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PSYCHOSOCIAL WELL-BEING AND PATIENT SATISFACTION AFTER BREAST AUGMENTATION: MOTIVATION, BODY IMAGE, AND THE ROLE OF MARKETING COMMUNICATION

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Abstract

Background: Breast augmentation is one of the most commonly performed aesthetic procedures worldwide. Decisions regarding the surgery are shaped not only by physiological factors but also by psychological, social, and communication determinants. Despite the growing popularity of the procedure, limited attention has been paid to the post-operative evaluation of patient satisfaction and to the influence of clinical marketing communication interpreted through the Elaboration Likelihood Model (ELM).

Methods: A quantitative cross-sectional survey was conducted among 151 women aged 20–55 who underwent aesthetic breast augmentation at least six months prior to data collection. The survey combined the BREAST-Q Augmentation Module (Psychosocial Well-being scale) with eight custom items evaluating the impact of clinical marketing communication, classified into central (rational) and peripheral (emotional) cues according to ELM. Descriptive statistics, correlation, regression, and chi-square tests were applied to identify predictors of high versus low satisfaction.

Results: The mean Rasch-transformed Psychosocial Well-being score was 77.4 (SD 11.5), confirming a high level of post-operative satisfaction. Primary motivation for surgery was physical changes after pregnancy and breastfeeding (71.6%), with secondary motives including self-perceived dissatisfaction (13.5%) and social influence (5.4%). Emotional communication cues (patient stories, authenticity, clinic atmosphere) were more influential in decision-making than rational cues (detailed comparisons and factual explanations). Hypothesis testing confirmed that the impact of emotional cues decreases with educational level (H1), whereas the impact of rational cues increases with educational level (H2). Emotional cues demonstrated stronger associations with post-operative psychosocial outcomes, while rational cues supported informed decision-making and confidence in the choice.

Conclusions: Breast augmentation significantly improves psychosocial well-being and self-perception. Clinical marketing communication affects both the decision-making process and post-operative satisfaction. A balanced approach combining authentic emotional elements with clear rational information is recommended to enhance patient satisfaction and trust. The findings highlight the relevance of ELM-based communication for aesthetic surgery and suggest avenues for longitudinal and multicenter research on psychosocial outcomes and personalized pre-operative communication.

Keywords: breast augmentation, patient satisfaction, psychosocial well-being, BREAST-Q, Elaboration Likelihood Model, healthcare marketing, aesthetic surgery

1. INTRODUCTION

Breast augmentation has become one of the most frequently performed aesthetic procedures, both worldwide and in the Czech Republic. Shifts in cultural norms, increasing openness in public discourse, and the persistent presence of "ideal bodies" on social media contribute to procedures previously considered taboo becoming routine aspects

of personal care. For many women, breast augmentation represents a means to boost self-confidence, restore trust in their bodies, or symbolize a new personal beginning.

Decisions to undergo augmentation are often linked to changes in life circumstances. Triggers may include postpartum periods, significant weight loss, or relationship breakdowns. Other women report growing dissatisfaction when looking in the mirror, feelings of lost femininity, or lack of confidence in intimate relationships. Some patients choose the procedure for professional reasons, while others seek balance between inner self-perception and external appearance.

However, research also highlights problematic aspects of aesthetic procedures. Complications, unmet expectations, and uncertainties related to phenomena such as breast implant illness (BII) emerge. Shared experiences of influencers and ordinary patients on social media demonstrate that augmentation does not always bring anticipated satisfaction. Some women describe health issues, a sense of alienation from their own bodies, or disappointment with results that appear unnatural.

Thus, the experience of augmentation should be understood as a multidimensional process encompassing not only physical transformation but also psychological and social aspects. The body becomes a medium through which women define their femininity, attractiveness, and social identity. The procedure is therefore not merely a technical act but also a transformative step altering self-concept and social perception. This perspective is supported by a systematic review by Krywuczky and Kleijnen (2024), noting that the phase of retrospective evaluation and integration of bodily changes into personal identity has often been overlooked in previous research. Physical and surgical parameters also play an important role; a prospective study by Marangi et al. (2024) demonstrates that factors such as BMI, implant volume, and breast tissue thickness significantly influence subjective evaluation of outcomes.

The aim of this study is to analyze women's retrospective evaluations of their decision to undergo breast augmentation, focusing on psychological factors, body perception, psychosocial well-being, and willingness to recommend the procedure. Concurrently, we evaluate the role of clinical marketing communication in patient decision-making, interpreted through the Elaboration Likelihood Model (ELM), which distinguishes between emotional (peripheral) and rational (central) cues influencing satisfaction and decision-making.

Research question 1: How are various types of motivation (external pressure, internal dissatisfaction, postpartum changes, etc.) and sociodemographic factors (age, number of children, breastfeeding) associated with satisfaction levels after surgery?

Research question 2: How did women's perceptions of their body, self-confidence, and relationships with their environment change after the surgery?

Research question 3: What role does the clinic's marketing or other forms of communication play in patient decision-making, and how do women retrospectively evaluate its clarity and credibility?

2. LITERATURE REVIEW

The decision-making process of patients considering breast augmentation is significantly influenced by psychological, social, and communicational factors. Studies indicate that women's motivation to undergo breast augmentation frequently involves efforts to boost self-confidence, improve body image, or fulfill societal expectations (Luong et al., 2024; Molina et al., 2012). Surveys confirm that while a significant proportion of women desire breast augmentation, their decisions are conditioned not only by financial possibilities but also by trust in the surgeon, fear of complications, and doubts about the outcome (Molina et al., 2012).

Krywuczky et al. (2024) propose an interdisciplinary decision-making model that integrates intrapersonal motivations, emotional well-being, risk perception, and trust. Body self-concept emerges as a crucial psychological construct, where patients seek harmony between their subjective body perception and its objective appearance. The decision for augmentation is thus understood as an effort to achieve this harmony. Lazar & Deneuve (2013) add that such motivations are frequently shaped by cultural and media environments that idealize certain looks and offer surgery as a means to attain them. Atari et al. (2017) extend the discussion to motivations linked to interpersonal relationships, revealing that women considering cosmetic surgery display higher expectations regarding partners and increased competitiveness in intra-sexual contexts.

Sonmez and Esiyok (2022) confirm that media (particularly the internet and social networks) significantly influence women's decisions, not only by presenting beauty ideals but also by facilitating constant comparisons with others. The extensive bibliometric review by Krywuczky and Kleijnen (2024) further confirms that most studies focus on the decision-making phase, while the postoperative care and retrospective evaluation phases remain under-explored. These authors emphasize the significance of body perception, trust in care, and social context when interpreting patient satisfaction. They recommend integrating marketing theory and identity psychology into decision-making models in aesthetic surgery.

Physical variables cannot be completely overlooked; as demonstrated by Marangi et al. (2024), women's satisfaction post-augmentation is significantly influenced by factors such as BMI, breast tissue thickness (pinch

test), and selected implant volume. Patients with higher values in these variables reported a greater increase in BREAST-Q scores (Satisfaction with Breasts) 12 months post-surgery.

Subjective satisfaction with the surgical outcome, according to Marangi et al. (2024), was significantly impacted by anthropometric characteristics, particularly BMI and tissue thickness, as well as implant size. Lower satisfaction was noted among patients with smaller implants (<300 cc) and lower BMI. This study highlights the importance of realistic expectation-setting and meticulous preoperative planning, which helps manage postoperative satisfaction. The positive aspect of augmentation is complemented by a study by Öztürk et al. (2021), reporting that women post-augmentation exhibit higher levels of extraversion, openness, and body satisfaction, without differences in neuroticism compared to women without surgery. These findings counteract stigmatizing views that diminish the value of patients' decisions.

The BREAST-Q questionnaire captures subjective changes in body image, psychosocial, and sexual well-being. Jayasinghe et al. (2022) used the BREAST-Q IS (Implant Surveillance) module, while McCranie et al. (2024) utilized the standard BREAST-Q supplemented by open-ended responses. Both studies showed that most women experienced substantial improvements post-augmentation in self-confidence, attractiveness, and breast appearance satisfaction. Nevertheless, open comments revealed complicated individual experiences—disappointment with outcomes, unexpected complications, or misunderstanding of provided information were frequent themes. McCranie et al. (2024) also noted specific experiences of transgender women, where augmentation carries profound psychological significance.

Rippling of implants, pain during physical activity, or discomfort upon implant contact can significantly impact satisfaction evaluations (McCranie et al., 2024). Despite these issues, most patients do not opt for explantation, possibly indicating acceptance or complex psychological factors maintaining the validity of their decision.

Satisfaction with augmentation changes over time, stabilizing between 6 and 12 months post-surgery (McCranie et al., 2024). Jayasinghe et al. (2022) emphasize that, alongside quantitative outcomes, assessing willingness to recommend the procedure is crucial as it may reflect the integration level of the change into women's personal identity. Sergesketter et al. (2024) indicate that subjective evaluation of outcomes is strongly influenced by patients' mental health, a factor explaining satisfaction differences despite objectively similar results.

The ethical framework in patient decision-making is highlighted by Atiyeh et al. (2008), who warn against medical commercialization and erosion of physicians' professional identity due to aggressive marketing. They caution that without rigorous ethical reflection, aesthetic surgery may shift away from therapeutic functions towards commercial beauty trading. In communicational ethics, transparency in setting expectations and thorough preoperative patient information emerge as crucial elements.

Although social networks and marketing are only marginally mentioned in this research, several studies (e.g., Sanan et al., 2013; Galanis et al., 2013) confirm that the form and content of clinical messaging (clarity, credibility, empathy) significantly impact care and outcome perception. Krywuczky et al. (2024) further suggest trust in healthcare institutions and patient communication can mitigate risk perception and strengthen psychological well-being.

From the perspective of retrospective evaluation, it is essential to consider how patients perceived preoperative communication and whether the information received matched their postoperative reality. The intersection of these psychological, social, ethical, and communicational variables constitutes a substantial framework for researching subjective satisfaction and the relevance of the decision to undergo breast augmentation.

The Elaboration Likelihood Model (ELM) represents a crucial theoretical framework for persuasive communication, explaining attitude changes based on cognitive involvement levels (Petty & Cacioppo, 1986). ELM distinguishes two pathways:

- Central route occurs with high motivation and ability to process information, whereby the recipient evaluates argument quality. Resulting attitude changes are more stable and resistant to contrary influences (Petty & Wegener, 1999).
- Peripheral route occurs with low motivation or limited capacity to engage with content. Attitudes form predominantly based on emotional and visual cues, such as attractive presentation, patient narratives, or testimonials (Chaiken & Trope, 1999).

Applying ELM in healthcare marketing and online environments (Cyr et al., 2018; Allison et al., 2017) helps distinguish whether patients' breast augmentation decisions derive primarily from rational assessment (central route) or emotional, intuitive influences from clinic marketing communication (peripheral route). This framework facilitates interpreting survey results and explains why the same information may affect patients differently.

3. DATA AND METHODS

The research was conducted using a quantitative questionnaire survey among women who had undergone breast augmentation at least six months prior to being surveyed. This time interval was selected to minimize the impact of the acute postoperative period, ensuring that results more accurately reflected long-term satisfaction.

Participants were recruited during preventive or follow-up ultrasound breast examinations (SONO) at a healthcare facility from January 2024 until the data collection deadline. Participation in the study was voluntary and anonymous, with completion of the questionnaire considered as informed consent for participation.
A total of 151 complete questionnaires were collected, allowing for basic descriptive and inferential analyses. Since the sample consisted of patients from a single facility and was not representative of the entire Czech Republic, results should be interpreted as specific to this local population.
The questionnaire consisted of two parts:

1. BREAST-Q Augmentation Module (version 2.0)

This internationally validated tool, authored by Pusic et al. (2009, updated 2020), evaluates satisfaction and quality of life following breast surgery.
Used section: Psychosocial Well-being scale, focusing on subjective satisfaction, body image perception, and psychosocial well-being post-augmentation.
Scoring: Responses were transformed onto a Rasch scale from 0–100 using a licensed conversion table; higher scores indicate greater satisfaction.
Administration: The printed questionnaire was self-administered by patients during clinic visits.

2. Author-developed Items on Clinical Marketing Communication

These newly developed questions by the research team are not part of a standardized tool but are grounded in the theoretical framework of the Elaboration Likelihood Model (ELM; Petty & Cacioppo, 1986).

- Objective: To assess how women perceive emotional (peripheral) and rational (central) components of clinical communication and how these components influence their decision-making.
- Content: Eight closed statements evaluated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree).
- Example items: Impact of other women's stories, authenticity of communication, clarity of procedural explanations, comparison of professional information.

Sociodemographic variables included age, education, number of children, breastfeeding duration, and primary motivation for surgery.
Data analysis involved descriptive statistics, calculation of BREAST-Q scores based on Rasch methodology, chi-square tests, and classification analysis to identify differences between patients responding predominantly via central versus peripheral routes.
The questionnaire underwent pilot testing with a small group (N = 8–10) to verify question comprehensibility. Items regarding motivations for surgery were revised based on feedback.

4. RESEARCH RESULTS

The first part of the questionnaire investigated the primary reasons prompting women to undergo breast augmentation Motivation for Surgery (RQ1). Results indicated that the dominant motivation was physical changes after pregnancy or breastfeeding, cited by 71.6% of respondents (n = 106). Internal dissatisfaction ranked second (13.5%), while health reasons and influence from partners or surroundings each accounted for approximately 5%. Other reasons were mentioned by 4.1% of women.

Table 1 Motivation for Surgery

Reason for Surgery	%	N
Physical changes after pregnancy or breastfeeding	71,6	106
Internal dissatisfaction	13,5	20
Health reasons	5,4	8
Influence from partner or surroundings	5,4	8
Other reasons	4,1	7

Differences based on education were small, though women with basic education more frequently cited internal dissatisfaction (23.5%), whereas women with university education were more influenced by partners or surroundings (8.6%).

Table 2 Differences in Motivation by Education Level

Education Level	Physical Changes	Dissatisfaction	Partner Influence	Other	Health
Basic	64.7	23.5	0.0	5.9	5.9
Secondary	76.6	8.5	4.3	4.3	6.4
University	68.6	11.4	8.6	4.3	7.1

The number of children also played a significant role; women without children primarily cited personal dissatisfaction, while physical changes dominated motivation after the second child (78.5%). This confirms that most women's decisions to undergo augmentation relate to motherhood and postpartum physical changes.

Table 3 Number of Children and Motivation

Motivation	0	1	2	3
Physical changes after pregnancy or breastfeeding	0.0	48.6	78.5	69.0
Other reasons	16.7	13.5	2.5	0.0
Internal dissatisfaction	50.0	21.6	10.1	13.8
Influence from partner or surroundings	16.7	5.4	5.1	6.9
Health reasons	16.7	10.8	3.8	10.3

Motivation changed slightly with age—physical motivation was predominant up to age 30 (75%) but declined with increasing age, while personal and health reasons became relatively more significant.

Table 4 Agee and Motivation

Age	<30	31–35	36–40	≥41
Physical changes after pregnancy or breastfeeding	75.0	78.9	69.8	60.9
Other reasons	0.0	5.3	4.7	6.5
Internal dissatisfaction	16.7	5.3	14.0	17.4
Influence from partner or surroundings	8.3	5.3	4.7	4.3
Health reasons	0.0	5.3	7.0	10.9

Data confirms that primary motivation for breast augmentation is restoring appearance post-motherhood, aligning with literature findings (Marangi et al., 2024; Krywuczky et al., 2024). Secondary motivations, such as internal dissatisfaction or partner influence, play a lesser role, more common among younger women or those with lower education..

Perceptions after surgery (RQ2) were the focus of the second part of the research, which examined how women subjectively perceive themselves, their bodies, and their social situations after breast augmentation. Responses were collected on a five-point scale, where 1 meant “not at all” and 5 meant “absolutely yes.”

The results show a significant increase in positive self-concept and psychosocial well-being. The highest average ratings were in the following areas:

- Feeling equal to other women (average rating 4.4; 52.7% rated 5)
- Self-confidence (average 4.4; 48.6% rated 5)
- Feeling attractive (average 4.4; 45.9% rated 5)
- Satisfaction with oneself (average 4.4; 44.6% rated 5)
- Coming to terms with one's body (average 4.3; 43.2% rated 5)

Table 5 Perceived Outcomes After Surgery

	Not at all 1	2	3	4	Absolutely 5
Equal to other women	0.0	0.0	9.5	37.8	52.7
Self-confident	0.0	1.4	10.8	39.2	48.6
Attractive	0.0	1.4	5.4	47.3	45.9
Feeling good about oneself	0.0	0.0	8.1	47.3	44.6
Coming to terms with body	0.0	0.0	10.8	45.9	43.2
Feeling good among people	0.0	1.4	5.4	51.4	41.9
Body confidence	0.0	1.4	6.8	51.4	40.5
General confidence	0.0	1.4	9.5	51.4	37.8
Confidence in clothing	0.0	0.0	9.5	55.4	35.1

Other monitored characteristics, such as feeling comfortable among others, general confidence, and confidence in one's clothing, were also rated predominantly positively. Negative ratings (1–2 points) appeared only rarely. Overall, the results show that breast augmentation has a positive effect on self-perception, body image, and social functioning.

Breast augmentation perceived as successful by women leads to significant strengthening of self-concept and psychosocial well-being. The low incidence of negative ratings shows that most patients view the procedure as meeting their expectations.

The role of the clinic's marketing communication (RQ3) was examined in the third part of the questionnaire survey, which focused on evaluating the influence of the clinic's marketing and informational communication on women's decision-making regarding breast augmentation. Respondents assessed eight statements on a five-point scale (1 = not at all, 5 = absolutely yes). The statements were divided according to the Elaboration Likelihood Model (ELM) into two types of stimuli:

- **Peripheral (emotional) cues** – stories of other women, authenticity and humanity of the communication, the clinic's style and atmosphere.
- **Central (rational) cues** – comparing professional information, clear explanation of the procedure, correspondence of information with the patient's needs.

The results show that emotional components of communication were significant in patients' decision-making.

For example:

The statement "Before deciding, I was strongly influenced by stories or experiences of other women" was rated 4 or 5 by 74.4% of respondents.

"The clinic's communication seemed human and authentic" by 75.7%.

"The style and atmosphere of the clinic personally appealed to me" by 70.3%.

Rational components of communication also had a high, though slightly lower, influence:

The statement "When choosing a clinic, I compared professional information and the offers of multiple facilities" was rated 4 or 5 by 63.6% of respondents.

"I remember that a clear and factual explanation of the procedure by the clinic helped me a lot" by 64.9%.

These results confirm the assumption of the ELM model: for some patients, decision-making is predominantly through the peripheral route—that is, based on emotional and intuitive cues—while the central route, based on rational evaluation of information, is also important, but slightly less dominant..

Table 6 Evaluation of Emotional and Rational Components of the Clinic's Communication

	1 Not at all	2	3	4	5 Absolutely
At the time of my decision, it was important that the clinic's communication seemed human and authentic.	0.0	4.1	20.3	59.5	16.2
Already at the first contact with the clinic, I felt that they understood my needs.	0.0	2.7	28.4	55.4	13.5
Before deciding, I was strongly influenced by stories or experiences of other women.	1.4	2.7	21.6	62.2	12.2
I remember being struck by the style and atmosphere the clinic projected.	0.0	2.7	27.0	58.1	12.2
Before the procedure, I tried to find out as much as possible about various options.	0.0	1.4	37.8	52.7	8.1
Before the procedure, I felt that the information from the clinic matched what I needed to know.	0.0	0.0	29.7	62.2	8.1
When choosing a clinic, I compared professional information and offers from several facilities.	1.4	2.7	32.4	59.5	4.1

I remember that a clear and factual explanation by the clinic helped me a lot.	0.0	4.1	31.1	60.8	4.1

Associations with Sociodemographic Factors

Analysis showed that the impact of emotional communication components was most pronounced among women with basic education, whose decisions were often influenced by stories from other patients ($\chi^2 = 28.92$; $p < 0.001$). Conversely, rational communication components were statistically significantly more frequently mentioned by women with higher education ($\chi^2 = 13.14$; $p = 0.041$).

The type of motivation for the procedure (e.g., after childbirth, personal dissatisfaction) did not show a statistically significant association with how strongly women were influenced by other patients' stories ($p = 0.176$). This suggests that emotional marketing communication is effective across different types of motivation, and its influence is not conditioned by the specific reason for undergoing the procedure.

The Relationship Between Perceived Communication and Satisfaction After Surgery

Chi-square tests showed that both emotional and rational communication components were significantly associated with women's subjective satisfaction after breast augmentation. Emotional cues—such as stories from other patients—had stronger and more frequent statistically significant links to positive self-concept, especially to feelings of equality with other women, perceived attractiveness, and self-confidence.

Rational components, such as clear and factual explanations of the procedure, were significantly associated mainly with overall self-confidence and coming to terms with one's body, while their relationship to purely attractiveness-related attributes was weaker or statistically insignificant.

These results indicate that the emotional and visual elements of the clinic's communication play a crucial role in shaping both decision-making and subsequent patient satisfaction. This corresponds with the logic of the ELM model, in which the peripheral route (emotional cues) strengthens the psychological and social dimension of satisfaction, while the central route (rational cues) supports informed decision-making and trust in the outcome.

Analysis by education level showed differences in the perception of individual communication components. Statistical analysis of the item "Before deciding, I was strongly influenced by stories or experiences of other women" ($\chi^2 = 28.92$; $p = 0.0003$) revealed a highly significant relationship between education and the influence of emotional cues: women with lower education reported a much higher influence of emotional communication components than those with higher education. Similarly, the item "I remember that a clear and factual explanation by the clinic helped me a lot" ($\chi^2 = 13.14$; $p = 0.041$) showed that the influence of rational cues increases with education level. The effect was statistically significant for rational components but less pronounced than for emotional ones.

5. DISCUSSION

The results of the BREAST-Q Psychosocial Well-being scale in our sample (mean Rasch score 77.4; median 80) were compared with available data from the literature.

Normative values: A study using the Army of Women sample ($n \approx 1{,}211$) reports an average psychosocial well-being score of 66 ± 20 points (Rasch scale 0–100) among women without augmentation (Klassen et al., 2017). Our mean value of 77.4 points exceeds this norm by more than 11 points, confirming the positive impact of breast augmentation on psychosocial well-being.

Postoperative values in clinical studies: A meta-analysis of 39 cohorts ($n \approx 18{,}322$) reports an average increase in psychosocial well-being after augmentation of +38 points compared to preoperative values ($p < 0.00001$) (Klassen et al., 2017). Most studies report postoperative values in the range of 71–90 points, which also corresponds to our result. For example, a study published in Gland Surgery (2019) reports a mean of 84 ± 23 points in the area of psychosocial well-being.

Our data thus show that satisfaction and psychosocial well-being after breast augmentation in the Czech sample:

- exceed the normative values for women without augmentation,
- fall within the typical postoperative range of 71–90 points,
- confirm consistent improvement in the psychosocial dimension of quality of life after augmentation, as described in the international literature.

These results are in line with published studies (Jayasinghe et al., 2022; McCranie et al., 2024), which repeatedly demonstrate improvements in body image, increased self-confidence, and enhanced social well-being after breast augmentation.

Analysis of motivations shows that the primary impulse for the procedure is physical changes following childbirth and breastfeeding, while secondary reasons such as internal dissatisfaction or partner influence occur less frequently. This trend is consistent with the findings of Marangi et al. (2024), who emphasize the link between motherhood, bodily changes, and the decision to undergo augmentation.

A specific contribution of this study is the connection of psychosocial outcomes with the evaluation of the clinic's marketing and informational communication using the Elaboration Likelihood Model (ELM). The results show that emotional (peripheral) components of communication—patient stories, authenticity, and visual presentation—have a significant impact on women's decision-making and a stronger association with overall subjective satisfaction.

Rational (central) components of communication support a sense of confidence and coming to terms with the decision, but their effect on the perception of attractiveness and self-confidence is smaller. This pattern aligns with the assumptions of the ELM model (Petty & Cacioppo, 1986; Petty & Wegener, 1999; Cyr et al., 2018), which distinguishes between emotional and rational processing of persuasive cues.

Associations with sociodemographic factors further showed that higher education increases sensitivity to rational arguments, while women with lower education respond more to emotional cues. This corresponds to general findings about the processing of persuasive messages (Chaiken & Trope, 1999). However, the type of motivation for the procedure does not significantly affect whether patients primarily respond to central or peripheral components of communication.

The results of this study can be used both in clinical practice—to optimize preoperative communication, set realistic expectations, and increase patient satisfaction—and in marketing of aesthetic services, where the combination of rational information and emotionally tuned messages appears to be the most effective.

6. CONCLUSION

This study provides a comprehensive view of the psychological and communicative determinants of patient satisfaction after breast augmentation. Based on the data obtained, it can be stated that the procedure significantly improves women's psychosocial well-being and self-concept, with the average BREAST-Q score (77.4) corresponding to international standards and confirming the positive effect of augmentation on quality of life.

The analysis of motivations shows that the primary impulses for the procedure stem from physical changes after childbirth and breastfeeding, while secondary reasons such as internal dissatisfaction or partner influence play a smaller role.

Clinic marketing communication proved to be a significant factor influencing both decision-making and resulting subjective satisfaction. Emotional components (the peripheral route of the ELM) have a stronger impact on positive outcome perception and psychological well-being, while rational components (the central route of the ELM) strengthen trust in the decision and satisfaction with the information received.

For clinical practice, these findings mean that balanced communication—combining clear professional information with authentic emotional cues—not only increases the likelihood of a positive decision, but also the subsequent subjective satisfaction of patients. From a research perspective, this article expands the understanding of the role of persuasive communication and the ELM model in aesthetic surgery, opening the door for further studies focused on long-term psychosocial effects and personalized preoperative communication.

Future research should focus on several areas. First, longitudinal tracking of satisfaction 1–5 years after the procedure would allow assessment of the long-term stability of psychosocial effects. It would also be beneficial to expand the sample of respondents and conduct multicenter studies to compare differences between clinics and regions, including the influence of various communication strategies. Another direction is a more detailed analysis of communication cues, such as separating visual, textual, and narrative forms and monitoring their impact on patient satisfaction and their willingness to recommend the clinic. For a deeper understanding of the influence of personality characteristics on decision-making and final satisfaction, it would be appropriate to combine the BREAST-Q instrument with psychological scales such as the Body Cathexis Scale, Rosenberg Self-Esteem Scale, and the Big Five.

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