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UNDERSTANDING INTERACTIONS BETWEEN PROVIDERS OF COSMETIC TOURISM AND TOURISTS: THE LEBANON EXPERIENCE

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Despite the boom in cosmetic tourism, academic research in this field remains scarce. The following interpretive study explores perceptions of key social players involved in the cosmetic tourism process from its initiation to its end. It highlights the perspectives of cosmetic medical providers and cosmetic tourists within a multifaceted theoretical framework that includes the theory of planned behavior (TPB) and self-concept components. A qualitative approach was applied, with similar topics discussed during interviews with a sample of cosmetic medical doctors and cosmetic tourists in Lebanon. The study delivers insight into the cosmetic tourism decision-making process, and the factors impacting choices here in terms of the destination, medical doctor, and medical center. It furthermore sheds light on aspects that distinguish cosmetic tourism, including social media and cultural influence. This study theoretically contributes to the development of an appropriate framework for cosmetic tourism. Empirically, its outcomes can be utilized to better understand the exclusivity of cosmetic tourists while improving their experiences, enhancing marketing strategies and the services provided to them.

Key words: Cosmetic tourism; Cosmetic tourist; Cosmetic medical doctor; Social media; Cultural influence

Introduction

More than 10 million patients travel abroad every year looking for affordable, high-quality medical and preventative care (Woodman, 2015). Medical tourism is an internationally booming market that has grown rapidly in the past decade (Kunwar, 2019; Lunt et al., 2010). Cosmetic surgery in particular is a multibillion dollar industry with a growing number of consumers from all corners of the world. Cosmetic tourists travel to enhance their bodies and enjoy recreational activities while doing so (Liang et al., 2019; Reisman, 2010; Viladrich & Baron-Faust, 2014). Their cosmetic procedures encompass invasive surgery (such as breast augmentation, rhinoplasty, facelifts, or liposuction)

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and noninvasive cosmetic enhancement (such as Botox injections, facial fillers, or laser resurfacing) that are rarely covered by insurance policies (Foley et al., 2019; Heung et al., 2010).

Two criteria differentiate cosmetic tourism from other classifications of medical tourism; the first is the "elective" element of cosmetic surgery, and the second is its "tourismness" (Holliday et al., 2015). A recent review by Hoz-Correa et al. (2018) on the evolution of medical tourism research between the years 1931 and 2016 argued that despite an increasing number of publications, a lack of academic literature in medical tourism remains. Studies that investigate the cosmetic tourism industry are even rarer (Pereira et al., 2018). Research scarcity on perceptions of involved players at the pre, during, and after stages of cosmetic tourism limits our understanding of its experience from initiation to completion.

Holliday et al. (2015) described cosmetic tourism as an interplay of places, people, things, ideas, and practices, a description that could apply to many different types of tourism. However, the social players involved in the interplay of cosmetic tourism have different roles and perceptions. Previous studies investigated medical tourism from a supply–demand perspective (Fetscherin & Stephano, 2015; Kim et al., 2019; Lunt et al., 2011; Sarantopoulos et al., 2014). Heung et al. (2010) developed one of the earlier supply–demand integrated theoretical frameworks of the medical tourism industry. However, to the authors' knowledge, no research to date has examined cosmetic tourism from this perspective. To fill this gap, the authors attempted to delve into cosmetic tourism and analyze the perspectives of two main players within it: cosmetic medical doctors representing the supply side, and cosmetic tourists representing demand (Carrera & Bridge, 2006). More specifically, this study aims to determine the factors influencing cosmetic tourists' choices of their destination, cosmetic doctor, and medical center.

Theoretical Background

Reasons for Choosing Cosmetic Tourism

People travel abroad for medical treatment for diverse reasons. Low costs, short wait times, high-tech facilities, good service, and professionalism are considered the perceived benefits of cosmetic tourism (Nassab et al., 2010; Pereira et al., 2018). Physicians' competence in delivering highly demanded cosmetic facial and body results is another leading factor (Gill & Singh, 2011; Viladrich & Baron-Faust, 2014). Other studies argue that it is not only these factors that attract cosmetic tourists, but the "tourismness" component of their experience as well (Holliday et al., 2015). Cosmetic surgery hubs have in fact worked on developing this aspect (Holliday et al., 2017). South Korea projects its cosmetic tourism outwards, relying on the Hallyu culture, where K-beauty along with the modern, cosmopolitan experience of "Gangnam Style" has been promoted, leading to what is referred to as "Hallyu tourism" (Holliday et al., 2017). Argentina promotes its cosmetic tourism by branding sensual imageries related to its Tango culture (Viladrich & Baron-Faust, 2014). Costa Rica promotes its healing natural landscapes, which create "medicalized leisure" for cosmetic tourism (Ackerman, 2010). Additional trends here include Malaysia's "Muslimness," which has attracted Arab and Muslim patients (Ormond, 2013), while free-trade and travel agreements in Singapore draw patients from around the world (Holliday et al., 2015).

International, regional, and social media disseminating images of global beauty, and fed by social norms, are seen as stimulating the desire for cosmetic surgery (Twigg, 2017). The facial and body images in popular media channels promote the notion that beauty is attainable. The media has become an alluring broadcasting platform for the cosmetic surgery industry, with media figures and celebrities serving as its ambassadors, being viewed as "plastic surgery sweethearts" (Doherty, 2008). The internet and social media are platforms for sharing experiences and social networking, and a stimulus for cosmetic travel (Hallem & Barth, 2011; Holliday et al., 2015).

The psychological factors of cosmetic tourism, whether fed by physicians who fuel feelings of deficiency and low self-esteem, or that stem from the mere desire of patients for transformation, restoration, and rebirth, contribute to cosmetic tourism (Ackerman, 2010). Self-esteem represents the personal judgements of one's own value and worth, and includes self-efficacy and self-respect

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(Judge & Bono, 2001). It is also considered a component of self-concept in addition to identity, role performance, and body image (Potter et al., 2017). Identity represents the sense of individuality and the perception of being different from others. Its aspects include gender, ethnicity, and other demographic factors. Role performance is a person's perception of his or her own ability to carry out the roles and behaviors expected by social others. One example of this includes feminine roles comprised of being a mother, daughter, and wife. Body image, on the other hand, is described as one's perception of his or her body size, shape, and appearance and significance (Potter et al., 2017). Dissatisfaction with body image affects self-concept (Potter et al., 2017), and is considered an outcome of intrapsychic and social factors (Swami et al., 2009). It is also a predictor of whether a person will pursue cosmetic surgery (Di Mattei et al., 2015), which in return facilitates the psychosocial functioning via changing the body image (Sarwer & Crerand, 2004). Moreover, conformity, which is described as changing behavior to obtain acceptance and admiration of the social group (Lotfi, 2007), as well as self-esteem, further influence the attitude toward cosmetic surgery (Farshidfar et al., 2013; Swami et al., 2009). The lower the self-esteem and body image, the higher the probability will be to pursue cosmetic surgery (Swami et al., 2012). According to Vartanian (2009), conformity is positively associated with the internalization of societal standards of attractiveness, which also influences the notion of body image. Lack of self-concept clarity may also increase the tendency to internalize towards societal standards of beauty.

By showcasing difficult-to-achieve beauty standards, the mass media has contributed to body image dissatisfaction and a higher motivation to undergo cosmetic surgery (Block & Sarwer, 2013). Another factor influencing body image satisfaction is religiousness. In their study on Muslim women in France, Kertechian and Swami (2017) reported that religious beliefs are associated with lower body image dissatisfaction. And the study by Furnham and Levitas (2012) on British participants reported that a relative lack of religious beliefs and low self-esteem are two significant predictors of women's likelihood to undergo cosmetic surgery.

Self-concept takes on different dimensions in behavioral analysis: (1) actual self-image—the person's actual perception of himself/herself; (2) ideal self-image—a person's aspiration of himself/herself; (3) social self-image—a person's perception of how others see him/her; and (4) ideal social self-image—a person's aspiration of how he/she would like to be seen by others (Belch & Landon, 1977; Sirgy, 1982). In their study analyzing behavioral engagement in medical tourism, Loureiro and Panchapakesan (2016) utilized these dimensions, considering how image incongruity between actual self-image and ideal self-image and/or between perceived social self-image and ideal self-image may significantly increase the desire for medical tourism.

It is worth mentioning that the changing psychographic trends of individuals seeking a healthy lifestyle and aesthetic improvements as part of their well-being have increased the demand for cosmetic tourism, in addition to a shift from conventional Western medicine to Eastern medical treatments that emphasize holistic well-being (Majeed et al., 2017).

The Cosmetic Tourism Experience

Although medical tourism research is growing (Hoz-Correa et al., 2018), empirical research on cosmetic tourism to date remains minimal. Some authors have focused on the risks and complications associated with cosmetic tourism (Brightman et al., 2017; Raggio et al., 2020), while others have analyzed its implications in specific countries such as Argentina (Viladrich & Baron-Faust, 2014), Costa Rica (Ackerman, 2010), Colombia (Campbell et al., 2020), South Korea (Holliday et al., 2017), and Tunisia (Hallem & Barth, 2011).

The literature review by Lunt et al. (2011) mentioned that little is known when it comes to medical tourists' experiences and satisfaction. Marković et al. (2004) is one of the few studies examining medical tourists' satisfaction using the SERVQUAL measure. In an attempt to determine satisfaction from a service quality perspective, Rosenbusch et al. (2018) proposed a local patient satisfaction index (PSI) model that integrates components from Brady and Cronin's (2001) model, along with service quality theories including Grönroos (1982,

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Table 1
The Theoretical Framework

	Pre	During	Post
Theory of planned behavior (TPB) (Ajzen, 1991)	• Attitude (obtaining a natural look, obtaining the precise desired look, confidentiality) • Subjective norm (direct family, society, social media, celebrity, others • Perceived behavioral control (risk perception)	• Subjective norm (considering doctor's opinion vs. pre-planned look)	
Patient satisfaction index (PSI) (Brady & Cronin, 2001)		• Interaction with hospital employees • Interaction with medical staff • Waiting time	• Satisfaction assessment • International patient retention • Recommendation to other international patients
Hospitality-centric service excellence (HCSE) (Severt et al., 2008)		• General hospitality services for patients and their families • Personal hospitality services • Therapeutic hospitality services • Integration of technology in service provision	• Future cosmetic tourism marketing strategy
Supply and demand model of medical tourism (Heung et al., 2010)	• Destination consideration criteria (marketing, language and culture, online search accessibility) • Cosmetic doctor consideration criteria • Medical center consideration criteria		
Medical tourism index (Fetscherin & Stephano, 2015)	• Destination consideration criteria (healthcare cost, tourism attractiveness, medical quality)		

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1984) and the SERVQUAL model (Parasuraman et al., 1988). Severt et al. (2008) studied hospitality scopes in healthcare services, introducing a model that includes elements of public, personal, and therapeutic hospitality. Hallem and Barth (2011) investigated the perceived value of cosmetic tourists and the role of the internet in forming perceived value dimensions. These dimensions include social value, which relates to improving self-image and turning to a well-known service provider, and epistemic value, which relates to accessibility to healthcare-related information with minimal effort and cost. Majeed et al. (2020) furthermore investigated the experience of cosmetic tourists and their perceptions of medical quality. The study highlighted the important role of value cocreation—which is seldom discussed in cosmetic tourism (Loureiro & Panchapakesan, 2016; Majeed et al., 2020)—in influencing cosmetic tourists' emotional attachment, trust, and intention to revisit. Effective results, favorable cost, and pleasant experience are viewed as influencing factors of perceived value and satisfaction in cosmetic surgery tourism (Campbell et al., 2020).

Ackerman (2010) elaborately described the experience of cosmetic tourists in Costa Rica, portraying elements of healing landscapes, medical nostalgia, and a social kinship with fellow patients that contribute to a leisure cosmetic trip. Holliday et al. (2015) investigated the experiences of various cosmetic tourists in several countries. The authors viewed cosmetic surgery tourism as flows and assemblages of medical mobility, anthropology, human geography, and medicalized beauty in a context of globalization and assemblage thinking.

Heung et al. (2010) are some of the earlier authors that addressed the supply and demand sides of medical tourism, and who developed a theoretical model that integrates demand and supply perspectives. Fetscherin and Stephano (2015) developed an index to measure the attractiveness of a country as a medical tourism destination. This index was based on push factors representing the demand side (medical tourists), and pull factors representing supply (the medical tourism destination offer). Liang et al. (2019) is one of the few studies investigating the behavior of potential cosmetic tourists in China using the MEDTOUR scale, previously developed by Martin et al. (2011). Their proposed model included the theory of planned behavior (TPB) constructs involving attitude, subjective norms, and perceived behavioral control (Ajzen, 1991). Nguyen et al. (2020) incorporated TPB constructs in analyzing the motivating factors for pursuing cosmetic surgery in Vietnam, and concluded that "subjective norms" have the strongest positive effect on the "intention to undergo cosmetic surgery," whereas "attitude" has the weakest. The study recommended global medical benchmarking and the use of social media, particularly influencers, to create a norm for cosmetic surgeries.

The following study extended prior research by providing an insightful look at the needs and expectations of cosmetic tourists. The literature review suggests that the cosmetic tourist experience can be explored from the perspectives of its composite social players in accordance with the stages of the cosmetic tourism experience. Here, the authors developed a theoretical framework based on TPB as well as other theoretical models, including Heung et al. (2010) and Severt et al. (2008). Table 1 presents the theoretical underpinnings and applications in developing elements of research for cosmetic tourism pre, during, and after stages.

Research Methodology

The Choice of Lebanon as a Cosmetic Tourism Field of Research

Some countries have become rising (if not downright booming) destinations for cosmetic surgery, including Thailand, India, Brazil, Argentina, Bolivia, Costa Rica, Mexico, and Turkey (Burkett, 2007; Lajevardi, 2016; Viladrich & Baron-Faust, 2013). Lebanon has been described by many authors as one of the capitals of cosmetic tourism (Holliday et al., 2013; Twigg, 2017), with 16 out of every 1,000 cosmetic surgery tourism patients having had procedures performed there. This ranks Lebanon fourth behind South Korea, Taiwan, and Belgium (Twigg, 2017).

According to Ammar et al. (2015), the Lebanese healthcare system can handle its treatment of both Lebanese and cosmetic tourism internationals because of its sufficient supply of medical resources and adequate healthcare infrastructure. Illustrating this high level of expertise, and according

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to the Medical Travel Quality Alliance (https://worldsbesthospitals.net/), the Clemenceau Medical Center in Beirut is ranked as one of the top 10 best hospitals in the world that practices medical tourism. Lebanon has attracted international tourists in a manner similar to Latvia, Lithuania, South Korea, Taiwan, or Fiji (Connell, 2011, 2013, 2016; Mathijsen, 2019). Its neighboring countries have also vigorously attempted to enter this market in the recent past (Connell, 2006). Costs for cosmetic procedures in Lebanon remain competitive, and are estimated at one fifth of the same services offered in the US, with prices for cosmetic surgeries in Lebanon ranging between US$2,000 and US$4,000 (Hassan, 2015).

Data Collection

This study's interviews were conducted with cosmetic medical doctors (CMDs) and cosmetic tourists (CTs) to obtain in-depth and qualitative information. Two questionnaires covering similar issues were developed. A general interview guide was adopted to ensure that corresponding information was collected from each respondent in both samples. The questionnaires were developed in English and then translated into Arabic. To ensure translation accuracy, the Arabic version of the questionnaire was reviewed by four social science academics who were native Arabic speakers and bilingual in English. Table 1 presents the theoretical models corresponding to the pre-, during, and postperiods of the CTs' experience. It also considers the theoretical background to analyze the potential gaps between CMDs and CTs.

The sample of doctors was selected from the members' list of the Lebanese Society of Plastic, Aesthetic and Reconstructive Surgery, which was accessed online (https://www.lspras.com/) in August 2019 and included 88 listed doctors. A random sample was selected as an initial step. The selected names were then verified as having an online presence. The data collection process was initiated with the first batch of cosmetic doctors. Afterward, the snowball technique was used to expand the sample and reach more respondents, with the final CMD sample including 12 respondents. Appointments were scheduled either directly with CMDs or through their administrative assistants. Some interviews took place at the doctors' clinics, while others were conducted over the phone, with the CMDs being informed beforehand of the research purpose and objectives. The interviews lasted 20 min on average for a total of 4.1 hr. The data collection process started in August 2019 and ended in February 2020. Table 2 shows the CMDs' sample composition.

Purposeful sampling was used for the CTs' cohort. Initial interviews were conducted in person with patients during their recovery period in Lebanon, as well as over the phone with patients who preferred to participate upon their return home. The 18 interviews lasted 25 min on average for a total of 7.4 hr. Table 3 shows the sample composition of the CTs.

Data Processing

The interview data were analyzed over three stages, and were in line with methods widely used in management and social sciences research (Berg, 2004). First, the interviews conducted in Arabic were translated into English and checked by four Arabic-speaking academics who were bilingual in English. Second, the interviews were transcribed from the audio records along with the notes taken during the interview in preparation for content analysis. Third, the data were classified by clustering the topics in preparation for thematic analysis to identify and analyze patterns of meaning. An interpretative matrix of identified subthemes was created to guide this thematic analysis. A coding scheme was then jointly developed by the researchers, who then performed the analysis manually and separately, classifying the data into hierarchical and subthemes. The intercoder reliability was strong, as assessed by a Cohen's kappa measure of about 0.855. The results were then compared to the existing literature synthesized in Table 4.

Findings

The results highlight two sets of factors in terms of cosmetic tourism from the perspectives of CMDs and CTs: four factors impacting the patients' choices in terms of destination, CMD, and medical centers; and five influential factors regarding cosmetic procedures. Table 4 illustrates these.

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Table 2
Sample Composition of the Cosmetic Medical Doctors (CMDs) and Their Patients' Profiles

CMDs	Age (Approx.)	Gender	Main Types of Procedures Performed	Patients' Origins	Age Range and Gender of the Patients
1	46	M	Rhinoplasty; Liposuction	Iraq, Egypt, Lebanese expats	30–45; 50% female
2	42	M	Rhinoplasty; Breast augmentation; Facelift; Liposuction	Various countries including Lebanese expats	All ages; both genders
3	37	M	Nose surgery; Facelift; Liposculpture	Iraq, Kuwait, Saudi Arabia, European countries	20–40; female
4	54	M	Nose surgery	Lebanese expats, GCC countries	20–30; 60% female
5	36	M	Liposuction; Nose surgery; Breast augmentation	European countries, GCC countries, Iraq	17–55; 90% female
6	44	M	Rhinoplasty; Breast augmentation; Facelifts	GCC countries, Iraq	30–50; 90% female
7	38	M	Facial enhancement; Botox and fillers; Noninvasive surgery	GCC countries, Lebanese expats, Iraq, European countries	Under 30; 95% female
8	54	M	Botox and fillers; Hollywood smile	GCC countries, Iraq	35 and more; 70% female
9	37	M	Botox and fillers; Skincare	Lebanese expats (mostly living in Africa), GCC countries	25–35; 90% female
10	44	M	Liposuction; Facelift; Breast implants	Lebanese expats, Iraq	30–50; 75% female
11	40	M	Rhinoplasty; Facelift; Eyelid surgery	GCC countries, Syria, Iraq, Lebanese expats	95% females
12	52	M	Rhinoplasty; Liposuction; Abdominoplasty; Breast lift; Breast augmentation; Facelift	GCC countries, Iraq, Lebanese expats	18–30; 95% females

Table 3
Sample Composition of Cosmetic Tourists (CTs)

CTs	Age	Gender	Country of Origin	Current Cosmetic Procedure
1	33	M	Germany	Rhinoplasty (as a second operation)
2	44	F	Iraq	Liposuction
3	37	F	Dubai, UAE	Rhinoplasty
4	35	F	Kuwait	Body sculpture
5	27	F	Iraq	Rhinoplasty
6	36	F	Syria	Chin and jawline definition
7	38	F	Yemen	Hair implant
8	29	F	France	Rhinoplasty
9	41	F	Syria	Blepharoplasty
10	50	F	France	Facelift
11	34	F	Dubai	Lip fillers, butt lift, and body reshaping
12	29	F	Saudi Arabia	Rhinoplasty
13	34	F	Iraq	Rhinoplasty
14	43	F	Saudi Arabia	Liposuction
15	33	F	Syria	Rhinoplasty
16	24	F	Syria	Rhinoplasty and chin definition
17	28	F	Iraq	Rhinoplasty
18	36	M	Dubai	Hair transplant

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Table 4
Influencing Factors in Cosmetic Tourism from a Supply-Demand Perspective

Factors That Influence the Choice of Destination, CMD, and Medical Center	Factors That Influence the Decision
to Seek Cosmetic Procedures	
Medical expertise	Word of mouth
Culture and language	Social media
Cost of procedure	Influencers and celebrities
Quality of the medical center	Family and relatives
	Social events

Factors Impacting the Patients' Choices in Terms of Destination, Medical Doctor, and Medical Centers

We found four main factors influencing tourists' choice of Lebanon for cosmetic procedures. The first factor, the expertise of the medical doctor, was unanimously highlighted. This can be explained by a long history of reputable doctors in Lebanon, their international education and training, and their position as trendsetters in the domains of beauty, cosmetic treatments, and aesthetics.

Trust in medical doctors appeared central, with patients wanting to be confident in the fact that the treatment outcomes would succeed, with surgery leaving no or only minimal traces. This makes the interaction with their medical doctor crucial. The initial consultation with the doctor was seen by the CTs as an opportunity to assess the quality of the relationship, and to evaluate whether their expectations would be taken seriously.

The second factor is linked to cultural elements, language fluency, and respect for ethnicity and religious affiliation. Lebanon is known for its beauty enhancement and aesthetic perfection, which can be explained historically:

> Lebanese actresses have been beauty icons in the Arab world since the 60s and 70s. When satellite channels were launched in the Middle East in the 90s, prominent female media figures were Lebanese, and they shaped the conception of beauty in the Arab mindset. (CMD10)

Along with Arabic, Lebanon's official language, English and French are spoken by a large part of the population (Hudman & Jackson, 2003), facilitating the interaction between international patients and medical doctors while helping to convey patients' requests more clearly and easily.

Lebanon is located between Europe and Asia, and characterized by an ethnic population mix. The CMDs pointed out that they take into account the ethnic origins of their patients:

> The shape resulting from a nose surgery for an African patient needs to be different from the shape resulting for a European patient. (CMD3)

This ethnic factor is important for CTs:

> I looked for a cosmetic doctor who can perform an aesthetic surgery based on what fits my face, and that takes into consideration my ethnic origin. (CT8)

The CTs want to be reassured about their final look and symmetry in terms of ethnic appearance:

> I didn't want to end up having a European nose for example, or anything that would deviate much from my original look. (CT1)

It also appeared that CTs take religious confidentiality into account. Patients wanting their procedures to be unknown within their social circle stated they would rather deal with a practitioner from another religious background. As a matter of fact:

> an Arab Muslim cosmetic tourist will, in some cases, prefer a Christian cosmetic doctor. If anything about their cosmetic procedures needs to be conveyed, it will remain within the social circle of this doctor. A Muslim doctor may turn out to have a chance of knowing someone in their social circle: relatives, family friends, colleagues, etc. (CMD8)

Other patients however seemed less concerned about disclosing their cosmetic procedures:

> On the contrary, many cosmetic tourists prefer to say that they did procedure X. It indirectly reflects their financial status. (CMD9)

The third factor is the cost of the procedure, which is usually not covered by medical insurance. According to the CMDs, cost is a determinant, with

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three different perceptions revealed in the analysis. First, tourists from neighboring countries, Europe, and North America find Lebanese prices much more affordable than in their home countries, even though they do in fact think that Lebanese prices have gone up as a result of "new players," for example, Turkey, Syria, Iran, or Thailand (CMD 6). However, Lebanon's prices are perceived as reasonable in comparison to Dubai or Saudi Arabia, even though cost negotiation is sometimes part of the process. Despite higher prices compared to their home countries, Syrian and Iraqi CTs come to Lebanon for the safety and the quality of its treatments. Nevertheless, the CTs found the global pricing of cosmetic procedures, treatments, and surgeries to be opaque:

> You would start with $600 and end up paying $1,000. (CT10)

> I prefer to know separate charges such as the hospital charge, anesthesia charge, the doctor's charge, etc. (CT3)

The patients suggest some improvements in terms of pricing because they think they are charged more than locals, and face uncertainty in terms of what these services cost from a global perspective. Some of them suggested setting up packages that could include travel, hotel, transportation, medical procedures, and other arrangements. For first-time travelers, it could also:

> include shopping, visiting cultural and historical areas, and all the things that this tourist would like to do. (CT6)

These packages would also:

> save the hassle of contacting the hotel and booking and waiting for a doctor's appointment. It would make us feel more confident about our trip. (CT5)

The fourth factor concerns the quality of stay at the respective medical center. The CMDs expressed a very positive opinion here, stating they were able to ask for room upgrades, or could make specific requests such as for female nurses instead of males. They also experienced excellent relationships with their nurses. However, this positive appraisal was not fully shared by the CTs. Nurses were perceived as friendly and professional by half of the sample, while the other half found them unwelcoming, and not proactive enough. Others experienced variable care during their stay:

> they did the job, but I felt the difference between one nurse and another. (CT8)

Hygiene was seen as an important criterion:

> I don't care how deluxe or up-to-date the medical center is as much as I care about the hygiene. (CT10)

Others felt that medical centers could be improved in terms of modernity and interior decoration. CTs suggested improving emotional care through better training, listening to patients, and detecting emotional discomfort. They also recommend some improvements for the people accompanying them, such as the possibility for their companion to sleep in the hospital room for in-patient procedures, or a canteen for family members. During times when a family member cannot be present, patients suggested the service offer of a personal caretaker.

Factors Influencing the Decision to Have Cosmetic Procedures

The results highlight the internal and external influence when having cosmetic procedures. Regarding the internal influence, CMDs indicated that the self-motivated patients who wanted to look better, feel better, and have a more active lifestyle were the most satisfied with their plastic surgery results. Patients here unanimously perceived that their beauty enhancement is part of their success, both in their private and professional lives:

> Having a good-looking face and hair gives me more self-confidence and helps me succeed professionally. (CT3)

Here, the "role performance" component of the self-concept can be a motivating factor for the willingness to undergo cosmetic surgery, contributing to higher self-confidence, an element that is also associated with self-concept.

CMDs unanimously stated that their patients were affected by traditional word-of-mouth and

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social media. Word-of-mouth was perceived as a decisive factor in the patients' decision, accounting for anywhere between 50% and 95% of referrals:

> You wouldn't believe that a taxi driver, a receptionist in a hotel, or a server in a restaurant can affect their opinion and convince cosmetic patients to go to one doctor instead of someone else. (CMD6)

Regarding social media, the CMDs indicated that they helped assure patients' decisions and select their doctor in 30% to 75% of the cases:

> Social media is number one, followed by TV (satellite channels for international patients). Print press has almost gone extinct. (CMD6)

Medical doctors are using these media to strengthen their presence and reputations. Instagram is a leading avenue for reaching people, with doctors posting photos of patients taken before and after procedures, illustrating their aesthetic enhancements. This factor is relevant to international CTs in how it facilitates exposure to new treatments, looks, and trends. The CMDs reported that they use WhatsApp to communicate directly with their patients, especially during the follow-up phase of recovery after patients have returned to their home countries.

According to the CMDs, another source of influence comes from blogs and vlogs of influencers and celebrities. The younger CTs, especially females, are influenced by bloggers, influencers, and fashionistas. The CMDs also confirmed that some patients request a look similar to celebrities. For instance, one patient stated:

> Lebanese media female figures are very attractive, so I think to myself "why not?" I want to look like them. (CT11)

Family and relatives also influenced the patients' decisions to have cosmetic or corrective surgeries. For instance, liposuction can be encouraged by a spouse or other members of the family:

> My aunt did body reshape surgery here in Lebanon before and when I thought of doing my nose, I directly thought of coming here. (CT12)

Relatives can also strongly encourage their decision, with the process becoming mutual:

> We share information such as doctor contact information, what is trending in terms of facial treatments and body treatments, and we even plan cosmetic trips together. (CT4)

Doctors also indicate that particular life events can trigger the urge to perform cosmetic surgery:

> The demand increases when there are social occasions such as weddings and events. (CMD8)

From a self-concept perspective, the influence of external WOM factors, family and relatives, and social media implies internalization of societal standards of beauty and higher conformity with their social and social media groups. Being driven by external factors can be associated with a lack of self-concept clarity, as discussed by Vartanian (2009), or to the different components of self-concept such as self-esteem or the desire for better role performance. It also connotes the relevance of the social dimensions of self-image in relation to pursuing cosmetic surgery.

Discussion and Implications

Considering the factors that impact CTs' choices, the results are discussed according to the consensus and discrepancy between CMDs and CTs, the importance of the cultural element, the role of social media, theoretical contributions, and practical implications.

Consensus and Discrepancy Between CMDs and CTs

The findings reveal points of consensus and discrepancies between CMDs and CTs, as illustrated in Table 5.

It is worth mentioning that CTs' risk perception varied from their previsit stage to the time after they had met their doctor. Face-to-face meeting with the doctor contributed to trust building, which was perceived as decisive for all the CTs in their decision-making process, a finding that is in line with Liang et al. (2019). It contributed to a diminishing perception of other risks as well. According to the CMDs, patients did not perceive all potential risks, and some did not perceive risks at all. The concern about the final aesthetic looks outweighs

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Table 5
Consensus and Discrepancy Between CMDs and CTs

Consensus	Discrepancies
Cultural affinity	Risk perception (variation from previsit to first meeting with the doctor)
Destination's medical and cosmetic reputation	Trust in the medical doctor (elements of trust; trust–risk association)
The excellence of medical expertise in cosmetic surgery and treatments	Cost perception
Population's attitude towards beauty and fashion	Satisfaction with the medical staff
WOM as the most influencing factor in the decision-making process	

medical issues. For the CTs, the excitement of having a "new look" diminishes their medical risk perception. With such a risky elective procedure, the association between trust and risk becomes increasingly important and perceptible. However, the elements that construct the perception of trust remain vague and still require further examination. According to the CTs, doctor's qualification, experience, credentials, reputation, online presence, before and after photos, and the doctor's words during the first meeting all contributed to building trust.

Cultural Influence

Our findings extended previous cosmetic tourism studies of cultural affinity (Holliday et al., 2017; Viladrich & Baron-Faust, 2014), providing further insight into the nature of cosmetic tourism. The service itself is not perceived by many patients as a "prepackaged look." It is instead customized to the individual's request, as stated by the CMDs and CTs. This implies that cosmetic surgery is cocreated by both the physician and the patient, which is consistent with Loureiro and Panchapakesan (2016), who described the experience being cocreated with patients, and resulting in favorable patient–hospital organization engagement. It also implies that the communication between CMDs and CTs distinguishes cosmetic care, as CTs need to express their requests correctly and precisely. Therefore, more than other forms of medical tourism, language similarity and cultural affinity in cosmetic tourism is paramount when it comes to understanding patients' requests and ideas about what they want.

Although the notion of "Westernization" has been documented in extant cosmetic literature, and linked to the origin of blepharoplasty and rhinoplasty (Holliday et al., 2017), the current thinking behind plastic surgery emphasizes maintaining the own ethnic appearance and having a natural look (Holliday et al., 2015). The CTs who were interviewed in this study expressed the desire to maintain their ethnic features. This fact denotes that the beauty norms of the current cosmetic industry embody ethnic variables and elements, the perception of which in the industry has evolved through culture, among other influences. "Ethnic rhinoplasty" for example, is a term and practice that is gaining wider recognition in the beauty industry. This fact also indicates that the recipients of cosmetic procedures embrace a margin of cultural appreciation of their physical identity and heritage. Previous traditional rhinoplasty involving nose reduction is becoming undesirable by patients of non-Caucasian ethnic backgrounds. Hence, in their pursuit of a physician who respects their ethnic identity, patients consider doctors who are culturally akin, and typically located in the same geographic region. This means that CTs' travel may take on an overriding regional pattern contrary to the typical West-to-East and developed-to-developing countries flow described in mainstream medical tourism literature (e.g., Connell, 2006; Jones, 2011).

From a self-concept perspective, the perception of ethnic identity in cosmetic tourism reflects on "identity" as one of the four components of self-concept. Willingness to undergo cosmetic surgery has been previously linked to other components of self-concept such as low self-esteem and body image dissatisfaction (Di Mattei et al., 2015; Swami et al., 2012). It has also been associated with a lack of self-concept clarity (Vartanian, 2009). Nevertheless, the keenness to sustain

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ethnic identity connotes the fact that identity, like or unlike the other elements of self-concept, is an important component that cannot be sacrificed in a cosmetic procedure.

Religiousness is another factor that has been associated with body image (Kertechian & Swami, 2017) and the willingness to undergo cosmetic surgery (Furnham & Levitas, 2012). In this study, religious confidentiality presented a new dimension for the religiousness–cosmetic procedure association. As CTs incorporate the religious factor into their choices of CMDs, religiousness is not only something impacting the decision to undergo cosmetic surgery (as presented by previous literature (Furnham & Levitas, 2012), but also a factor that affects patients' choices of their CMD and cosmetic tourism experience.

Another perspective of the cultural dimension is the cultural and lingual similarity that adds to the feeling of safety and trust for CTs as they experience what might be uncertain, or even difficult, physical and emotional encounters. More than other forms of medical tourism, the tourismness element of the cosmetic tourism experience (Holliday et al., 2015) implies that interaction with the locals generates recurring touchpoints for CTs and their companion(s), which adds to or subtracts from the cultural affinity with the destination and the overall experience. Hence, "feeling at home," which was discussed by Viladrich and Baron-Faust (2014), becomes an outcome of the interaction with the local community and a connotation of cultural affinity that makes the destination more desirable than even those with higher medical quality or lower prices.

Another point worth discussing is the role of the CTs' companions, described by Holliday et al. (2015) as patient caretakers who assist during the new, foreign experience of cosmetic tourism. Consistent with Holliday et al. (2015), this study confirmed the role of CTs' companions. Moreover, it highlighted the fact that their presence diminishes the need for having therapeutic caretakers provided by medical centers, unlike the case for solo travelers, where the role of this person is probably essential. The influence of cultural sensitivity in the CT–therapeutic caretaker relationship and its effect on the CT's experience is worth further investigation in future studies.

Social Media

Another area worth an in-depth analysis in this study is the influence of social media in cosmetic tourism processes and the different roles it assumes by different players. Consistent with Holliday et al. (2015), the findings confirm that media, particularly social media, and media images do in fact emanate to and from the cosmetic tourism industry. However, the way media is perceived and utilized by cosmetic tourism players varies. As CMDs perceive media as a primary podium for displaying dreamed-up images and outstanding results, prospective CTs receive images and perceive them as their ideal self-image. Instagram was repeatedly named in this study by the CMDs as their primary marketing channel. As a photo and video-sharing social networking service, Instagram suits the nature of the cosmetic tourism industry very well in terms of displaying facial and body images, and before-and-after pictures. Instagram along with other social media channels has become the podium for spreading new trends in cosmetic tourism. Moreover, social media makes cosmetic surgery seem closer, simpler, and more doable. It is utilized by CMDs as a podium for marketing their skills, and by CTs as a podium for expressing and promoting their "new selves." The "plastic surgery sweethearts" as described by Doherty (2008) in today's world are social media influencers, not just celebrities on TV and in magazines. Hence, more than classic media, social media's interactive and easy-to-upload images influence a wider pool of recipients, contributing to body image dissatisfaction and a higher motivation to undergo cosmetic surgery, as discussed by Block and Sarwer (2013), albeit on a magnified scale. It may also contribute to higher conformity, and the internalization of social media beauty and attractiveness standards. Moreover, as social media and its images freely move across the internet, and are fed by what Holliday et al. (2015) referred to as "mediascapes," traveling for cosmetic enhancement becomes an increasingly attractive and feasible option.

Social media serves another purpose in today's cosmetic tourism, not only for the previsit stage of decision-making, but in the follow-up stage as well. WhatsApp in particular appears to be the main communication channel for postprocedure follow-up.

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For the postcare stage, the CT can establish contact and trust with the CMD. The communication at this stage is more personal and thus requires a more private channel. WhatsApp, with its private one-on-one messaging and voice service, provides exactly this, compatible with the level of doctor–patient trust established at this stage.

Theoretical Contributions

This study academically contributes to the studies of Liang et al. (2019), Nguyen et al. (2020), and the applied TPB by Ajzen (1991). The general implication is that CTs' intentions are varyingly influenced by both attitude (how they think about cosmetic tourism) and subjective norms (their feelings about external social influence and judgment). Family members, WOM, and social media are the main factors impacting a CT's decision. However, the findings from CMDs suggest that the most-satisfied CTs are the ones driven by their attitude. The ones driven by subjective norms, and particularly by celebrities, have high expectations and are more prone to dissatisfaction. From the perspective of self-concept dimensions, this outcome denotes that CTs' behavior that is influenced by incongruity between actual self-image and ideal self-image may result in higher satisfaction than behavior that is influenced by an incongruity related to social self-image and ideal social self-image. Moreover, the role performance component of self-concept as a motivating factor for cosmetic surgery may positively contribute to satisfaction, with CTs perceiving beauty enhancement as a contributor to their success in their private and professional lives, and experiencing higher satisfaction with the results.

This study contributes to cosmetic tourism research in the following ways. First, the cultural dimensions realized in this study extend beyond what is discussed in cosmetic tourism literature, and distinguish cosmetic tourism in relating the cultural dimensions to its elective nature from medical and touristic perspectives.

The comprehensive nature of this study extended prior research in medical tourism by examining the influence of factors such as culture, social media, and the association of risk and trust. The cosmetic medical provider–cosmetic tourist approach facilitates the realization of cosmetic tourism as a multifaceted reality shaped by the perceptions and practices of its various social players. For instance, this approach allowed for consideration of tourists with different demographic characteristics, needs, and consumption modes.

Practical Implications

The discrepancy in perception between CMDs and CTs regarding cost and its role in the decision-making process calls for a more systemic and transparent pricing structure. According to CMDs, the association of price with medical quality seems more prevalent. Hence, emphasizing price–quality association during the decision-making process will enable better decision-making. Furthermore, since cosmetic surgery can involve multiple procedures, itemizing the costs of each one and providing price options would be more transparent to CTs.

With respect to their ethnic identity, CTs are keen on maintaining their ethnic look. Hence, it is reasonable for CMDs to develop skills and expertise in ethnic cosmetic surgery, such as ethnic rhinoplasty, to attract international market segments.

As for the medical center facilities, hygiene is viewed as an important criterion by CTs, while modernity and interior decoration are areas of less importance. Interaction with nurses could be improved through specialized training programs with a focus on international patients. Moreover, offering services that cater to the companions of CTs such as travel and accommodation can help contribute to the overall satisfaction of the cosmetic tourist. When traveling without a companion, offering the service of a therapeutic caretaker becomes a sensible option.

Cosmetic treatment savvy is considered an influencing factor in cosmetic tourism, as previously discussed by Holliday et al. (2017) and Viladrich and Baron-Faust (2014). From a marketing perspective, people's appetite for looking good inspires others to do the same; this potential can be utilized to attract them to a destination for beauty whose services have been performed on people they know, or on those they follow on social media. Based on this study's outcomes, the influencing channels that can be used for marketing are social media, WOM, and e-WOM. Collaboration between the various stakeholders of cosmetic tourism will be required

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to enhance the flow of information; utilizing photo- and video-sharing social networking services is essential here. Investing effort in collaborating with influencing figures such as celebrities and social media influencers can yield further desirable marketing results.

Conclusion, Limitations, and Future Research

Despite its boom, cosmetic tourism is still an unexplored area of study. This study delves into cosmetic tourism as viewed from the perspectives of its main players. Specific differentiating aspects characterize this niche tourism, in which medical, cultural, technological, and communication elements influence the decision to get involved in it and shape its encounters and outcomes. Internal attitude and subjective norms, particularly the influencing elements of social norms, constitute varying components of CTs' intentions. Patient–doctor communication is key in the process of trust building and cosmetic service cocreation, in which cultural aspects play a major role. Moreover, communication on social media and through e-WOM takes varying shapes, utilizing different platforms throughout the process of portraying different aspects of the industry, and creating a continually evolving form of what it offers and does for CTs.

There are several limitations in the current study in terms of its data collection, which was hindered by two factors. First, the nonresponses from some of the CMDs' administrative assistants prevented us from making contact with the CMDs in question. A limitation of a similar nature prevented us from widening the scope of interviews to include medical service providers. The short interview time with some of the CMDs due to their tight work schedule was certainly another reason for nonresponses. Second, the civil and economic unrest in Lebanon starting in October 2019, followed by the spread of the COVID-19 pandemic, curtailed the flow of inbound tourists in general, and CTs in particular. Based on the outcomes of this study, future researchers could further develop specific aspects of our study via quantitative analyses. One example of these aspects includes the association between self-concept components and overall satisfaction. In addition, future research is needed to investigate the role of social media in the cosmetic tourism industry, as well as on a larger scale, via, for example, a multicountry comparison study.

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