



Research Paper

Investigating the Appearance Quality of Cosmetic Surgery Victims and Related Factors



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ABSTRACT

Background: Appearance quality, which means the perception of each person about their body image and the level of satisfaction with this situation, is one of the important issues in the field of cosmetic surgery, and if it is not fulfilled, it leads to a complaint and a case is raised in the forensic medical commissions of the Province.

Objectives: This study was aimed to investigate the sociological improvement of appearance quality in cosmetic surgery victims in forensic medical commissions of Tehran Province.

Materials & Methods: In this cross-sectional study, 276 cosmetic surgery victims whom medical malpractice was confirmed twice in 2019 and 2020 by the Forensic Medical Commissions of Tehran Province were included. A researcher-made questionnaire to assess the appearance quality in terms of satisfaction with appearance and life.

Results: The majority of participants were in the 28-37 years age group (43.1%). The mean score of satisfaction with appearance was 11.18 ± 3.60 , and the mean score of satisfaction with life was 17.41 ± 6.68 . In total, the mean appearance quality was 28.59 ± 8.67 . There was a significant relationship between appearance quality and cosmetic surgery complaints ($P < 0.001$) ($r = -0.395$). There was a significant relationship between the quality of appearance with dissatisfaction with the surgery ($P < 0.001$) ($r = -0.330$) and dissatisfaction with the case handling process ($P < 0.006$) ($r = -0.314$).

Conclusion: According to the study, most people who had cosmetic surgery were only slightly satisfied with their life and appearance. They believed surgery would improve their living conditions and social interactions, but actually faced challenges in family, finances, and health. If patients experience in the field of appearance quality increase, complaints from cosmetic surgeon decrease in medical commissions. Unemployed and housewives had the highest number of complaints, while self-employed people had the lowest.

Keywords: Cosmetic surgery victims, Complaint, Appearance quality, Forensic medicine

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1. Introduction

Physical attractiveness has become a topic in modern times that has established new standards and plays a significant role in shaping people's relationships. Cosmetic surgery is a product of the advancement of medical knowledge, responding to the improvement of living standards, and adapting to the new demands of contemporary society. It has a psychological impact on the formation of current societal norms [1]. Currently, the increase in medical errors has raised public concern among health policymakers. In Iran, any medical treatment, even super-specialized procedures, is considered necessary and permissible for all cosmetic surgeons, including general practitioners, provided that they have the necessary expertise. This has led to an increase in high-risk procedures, especially cosmetic surgeries, performed by general practitioners, even within the confines of their office. Consequently, complications and damages resulting from these procedures have increased, resulting in a majority of medical complaints related to general medical surgeries [2].

Examining unpublished medical malpractice records in Iran over the last three decades showed that the number of complaints against physicians has been on the rise. Changes in the medical system and the consumption of medical services have also led to a shift in the pattern of patients' complaints about physicians. Nearly two-thirds of all medical malpractice cases are currently for cosmetic purposes, with rhinoplasty surgery being the most frequent cosmetic referral [3].

Although the surgeon knows that surgery is always associated with risks, the patient may not always be aware of this fact. As a result, adverse outcomes, whether they are real or imagined by the patient, are often the cause of filing a complaint against a significant percentage of physicians during their lifetime of practicing medicine. Due to the invasive nature of medical procedures, the surgical team is always the primary target of medical complaints [4]. Despite significant scientific advances and the presence of modern technology in the field of diagnostic and treatment services, international reports indicate that the number of complaints against medical physicians has been on the rise in different countries [5, 6]. Cosmetic surgery is often sought out for personal reasons, with many individuals seeking to correct and enhance their appearance, rid themselves of real or perceived defects, and make improvements to their self-esteem. People who suffer from anxiety disorders, depression, and low self-esteem are more likely to consider cosmetic surgeries [3, 7].

Cosmetic surgery is frequently performed to enhance psycho-social functioning, particularly in cases where physical symptoms are absent. Moreover, individuals who feel dissatisfied with their appearance are more likely to undergo cosmetic surgery. In current society, physical appearance has become a primary concern for people [1, 5, 8]. Despite being aware of the potential complications and risks associated with these procedures, some individuals accept them in order to gain a competitive edge in the realm of beauty. Bourdieu's theory posits that cosmetic surgery has become a field of competition, where people strive to acquire more physical capital and a better life. Demand for beauty is partly due to cultural ideals that are imposed upon individuals and these individuals opt for cosmetic surgery due to normative pressures and the influence of media and reference groups, in order to enhance their quality of life and improve their social standing [9, 10].

Cosmetic surgery can create significant changes in an individual's physical appearance, leading to a sense of satisfaction among surgery applicant. But it can lead to tissue necrosis, infections, embolism, reactions and even death [5, 6, 10]. The quality of one's appearance is a crucial factor in determining their overall beauty, and it is influenced by their beliefs, ideas, and expectations. Therefore, it is important for individuals to determine their own appearance quality, rather than relying on others to do so. Mental well-being can be assessed to gauge an individual's satisfaction with their physical appearance. Cosmetic surgery can help alleviate feelings of dissatisfaction and improve self-esteem by enhancing external appearance [11]. Appearance quality is an individual's perception of their physical appearance and personal values regarding beauty. It is a reflection of the beauty that can be achieved through cosmetic surgery. In general, appearance quality refers to a person's perception of their health and level of satisfaction with their physical appearance [12].

The increase in the popularity of cosmetic surgery in Iran has led to an upsurge in complaints from physicians. Therefore, this study aimed to investigate the appearance quality improvement of cosmetic surgery victims in forensic medical commissions in Tehran Province.

2. Materials and Methods

Study type and study population

In this mixed-method cross-sectional study, the appearance quality improvement, specifically aligning the surgery with the patient's desired outcome was examined

on complaints regarding cosmetic surgery within the framework of forensic medical commissions in Tehran Province during the period of 2020-2021. All participants in the study were individuals who had previously filed complaints with the Forensic Medicine Commission in 2019 and 2020, and their medical malpractice had been confirmed twice. From 980 medical complaint records, 276 sample size was determined using Morgan's table. The sample was selected using non-probability convenient sampling method.

Measures

The first part of the questionnaire was complaints of cosmetic surgery victims based on the amount of damage that a person suffered from cosmetic surgery, such as nose surgery, drooping eyelids and eyebrows, liposuction (removal of excess fat), lifting (peeling), lip enhancement, cheek placement, and breast augmentation. All 14 items of victim complaints were extracted that was scaled using a 5-point Likert scale from very low=0 to very high=4.

The second part of the questionnaire was appearance quality that was measured based on two dimensions: 1) Satisfaction with appearance using 8 items and 2) Satisfaction with life using 12 items (Total items=20 items)

Scoring

The score of each item was based on a 5-point Likert type scale ranging from "very little/not at all" (0) to "very much" (4). The score of each domain was calculated by summing up of all items. To better align with the limited scope of the data and the interpretation of the items, the data was divided into five classes: "very low," "low," "medium," "high," and "very high." For example, to calculate the classes for appearance quality, which was measured by a combination of 20 items (8 items for satisfaction with appearance and 12 items for satisfaction with life) rated on a 0 to 4 scale, the lowest value (0) was subtracted from the highest value (80) and divided by 5 to obtain the following scales: 0-16, 16.1-32, 32.1-48, 48.1-64, and 64.1-80 [13]. Similarly, for satisfaction with appearance, which was measured by a combination of 8 items rated on a 0 to 4 scale, the lowest value (0) was subtracted from the highest value (32) and divided by 5 to obtain the following scales: 0-6.4, 6.5-12.8, 12.9-19.2, 19.3-25.6, and 25.7-32. Satisfaction with life, which was measured by a combination of 12 items also rated on a 0 to 4 scale, was similarly transformed into five classes by subtracting the lowest value (0) from the highest value (48) and dividing by

5 to obtain the following classes: 0-9.6, 9.7-19.2, 19.3-28.8, 28.9-38.4, and 38.5-48. Considering that 12 items have been designed to measure the variable of satisfaction with living conditions and for each item, a score between 0 and 4 has been assigned, so the potential scores are between 0 ($12 \times 0 = 0$) and 48 ($12 \times 4 = 48$).

The reliability of the questionnaire was assessed on 35 sample. The Cronbach's α associated with cosmetic surgery victims was 0.760 and appearance quality was 0.741. In terms of validity in the qualitative section, the credibility, defensibility, and trustworthiness of the groupings and coding were used to assess the research's validity (CVI=0.911 and CVR=0.890). The consistency of the interview was determined by reviewers, and its validity was established by utilizing expert opinions.

Statistical analysis

The Kolmogorov-Smirnov test was used to assess normal distribution of the variables. Descriptive statistics were utilized to generate frequency tables, while inferential statistics were employed to explore the relationship between independent and dependent variables. Two-dimensional tables and the Pearson correlation coefficient test were utilized to determine the magnitude of the effect of independent variables and to ascertain whether such effects were significant. The measurement level of variables and statistical techniques were taken into account when analyzing the data from the two-dimensional tables and conducting the Pearson's correlation test. The present study employed SPSS software, version 22 to analyze and process the quantitative findings.

3. Results

The mean age of the victims was 37.22 ± 7.41 years (range: 17-62 years). Regarding gender, 93.5% ($n=258$) was female and 6.5% ($n=18$) was male. The most age group was 28-37 years (43.1%). Regarding job, 40.2% ($n=111$) was self-employed. Others were 19.2% ($n=53$) housewives, 0.4% ($n=1$) unemployed, 25.7% ($n=71$) employee, 2.2% ($n=6$) retired, 0.7% ($n=2$) disabled, 10.9% ($n=30$) student and 0.7% ($n=2$) unknown. In relation to appearance, the mean quality score was 28.59 ± 8.68 , with a median of 27. The mean satisfaction with life was 17.41 ± 6.68 and its median was 16. The potential scores for satisfaction with appearance ranged from 0 to 32, with a mean score of 11.18 ± 3.60 and a median score of 11 (Table 1). Items of complaints among cosmetic surgery victims (14 items) and appearance quality (20 items) were presented in Tables 2 and 3.

Table 1. Quantitative survey of respondents according to appearance quality

Variables	Mean±SD	Median	Mode	Variance	Very Low	Low	Moderate	High	Very High
Satisfaction with appearance	11.18±3.60	11	11	13.01	6.9	64.9	25.7	2.5	-
Life satisfaction	17.41±6.68	16	11	44.74	6.5	60.5	26.1	6.9	-
Appearance quality	28.59±8.68	27	37	75.31	4	64.5	29.3	2.2	-



To investigate the relationship between age and complaints about cosmetic surgery, we used Pearson's test to measure the intensity and direction of the relationship. According to the Pearson test results, there is no significant relationship between age and cosmetic surgery complaints with a significance level of 0.864 (Table 4).

In order to investigate the relationship between the frequency of cosmetic surgery and complaints about cosmetic surgery, we used Pearson's test to measure the intensity and direction of the relationship. According to the Pearson test results, there is a significant relationship between the frequency of cosmetic surgery and complaints about cosmetic surgery at a 95% confidence interval and with a significance level of 0.026, and based on the value

of $r=0.134$, the relationship between the two variables is negative and very weak. In other words, the respondents (cosmetic surgery victims) who had less cosmetic surgery or had surgery for the first time were more malpractice and had a greater tendency to complain about cosmetic surgery (Table 4). The number of complaints about cosmetic surgery among the respondents who are unemployed and housewives is the highest and those who have a self-employed job are the lowest. There is a relationship between the improvement of the appearance quality of people who have undergone cosmetic surgery and the number of complaints they have about cosmetic surgery. There was a moderate and inverse significant correlation between appearance quality and complaints about cosmetic surgery ($r=0.395$, $P<0.001$). In fact, the

Table 2. Percentage distribution of respondents according to complaints of cosmetic surgery items

Complaints of cosmetic surgery victims	Very Low	Low	Moderate	High	Very High
How unhappy are you with your cosmetic surgery?	-	6.5	25.4	33	35.1
How much do you blame your physician for the surgical error?	-	5.1	18.1	29.7	47.1
How much do you know about the errors caused by the shortness and negligence of the medical staff during surgery?	1.8	7.6	27.5	31.2	31.9
How certain is the medical error?	7.2	23.6	19.9	21.7	27.5
How likely is it to compensate and correct the error with reconstructive surgery?	-	3.3	21.4	36.2	39.2
Did the physician give you such an error before the possible surgery?	-	1.1	6.5	18.8	73.6
How willing are you to go to your physician for reconstructive surgery?	0.4	0.4	1.8	16.7	80.8
How satisfied are you with the verdict in your case?	43.8	34.4	5.4	6.9	9.4
How much is the financial damage determined in cosmetic surgery judgments compensating for physical damage and re-surgery?	2.2	7.2	11.2	15.2	64.1
How satisfied are you with the complaint handling process?	17.4	31.9	24.3	12.7	13.8
How much do they pay attention to the moral damage caused by cosmetic surgery in determining the penalty for medical malpractice?	33.7	26.4	31.2	7.6	1.1
How fair do you consider the rulings of the Forensic Medical Commission in medical malpractice?	15.9	42	38	4	-
How clear and clear do you consider the laws and rulings issued by the Forensic Medicine Commission?	18.8	60.9	14.9	3.6	1.8
How much difficulty have you faced in proving your medical malpractice?	2.9	7.6	19.6	31.5	38.4



Table 3. Percentage distribution of respondents according to appearance quality items

Appearance Quality	Very High	High	Moderate	Low	Very Low
How satisfied were you with your appearance before the operation?	8.3	29	33.7	27.9	1.1
You thought you didn't need surgery, but because you wanted to be more beautiful, you started surgery?	11.2	21.7	24.6	28.6	13.8
How much did the other way of looking at your appearance bother you?	4.7	14.9	34.4	34.4	11.6
How much would you like to be like celebrities and special people?	8	15.6	21.4	31.9	23.2
How much do you think about your appearance and physique?	2.9	1.1	4	38.8	53.3
How effective was the pressure and advice of others in your surgery?	16.3	20.3	40.6	15.2	7.6
How satisfied are you with your appearance now?	59.4	21.4	10.1	5.4	3.6
Were you ready to spend as much as you can to have a beautiful and ideal look?	4.3	0.4	9.8	27.5	56.9
How much did you think your life would improve after cosmetic surgery?	5.1	4.3	15.9	51.4	23.2
How much do you think the scope of communication with others will improve after cosmetic surgery?	5.8	4	26.8	38.8	24.6
How satisfied were you with your life before the operation?	8.7	16.7	38.4	27.5	8.7
Before cosmetic surgery, how often did you experience feelings such as despair, anxiety, etc.?	19.2	29.3	24.3	23.6	3.6
How much time do you have to do things that interest you personally?	5.8	12	22.1	47.1	13
How much more isolated have you become after cosmetic surgery?	6.9	6.2	24.6	39.1	23.2
How much have you been hurt in terms of family and communication after cosmetic surgery?	7.6	1.8	23.9	38	28.6
How much have you suffered financially after cosmetic surgery?	16.7	14.5	17.4	27.2	24.3
How much have you been physically hurt after cosmetic surgery?	5.1	2.9	7.6	37	47.5
How emotionally damaged are you after cosmetic surgery?	5.4	0.7	4	30.4	59.4
How much do you enjoy life?	23.6	25	26.4	20.7	4.3
How satisfied are you with the conditions and facilities of your place of residence?	10.6	17	26.8	23.6	21.7



Table 4. Correlation between age, cosmetic surgery frequency and appearance quality with cosmetic surgery complaints

Variables	Dissatisfaction With Surgery	Dissatisfaction With the Process of Handling the Case	Complaints About Surgery
Age	-0.002 (0.976)	-0.017 (0.783)	-0.010 (0.864)
Cosmetic surgery frequency	-0.095 (0.114)	0.128 (0.033)-	-0.134 (0.026)-
Satisfaction with appearance	-0.058 (0.335)	0.070 (0.244)-	-0.078 (0.198)
Satisfaction with life	-0.375 (0.001)	-0.350 (<0.001)	-0.445 (<0.001)
Appearance quality	-0.330 (<0.001)	0.314 (0.006)-	-0.395 (<0.001)

Values are Pearson correlation coefficient (P)



higher satisfaction with appearance quality was associated with lower complaint about surgery. There was a significant relationship between the quality of appearance (satisfaction with appearance and life), dissatisfaction with surgery ($P < 0.001$) ($r = -0.330$) and dissatisfaction with the case handling process ($P < 0.006$) ($r = -0.314$) (Table 4).

To investigate the difference in the score of complaints about cosmetic surgery among occupational groups through F test (analysis of variance) in which unemployed (40.33 ± 6.02) and then housewives (36.30 ± 4.09) had higher mean score compared to employed (35.03 ± 5.91), self-employed (33.97 ± 5.03), retired (34 ± 3.28) and students (34.93 ± 6.20) ($P = 0.009$).

4. Discussion

The current investigation aimed to provide a sociological analysis of the enhancement of appearance quality in cosmetic surgery victims within the forensic medical commissions of Tehran Province. The study revealed a significant difference between the improvement of appearance quality of individuals who have undergone cosmetic surgery and the mean complaints they have about the procedure ($r = -0.395$). Our findings are consistent with the research conducted by Abbasi et al. (2015) [14], Haghshenas et al., (2012) [15], Enayat et al. (2020) [16], Samadian et al. (2019) [17], Furnham and Levitas [18], and Brown et al. (2007) [19], Imani et al. (2020) [20] and Hajiablllo et al. (2018) [21] suggest that the fear of possessing an imperfect figure or an unsuitable appearance and society's value view of appearance and attractiveness contributes to the rise of dissatisfaction with appearance quality which was consisted of satisfaction with life and appearance. Cosmetic surgery, with its establishment of unrealistic expectations and deceptive factors, increases people's desire for the procedure, resulting in an increase in complaints and dissatisfaction if the desired appearance is not achieved.

Furthermore, Enayat et al. (2020) [16] believe that dissatisfaction with appearance and fears of losing beauty has led to an increased inclination towards surgery, which in turn increases the number of complaints and potential complications.

It is true that social pressures and the desire to improve one's appearance can be factors that influence a person's decision to undergo cosmetic surgery. Many people feel that managing their body in this way can help them present a more desirable image that is accepted by society. However, it is important for individuals to make this

decision based on their own personal values and goals, rather than solely on external pressures. Ultimately, the decision to undergo cosmetic surgery should be a personal one that is made with careful consideration and consultation with a qualified medical professional [15, 22, 23]. Mohammadshahi et al.'s research [24] and Furnham and Levitas [18] indicate that the decrease in quality of life and appearance quality, as well as the lack of support received after the procedure, mismatch of expectations with reality, and failures in the surgery, all contribute to an increased level of dissatisfaction and complaints, resulting in additional material and mental costs.

Many individuals who undergo cosmetic surgery do so because they have an unfavorable view of their appearance and feel pressure from others to conform to societal beauty standards. They hope that by improving their physical appearance through surgery, they will be able to communicate more easily and feel more confident in social situations. Unfortunately, if the surgery does not meet their expectations, they may experience even greater dissatisfaction and a further decline in their quality of life. This can lead to a loss of confidence, social isolation, and even damage to personal relationships [25]. Foucault and Navarro have argued that there is an instrumental power associated with the body, and that achieving an ideal body can lead to improvements in various aspects of life, such as professional and sexual life. However, failing to meet these ideals can result in feelings of deprivation, failure, and humiliation. If a person is unable to achieve their desired appearance through surgery, not only will their personal life be affected, but their social life may also suffer. As the results of the study indicate, many plaintiffs experienced a decline in their quality of life after surgery, which can be costly in terms of both financial and emotional well-being [26]. It is important for individuals considering cosmetic surgery to carefully weigh the potential benefits and risks, and to consult with a qualified medical professional before making any decisions. While surgery can help improve appearance and boost self-confidence, it is not a panacea for all problems and may not always lead to the desired outcomes [27].

5. Conclusion

According to the study, most people who had cosmetic surgery were only slightly satisfied with their living conditions and appearance. They believed surgery would improve their living conditions and social interactions, but actually faced challenges in family, finances, and health. If patients experience in the field of appearance quality increase, complaints from cosmetic surgeon de-

crease in medical commissions. Unemployed and housewives had the highest number of complaints, while self-employed people had the lowest.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of Islamic Azad University, Science and Research Branch (IR.IAU.SRB.REC.1400.290).

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Authors' contributions

All authors equally contributed to preparing this article

Conflict of interest

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References

- [1] Krieger N, Davey Smith G. "Bodies count," and body counts: Social epidemiology and embodying inequality. *Epidemiol Rev.* 2004; 26(1):92-103. [DOI:10.1093/epirev/mxh009] [PMID]
- [2] Pourali M, Shojaee M, Amini A, Alimohammadi H, Hata-mabadi H. 82 cases of medical lawsuit against emergency medicine specialists; a case study. *Iran J Emerg Med.* 1970; 2(3):122-6. [DOI:10.22037/ijem.v2i3.9297]
- [3] Kazemi S, rahi M. [Sociological analysis of medical malpractice in Tehran: A mixed method study (Persian)]. *Soc Probl Iran.* 2020; 10(2):243-69. [Link]
- [4] Haghi SZ, Zare Gh, Ataran H. [Factors determining incrimination of surgical team in malpractice claims and quality of judgements made by Mashhad Medical Council (Persian)]. *Sci J Forensic Med.* 2005; 11(3):137-41. [Link]
- [5] Makary MA, Daniel M. Medical error-the third leading cause of death in the US. *BMJ.* 2016; 353:i2139. [DOI:10.1136/bmj.i2139] [PMID]
- [6] Crosbie C, McDougall A, Pangli H, Abu-Laban RB, Calder LA. College complaints against resident physicians in Canada: a retrospective analysis of Canadian Medical Protective Association data from 2013 to 2017. *CMAJ Open.* 2022; 10(1):E35-42. [DOI:10.9778/cmajo.20210026] [PMID]
- [7] Nasiripour AA, Hosseini MA, Fazayeli Rad H, Kamyabi A. [Factors related to the patients complaints against doctors in the hospitals with the verdict of the Medical Council of Kerman 1383-88 (Persian)]. *Iran J Med Ethics Hist Med.* 2011; 4(6):87-96. [Link]
- [8] Mulkens S, Bos AE, Uleman R, Muris P, Mayer B, Velthuis P. Psychopathology symptoms in a sample of female cosmetic surgery patients. *J Plast Reconstr Aesthet Surg.* 2012; 65(3):321-7. [DOI:10.1016/j.bjps.2011.09.038] [PMID]
- [9] Huwyler G. Unnecessary or negligent? A look into the regulation of non-surgical cosmetic intervention in Europe: TCD dermatological society essay competition 2021-Winner. *Trinity Stud Med J.* 2021; 21(1):11-3. [Link]
- [10] Paik AM, Mady LJ, Sood A, Eloy JA, Lee ES. A look inside the courtroom: an analysis of 292 cosmetic breast surgery medical malpractice cases. *Aesthet Surg J.* 2014; 34(1):79-86. [DOI:10.1177/1090820X13515702] [PMID]
- [11] Ahmadi Golsefidi E, Asadi J, Abdollahzadeh H, Khajevand Khoushle A. [Modeling girls' body image anxiety based on perfectionism mediated by basic psychological needs (Persian)]. *Islam J Women Fam.* 2021; 9(3):97-115. [Link]
- [12] Hamidzadeh S, Masoodi R, Ahmadi F, Mohammadi E. [Evaluation of the effect of self-care program based on the orem framework on the physical quality of life in multiple sclerosis patients (Persian)]. *J Shahid Sadoughi Univ Med Sci.* 2009; 17(2):153-62. [Link]
- [13] Norouzi F. [Research method in social sciences (Persian)]. Tehran: Sokhanvaran; 2013. [Link]
- [14] Abbasi B, Haghghatian M, Moazzeni A. [Sociological Analysis of Cosmetic Surgery Representations as a Medium of Cultural Identity in Young Men in Tehran (Persian)]. *J Cult Commun Stud.* 2020; 21(50):149-70. [Link]
- [15] Haghshenas MR, Amiri AA, Vahidshahi K, Rezaee MS, Rahmani N, Pourhossen M, et al. [Study the frequency of malpractice lawsuits referred to forensic medicine department and medical council, Sari, 2006-2011 (Persian)]. *J Mazandaran Univ Med Sci.* 2012; 21(86):253-60. [Link]
- [16] Enayat H, Anbary Roozbahany M. [The study of psycho-social factors related to women tendency to cosmetic surgeries (a case study: The women population aged 15-50 of Shiraz) (Persian)]. *Alborz Univ Med J.* 2018; 7(1):24-34. [DOI:10.29252/aums.7.1.24]
- [17] Samadian S, Koochakentezar R, Estaki M, Baghdassarians A, Ghanbaripannah A. [Structural equation modeling in explaining the relationship between personality traits and perceived stress with body image concern in cosmetic surgery applicants (Persian)]. *Dermatol Cosmet.* 2019; 10(2):81-93. [Link]
- [18] Furnham A, Levitas J. Factors that motivate people to undergo cosmetic surgery. *Can J Plast Surg.* 2012; 20(4):47-50. [DOI:10.1177/229255031202000406]

- [19] Brown A, Furnham A, Glanville L, Swami V. Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthet Surg J*. 2007; 27(5):501-8. [DOI:10.1016/j.asj.2007.06.004] [PMID]
- [20] Imani M, Dehghan M, sharafi Zadegan M. [A comparative analysis of experiential avoidance, mindfulness, body image dissatisfaction, anxiety, depression and stress in applicants and non-applicants of cosmetic surgery (Persian)]. *J Psychol Sci*. 2020; 19(88):421-9. [Link]
- [21] Hajiablo K, Hallajzadeh H, Masoudnia E. [Comparison of social capital among the two groups of women with a history of cosmetic surgery and without performing cosmetic surgeries in Rasht (Persian)]. *J Appl Sociol*. 2018; 29(4):167-82. [DOI:10.22108/JAS.2018.103670.1088]
- [22] Kaboodkhani R, Kalani N. [Seven years survey study of complaints of facial cosmetic surgery referred to Shiraz Forensic administration since 2006 to 2013 (Persian)]. *Pars J Med Sci*. 2022; 17(4):8-16. [DOI:10.52547/jmj.17.4.8]
- [23] Nerini A, Matera C, Di Gesto C, Policardo GR, Stefanile C. Exploring the links between self-compassion, body dissatisfaction, and acceptance of cosmetic surgery in young Italian women. *Front Psychol*. 2019; 10:2698. [DOI:10.3389/fpsyg.2019.02698] [PMID]
- [24] Mohammadshahi M, Pourreza A, Vedadhir A, Heidari Orojlo P, Mahmodi M, Akbari F. [Comparison of quality of life before and after cosmetic rhinoplasty among people who attended plastic surgery clinics and estimating its' cost in Tehran (Persian)]. *Payavard*. 2016; 10(3):258-66. [Link]
- [25] Mohammadpanah Ardakan A, Yousefi R. [Assessment of beliefs about appearance and inferiority feeling in cosmetic surgery candidates (Persian)]. *J Dermatol Cosmet*. 2011; 2(2):85-97. [Link]
- [26] Robbins RH, Dowty RA. *Global problems and the culture of capitalism*. London: Pearson; 2019. [Link]
- [27] Davis K. *Reshaping the female body: The dilemma of cosmetic surgery*. New York: Routledge; 2013. [DOI:10.4324/9780203700129]