery is often discussed as an individual choice or a clinical service, but it can also be understood as a system of service delivery. A patient’s experience typically involves multiple stages—information search, consultation, procedure, recovery, follow-up visits, and sometimes additional services. Each stage includes interactions with staff, protocols, scheduling, and communication. In other

words, cosmetic surgery can be conceptualized as a healthcare service supply chain and a service distribution system where value is produced and delivered over time, not only at the operating table. This matters because patient outcomes are not limited to physical results. Psychological responses—such as body image concerns, appearance comparison, and body esteem—can shape satisfaction, continued engagement with care, and risk behaviors after the procedure (Cash & Pruzinsky, 2002; Moradi & Huang, 2008).

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Market-style competition in elective healthcare also increases the importance of patient satisfaction. In cosmetic services, patients often behave like consumers who evaluate service quality, compare alternatives, and share experiences through reviews or social networks. That makes “satisfaction” a distribution-relevant outcome because it affects repeat visits, referrals, and the stability of service demand. But satisfaction in cosmetic surgery can be complicated: improving appearance does not automatically reduce body image concerns, and in some cases, psychological vulnerabilities may remain or even intensify. Research on objectified body consciousness suggests that some individuals tend to view their bodies as objects to be evaluated, which can increase appearance monitoring and dissatisfaction (McKinley & Hyde, 1996; Gervais et al., 2012). If such tendencies are present, a procedure might temporarily increase confidence but still leave the patient sensitive to comparison and social feedback, which can influence downstream behaviors and future service utilization.

The recent post-pandemic period provides a useful context for this topic. Studies have reported that eating-disorder risks and disordered eating behaviors became more visible during and after COVID-19, partly due to stress, disrupted routines, and increased screen exposure (Cooper et al., 2022; Giel et al., 2021). The global discussion about eating disorders also expanded during the pandemic era, including public-facing attention to disordered eating patterns (Goldberg, 2020). While not all body image concerns lead to eating disorders, the broader literature suggests that body dissatisfaction, comparison, and low self-esteem can be linked to risk behaviors and mental health outcomes (Sowislo & Orth, 2013; Smink et al., 2012). When cosmetic surgery services are delivered to patients who are already vulnerable to appearance-related stress, the service system needs to consider psychological outcomes as part of value delivery.

From a distribution and service operations perspective, the key issue is this: the “product” in cosmetic surgery is not only the procedure but the full-service pathway. If the pathway ignores psychological outcomes, the system may unintentionally create fragmented value—patients may report mixed satisfaction, seek additional procedures, or experience post-service risk behaviors that reduce long-term well-being and trust. In healthcare markets, trust and continuity of care are not abstract ideals; they are operational consequences that affect scheduling stability, complaint handling, follow-up adherence, and service reputation. So, psychological outcomes should be interpreted as downstream service outcomes within a healthcare service supply chain, not as isolated personal traits detached from the service process.

Existing research already offers building blocks for this

reframing. Objectification theory research highlights how social environments and internalized evaluation standards shape body monitoring and shame (Moradi & Huang, 2008; Heflick & Goldenberg, 2009). Measures such as the Objectified Body Consciousness Scale have been widely used to capture these tendencies (McKinley & Hyde, 1996). Body esteem scales likewise allow researchers to observe how people evaluate their body and appearance in daily life (Mendelson et al., 2001). Sociocultural perspectives also show that appearance standards and comparison processes can influence self-esteem and body image over time (Clay et al., 2005). When these constructs are placed into a service supply chain frame, they become indicators of how patients interpret and “consume” the service result, and how they decide whether the service created meaningful value.

At the same time, it is important to avoid overstating clinical claims. Eating disorders are complex conditions with clinical diagnostic criteria (American Psychiatric Association, 2013), and population-level prevalence patterns vary by context (Smink et al., 2012). Yet, even without making causal claims, it is still reasonable to treat appearance-related risk behaviors and dissatisfaction as signals of post-service vulnerability that may affect satisfaction stability and future service behavior. Public health organizations have emphasized the importance of awareness and early responses related to eating disorders (National Institute of Mental Health, 2020; American Society for Nutrition, 2020). In the cosmetic surgery setting, this suggests that screening, communication, and follow-up design can be viewed as governance mechanisms within the service chain, aimed at preventing downstream harm and supporting stable patient outcomes.

Therefore, the purpose of this literature review is to synthesize research on cosmetic surgery services, body image psychology, and satisfaction outcomes through a healthcare service supply chain lens. Specifically, this study asks: (1) Which body image-related psychological factors are consistently linked to satisfaction and post-service risk outcomes? (2) How can these psychological outcomes be reframed as downstream service outcomes within a healthcare distribution system? and (3) What are the managerial implications for designing service pathways that support both satisfaction and healthier psychological outcomes?

This review contributes to JDS-oriented discussions by extending the idea of “distribution outcomes” beyond traditional operational metrics and into patient-centered outcomes that are still system-relevant. In elective healthcare, the distribution system is evaluated not only by speed or access, but also by whether it delivers stable value and supports continuity. By integrating body image psychology into service supply chain thinking, this paper offers a structured way to connect patient experience,

satisfaction stability, and downstream outcomes into one service delivery frame. The next section reviews prior research in four streams: (a) healthcare service supply chains and value delivery, (b) patient satisfaction and service evaluation, (c) body image factors and objectification-related outcomes, and (d) implications for downstream service outcomes in cosmetic surgery pathways.

2. Literature Review

2.1. Healthcare Service Supply Chains and Value Delivery

Healthcare delivery has increasingly been examined through a service supply chain lens, emphasizing coordinated processes that create value over time rather than at a single point of care. Unlike manufacturing chains, healthcare service supply chains are characterized by intangibility, simultaneity, and strong human interaction, which make outcomes sensitive to communication quality, coordination, and follow-up design (Baltacioglu et al., 2007; Sampson & Froehle, 2006). In elective services such as cosmetic surgery, these characteristics are amplified because patients actively evaluate experiences before, during, and after the service encounter.

Service supply chain research highlights the importance of downstream outcomes—those that appear after the core service is delivered. Downstream outcomes include satisfaction stability, trust, repeat utilization, and word-of-mouth effects that influence demand continuity (Ellram et al., 2004). In healthcare contexts, downstream outcomes also include adherence to follow-up care and patients' psychological responses to treatment (McLaughlin & Kaluzny, 2006). When downstream outcomes are negative or unstable, the service system experiences fragmentation, even if the clinical procedure itself is technically successful.

Recent studies emphasize that healthcare value creation requires alignment between clinical performance and patient-perceived outcomes (Porter, 2010). From a service supply chain perspective, this alignment depends on how information, expectations, and support are distributed across service stages. Cosmetic surgery services, which involve pre-service counseling, procedural delivery, and extended post-service interaction, offer a clear example of how value is co-created through patient engagement rather than produced unilaterally by providers.

2.2. Patient Satisfaction as a Downstream Service Outcome

Patient satisfaction has long been recognized as a central

performance indicator in healthcare services. Unlike satisfaction in routine consumer services, patient satisfaction reflects not only immediate service impressions but also longer-term evaluations of outcome meaning and personal impact (Cleary & McNeil, 1988). In elective healthcare, satisfaction is particularly sensitive to expectations and psychological interpretation because patients voluntarily seek services to improve quality of life rather than to address urgent medical need.

Service management research suggests that satisfaction functions as a downstream outcome that influences future service behaviors, including repeat visits, referrals, and tolerance for service failures (Anderson et al., 1994). In cosmetic surgery, satisfaction may also affect the likelihood of additional procedures or ongoing engagement with the provider. Studies have shown that satisfaction in cosmetic contexts is not determined solely by physical change, but by how patients interpret results in relation to their self-concept and social environment (Sarwer et al., 2005).

From a distribution perspective, satisfaction stability is critical. Unstable satisfaction—where initial approval gives way to later dissatisfaction—can disrupt demand patterns and increase service recovery costs. This suggests that satisfaction should be understood not as a single measurement point but as an evolving downstream outcome shaped by post-service experiences and psychological responses.

2.3. Body Image Factors and Psychological Interpretation of Service Outcomes

Body image research provides important insight into why cosmetic surgery outcomes vary psychologically across individuals. Objectification theory proposes that individuals in appearance-focused environments may internalize an observer's perspective of their bodies, leading to increased body monitoring and comparison (Fredrickson & Roberts, 1997). Empirical studies using the Objectified Body Consciousness Scale show that objectified body consciousness is associated with body dissatisfaction and vulnerability to appearance-related stress (McKinley & Hyde, 1996).

Appearance comparison is another key factor influencing post-service interpretation. Social comparison theory suggests that individuals evaluate themselves relative to others, particularly when objective standards are unclear (Festinger, 1954). In cosmetic surgery contexts, comparison opportunities may increase through social media exposure and peer discussion, which can amplify attention to appearance differences even after surgical change (Fardouly & Vartanian, 2016).

Body esteem reflects a broader evaluative attitude toward one's body and appearance. Research indicates that

lower body esteem is associated with dissatisfaction and compensatory behaviors aimed at correcting perceived flaws (Mendelson et al., 2001). Importantly, these psychological factors do not disappear automatically following cosmetic procedures. Several studies report that while some patients experience improved body satisfaction, others maintain or develop new concerns, suggesting that surgery alone does not resolve underlying evaluative tendencies (Sarwer & Crerand, 2004).

2.4. Post-Service Risk Behaviors and Service Continuity

Post-service risk behaviors, including disordered eating tendencies, have been examined primarily in clinical and public health research. Eating disorders and related behaviors are complex phenomena influenced by psychological, social, and biological factors (American Psychiatric Association, 2013). However, subclinical risk behaviors—such as restrictive eating or obsessive monitoring—can still affect well-being and service engagement even when diagnostic criteria are not met (Smink et al., 2012).

Recent research suggests that body dissatisfaction and comparison processes are linked to increased risk of disordered eating behaviors, particularly in environments that emphasize appearance outcomes (Sowislo & Orth, 2013; Mitchison & Hay, 2014). From a service supply chain perspective, these behaviors can be interpreted as downstream outcomes that affect continuity of care. Patients experiencing heightened risk may require additional counseling, seek multiple procedures, or disengage from follow-up services, all of which influence system efficiency.

Public health organizations have emphasized the importance of early identification and supportive intervention to reduce eating-related risk (National Institute of Mental Health, 2020). In cosmetic surgery services, integrating psychological awareness into post-service management can be viewed as a governance mechanism that stabilizes downstream outcomes and supports sustainable service delivery.

2.5. Integrating Body Image Psychology into Service Supply Chain Research

Despite the relevance of psychological outcomes, service supply chain research has traditionally focused on operational metrics such as cost, access, and throughput. Fewer studies explicitly integrate psychological interpretation into distribution system evaluation. However, emerging work in service-dominant logic argues that value is co-created through customer experience and meaning-making, not delivered unilaterally (Vargo & Lusch,

2008).

Applying this logic to cosmetic surgery suggests that body image factors function as mediators between service delivery and satisfaction outcomes. When psychological interpretation is positive and stable, satisfaction becomes a durable downstream outcome. When interpretation is negative or unstable, service value becomes fragmented. This reframing positions body image psychology as an integral component of healthcare service supply chains rather than an external clinical concern.

Taken together, the literature indicates that cosmetic surgery outcomes are best understood through an integrated lens that combines service supply chain structure, patient satisfaction dynamics, and body image psychology. This synthesis provides the foundation for the conceptual framework developed in the following section, which organizes prior findings into a healthcare service supply chain model of downstream outcomes.

3. Conceptual Framework and Synthesis of Prior Findings

3.1. Reframing Cosmetic Surgery as a Healthcare Service Supply Chain

Existing studies on cosmetic surgery outcomes have largely approached the topic from clinical, psychological, or individual decision-making perspectives. While these approaches offer valuable insight into patient-level experiences, they often overlook the structural characteristics of service delivery that shape how outcomes are produced and interpreted. From a service supply chain perspective, cosmetic surgery can be understood as a sequence of interconnected service stages that collectively influence patient outcomes over time.

Healthcare service supply chains differ from traditional manufacturing supply chains in that value is created through interaction, communication, and experience rather than through physical transformation alone (Sampson & Froehle, 2006). In cosmetic surgery services, the supply chain typically includes pre-service information search and consultation, procedural delivery, recovery support, follow-up interaction, and sometimes additional service encounters. Each stage contributes to how patients interpret results and evaluate satisfaction.

Prior research suggests that patient outcomes cannot be isolated from this delivery structure. Porter (2010) argues that healthcare value should be assessed based on outcomes that matter to patients, not only on technical efficiency. When applied to cosmetic surgery, this perspective implies that psychological responses—such as body image evaluation and satisfaction stability—are legitimate

outcomes of the service supply chain rather than secondary side effects.

3.2. Body Image as a Downstream Service Outcome

The literature consistently indicates that body image-related variables play a critical role in shaping post-service evaluations following cosmetic procedures. Objectified body consciousness, appearance comparison, and body esteem have been shown to influence how individuals monitor, evaluate, and emotionally respond to their appearance (McKinley & Hyde, 1996; Fredrickson & Roberts, 1997). These tendencies affect not only self-perception but also satisfaction with appearance-related services.

From a service supply chain perspective, body image can be conceptualized as a downstream outcome that emerges after the core service is delivered. Unlike immediate clinical indicators, body image responses unfold over time and are shaped by ongoing social comparison, feedback, and reflection. Studies report that even when physical results meet medical standards, patients may continue to experience dissatisfaction if underlying evaluative tendencies remain unchanged (Sarwer & Crerand, 2004).

This reframing is important because downstream outcomes influence system stability. If body image dissatisfaction persists, patients may seek additional procedures, increase monitoring behaviors, or disengage from follow-up care. These behaviors affect demand patterns, service continuity, and provider workload, linking psychological outcomes directly to distribution system performance (Ellram et al., 2004).

3.3. Patient Satisfaction and Stability in Service Evaluation

Patient satisfaction is one of the most widely used indicators of healthcare service performance, yet its meaning varies across contexts. In cosmetic surgery services, satisfaction is not only an assessment of technical quality but also an evaluation of whether the service fulfilled personal and social expectations. Research shows that satisfaction in appearance-related services is particularly sensitive to expectation management and post-service interpretation (Sarwer et al., 2005).

Service management studies suggest that satisfaction should be viewed as a dynamic rather than static outcome. Anderson et al. (1994) note that satisfaction evolves as customers accumulate experience and reassess value over time. In healthcare service supply chains, this means that satisfaction measured immediately after a procedure may differ from satisfaction assessed weeks or months later.

Body image factors help explain this instability. Patients with high levels of appearance comparison or low body esteem may initially report satisfaction but later experience renewed dissatisfaction as social comparison intensifies. From a supply chain perspective, unstable satisfaction represents a downstream risk because it increases the likelihood of complaints, service recovery demands, and fluctuating utilization.

3.4. Post-Service Risk Behaviors and Continuity of Care

Beyond satisfaction, several studies point to the presence of post-service risk behaviors that can affect patient well-being and service continuity. Disordered eating behaviors, while not universal among cosmetic surgery patients, are associated with body dissatisfaction and comparison tendencies in broader populations (Sowislo & Orth, 2013; Mitchison & Hay, 2014). These behaviors may intensify in environments that emphasize appearance outcomes.

From a healthcare distribution standpoint, such risk behaviors matter because they influence continuity of care. Patients experiencing heightened psychological distress may require additional support, seek repeated procedures, or disengage from recommended follow-up. McLaughlin and Kaluzny (2006) emphasize that continuity is a key performance dimension in healthcare delivery systems, affecting both outcomes and efficiency.

Public health literature highlights the importance of early identification and supportive intervention to reduce long-term risk (National Institute of Mental Health, 2020). When applied to cosmetic surgery services, this suggests that psychological screening and communication protocols can function as governance mechanisms within the service supply chain, stabilizing downstream outcomes and protecting system integrity.

3.5. Integrated Conceptual Framework

Synthesizing the reviewed literature, this study proposes an integrated conceptual framework that positions body image psychology and patient satisfaction as downstream outcomes of healthcare service supply chains. In this framework, service delivery processes influence psychological interpretation, which in turn shapes satisfaction stability and post-service behaviors. These outcomes then feed back into the distribution system by affecting demand continuity, follow-up utilization, and service reputation.

This framework aligns with service-dominant logic, which emphasizes value co-creation through interaction and experience rather than unilateral delivery (Vargo & Lusch,

2008). It also extends supply chain thinking by incorporating patient-centered psychological outcomes into system evaluation.

By organizing prior findings into a service supply chain framework, this study clarifies how cosmetic surgery outcomes can be understood as systemic rather than purely individual phenomena. This perspective provides the foundation for discussing managerial and distributional implications in the final section.

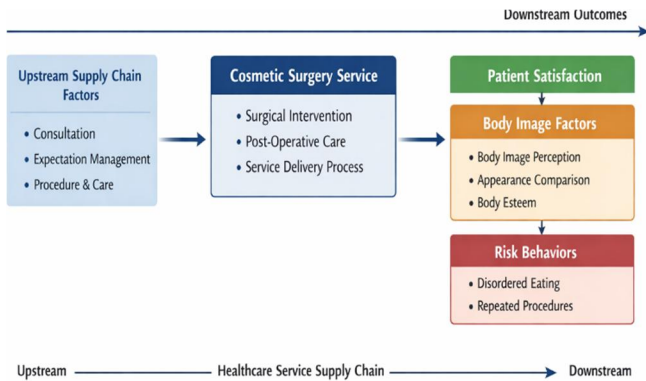


Figure 1: Research Framework

4. Discussion, Service Supply Chain Implications, and Conclusion

4.1. Discussion: Interpreting Cosmetic Surgery Outcomes as Service Supply Chain Results

This literature review aimed to reframe cosmetic surgery outcomes through a healthcare service supply chain perspective. The reviewed studies collectively suggest that outcomes such as patient satisfaction, body image evaluation, and post-service risk behaviors should not be interpreted solely as individual psychological reactions. Instead, they emerge from interactions between patients and multi-stage service delivery systems.

Across the literature, body image-related factors consistently appear as central mechanisms shaping post-service interpretation. Objectified body consciousness and appearance comparison influence how patients monitor results and evaluate value after cosmetic procedures (McKinley & Hyde, 1996; Fredrickson & Roberts, 1997). These tendencies help explain why satisfaction outcomes are often unstable in appearance-focused services, even when technical performance is adequate (Sarwer & Crerand, 2004).

From a service supply chain perspective, such instability represents a downstream outcome that feeds back into system performance. Unstable satisfaction can increase

follow-up demand, complaints, or repeated procedures, affecting scheduling efficiency and resource allocation. Thus, psychological outcomes are not peripheral concerns but integral components of healthcare distribution systems.

4.2. Service Supply Chain Implications

The findings of this review have several implications for healthcare service supply chain design and management. First, cosmetic surgery services should be conceptualized as extended service chains rather than isolated clinical encounters. Pre-service counseling, expectation management, and post-service communication play critical roles in shaping downstream outcomes.

Second, integrating basic psychological awareness into service governance can enhance supply chain stability. Screening for high levels of appearance comparison or low body esteem does not require clinical diagnosis but can inform communication strategies and follow-up intensity. From a distribution perspective, such practices function as risk management tools that reduce service fragmentation and improve satisfaction stability.

Third, post-service monitoring should be viewed as part of value delivery rather than as an optional add-on. Studies on healthcare continuity emphasize that follow-up interaction supports both patient well-being and system efficiency (McLaughlin & Kaluzny, 2006). When psychological outcomes are monitored and addressed, patients are more likely to maintain engagement with the service system, supporting sustainable demand.

Finally, these implications align with service-dominant logic, which emphasizes value co-creation through interaction and experience (Vargo & Lusch, 2008). In cosmetic surgery services, value is co-created when providers recognize patients as active interpreters of outcomes and design service pathways accordingly.

4.3. Implications for Research and Journal of Distribution Science

For distribution and supply chain scholars, this study highlights the importance of expanding outcome definitions beyond operational metrics. In service contexts, particularly healthcare, downstream psychological outcomes directly influence system performance. Incorporating such outcomes into supply chain analysis can enrich theoretical understanding and improve managerial relevance.

This perspective is particularly relevant for the *Journal of Distribution Science*, which increasingly publishes research on service distribution systems and value delivery. By integrating body image psychology into service supply chain research, this study demonstrates how interdisciplinary insights can strengthen distribution-

focused inquiry without losing theoretical coherence.

Future research may empirically test the proposed framework using longitudinal designs or explore its applicability across different healthcare services. Comparative studies across elective and non-elective healthcare contexts may also clarify how psychological outcomes interact with service supply chain structures.

Table 1: Summary of the Current Research

#	Key Descriptions
1	This framework conceptualizes cosmetic surgery as a healthcare service supply chain, where patient outcomes emerge through sequential service delivery stages.
2	Body image-related psychological responses are positioned as downstream service outcomes that influence patient satisfaction and service continuity.
3	The model highlights how healthcare distribution systems can enhance value creation by integrating psychological outcome management into post-service care.

4.4. Conclusion

This literature review examined cosmetic surgery outcomes through a healthcare service supply chain lens, focusing on patient satisfaction and body image-related downstream outcomes. The reviewed studies indicate that psychological responses such as objectified body consciousness, appearance comparison, and body esteem play critical roles in shaping satisfaction stability and post-service behaviors.

By reframing these psychological factors as downstream service outcomes, this study contributes to distribution science by extending supply chain evaluation into patient-centered domains. The findings suggest that healthcare distribution systems benefit from recognizing psychological interpretation as part of value delivery rather than as an external concern.

Overall, this study provides a structured framework for understanding cosmetic surgery services as integrated healthcare service supply chains. Incorporating psychological outcome management into service design can enhance patient satisfaction, support continuity of care, and contribute to more resilient healthcare distribution systems.

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Declarations

Ethics Approval and Consent to Participate

This study did not involve human participants or animal

subjects.

Competing Interests / Conflicts of Interest

The authors declare that they have no competing interests.

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Author Contributions

[Author Yun, C.]: Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing – original draft, Visualization. Writing – review & editing, All authors have read and approved the final manuscript.

Data Availability Statement

No new data were created or analyzed in this study.

Declaration of Generative AI and AI-assisted Technologies in the Writing Process

AI not used

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