


## Research Article

## EXAMINATION OF NURSING STUDENTS' ACCEPTANCE LEVELS FOR AESTHETIC SURGERY AND AFFECTING FACTORS

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**Abstract:** *As a result of the rise of socioeconomic levels and globalization in the 21st century, aesthetic appearance has become more prominent, and the aesthetic/cosmetic sector has made great progress. Nursing education and practice are constantly evolving to meet the needs of the current community. The aim of this research is to examine the acceptance level of nursing students for aesthetic/cosmetic surgery and the affecting factors. This research is of descriptive type. It was conducted in the nursing department of a university in western Turkey (n:179). Permission was obtained from authors who made the adaptation of the scale used in this research, ethics board, institution, and students. The research data were collected using the introductory information form and Cosmetic Surgery Acceptance Scale (CSAS). Number, percentage, mean, standard deviation, Pearson correlation analysis, t-test, Mann Whitney u test, One-Way ANOVA, and Kruskal Wallis test were used to evaluate the data. 84.9% of nursing students were women, 58.1% had income equal to expenses, 23.5% had a father with an undergraduate or higher degree, and 49.2% lived in the city center before enrolling in university. 2.8% of students had previous experience of aesthetic surgery, 29.1% had a friend/family member undergoing aesthetic surgery earlier, 44.7% stated that those who underwent aesthetic surgery were stigmatized by the community, 48.6% stated that aesthetic surgery was not risky compared to other surgical procedures, 55.3% stated that they wanted awareness training about aesthetic surgery, and 47.5% stated that individuals underwent aesthetic surgery to become more beautiful. The mean CSAS score of nursing students was 56.11±21.80 (16.00-105.00). When looking at the characteristics that may affect acceptance levels of the students for aesthetic surgery, there was a statistically significant difference in terms of having a father with an undergraduate degree or higher education, living in the city center before enrollment at university, having a friend/family member with previous aesthetic surgery, not seeing aesthetic surgery procedures as more risky compared to surgical procedures and seeking awareness training related to aesthetic surgery. The aesthetic surgery acceptance level of nursing students was found to be moderate. The interaction of demographic and socio-cultural factors plays a role in accepting aesthetic surgery.*

**Keywords:** *Aesthetic surgery, Cosmetic surgery, Attitude, Nursing, Student.*

## 1. Introduction

For humans, being physically healthy and beauty has always been important. People are looking for a solution in surgery for the body parts they do not like and obtain the health and beauty they want [1]. Aesthetic/cosmetic surgery is the process where tissues and organs with distorted shape and/or dimensions are changed in accordance with the patient's taste and ideal anatomical dimensions [2]. In some of the aesthetic surgical interventions, the purpose is treatment, it is beautification in others, and it is both treatment and beautification in some procedures [3]. Aesthetic surgery is part of plastic surgery [2]. Aesthetic surgery includes botox injections, facial rejuvenation surgery, endoscopic forehead surgery, skin regeneration (mechanical peeling, chemical peeling, laser surgery), filler applications (oil, silicone, teflon, fascia, etc.), eye surgery, nasal aesthetics, ear aesthetics, jaw aesthetics, breast aesthetics (breast augmentation (silicone), breast reduction or lifting, breast reconstruction, body shaping surgery and tummy tuck, aspiration of fatty tissues (liposuction, liposhaping), gynecomastia (large breast in men), genitals aesthetics and hair restoration [2-4].

As a result of the rise of socioeconomic level and globalization in the 21st century, aesthetic appearance has become more prominent, and the aesthetic/cosmetic sector has made great progress [5]. Television, the internet, and social media are full of messages to people about what constitutes beauty and how to reach ideal beauty [6-8]. Reduced costs with technological developments, shortened recovery period, safer and less invasive procedures increase the application of aesthetic surgery [9]. According to the global statistical data of the International Society of Aesthetic and Plastic Surgery (ISAPS), 15% of aesthetic surgeries performed in the world in 2019 were performed in the United States, 10.3% were performed in Brazil, 5.9% in Japan and the most common aesthetic operations performed were breast augmentation, liposuction, breast lifting, rhinoplasty, tummy tuck, and eyelid surgery, respectively [10]. Just like the world, aesthetic surgery has become widespread in Turkey in recent years and the number of surgical procedures has increased [4]. According to ISAPS 2019 data, Turkey ranks 7th among 95 countries in terms of aesthetic surgery applications. The most common procedures performed in Turkey are breast augmentation, liposuction, eyelid surgery, fat injection (face), and breast reduction [10].

The goals, reasons, and expectations of people seeking aesthetic surgery differ from each other [11]. According to Souiden and Diagne, the parameters affecting resorting to aesthetic surgery are collected under three headings: "personal variables", "cultural beliefs", and "marketing variables" [12]. The search for body satisfaction based on modern cultural norms increases the need for accurate knowledge and understanding from health workers. The rapid increase in this area of aesthetic surgery has left many nurses uninformed in terms of counseling and expertise in this field [6]. Patient care in aesthetic surgery practices includes perioperative care and psychosocial evaluation [11]. In the literature, it was stated that individuals experienced problems such as low self-esteem, negative self-perception, social isolation, fear of rejection in social relationships, disappointment, anxiety, depression, and sleep disturbance during the aesthetic surgery process. Achieving the goal and achieving healthy results in patients applying to aesthetic surgery applications requires a holistic approach in nursing care. Nurses should evaluate the individual's attitude, concerns and in which cases they need support, and should be supportive for patients with different personalities, abilities, interests, and expectations adapting to their new lives [13].

Nursing education and practice are constantly evolving to meet the needs of society. The

dynamic feature of nursing practice forces the profession to change and grow depending on the innovation in health care. The most important problem of patients undergoing aesthetic surgery is the absence of non-judgmental and informative health workers. Determination of attitudes related to aesthetic surgery is vital for proper nursing care. If acceptance of aesthetic surgery increases among patients without a similar increase among nurses and other healthcare workers, it can lead to severe patient care inequalities. In a study on nursing students, it was found that 50% of the students accepted patients undergoing aesthetic surgery. Most of the students stated that they would provide care for patients undergoing elective aesthetic surgery on an equal footing with other patients. Again, many students noted that they had difficulty empathizing with a patient undergoing elective aesthetic surgery with postoperative pain [6]. There is a limited number of studies related to aesthetic surgery in nursing students in the literature [6,14-15]. In this direction, the aim of this research is to examine the acceptance status of aesthetic surgery in nursing students and the affecting factors. In line with the findings obtained from the research, we think that important information can be obtained in terms of preparing students for the profession and educational processes.

## **2. Materials and Methods**

### **2.1. Type of research**

Descriptive research design was used in this study.

### **2.2. Place and Time of Research**

The research was conducted between October-December 2020 at the Faculty of Health Sciences Nursing Department of a university in western Turkey.

### **2.3. Research Sample**

The universe of the research consists of 890 students (First class: 187, second class: 193, third class: 189, fourth class: 321) who were studying at the nursing department at the time of the study. No sampling method was used to determine the research sample. The sample consists of 179 nursing students (First class: 79, second class: 33, third class: 31, fourth class: 36) who volunteered to participate in the research. The research sample consisted of 20.12% of the students studying in all classes.

### **2.4. Data Collection Tools**

Research data were collected using the Introductory Information Form and Cosmetic Surgery Acceptance Scale.

#### **2.4.1 Introductory Information Form**

The form prepared by researchers in accordance with the literature consists of questions on “age, gender, marital status, perceived economic status, parental education status, residence before enrollment at university, grade, academic achievement grade average, state of wanting to be a nurse, previous aesthetic/cosmetic surgery history, aesthetic surgery history of friends/family members, the state of stigmatization by society to those who undergo aesthetic surgery, perceived risk of aesthetic surgery compared to other surgical procedures, source of information about aesthetic surgery, the duration of daily social media use, state of requesting training on aesthetic surgery, clinical practice in plastic surgery clinic, reasons for individuals to undergo aesthetic surgery” [15-17].

#### **2.4.2 Cosmetic Surgery Acceptance Scale (CSAS)**

The scale was developed by Henderson-King and Henderson-King (2005) to determine the attitudes of individuals towards aesthetic surgery, and Turkish validity and reliability study was made by Karaca et al. in 2017. The scale consists of three sub-dimensions and is a 7-point Likert type scale (1=Completely disagree, 7=Completely agree). The sub-dimensions of the scale consist of intrapersonal dimension (1, 2, 4, 5, and 14), social (9, 11, 12, 13 and 15), and consider dimension (3, 6, 7, 8, and 10). The score range of the scale is 15-105. Higher scores in the total scale and sub-dimensions indicate a more positive attitude towards aesthetic surgery. The internal consistency coefficient (Cronbach's alpha reliability coefficient) was 0.92 for the entire scale, 0.81 for Factor 1 (Intrapersonal), 0.86 for Factor 2 (Social), and 0.90 for Factor 3 (Consider). The scale can be evaluated based on subdimensions and the overall scale, and high scores indicate that the person has a more positive attitude towards aesthetic surgery [18-19]. The internal consistency cronbach's alpha reliability coefficient of the scale for this study was 0.93. For this study, the internal consistency Cronbach's alpha reliability coefficient of the sub-dimensions of the scale was .88 for the intrapersonal sub-dimension, .84 for the social sub-dimension, and .92 for the consider sub-dimension.

#### **2.5. Data Collection**

Before the research data was collected, online surveys were created for data collection tools due to the COVID-19 pandemic process. Class representatives were contacted for each class and online surveys were shared in class WhatsApp groups. Students were informed about the research (research purpose, volunteerism to take part in the study, and so on) using the informed consent form. Students who filled out the data collection tools after reading the informed consent form were considered to have given consent.

#### **2.6. Evaluation of Data**

Evaluation of research data was carried out using the SPSS 25 statistical software program. Number, percentage, mean and standard deviation from descriptive statistics were used for the introductory characteristics of nursing students. The mean scores of the students received from the cosmetic surgery acceptance scale were presented as mean, standard deviation, minimum and maximum. Pearson correlation analysis, Student t-test or Mann Whitney U test, and One Way ANOVA or Kruskal-Wallis tests were used for those with normal distribution and for those who did not show normal distribution.  $p < 0.05$  was accepted as statistically significant in all analyses.

#### **2.7. Ethical Considerations**

Ethical board approval, authorization from authors who adapted the scales used in the study, and institutional permission were obtained to conduct the research (Süleyman Demirel University Medicine Faculty Clinical Research Ethics Committee's Decision: Date: 18.9.2020; Number: 19/270). Online consent was obtained from nursing students. "Informed consent form" included information on the purpose of research, implementation, data collection, volunteerism, and the students were informed that they could leave the research at any time. Students who filled out the data collection tools after reading the informed consent form were considered to have given consent.

### 3. Results

The mean age of the students was 19.78 ( $\pm 1.46$ ), 84.9% were female, 100.0% were single, 58.1% had income equal to expenses, 48% of the students' mothers were literate, 23.5% of the students' fathers had university or above education, and 49.2% lived in the city center before enrolling in the university. 44.1% of the students were first, 69.3% had an academic achievement grade average between 80-100 points, and 64.8% stated that they wanted to be nurses. 2.8% of students had aesthetic surgery history, 29.1% had friends/family members with aesthetic surgery history, 44.7% stated that people who underwent aesthetic surgery were subjected to public stigma, and 48.6% did not consider aesthetic surgery more risky than other surgical procedures. 75.4% of students received information about aesthetic surgery online, 45.8% used social media for 2-4 hours a day, 55.3% wanted to receive awareness training about aesthetic surgery, 12.3% had clinical practice experience in a plastic surgery clinic, and 47.5% stated that individuals underwent aesthetic surgery to be more beautiful (Table 1). The introductory characteristics of nursing students are given in Table 1.

**Table 1.** Introductory characteristics of nursing students (n: 179)

Variables		Mean $\pm$ SD	Min-Max
Age		19.78 $\pm$ 1.46	18.00-24.00
		N	%
Gender	Female	152	84.9
	Male	27	15.1
Marital status	Single	179	100.0
Perceived economic status	Income equal to the expense	104	58.1
	Income higher than the expense	26	14.5
	Income less than the expense	49	27.4
Mother education status	Literate	86	48.0
	Below undergraduate level	83	46.4
	Undergraduate level and above	10	5.6
Father education status	Literate	59	33.0
	Below undergraduate level	78	43.5
	Undergraduate level and above	42	23.5
Residence before enrollment at university	City center	88	49.1
	County	59	33.0
	Village/town	32	17.9
Class	First-class	79	44.1
	Second class	33	18.4
	Third class	31	17.3
	Fourth class	36	20.2
Academic achievement grade average	80-100	124	69.3
	60-79	55	30.7
State of wanting to be a nurse	I want	116	64.8
	I don't want	12	6.7
	Partly	51	28.5
Previous aesthetic surgery history	Yes*	5	2.8
	No_	176	97.2

**Table 1. continued**

Variables	N	%
Aesthetic surgery history of friends/family members		
Yes	52	29.1
No	127	70.9
The state of stigmatization by society to those who undergo aesthetic surgery		
Yes		
No	80	44.7
Partly	25	14.0
	74	41.3
The risky situation of aesthetic surgery compared to other surgical procedures		
Yes	33	18.4
No	87	48.6
I'm not sure	59	33.0
Source of information about aesthetic surgery		
Internet	75.4	75.4
Other**	24.6	10.6
The duration of daily social media use		
0-2 hour	23	12.8
2-4 hour	82	45.8
4-8 hour	59	33.0
8 hours and above	11	6.1
Few times a week	4	2.3
State of requesting training on aesthetic surgery		
Yes	99	55.3
No	35	19.6
I'm not sure	45	25.1
Clinical practice experience in a plastic surgery clinic		
Yes	22	12.3
No	157	87.7
Reasons for individuals to undergo aesthetic surgery		
Be more beautiful	85	47.5
Low self-confidence	63	35.2
For therapeutic purposes	16	8.9
Other ***	15	8.4

Note: \*Mole removal, rhinoplasty, nose, chin, suture correction. \*\* TV, family, friends, undergraduate education. \*\*\*Building better interpersonal relationships, actions/comments of those around them, social media impact, all

The mean score of CSAS was 56.11±21.80 (16.00-105.00). Average intrapersonal sub-dimension score was 23.85±7.72 (5.00-35.00), average social sub-dimension score was 12.69±7.46 (5.00-35.00) and average consider sub-dimension score was 19.57±9.89 (5.00-35.00) (Table 2).

**Table 2.** Total and sub-dimension scores of nursing students' acceptance of cosmetic surgery (n: 179)

Variables	Mean ± SD	Min-Max
<b>Cosmetic surgery acceptance</b>	<b>56.11±21.80</b>	<b>16.00-105.00</b>
<b>Subdimension scores</b>		
Intrapersonal	23.85±7.72	5.00-35.00
Social	12.69±7.46	5.00-35.00
Consider	19.57±9.89	5.00-35.00

There was no statistically significant relationship between nursing students' acceptance level of cosmetic surgery and age ( $p > 0.05$ ) (Table 3).

**Table 3.** Investigation of the relationship between age and acceptance level of cosmetic surgery (n: 179)

Variables	Age	
	r*	p
The acceptance level of cosmetic surgery	.121	.107

\*Pearson test.

When the introductory characteristics that may affect students' acceptance levels of cosmetic surgery were investigated, a statistically significant difference was found for the education status of the father (undergraduate level and higher education), living in the city center before enrolling in university, having friends/family with previous aesthetic surgery, not thinking that the risk of aesthetic surgical procedure is higher than other surgical procedures, and wanting to receive awareness training related to aesthetic surgery (Table 4). The investigation of mean CSAS scores of nursing students in terms of introductory characteristics is given in Table 4. As a result of advanced analysis, the cosmetic surgical acceptance levels were higher in the students whose father's educational background was undergraduate education and above than those who were literate and in students who had lived in a city center prior to enrolling in the university than those living in a county in a statistically significant level. Also, the cosmetic surgical acceptance levels were higher in the students who did not think that esthetic surgical procedures were riskier than other surgical procedures than the students who thought that the procedures were risky and those who said "I don't know" and in the students who demanded awareness training than those who did not, in a statistically significant level.

**Table 4.** Investigation of mean cosmetic surgery acceptance scores of nursing students in terms of introductory characteristics (n: 179)

Variables	Cosmetic Surgery Acceptance		Tests
	Mean± Standard deviation/ Median/Min-Max		
Gender	Woman	53.00/16.00-105.00	U=1836.000 p=0.384
	Male	50.00/21.00-96.00	
Perceived economic status	Income equal to the expense	53.00/20.00-105.00	KW=5.260 p=0.072
	Income higher than the expense	71.00/19.00-105.00	
	Income less than the expense	50.00/16.00-96.00	
Mother education status	Literate	50.50/16.00-105.00	KW=2.586 p=0.274
	Below undergraduate level	56.00/20.00-105.00	
	Undergraduate level and above	61.50/22.00-94.00	
Father education status ***	Literate	<b>50.25±20.53</b>	F=4.685 <b>p=0.010*</b>
	Below undergraduate level	56.60±21.25	
	Undergraduate level and above	<b>63.40±22.70</b>	
Residence before enrollment at university ***	City center	<b>60.69±22.30</b>	F=4.280 <b>p=0.015*</b>
	County	<b>50.37±19.31</b>	
	Village/town	54.06±22.56	
Class	First-class	53.30±21.63	F=1.820 p=0.145
	Second class	55.27±22.20	
	Third class	63.97±22.79	
	Fourth class	56.25±20.13	

**Table 4. continued**

		Mean± Standard deviation/ Median/Min-Max	Tests
Academic achievement grade average	80-100	55.79±20.99	t=-0.290
	60-79	56.82±23.72	p=0.772
State of wanting to be a nurse	I want	53.00/16.00-105.00	KW=0.244 p=0.885
	I don't want	58.00/20.00-105.00	
	Partly	52.00/24.00-103.00	
Previous aesthetic surgery history	Yes*	54.00/53.00-88.00	U=258.500
	No	53.00/16.00-105.00	p=0.122
Aesthetic surgery history of friends/family members	Yes		t=2.757 <b>p=0.006*</b>
	No	63.00±23.43 53.28±20.54	
The state of stigmatization by society to those who undergo aesthetic surgery	Yes	57.36±21.85	F=1.393 p=0.251
	No	60.80±23.30	
	Partly	53.16±21.11	
The risky situation of aesthetic surgery compared to other surgical procedures***	Yes	47.12±22.30	F=9.990 <b>p=0.000**</b>
	No	<b>63.13±21.23</b>	
	I'm not sure	50.78±19.17	
Source of information about aesthetic surgery	Internet	57.49±22.08	t=1.491
	Other*	51.86±20.61	p=0.138
The duration of daily social media use	0-2 hour	49.00/20.00-94.00	KW=6.734 p=0.151
	2-4 hour	49.00/20.00-94.00	
	4-8 hour	60.00/19.00-105.00	
	8 hours and above	68.00/16.00-105.00	
	Few times a week	64.00/53.00-83.00	
State of requesting training on aesthetic surgery***	Yes	<b>60.20±23.18</b>	F=4.103 <b>p=0.018*</b>
	No	<b>50.11±19.71</b>	
	I'm not sure	51.76±18.44	
Clinical practice experience in a plastic surgery clinic	Yes		U=1325.000 p=0.077
	No	66.00/26.00-90.00 52.00/16.00-105.00	
Reasons for individuals to undergo aesthetic surgery	Be more beautiful		KW=2.243 p=0.524
	Low self-confidence	53.00/16.00-105.00	
	For therapeutic purposes	49.00/20.00-96.00	
	Other	54.50/26.00-97.00 58.00/20.00-94.00	

\*p <0.05, \*\*p<0.01, \*\*\*Post-hoc analysis was performed to determine which group the difference originated from. Tukey HSD test was performed for "father education status, residence before enrollment at university, risky situation of aesthetic surgery compared to other surgical procedures" variables. Games-Howell test was performed for the "State of requesting training on aesthetic surgery" variable.

#### 4. Discussion

According to the findings of the research, it was found that the acceptance level of nursing students for aesthetic/cosmetic surgery was moderate. Again, according to the findings, it was seen that the intrapersonal subdimension scores were higher compared to consider, and especially the social



subdimension. In two studies conducted on medical faculty students, similar acceptance levels were obtained for aesthetic surgery [16,20]. Subdimension scores obtained in the present study show similarity with another study conducted with university students [21]. When we look at the subdimensions of the scale: (a) The intrapersonal subdimension evaluates the expected personal benefits from aesthetic surgery (e.g. increasing satisfaction from personal appearance). (b) The social subdimension evaluates the social motivations underlying the decision of aesthetic surgery (e.g. to be more attractive to the partner). (c) Consider subdimension determines the possibility of undergoing aesthetic surgery by calculating factors that may affect the decision-making process (e.g. pain) [18-19]. In a study on university students, the main sources of motivation for aesthetic surgery were 'becoming more beautiful' and 'lack of self-confidence in terms of appearance', whereas undergoing aesthetic surgery to establish interpersonal relationships or looking good for others was among the lesser sources of motivation [17]. In a study conducted on patients undergoing aesthetic surgery, the main reasons for patients included 'becoming more beautiful', 'looking younger than spouse, friends, and relatives', whereas 'pleasing someone else' was specified as a reason at much lower frequency [22]. The explicit motivations of people who underwent aesthetic surgery in Turkey include 'looking more feminine and masculine', 'looking-slender', 'looking young', and 'desire for more self-complacency'. The implicit motivations include being appreciated by the close environment, believing that it will be effective in influencing the opposite gender/emotional relationships, and acceptance by social groups [23]. Another study on medical students in Kenya indicated that students' attitudes towards aesthetic surgery were poor. In the same study, 62% of the students did not want to undergo aesthetic surgery in the future and 77% stated that their friend/family would be ashamed if they knew [24]. A study found that health workers have a high awareness of plastic surgery, but their predisposition was low. In the same study, 19% would not undergo plastic surgery even if it was free, and only 34% stated that aesthetic surgery is socially acceptable [15]. A study on university students in Nigeria reported that the majority of students would undergo plastic surgery if necessary [25]. Culture, religious beliefs, and media are important factors reported in the literature [26]. In a study, it was reported that Islamic religion had an effect on the attitude towards aesthetic surgery [27]. The physical beauty of the individual is not emphasized in Islam and the aesthetic surgeries performed in order to become beautiful are evaluated as harm to the body and not approved [26]. In this regard, the findings of the present study are consistent with the findings in the literature and it can be assumed that the acceptance levels of students are moderate based on the factors mentioned above.

According to the findings of the research, students who have a father with undergraduate or higher education and lived in the city center before enrolling in the university have higher acceptance levels for aesthetic surgery. A study on students studying health-related fields found that aesthetic surgery attitudes were more positive in students who have a father with undergraduate or higher education [14]. In the literature, it is stated that education is a decisive motivation in terms of applying to aesthetic surgery [26] and people who decide to undergo aesthetic surgery are mostly university graduates [22, 28]. The educational level usually provides information about the cultural capital of people deciding to undergo aesthetic surgery. As the level of education increases, the improvement of socio-economic conditions of the individual makes aesthetic surgical interventions more attractive [23]. In this direction, having a father with undergraduate or higher education can be a facilitator for deciding to undergo aesthetic surgery due to a better socioeconomic level and positive attitude towards aesthetic surgery. In Turkey, 48% of all aesthetic surgeons are located in large cities and individuals who have undergone

aesthetic surgery are densely located in these cities. Furthermore, the non-traditional way of life in large cities provides more opportunities for individuals to modify their external appearance, and aesthetic surgeries are therefore concentrated in these regions [23]. Accordingly, the acceptance levels of students living in cities are higher, which suggests that seeing more people with aesthetic surgery normalizes the person's attitudes and also people living in cities can access aesthetic surgeons more easily.

According to the findings of the present study, students with friends/family who have previously undergone aesthetic surgery, who think that the risk of aesthetic surgery is not different from other surgical procedures, and students who want awareness training related to aesthetic surgery had higher acceptance levels for aesthetic surgery. In a previous study, it is stated that having friends/family who has had plastic surgery creates an indirect experience in the individuals, and the friends/family are perceived as different and more positive than the stereotypical aesthetic surgery patient [29]. In a study conducted on medical faculty students, a difference was found between students with family/friends who have had aesthetic surgery and students without [16]. Although it is associated with factors such as body perception, internalization, and social comparison processes, it is an unstable structure that is affected by images and messages in the media. However, it is noted in the literature that the comparisons made by people are usually made with friends, relatives, and other acquaintances rather than celebrities [30]. In a study on undergraduate students, family support was found to play an important role in the intention/attitude for aesthetic surgery [31]. In a study on undergraduate students, it was noted that previous aesthetic surgery experience was associated with aesthetic surgery acceptance [32]. In the literature, it is reported that despite the transformation in the general population, those who undergo aesthetic surgery are subject to stigma by individuals including health workers [6]. In the present study, 44.7% of the students stated that people who underwent aesthetic surgery were stigmatized by society. In line with these findings, having friends/family with aesthetic surgery familiarizes these patients, provides normalization and acceptability of surgery, and has a positive effect, as it breaks stereotypes. Again, students thinking the risk of aesthetic surgery was not different from other surgical procedures, and those who wanted awareness training had more positive attitudes, which suggests that normalizing thoughts about aesthetic surgery and being interested in aesthetic surgery influences attitudes.

## 5. Conclusion

It was found that nursing students' attitudes towards aesthetic surgery acceptance were moderate. Again, having a father with undergraduate and higher education level, living in the city center before enrollment at university, having friends/family with aesthetic surgery, thinking that the risk of aesthetic surgery is not different from other surgical procedures, and wanting awareness training about aesthetic surgery had a significant effect on aesthetic surgery acceptance. The number of studies on the acceptance of aesthetic surgery in nursing students is limited and further research is needed on different samples. Furthermore, studies related to the reflection of attitude related to aesthetic surgery on patient care should be conducted. The interaction of demographic and socio-cultural factors plays a role in applying for aesthetic surgical interventions. It is especially important to assess which factors play a motivating role in undergoing aesthetic surgery. Nursing education should address what should be the approach in terms of ethics, legal issues, and practice related to plastic surgery. Different perspectives of aesthetic surgery should be addressed in nursing education, appropriate beauty values should be created and training should be provided to ensure rational decisions about aesthetic surgery. In order for patients to

get the best treatment, it is important to raise the awareness of patients, nurses, and healthcare workers about aesthetic surgery and their role in the health care system.

**Ethical Considerations:** Ethical board approval and institutional permission were obtained to conduct the research. (Süleyman Demirel University Medicine Faculty Clinical Research Ethics Committee's Decision: Date: 18.9.2020; Number: 19/270).

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