

**IT IS ALL ABOUT DESIRES! MOTIVATION TO ENGAGE IN MEDICAL  
TOURISM PRACTICES AND SUBJECTIVE WELL-BEING**

Sandra Maria Correia Loureiro, Instituto Universitário de Lisboa (ISCTE-IUL) and Business  
Research Unit (BRU/UNIDE), Portugal<sup>1)</sup>

Padma Panchapakesan, Instituto Universitário de Lisboa (ISCTE-IUL) and Business  
Research Unit (BRU/UNIDE), Portugal<sup>2)</sup>

**ABSTRACT**

Medical tourism has becoming a topic of increase interest for both researchers and practitioners all around the world. The current article intends to propose a conceptual framework that presents antecedents and outcomes of consumers (patients) desires to undergo medical tourism practices, as well as moderators that can strengthen or weaken the established relationships. In the future the model should be tested in cross cultural context and so contribute to give more insights for researchers and managers of medical tourism.

**Keywords:** consumer desires, social image, self-image, subjective well-being, medical tourism

**INTRODUCTION**

With the globalization of industries and the shrinking distance between countries, medical tourism is a fast emerging phenomenon worldwide. OECD (2012) defines medical tourism as a way to travel from a country of origin to a destiny searching for medical and surgical procedures based on the supply of those services in the country of destiny. The leisure aspect can or not be present, however it is not the major motivation for the mobility of patients. Many studies use the terms, 'health tourism', 'wellness tourism', 'medical tourism' and 'medical travel' interchangeably. Carrera and Bridges (2006) defined medical tourism as a travel which is organized outside the country for maintaining, restoring or enhancing the body or the mind. Though initially the term medical tourism was used to describe the movement of patients traveling from under-developed countries to developed countries, it is now viewed as the migration of international patients for the purpose receiving medical care (Hofer *et al.*, 2012). Inaccessible care (long waiting time), increased consumerism, very high out of pocket expense and ageing population are some of the drivers which facilitate the travel of patients from developed countries to emerging healthcare destinations (Hall, 2011). Though medical tourism may not be directly related to general tourism, the term indicates the commercialization and formalization of health travel (Glinos *et al.*, 2010). This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment which are either time-consuming or illegal in certain developed countries (OECD, 2012). There is an increasing demand for cosmetic and beauty treatments though these services are excluded from insurance; however, the motivations underlying the various types of treatment such as dental care, fertility treatment, surrogacy procedure, and appearance enhancing surgery may be different (Enderwick & Nagar, 2011).

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<sup>1)</sup> sandramloureiro@netcabo.pt

<sup>2)</sup> padma.panchapakesan@iscte.pt

Within the European context a medical tourist may be categorized in one of two ways. First, there are those citizens who use their European citizenship rights to access medical care in EU Member States and their national purchaser reimburses the costs of their treatment abroad. European citizens are granted rights by the European Court of Justice for availing health care in another EU Member State and reimbursement by the purchasing body in the home country (Bertinato *et al.*, 2005). The recent interest shown by the European Union through the European directive for patient mobility indicates the importance of health tourism in Europe. Of late, several countries e.g., Hungary, Croatia, Latvia are attracting medical tourists from the U.S. (Kesar & Rimac, 2011). Despite the presence of numerous mineral-medicinal thermal sources in Portugal, their healing properties were not known until the 18th century (Smith & Puczko, 2010).

Table 1 shows that treatment outside the wealthier OECD countries is much less expensive in South and Central America, Asia, and Africa. The potential savings range from a 75% reduction in price compared with US inpatient prices, to a 90% reduction depending on the type of procedure and the location. In medical tourism, patients become consumers and make their decisions to travel. Apart from price, the main driver in the medical tourism industry is the technological platform provided by the internet for consumers in non-domestic markets to access key medical information regarding their travel.

The popularity of cosmetic surgery could be attributed to many sources including higher disposable incomes, advancement in cosmetic surgery, loss of stigma, and the way in which cosmetic surgery is portrayed in the mass media and entertainment industries (Swami *et al.*, 2008). Especially in the scenario of global ageing, cosmetic surgery is accepted as a way to sustain youthful and attractive physical appearance. In addition, the new definition of health includes mental, physical and social wellbeing, which promoted the notion that plastic surgery resulted in enhanced mental wellbeing (Haiken, 1997). Notwithstanding, there has been an explosive growth in the cosmetic and beauty industry. Around 8.3 million aesthetic procedures were carried out including three million shots of botulinum toxin, 320 thousand liposuctions and 254 thousand breast implants in 2003 (American Society of Plastic Surgeons, 2004). According to Strauch *et al.* (2004), many patients opting for rhinoplasty believed that undergoing such a procedure will improve their perceived norms in the ethnic group to which they belong. However, there is dearth of empirical studies in this regard. Thus, the current study investigates the subjective wellbeing as an outcome of self-image. Moreover, this article intends to propose a conceptual framework that presents antecedents and outcomes of consumers (patients) desires to undergo medical tourism practices.

## **THEORETICAL BACKGROUND**

### **Consumer Desires**

Consumer desires can be conceptualized at two levels of abstraction. At the higher level, desires are associated with consumer values or life goals. At the lower level, they are associated with consumer needs or product benefits that can be obtained from product attributes. Rokeach (1973) posited that beliefs, attitudes and values are all organized together into a functionally integrated cognitive system. A desire is a value which is viewed as a single belief which guides actions and judgements. The literature in marketing supports the conceptualization of consumer-brand relationships based on the foundation of interpersonal attachment. Brand desire is one of the emotional drivers of brand purchase (Sarkar, 2014). In the romantic relationship, passion and intimacy are present without a sense of commitment. Hence, not all desires result in commitment or purchase. However, when the individual is

engaged in fantasy and day-dreaming about the brand, brand desire results (Shimp & Madden, 1988). Brand desire includes passion and intimacy components, which are both interactive (Sternberg, 1986).

In goal directed behavior, desires act as catalyst to transform motivations to actions (Perugini & Bagozzi, 2001). According to Gollwitzer *et al.* (1990), while attitudes provide reasons for behaviors, motivations provide impetus for actions. Desires in the form of one's wishes provide direct motivation for behaviors (Bagozzi, 1992). However, one has to be aware of it. Brand desire results in the motivation to overcome switching obstacles (Oliver, 1999). Then, the individual becomes action-loyal to a single brand and commitment is established in terms of repeat purchasing.

### **Antecedents of Consumer Desires**

Consumer behavior literature has demonstrated that consumers buy products and brands they believe to possess symbolic images similar and/or complementary to their self-image to achieve image congruence (Heath & Scott, 1998). We may point out four dimensions of self-concept which explain consumers' behavior: (1) actual self-image, i.e., how a person sees himself or herself; (2) ideal-self- image, i.e., how a person would like to see himself or herself; (3) social self-image, i.e., how consumers think others see them; and (4) ideal social self- image, i.e., how a person would like to be perceived by other people (Belch & Landon, 1977; and Sirgy, 1982).

Self-image congruence refers to the fit between consumer's image and a brand's image. It is an important concept which plays significant role in fostering positive attitudes toward brands, perception of quality, satisfaction and loyalty (Ibrahim & Najjar, 2008; Kressmann *et al.*, 2006; and Sirgy *et al.*, 1997). There is a general consensus that the greater the match between consumer's self-concept and a destination image, the higher is the likelihood to visit the destination (Kastenholz, 2004). In the case of conspicuous consumption, ideal self-image is more important to consumers than actual self-image (Graeff, 1996). In this study, however, authors find it wise to use the ideal self-image, social self-image, and actual self-image, as the concept of cosmetic tourism is not always conspicuous.

Humans are argued to be social beings with motivations to belong and be accepted by others (Bowlby, 1988). Thus, concerns with achieving or maintaining a positive social self may be an important human motive. Sometimes, the products used by consumers become a part of the social image the consumer wishes to portray in society (Burriss & Rempel, 2004). The concept of social self-image assumes significance in the cosmetic surgery, where the individual undergoes a treatment to be perceived better socially and consequently, feel good about self. Hence, social self-image is considered as one of the antecedents of desire in this study. The way consumers see themselves and how they want to convey an image to others can be incongruent with their ideal image and this may increase the desire to change behavior (see Figure 1).

**Proposition 1:** If perceived social image is not congruent with the ideal self-image, so this incongruity will increase the desire to undergo medical tourism practice.

**Proposition 2:** If actual self-image is not congruent with ideal self-image, so this incongruity will increase the desire to undergo in medical tourism practices

'Past experience' is another antecedent of consumer desires. Previous studies stress that frequency of past behavior influences both intentions and future behaviors (Ouellette & Wood, 1998; Perugini & Bagozzi, 2001; Morrison & Crane, 2007; Mosley, 2007; and Schmitt, 2009).

Consumer experiences are multidimensional and include hedonic dimensions, such as feelings and fantasies. Brakus *et al.* (2009) consider four dimensions of experience: sensory, affective, intellectual and behavioral. Therefore, experiences are connected to the intimate nature of each consumer and this can generate the desire to undergo again in an experience; it could be repeat the same experience in the past or a new one (e.g., Clifton & Simmons, 2003). Actually, past experience can influence consumer's behavioral intentions (Klein, 1998; Liang & Huang, 1998). Positive experiences can result in emotional bonds (e.g., Brakus *et al.*, 2009) and over time, these experiences affect long-term consumer behavior (Zarantonello & Schmitt, 2010) (see Figure 1).

**Proposition 3:** Past experience will increase the desire to undergo in medical tourism practices.

### Consequences of Consumer Desires

In the aforementioned discussions so far, desire is identified as an antecedent to behavior. Hence, desire results in action, which is the intended behavior. Behavioral intentions are an indicator of individual's readiness/willingness to engage in a particular behavior (Ajzen, 1991). According to Han and Kim (2009), the intentional loyalty is portrayed by an individual's intentions to repurchase and engage in positive word of mouth. Thus, in the current study, behavior is the immediate consequent of desire (see Figure 1).

**Proposition 4:** Desires will influence behaviors.

The result of goal directed behavior in medical tourism or beauty tourism is subjective well-being, where an individual realizes benefits of performing an action. In this study, subjective well-being is the immediate consequent of behavior. Subjective well-being can be regarded as a cognitive dimension that consists of positive affect and lack of negative affect, coupled with life satisfaction (Simsek, 2009). The affective dimensions of subjective well-being means the individual's positive and negative moods in the context of their immediate experience. The cognitive dimensions of subjective well-being are related to individual life satisfaction and the ability to judge one's own life (Simsek, 2009). In this vein, a behavior that results from desires will enhance consumers' subjective well-being (see Figure 1).

**Proposition 5:** Behavior will enhance consumers' subjective well-being

### Moderating Variables

In the conceptual framework we propose five moderating variables: gender, age, self-esteem, cultural values and marketing communication. Demographic variables, such as gender and age, may influence the way individuals live their social and self-image and can contribute to reinforce the desires to undergo in medical practices. Schwartz and Boehnke (2004) posit that gender is one of the characteristics that largely determine the life circumstances to which people are exposed, as their socialization and learning experiences, the social role they play, the expectations and sanctions they encounter, and the abilities they develop. Thus, differences in gender represent differences in the life circumstances that affect value priorities, and therefore it is expectable that they influence the response to advertising with homosexual messages. Self-esteem can also exercise influence in the way consumers see themselves.

Regarding cultural values, literature indicates that this variable can have an important influence in the conceptual model. It is generally accepted that cultural differences affect consumer behavior (Blodgett *et al.*, 2008), therefore it is expected that cultural values act as a moderator variable in the relation between self a social image and the desire to do medical tourism. Finally, it is also expected that the way hospitals an even countries expose and communicate their facilities, skills and qualities may influence the consumers the selection process and behavior (see Figure 1).

**Proposition 6:** Gender, age, self-esteem, and cultural values will act as moderators between image and/or past experience and the desire to undergo in medical tourism practices.

**Proposition 7:** Marketing communications will act as moderator between desires and behaviors.

### METHODOLOGY

A survey technique will be employed to test the proposed conceptual framework. The sample size will be determined based on the final proposed model and the statistical demand of the statistical technique employed (could be based on variance or on co-variance of the variables in the research model). However we expect to collect at least 300 usable questionnaires in each country, such as Portugal, South Korea, India, and UK, and eventually other countries. Before launch the questionnaire a pilot test will be done in order to ensure that the items are understood by the participants and a back translation will be used to ensure that the translation from English to other languages are well-done.

Data will be treated using SPSS and other software, such as SmartPLS or LISREL. First an exploratory factorial analysis will be done to find the dimensionality of the variables and then the structural model will be performance.

### CONCLUSIONS AND IMPLICATIONS

Although during the process to collect and treat data improvements to the model may be done, we highlight the novelty of the same and contributes that could bring to both theory and management. Table 2 shows proposed scales to measure the constructs.

### REFERENCES

- Ajzen, I. (1991). The theory of planned behavior. *Organization Behavior and Human Decision Process*, 50, 179-211.
- American Society of Plastic Surgeons (2004). 8.3 Million Cosmetic Procedures. Retrieved from <http://www.surgery.org/sites/default/files/2003%20ASAPS%20Statistics-%208.3%20Million%20Cosmetic%20Procedures.pdf> (last viewed 18<sup>th</sup> Dec, 2015).
- Bagozzi, R. P. (1992). The self-regulation of attitudes, intentions, and behavior. *Theoretical Advances in Social Psychology*, 55(2), 178-204.
- Belch, G. E., & Landon, Jr., E. L. (1977). Discriminant validity of a product-anchored self-concept measure. *Journal of Marketing Research*, 14, 252-256.
- Bertinato, L., Busse, R., Fahy, N., Legido-Quigley, H., McKee, M., Palm, W., Passarani, I., & Ronfini, F. (2005). *Cross-border health care in Europe*. Copenhagen: WHO Regional Office for Europe.
- Blodgett J. G., Bakir, A., & Rose, G. M. (2008). A test of the validity of Hofstede's cultural framework. *Journal of Consumer Marketing*, 25(6), 339-349.

- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Brakus, J. J., Schmitt, B. H., & Zarantonello, L. (2009). Brand experience: what is it? How is it measured? Does it affect loyalty? *Journal of Marketing*, 73(3), 52–68.
- Burris, C. T., & Rempel, J. K. (2004). It's the end of the world as we know it: threat and the spatial-symbolic self. *Journal of Personal and Social Psychology*, 86(1), 19-42.
- Carrera, P., & Bridges, J. (2006). Health and medical tourism: what they mean and imply for health care systems. *Health & Ageing*, Vol. 15, The Geneva Association.
- Clifton, R., & Simmons, J. (2003). *Brands and Branding*, Bloomberg Press, New Jersey.
- Enderwick, P., & Nagar, S. (2011). The competitive challenge of emerging markets: the case of medical tourism. *International Journal of Emerging Markets*, 6(4), 329 – 350.
- Glinos, I. A., Baeten, R., Helble, M., & Maarse, H. (2010). A typology of cross-border patient mobility. *Health & Place*, 16, 1145-1155.
- Gollwitzer, P. M., Heckhausen, H., & Steller, B. (1990). Deliberative vs implemental mindsets: cognitive turning towards congruous thoughts and information. *Journal of Personality and Social Psychology*, 59, 1119-1127.
- Graeff, T. R. (1996). Using Promotional Message to Manage the Effects of Brand and Self-Image on Brand Evaluation. *Journal of Consumer Marketing*, 13(3), 4-18.
- Haiken, E. (1997). *Venus Envy: A History of Cosmetic Surgery*. Baltimore: Johns Hopkins University Press.
- Hall, C. M. (2011). Health and medical tourism: Kill or cure for global public health? *Tourism Review*, 66, 4-15.
- Han, H., & Kim, W. (2009). Outcomes of relational benefits: restaurant customers' perspective. *Journal of Travel & Tourism Marketing*, 26(8), 820-835.
- Heath, A. P., & Scott, D. (1998). The self - concept and image congruence hypothesis: An empirical evaluation in the motor vehicle market. *European Journal of Marketing*, 32(11/12), 1110 – 1123.
- Hills, P., & Argyle, M. (2002). The Oxford Happiness Questionnaire: A compact scale for the measurement of psychological well-being. *Personality and Individual Differences*, 33(1), 1073-1082.
- Hofer, S., Honegger, F., & Hubeli, J. (2012). Health tourism: a definition focused on the Swiss market and conceptualization of health(i)ness. *Journal of Health Organization and Management*, 26, 60-80.
- Hosany, S., & Martin, D. (2012). Self-image congruence in consumer behavior. *Journal of Business Research*, 65(5), 685-691.
- Ibrahim, H., & Najjar, F. (2008). Assessing the effects of self-congruity, attitudes and customer satisfaction on customer behavioral intentions in retail environment. *Marketing Intelligence & Planning*, 26(2), 207-227.
- Kastenholz, E. (2004). Management of Demand as a tool in sustainable tourist destination development. *Journal of Sustainable Tourism*, 12(5), 388-408.
- Kesar, O., & Rimac, K. (2011). Medical tourism development in Croatia. *Zagreb International Review of Economics & Business*, 14, 107-134.
- Klein, L. R. (1998). Evaluating the potential of interactive media through a new lens: search versus experience goods. *Journal of Business Research*, 41(3), 195–203.
- Kressmann, F., Sirgy, M. J., Herrmann, A., Huber, F., Huber, S., & Lee, D. (2006). Direct and indirect effects of self-image congruence on brand loyalty. *Journal of Business Research*, 59, 955-964.
- Lassar, W., Mittal, B., & Sharma, A. (1995). Measuring customer-based brand equity, *The Journal of Consumer Marketing*, 12(4), 11-19.

- Liang, T-P., & Huang, J-Sh. (1998). An empirical study on consumer acceptance of products in electronic markets: a transaction cost model. *Decision Support Systems*, 24(1), 29–43.
- Loureiro, S. M. C., & de Araújo, C. M. B. (2014). Luxury Values and Experience as Drivers for Consumers to Recommend and Pay More. *Journal of Retailing and Consumer Services*, 21(3), 394–400.
- Maxham, J. G., & Netemeyer, R. G. (2002). Modeling customer perceptions of compliant handling over time: the effects of and intent. *Journal of Retailing*, 78, 239-252.
- Morrison, S., & Crane, F. G. (2007). Building the service brand by creating and managing an emotional brand experience. *Journal of Brand Management*, 14(5), 410–421.
- Mosley, R. W. (2007). Customer experience, organisational culture and the employer brand. *Journal of Brand Management*, 15(2), 123–134.
- OECD (2012). *Medical tourism: treatments, markets and health system implications: a scoping review*. Paris: OECD Publications Service.
- Oliver, R. L. (1999). Whence consumer loyalty. *Journal of Marketing*, 63, 33-44.
- Ouellette, J. A., & Wood, W. (1998). Habit and intention in everyday life: The multiple processes by which past behavior predicts future behavior. *Psychological Bulletin*, 124, 54-74.
- Perugini, M., & Bagozzi, R. P. (2001). The role of desires and anticipated emotions in goal-directed behaviors: Broadening and deepening the theory of planned behavior. *British Journal of Social Psychology*, 40, 79-98.
- Rokeach, M. (1973). *The nature of human values*. New York: The Free Press.
- Rosenberg, M. (1985). Self-concept and psychological well-being in adolescence. In R. L. Leahy (Ed.), *The development of self* (pp. 55–121). Orlando, FL: Academic Press.
- Sarkar, A. (2014). Brand love in emerging market: a qualitative investigation. *Qualitative Market Research: An International Journal*, 17(4), 481 – 494.
- Schmitt, B. (2009). The concept of brand experience. *Journal of Brand Management*, 16(7), 417–419.
- Schwartz, S. H., & Boehnke, K. (2004). Evaluating the structure of human values with confirmatory factor analysis. *Journal of Research in Personality*, 38(3), 230-255.
- Shimp, T. A., Madden, T. J. (1988). Consumer-object relations: A conceptual framework based analogously on Sternberg's Triangular Theory of Love. *Advances in Consumer Research*, 15(1), 163-168.
- Simsek, O. F. (2009). Happiness revisited: Ontological well-being as a theory-based construct of subjective well-being. *Journal of Happiness Studies*, 10(1), 505-522.
- Sirgy, J. M. (1982). Self-concept in consumer behavior: a critical review. *Journal of Consumer Research*, 9(December), 287–300.
- Sirgy, J. M., Grewal, D., Mangelburg, T. F., Park, J. O., Kaye-Sung, C. C. B., Johar, J. S., & Berkman, H. (1997). Assessing the predictive validity of two methods of measuring self -image congruence. *Journal of the Academy of Marketing Science*, 25(3), 229-241.
- Smith, M., & Puczko, L. (2010). Taking your life into your own hands? New trends in European health tourism. *Tourism Recreation Research*, 35(2), 161-172.
- Sternberg, R. J. (1986). A triangular theory of love. *Psychological Review*, 93(2), 119-135.
- Strauch, B., Erhard, H. A., & Baum, T. (2004). Use of irradiated cartilage in rhinoplasty of the non-caucasian nose. *Aesthetic Surgery Journal*, 24(4), 324-330.
- Swami, V., Arteche, A., Chamorro-Premuzic, T., Furnham, A., Stieger, S., Haubner, T., & Voracek, M. (2008). Looking good: factors affecting the likelihood of having cosmetic surgery. *European Journal of Plastic Surgery*, 30(5), 211-218.

Zarantonello, L., & Schmitt, B. H. (2010). Using the brand experience scale to profile consumers and predict consumer behavior. *Journal of Brand Management*, 17(7), 532–540.



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TABLES AND FIGURES

**Table 1 Medical tourism prices (in several countries)**

Procedure	US	India	Thailand	Singapore	Malaysia	Mexico	Cuba	Poland	Hungary	UK
Heart bypass (CABG)	113 000	10 000	13 000	20 000	9 000	3 250	7 140	13 921		
Heart Valve replacement	150 000	9 500	11 000	13 000		9 000		18 000	9 520	
Angioplasty	47 000	11 000	10 000	13 000	11 000	15 000	7 300	8 000		
Hip replacement	47 000	9 000	12 000	11 000	10 000	17 300	6 120	7 500	12 000	
Knee replacement	48 000	8 500	10 000	13 000	8 000	14 650	6 375	10 162		
Gastric bypass	35 000	11 000	15 000	20 000	13 000	8 000	11 069			
Hip resurfacing	47 000	8 250	10 000	12 000	12 500	12 500	7 905			
Spinal fusion	43 000		5 500		7 000		9 000		15 000	
Mastectomy	17 000		7 500		9 000		12 400		7 500	
Rhinoplasty	4 500	2 000	2 500	4 375	2 083	3 200	1 535	1 700	2 858	3 500
Tummy Tuck	6 400	2 900	3 500	6 250	3 903	3 000	1 831	3 500	3 136	4 810
Breast reduction	5 200	2 500	3 750	8 000	3 343	3 000	1 668	3 146	3 490	5 075
Breast implants	6 000	2 200	2 600	8 000	3 308	2 500	1 248	5 243	3 871	4 350
Crown	385	180	243	400	250	300	246	322	330	
Tooth whitening	289	100	100	400	350	174	350	500		
Dental implants	1 188	1 100	1 429	1 500	2 636	950	953	650	1 600	

Figure 1 Proposed conceptual framework.

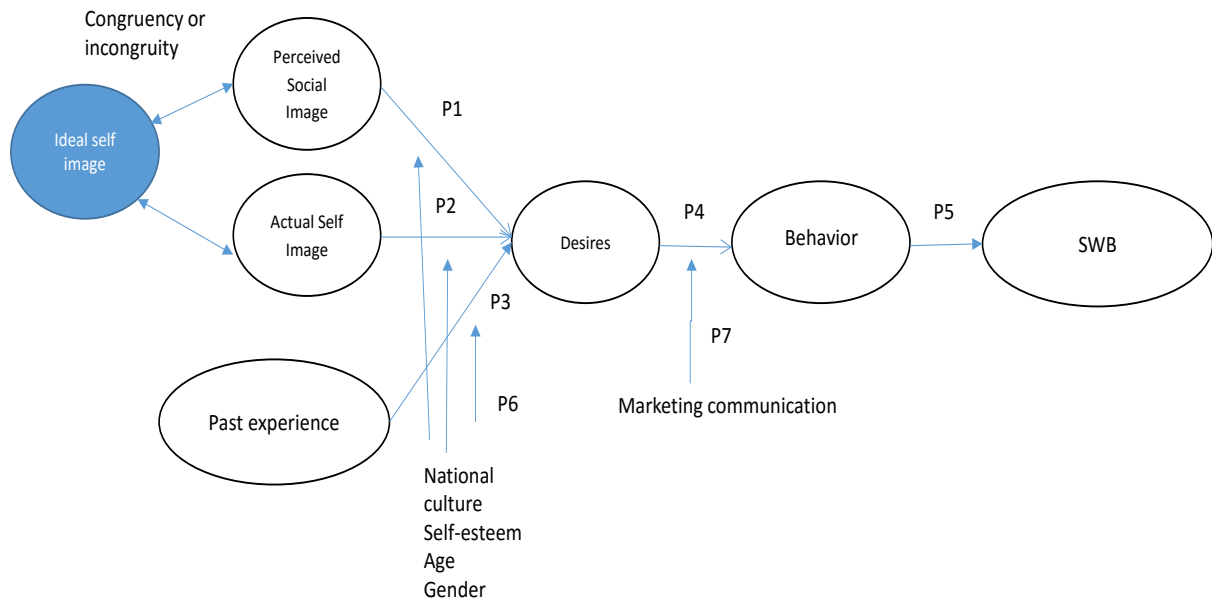


Table 2. Proposed scales to measure the constructs

Construct	Scale	Source
Ideal self-image	<ul style="list-style-type: none"> <li>• Sophisticated/ Unsophisticated</li> <li>• Modern/traditional</li> <li>• Non-conformist/conformist</li> <li>• Like new experiences/dislike new experiences</li> </ul>	Hosany and Martin (2012)
Perceived social image	<ul style="list-style-type: none"> <li>• This procedure fits my personality</li> <li>• This procedure will be well regarded by my friends</li> <li>• I will like to get this surgery performed on me</li> <li>• In its status &amp; style, this procedure fits my personality</li> </ul>	Lassar <i>et al.</i> (1995)
Actual self-image	<ul style="list-style-type: none"> <li>• Sophisticated/ Unsophisticated</li> <li>• Modern/traditional</li> <li>• Non-conformist/conformist</li> <li>• Like new experiences/dislike new experiences</li> </ul>	Hosany and Martin (2012)
Past experience	In the last 5 years, how many times have you undergone medical tourism practices? Respondents rated all measures on a 5-point Likert-type scale.	Loureiro and de Araújo (2014)
Consumer Desires	<ul style="list-style-type: none"> <li>• I desire to do this surgery in order to decrease the body weight, followed by an 11-point scale anchored by 'false' and 'true'</li> <li>• My desire for doing surgery to decrease by</li> </ul>	Perugini and Bagozzi (2001)

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	<p>body weight can be described as, one of the following: (a) `no desire`, (b) ` very weak desire `, (c) `weak desire `, (d) `moderate desire `, (e) ` strong desire `, and (f) `very strong desire `</p> <ul style="list-style-type: none"> <li>• I want to do surgery in order to decrease my body weight, followed by an 11-point scale from false to true.</li> </ul>	
Behavior	<ul style="list-style-type: none"> <li>• I will encourage others to perform this surgery</li> <li>• I will do this surgery if necessary in future</li> </ul>	Maxham and Netemeyer (2002)
Subjective well-being	The Oxford Happiness Questionnaire consists of 29 statements using a six-point Likert scale ranging from “strongly disagree” to “strongly agree”. Respondents are asked to assess statements, such as “Life is good,” “I laugh a lot,” and “I find beauty in some things.”	Hills and Argyle (2002)
Self-esteem	Rosenberg’s self-esteem scale	Rosenberg (1985)
Nation cultural values	Cultural values scale	Schwartz and Boehnke (2004)